

MA01
Department of Health and Mental Hygiene

Capital Budget Summary

Summary of Grant and Loan Programs Funded in Governor's Request
(\$ in Millions)

Projects	<i>FY 2013 Approp.</i>	<i>FY 2014 Approp.</i>	<i>FY 2015 Request</i>	<i>Percent Change</i>	<i>DLS Recommd.</i>
Community Health Facilities Grant Program	\$0.000	\$5.250	\$5.483	4.4%	\$5.183
Federally Qualified Health Centers Grant Program	2.421	0.660	2.276	344.8%	2.276
Total	\$2.421	\$5.910	\$7.759	31.3%	\$7.459

Summary of De-authorizations
(\$ in Millions)

<i>Project</i>	<i>De-authorized Amount</i>	<i>Reason</i>	<i>DLS Recommd.</i>
Office of the Chief Medical Examiner – New Forensic Medical Center	\$0.259	Project complete	Concur.

Summary of Updates

Secure Evaluation and Therapeutic Treatment Center: Language in the fiscal 2014 capital budget bill withheld funds for the Phase II design of the new Secure Evaluation and Therapeutic Treatment (SETT) facility pending the submission of a report that advises the committees of the modified scope of the project. In a draft report, the Department of Health and Mental Hygiene (DHMH) recommends the renovation and consolidation of the existing SETT unit in Sykesville.

Henryton Hospital Center: Funding for Phase II environmental remediation is no longer necessary and has been removed from the capital budget.

Summary of Recommended Bond Actions

	<u>Funds</u>
1. Community Health Facilities Grant Program	\$300,000 GO
Reduce funding by increasing the cash flow adjustment.	
2. Federally Qualified Health Centers Grant Program	
Approve the \$2,276,000 general obligation fund authorization for the Federally Qualified Health Centers Grant Program.	
3. SECTION 2 Office of the Chief Medical Examiner New Forensic Medical Center	
Approve the de-authorization of funds remaining from a prior authorization for the new forensic medical center.	
4. SECTION 2 Department of Health and Mental Hygiene Secure Evaluation and Therapeutic Treatment Center	
Approve amendment to prior authorization to allow funds to be used for design and construction.	
5. SECTION 2 Department of Health and Mental Hygiene Secure Evaluation and Therapeutic Treatment Center II	
Approve amendment to prior authorization to allow funds to be used for design and construction.	
Total Reductions	\$300,000 GO

Budget Overview

Community Health Facilities Grant Program

DHMH's Community Health Facilities Grant Program provides capital grants for the acquisition, design, construction, renovation, and equipping of facilities that provide mental health, developmental disabilities, and substance abuse services. The program is considered an integral part of the State's efforts to facilitate the de-institutionalization of the mentally ill and developmentally disabled by assisting in the funding of residential facilities within the community. It also seeks to

develop community resources to prevent institutionalization of the addicted. The State may fund up to 75% of the cost of each project.

Proposed Fiscal 2015 Projects

For fiscal 2015, as shown in **Exhibit 1**, the department is proposing to support 11 projects: 5 substance abuse treatment projects, 3 developmental disabilities projects, 1 community mental health projects, and 2 projects serving both the mentally ill and substance abusers.

Of the projects proposed in the 2015 program, most are routine requests. The two that are more unusual are the two projects for secure community treatment homes at as yet to be identified locations in Central Maryland for forensically involved developmentally disabled individuals at risk of entering, or being discharged from, the SETT unit.

Maryland currently does not have any hardware secure community-based treatment homes for individuals with these backgrounds, although it does have staff secure facilities. According to DHMH, security features will include decorative fencing with locked gates, outdoor lighting including lighting with motion detectors, locking mechanisms on doors, reinforced walls, plexiglass windows, and security cameras. As noted above, no locations are currently identified for these proposed homes (which is not unusual in general terms of proposals for building acquisition through this particular grant program). However, the department indicates that the providers will be looking for locations in less congested areas.

