

**MA01
Department of Health and Mental Hygiene**

Capital Budget Summary

**Grant and Loan Capital Improvement Program
(\$ in Millions)**

Program	2015 Approp.	2016 Approp.	2017 Request	2018 Est.	2019 Est.	2020 Est.	2021 Est.
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Community Health Facilities Grant Program	\$5.183	\$5.263	\$4.758	\$5.742	\$5.250	\$7.500	\$7.500
Federally Qualified Health Centers	2.276	0.371	2.500	2.500	2.500	2.500	2.500
Total	\$7.459	\$5.634	\$7.258	\$8.242	\$7.750	\$10.000	\$10.000

Fund Source	2015 Approp.	2016 Approp.	2017 Request	2018 Est.	2019 Est.	2020 Est.	2021 Est.
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GO Bonds	\$7.459	\$5.634	\$7.258	\$8.242	\$7.750	\$10.000	\$10.000
Total	\$7.459	\$5.634	\$7.258	\$8.242	\$7.750	\$10.000	\$10.000

GO: general obligation

**State-owned Capital Improvement Program
(\$ in Millions)**

Projects	Prior Auth.	2017 Request	2018 Est.	2019 Est.	2020 Est.	2021 Est.	Beyond CIP
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Dorsey Run Secure Evaluation and Therapeutic Treatment Center	\$0.000*	\$0.000	\$0.637	\$0.778	\$8.825	\$8.434	\$0.000
Clifton T. Perkins Hospital Center	0.000	0.000	0.000	1.088	1.329	16.676	16.328
Total	\$0.000	\$0.000	\$0.637	\$1.866	\$10.154	\$25.110	\$16.328

Fund Source	Prior Auth.	2017 Request	2018 Est.	2019 Est.	2020 Est.	2021 Est.	Beyond CIP
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GO Bonds	\$0.000	\$0.000	\$0.637	\$1.866	\$10.154	\$25.110	\$16.328
Total	\$0.000	\$0.000	\$0.637	\$1.866	\$10.154	\$25.110	\$16.328

CIP: Capital Improvement Program

GO: general obligation

* Funding in the amount of \$2,150,000 is currently de-authorized by the capital budget bill as introduced for this project. In the 2015 session, an additional \$1,150,000 was de-authorized for this project.

Summary of Issues

The Condition of State-owned Residential Treatment Facilities Needs to Improve: For the past several years, the condition of facility infrastructure systems in good/excellent condition, as well as the percentage of residential and program buildings meeting appropriate standards, codes, and client needs has remained relatively poor. While some improvement has been made, additional improvement will require more extensive capital investment. Currently, the Department of Health and Mental Hygiene (DHMH) is undertaking an Institutional Review, but it is unclear when this review, known as Phase II, will be complete. **DHMH should comment on the timeline for Phase II, as well as the plans they have for improving residential buildings at both Springfield and Western Maryland Hospital Center.**

Secure Evaluation and Therapeutic Treatment Center: This project has been delayed multiple times, most recently to conduct a building feasibility study, which estimated that the costs of building a new building were similar to the renovation that is currently planned. **As the costs of the two options are similar, the agency should comment on when it will make a final decision between the two.**

Rosewood Center Operating Costs: The Rosewood Center in Owings Mills is considered surplus property, and the State has recently been deciding how to dispose of the property, including for the disposition of the property to the Maryland Department of Veterans Affairs (MDVA) for a new cemetery. **The agency should comment on its plans to remediate parcel 2 and 3 for the disposition to MDVA.**

Summary of Recommended Bond Actions

1. Community Health Facilities Grant Program
Approve \$4,758,000 in general obligation bonds.
2. Federally Qualified Health Centers Grant Program
Approve \$2,500,000 in general obligation bonds.
3. SECTION 2 – Department of Health and Mental Hygiene – Patient Safety Improvements
Approve the de-authorization of \$214,934 in general obligation bonds.
4. SECTION 2 – Department of Health and Mental Hygiene – Secure Evaluation and Therapeutic Treatment Center
Approve the de-authorization of \$2,150,000 in general obligation bonds.