The two grant recipients are:

- The Anthony Wayne Rehabilitation Center, which currently does not operate in Maryland, although it runs programming for the developmentally disabled in nine other states. According to DHMH, the Anthony Wayne Rehabilitation Center operates secure community-based treatment homes in five other states.
- The Center for Social Change, a Maryland-based provider of a variety of services to individuals with developmental disabilities. The center does not currently operate secure community treatment homes.

A discussion of this programming in the wider context of the programming required for developmentally disabled individuals with forensic involvement is discussed in the Updates section of this analysis.

Exhibit 1
Fiscal 2015 Community Health Facilities Grant Program
Proposed Projects

<u>Subdivision</u>	<u>Project Title</u>	<u>Project Detail</u>	<u>Estimated Cost</u>	<u>Prior Auth.</u>	<u>2015 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Allegany	Friends Aware, Inc. (DD)	Renovate and expand existing space that supports a day habilitation/vocational training program. Will increase program capacity by 20 individuals.	\$2,158,000		\$600,000		27.8%
Baltimore City	Baltimore Crisis Response, Inc (SA)	Acquire property to increase existing residential crisis beds (4) and medical detoxification capacity (9 beds) that will increase annual program capacity by 400 individuals.	1,908,000		1,108,000		58.1%
Baltimore City	Family Recovery Program, Inc. (SA)	Renovate a former school to provide housing to parents recovering from substance abuse. The new space will provide housing for 22 families.	5,161,000	\$620,000	1,600,000		43.0%
Baltimore City	Gaudenzia Foundation, Inc. (SA)	Renovate space to add a 20-bed halfway house for women recovering from substance abuse and their children and improve other program space.	1,000,000		750,000		75.0%

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<u>Subdivision</u>	<u>Project Title</u>	<u>Project Detail</u>	<u>Estimated Cost</u>	<u>Prior Auth.</u>	<u>2015 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Baltimore City/ Frederick	Main Street Housing Inc. (MH)	Acquire and renovate three homes for persons with serious mental illness. Housing will support 6 individual/families.	496,000		340,000		68.5%
Baltimore City	Mosaic Community Services, Inc. (MH/SA)	Renovate space to add capacity to offer services to individuals with serious mental illness and substance abuse problems. The renovation will increase program capacity by 1,000 individuals annually.	3,781,000	895,000	882,000		47.0%
Baltimore City	People Encouraging People, Inc. (MH/SA)	Renovate and add a second story to an existing facility serving individuals with serious mental illness and/or co-occurring substance abuse.	2,694,000		150,000	\$1,870,000	75.0%
Baltimore City	Tuerk House, Inc. (SA)	Renovate existing program space for individual with substance abuse disorders to better configure programming and, thereby, increase total outpatient/intensive outpatient capacity and add 26 residential beds.	4,682,500		137,000	3,142,300	70.0%
Montgomery	Avery Road Treatment Center (SA)	Construct new 60-bed residential facility for individuals with substance abuse disorders to replace existing capacity on that same site.	12,600,000		310,000	3,200,000	27.9%

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<u>Subdivision</u>	<u>Project Title</u>	<u>Project Detail</u>	<u>Estimated Cost</u>	<u>Prior Auth.</u>	<u>2015 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Regional	Center for Social Change (DD)	Acquire and renovate two 3-bed secure community treatment homes at as yet to be identified locations in Central Maryland for forensically involved developmentally disabled individuals at risk of entering, or being discharged from, the SETT unit.	955,000		478,000		50.1%
Regional	Anthony Wayne Rehabilitation Center (DD)	Construct two 4-bed secure community treatment homes at as yet to be identified locations in Central Maryland for forensically involved developmentally disabled individuals at risk of entering, or being discharged from, the SETT unit.	1,175,000		587,000		50.0%
Statewide	Cash Flow, Prior Commitments, and Available Funds Adjustment		-1,459,000		-1,459,000		100%
Total			\$36,151,500	\$1,515,000	\$5,483,000	\$8,212,300	

DD: developmental disability
 MH: mental health
 SA: substance abuse

Note: The data for the Family Recovery Program, Inc., in Exhibit 1, does not reflect any future commitment as shown in the *Capital Improvement Program*. According to the Department of Health and Mental Hygiene, the program has indicated that they may need the additional funding depending on their ability to raise the required match. However, that request will be handled as a separate application.

Source: Department of Health and Mental Hygiene

Fiscal 2015 Financial Analysis and Overall Program Activity

While the total fiscal 2015 State support for the 11 projects is \$6,942,000, the funding request for the fiscal 2015 Community Health Facilities Grant Program is based on the cash flow analysis provided in **Exhibit 2**.

Exhibit 2
DHMH – Fiscal 2015 Community Health Facilities Grant Program
Cash Flow Analysis

State share of proposed fiscal 2015 projects	\$6,942,000
Carryover of projects from prior year commitments	1,981,300
Funds available at the end of fiscal 2014	-1,960,300
Cash flow adjustment for fiscal 2015	-1,480,000
Total	\$5,483,000

DHMH: Department of Health and Mental Hygiene

Source: Department of Health and Mental Hygiene; Department of Budget and Management

Exhibits 3 and 4 summarize prior year and proposed authorization levels for the program and prior year authorization encumbrance and expenditure data. Although the program has not expended or encumbered any of its fiscal 2012 or 2014 bond authorization as of February 26, 2014, as shown in **Exhibit 5**, program activity remains strong.

Based on a review of current spending trends, and given the significant number of projects (including several large projects) contained in both the fiscal 2014 and 2015 program, the Department of Legislative Services (DLS) recommends reducing the fiscal 2015 general obligation bond (GO) authorization by \$300,000 based on increasing the fiscal 2015 cash flow adjustment. DHMH has shown an ability to manage its projects with much higher cash flow adjustments than that being recommended by DLS.

Exhibit 3
Community Health Facilities Grant Program Prior Authorization and
Capital Improvement Program
 (\$ in Millions)

<i>Fund Source</i>	<i>2013 Approp.</i>	<i>2014 Approp.</i>	<i>2015 Allowance</i>	<i>2016 Estimate</i>	<i>2017 Estimate</i>	<i>2018 Estimate</i>	<i>2019 Estimate</i>
Total GO Bonds	\$0.000	\$5.250	\$5.483	\$5.250	\$5.250	\$5.250	\$5.250

GO: general obligation

Source: Department of Health and Mental Hygiene; Department of Budget and Management

Exhibit 4
Community Health Facilities Grant Program Authorization
Encumbrance and Expenditure Data
 (\$ in Millions)

<i>Fiscal Year</i>	<i>Authorization</i>	<i>Funds</i>		<i>Balances</i>	
		<i>Encumbered</i>	<i>Expended</i>	<i>To Be Encumbered</i>	<i>To Be Expended</i>
Prior Years	\$150.215	\$150.215	\$150.215	\$0.000	\$0.000
2010	8.414	8.414	8.414	0.000	0.000
2011	7.873	7.183	6.443	0.690	1.430
2012	3.568	0.000	0.000	3.568	3.568
2013	0.000	0.000	0.000	0.000	0.000
2014	5.250	0.000	0.000	5.250	5.250
Total	\$175.320	\$165.813	\$165.072	\$9.508	\$10.248

Note: Data effective February 26, 2014. Numbers may not sum due to rounding.

Source: Department of Health and Mental Hygiene; Department of Budget and Management

Exhibit 5
Community Health Facilities Grant Program
Program Activity by Fiscal Year Using Funds from All Sources
(\$ in Millions)

	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>
Encumbrances	\$6.610	\$2.528	\$5.490	\$3.887	\$3.011
Expenditures	\$10.885	\$4.287	\$4.582	\$7.611	\$2.425

Source: Department of Health and Mental Hygiene; Department of Budget and Management

Federally Qualified Health Centers Grant Program

Federally Qualified Health Centers (FQHC) are private, not-for-profit health care centers that provide comprehensive primary and preventive care to all individuals regardless of insurance status or their ability to pay. FQHCs exist in areas where economic, geographic, or cultural barriers limit access to primary health care for a substantial portion of the population.

Maryland currently has 16 traditional FQHCs and 1 FQHC look-alike health center with over 146 service sites. Forty-seven of the 146 sites are located in Baltimore City, and the remaining 99 sites are located in the following jurisdictions: Allegany, Anne Arundel, Baltimore, Caroline, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George’s, Somerset, St. Mary’s, Talbot, Washington, Wicomico, and Worcester counties.

To qualify for designation as an FQHC, an area must first be designated by the federal government as a medically underserved area (MUA), or serve a medically underserved population (MUP), based on criteria established by the U.S. Department of Health and Human Services. Currently, Maryland has 55 medically underserved designations, 43 that are MUAs and 12 that are MUPs.

The Secretary of DHMH may recommend grants for up to 75% of eligible costs to counties, municipal corporations, and nonprofit organizations for the following activities related to establishing and maintaining FQHCs: conversion of public buildings; acquisition of existing buildings; renovation of existing space; purchase of capital equipment; or planning, design, and construction of new facilities.

As shown in **Exhibit 6**, the department is funding five projects in five jurisdictions in fiscal 2015, with total funding of \$2.276 million.

Exhibit 6
Fiscal 2015 Federally Qualified Health Centers Grant Program
Proposed Projects
 (\$ in Millions)

<u>Subdivision</u>	<u>Project Title</u>	<u>Project Detail</u>	<u>Estimated Cost</u>	<u>Prior Auth.</u>	<u>2015 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Baltimore City	Total Health Care, Inc.	Renovate and construct a new addition to the historic Hebrew Orphan Asylum building and acquire new equipment. Total Health Care, Inc. will provide comprehensive clinical services from the new facility.	\$2.042	-	\$1.500	-	74%
Baltimore	Healthcare for the Homeless	Construct a portion of the building (currently under construction by MedStar Franklin Square Hospital) to be leased by Healthcare for the Homeless.	14.000	-	0.875	-	6%
Prince George's	Greater Baden Medical Services – Walker Mill Health Center	Renovate leased space to enable two family practitioners to be added to the existing adult primary care clinic.	0.642	-	0.436	-	71%
St. Mary's	Greater Baden Health Services, Inc., at MedStar St. Mary's Hospital	Renovate space and purchase new equipment.	0.104	-	.078	-	75%
Washington	Walnut Street Community Health Center, Inc.	Purchase equipment for a newly acquired facility.	0.882	-	0.660	-	75%

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<u>Subdivision</u>	<u>Project Title</u>	<u>Project Detail</u>	<u>Estimated Cost</u>	<u>Prior Auth.</u>	<u>2015 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Statewide	Available Funds Adjustment		-1.273	-	-1.273	-	100%
Total			\$16.369	-	\$2.276	-	

Source: Department of Health and Mental Hygiene

While the total fiscal 2015 State support for the above projects is \$4.788 million, the funding request for the fiscal 2015 FQHC Grant Program is based on the cash flow analysis provided in **Exhibit 7**.

Exhibit 7
DHMH – Fiscal 2015 Federally Qualified Health Centers Grant Program
Cash Flow Analysis
 (\$ in Millions)

State share of proposed fiscal 2015 projects	\$4.788
Funds available at the end of fiscal 2014	-1.852
Cash flow adjustment for fiscal 2015	-0.660
Total	\$2.276

DHMH: Department of Health and Mental Hygiene

Source: Department of Health and Mental Hygiene; Department of Budget and Management

Exhibits 8 and 9 summarize prior year and proposed authorization levels for the program and prior year authorization encumbrance and expenditure data.

Exhibit 8
Federally Qualified Health Centers Grant Program
Prior Authorization and *Capital Improvement Program*
Authorization Request
(\$ in Millions)

<i>Fund Source</i>	<i>2013 Approp.</i>	<i>2014 Approp.</i>	<i>2015 Allowance</i>	<i>2016 Estimate</i>	<i>2017 Estimate</i>	<i>2018 Estimate</i>	<i>2019 Estimate</i>
Total GO Bonds	\$2.002	\$0.660	\$2.276	\$2.500	\$2.500	\$2.500	\$2.500

GO: general obligation

Source: Department of Health and Mental Hygiene; Department of Budget and Management

Exhibit 9
Federally Qualified Health Centers
Authorization Encumbrance and Expenditure Data
(\$ in Millions)

<i>Fiscal Year</i>	<i>Authorization</i>	<i>Funds</i>		<i>Balances</i>	
		<i>Encumbered</i>	<i>Expended</i>	<i>To Be Encumbered</i>	<i>To Be Expended</i>
Prior Years	\$11.584	\$11.584	\$11.584	\$0.000	\$0.000
2010	0.000	0.000	0.000	0.000	0.000
2011	3.218	3.098	3.098	0.120	0.120
2012	2.002	1.980	1.771	0.022	0.231
2013	2.871	0.000	0.000	2.871	2.871
2014	0.660	0.000	0.000	0.660	0.660
Total	\$20.335	\$16.662	\$16.453	\$3.673	\$3.882

Figures as of July 1, 2013. Agency reports additional encumbrances of \$1.4 million as of December 1, 2013.

Updates

Secure Evaluation and Therapeutic Treatment Center

Prior to its closure in June 2009, the Rosewood Center was the only facility in Maryland that served the court-ordered forensic population with developmental disabilities. At the time that the closure announcement was made, the facility housed 166 residents. All of the residents have since been transferred, many of them to community-based placements in the Baltimore metropolitan area. Although the department has implemented an interim plan for housing the forensic population at the Springfield Hospital Center (Sykesville SETT Center) and the Clifton T. Perkins Hospital Center (Jessup SETT), it was determined that the facilities have an insufficient number of beds to accommodate the court-ordered admissions and lack additional space for vocational activities.

To address this situation, the *Capital Improvement Program* included programmed funding for a new SETT unit to house the court-ordered forensic population to be located in Jessup. The fiscal 2011 capital budget included \$1.15 million to begin designing the new SETT facility, and the fiscal 2013 capital budget included \$2.2 million for Phase II design of this project. However, during the 2012 legislative session, DHMH proposed to modify the scope of the SETT unit to serve a greater proportion of individuals in a community-based setting. The department could not advise what the appropriate bed capacity for the new facility should be. Therefore, the language added to the Maryland Consolidated Capital Bond Loan (MCCBL) of 2012 restricted Phase II design funding for the project and required DHMH to submit a report that included detailed plans to alter the scope of the proposed SETT unit.

The report was submitted by the department on February 27, 2013, and requested the release of funds; however, DLS advised that the report's contents did not satisfy the requirements as set forth in the MCCBL of 2012. Subsequently, language in the fiscal 2014 capital budget bill withheld funds for the Phase II design of the new secure SETT facility pending the submission of a report advising the committees of the modified scope of the project. Although the required report has not yet been submitted, a draft of the report was made available to DLS for purposes of this update.

Background

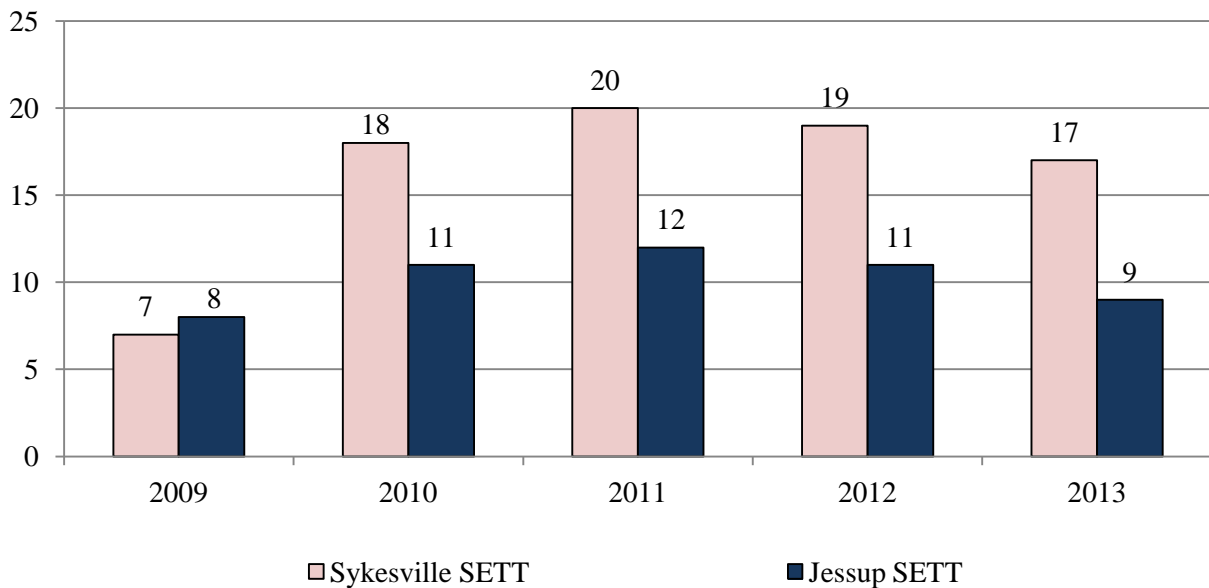
The Developmental Disabilities Administration (DDA) is charged with serving individuals that are identified through the court system in need of treatment that qualify for DDA services. The individuals referred to DDA are either found not criminally responsible or incompetent to stand trial by the courts. Although it is the court's final decision as to the placement status of the individual, DDA does make recommendations on the best place for treatment for the individual. Specifically, individuals presenting with dangerous behaviors that threaten public safety are referred to SETT units, while individuals presenting with behaviors that do not pose a threat to public safety remain in the community with support and services as needed.

Since fiscal 2009, DDA has served court-ordered individuals in SETT units instead of in State Residential Centers. Two SETT units are operated by DDA: one for evaluation and short-term treatment and one for treatment on a longer term basis. The evaluation and short-term treatment unit

is securely located on the grounds of the Clifton T. Perkins Hospital in Jessup. This unit houses a maximum of 12 individuals for 21 to 90 days. During the evaluation phase, DDA completes competency and behavioral evaluations and develops individual, comprehensive service plans. The longer term therapeutic treatment facility is securely located on the grounds of Springfield Hospital in Sykesville. This unit has capacity for 20 individuals who have been appropriately identified through evaluation at the Jessup unit.

Exhibit 10 shows the average daily population (ADP) of each unit. As the chart demonstrates, both SETT units were at full capacity in fiscal 2011. However, the ADP at both locations declined slightly in both fiscal 2012 and 2013. The agency advises that this is a result of increased efforts to serve a greater number of individuals in the community. DDA’s mission is to serve individuals (including forensically involved individuals) in the least restrictive setting possible.

Exhibit 10
Average Daily Population of SETT Units
Fiscal 2009-2013



SETT: Secure Evaluation and Therapeutic Treatment

Source: Department of Health and Mental Hygiene

Expansion of Community-based Providers

In order to continue to limit the size of the SETT units to 32 beds, DHMH has recommended that the State finance the expansion of community-based options for individuals with forensic involvement. Presently, DDA has 35 to 40 licensed providers that serve court-involved individuals; however, this capacity is insufficient to meet the current demand. Moreover, serving an individual in the community costs less than half as much as it costs per year to serve the same individual in the SETT facilities. Therefore, DDA has proposed that DHMH move forward with creating the capacity to serve individuals in community-based residential homes that are structured, supervised, and sited to ensure security (as opposed to current residential placements, which are only staff secure). Accordingly, as noted in the Budget Overview section of this document, the fiscal 2015 capital budget includes funding for two projects for secure community treatment homes at as yet to be identified locations in Central Maryland for forensically involved developmentally disabled individuals at risk of entering, or being discharged from, SETT units.

Summary of Report

DHMH recommends moving forward with a 32-bed consolidated facility and expand community-based options for individuals transitioning out of SETT units. Specifically, the department recommends the renovation and consolidation of the existing Sykesville unit, which the department advises would cost approximately half of what it would cost to construct a new 32-bed facility. Furthermore, DHMH advises that there would be significant reductions in facility support areas in the Sykesville unit. For example, kitchen facilities would not be needed, as the SETT unit would purchase food from the Springfield Hospital Center kitchen. Similarly, the unit would purchase maintenance services from Springfield Hospital Center. Finally, there would also be a significant reduction in the size of residential areas, while still providing sufficient residential and program space to effectively provide therapeutic treatment.

DHMH should advise the committees of the extent to which the Judiciary, who controls the process through which individuals are referred to SETT units, has been consulted regarding plans to renovate the existing unit and expand community-based options for court-involved individuals.

Henryton Hospital Center

In 2013, the DGS, on behalf of DHMH, requested budget committee approval to use \$868,000 from the Construction Contingency Fund to provide sufficient funds to award the design contract and emergency construction contract for the demolition of Henryton Hospital Center, located in Carroll County. It was subsequently approved that those funds would supplement design and construction funds previously authorized for the project in the 2012 session capital budget bill.

Closed since 1985, the Henryton Center is an 18-building, 46-acre facility in Carroll County, surrounded by the Patapsco Valley State Park. Prior to closure, the center operated as an institutional facility for developmentally disabled individuals. Once the building demolition and land remediation

are completed, the property is to be transferred to the Department of Natural Resources (DNR) for inclusion in the Patapsco Valley State Park.

Project Status

Authorized in the 2012 session, the project was planned as a multi-phased project to be completed under a single contract; Phase I entailed building demolition and asbestos abatement followed by an environmental land remediation phase. To accommodate the proposed phasing and 18-month design and construction schedule, project funding was split, with \$3.53 million of general GO funds authorized for fiscal 2013 and a \$3.05 million pre-authorization available in fiscal 2014. In the MCCBL of 2013, the pre-authorization for fiscal 2014 was struck and replaced with a pre-authorization for fiscal 2015. Almost from the start, the project experienced delays in design procurement due to slow procurement activity at DGS, which resulted in the termination of the procurement specialist. In addition, although the project was presented as a demolition project, DGS was directed to include the use of inmate labor from the Department of Public Safety and Correction Services under a deconstruction rather than demolition methodology, which further delayed the design procurement phase. The design procurement efforts eventually resulted in just one responsive bidder, which statutorily requires the approval of the General Professional Services Selection Board (GPSSB) to proceed to contract award and fee negotiation. GPSSB denied approval of design award, and DGS initiated a second procurement that again resulted in a single bid. This time, the GPSSB objection was overridden, and DGS began negotiations with the single vendor in an attempt to bring the final contract amount more in line with the initial design cost estimates for the project.

Shortly before DGS was to bring the negotiated design contract to the Board of Public Works for approval, the project scope and phasing plan was revised in response to repeated security issues within the secure but vacant Henryton compound perimeter. In December 2012, citing a recent break-in and fire, DHMH requested an emergency contract to demolish the Henryton buildings. The emergency contract provision was initiated by DGS, which resulted in a reduction in the immediate scope of work to include Phase I only. The Phase II environmental remediation work has been reevaluated and DHMH, DHR, and DGS all agreed that the work was not necessary. Accordingly, the MCCBL of 2014 strikes the fiscal 2015 pre-authorization on provision and those authorizations have been made available to support other projects in the capital budget.

GO Bond Recommended Actions

1. Reduce funding by increasing the cash flow adjustment.

MA01A Community Health Facilities Grant Program \$ 5,183,000

Allowance
5,483,000

Change
-300,000

Authorization
5,183,000

Explanation: Based on a review of the projects currently authorized and also proposed in the Community Health Facilities Grant Program, a small cash flow adjustment can be made. The Department of Health and Mental Hygiene will be able to manage the reduction without impacting any of the current or proposed projects.

2. Approve the \$2,276,000 general obligation fund authorization for the Federally Qualified Health Centers Grant Program.
3. Approve the de-authorization of funds remaining from a prior authorization for the new forensic medical center.
4. Approve amendment to prior authorization to allow funds for the Secure Evaluation and Therapeutic Treatment Center to be used for design and construction.
5. Approve amendment to prior authorization to allow funds for the Secure Evaluation and Therapeutic Treatment Center II to be used for design and construction.

Total General Obligation Bonds Reduction

\$300,000