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 use disorder 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 2017 Projects

For fiscal 2017, as shown in **Exhibit 1**, the department is proposing to support eight projects: four substance use disorder treatment projects, three community mental health projects, and one project for individuals with co-occurring mental illness and substance use disorders. Of the projects proposed in the fiscal 2017 program, most are routine requests. Three projects contain multi-year commitments, including the project for Tuerk House, Inc., in Baltimore City; the Avery Road Treatment Center in Montgomery County; and the Family Services, Inc., projects in Prince George’s and Montgomery counties.

Exhibit 1 Fiscal 2017 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>2017 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Anne Arundel	Main Street Housing, Inc.	Acquire and renovate three properties for Main Street Housing, Inc., to provide independent housing for six individuals/families with psychiatric disabilities.	\$696,000		\$477,480		68.6%

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<u>Subdivision</u>	<u>Project Title</u>	<u>Project Detail</u>	<u>Estimated Cost</u>	<u>Prior Auth.</u>	<u>2017 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Anne Arundel	Opportunity Ministries, Inc.	Renovate a 4,896 square foot (sq. ft.) building to create six units (two bedrooms each) of supportive recovery housing for women who have children or are currently pregnant and recovering from a substance use disorder.	879,053		659,290		75.0%
Anne Arundel	The Samaritan House, Inc.	Construct and renovate a 4,500 sq. ft. (16 unit) long-term residential drug and alcohol treatment and supportive services building.	1,383,464		750,000		54.2%
Baltimore City	Tuerk House, Inc.	Renovate a 25,570 sq. ft. building in West Baltimore to add 26 beds for individuals recovering from substance use disorders.	4,959,663	\$137,000	700,000	\$2,634,764	70.0%
Montgomery	Cornerstone Montgomery, Inc.	Renovate a 10,700 sq. ft. space for Cornerstone to co-locate comprehensive behavioral health and primary care services.	1,403,000		1,050,000		74.8%
Montgomery	Avery Road Treatment Center/ Montgomery County Government	Construct new 60-bed residential facility for individuals with substance use disorders to replace existing capacity on that same site.	12,592,334	414,000	1,026,604	2,173,396	28.7%

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<u>Subdivision</u>	<u>Project Title</u>	<u>Project Detail</u>	<u>Estimated Cost</u>	<u>Prior Auth.</u>	<u>2017 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Regional	Family Services, Inc.	Acquire eight homes for housing for low-income adults with serious mental illness.	2,232,502		850,000	824,377	75.0%
Regional	Key Point Health Services, Inc.	Acquire adequate housing to provide 12 bedrooms for supportive housing to individuals with serious mental illness.	520,000		390,000		75.0%
Statewide	Cash Flow, Prior Commitments, and Available Funds Adjustment		-1,145,374		-1,145,374		100.0%
Total			\$23,520,642	\$551,000	\$4,758,000	\$5,632,537	

Source: Department of Health and Mental Hygiene

Fiscal 2017 Financial Analysis and Overall Program Activity

While the total fiscal 2017 State support for the eight projects is \$5,411,374, the funding request for the fiscal 2017 Community Health Facilities Grant Program is based on the cash flow analysis provided in **Exhibit 2**. **Exhibit 3** summarizes prior year authorization encumbrance and expenditure data.

Exhibit 2
DHMH – Fiscal 2017 Community Health Facilities Grant Program
Cash Flow Analysis

State share of proposed fiscal 2017 projects	\$5,411,374
Carryover of projects from prior year commitments	4,470,672
Funds available at the end of fiscal 2016	-3,024,756
Cash flow adjustment for fiscal 2017	-2,099,290
Total	\$4,758,000

DHMH: Department of Health and Mental Hygiene

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

Exhibit 3
Community Health Facilities Grant Program Authorization
Encumbrance and Expenditure Data
(\$ in Millions)

Fiscal Year	Authorization	Funds		Balances	
		Encumbered	Expended	To Be Encumbered	To Be Expended
Prior Years	\$166.052	\$166.052	\$165.983	\$0.000	\$0.069
2012	3.568	3.568	3.482	0.000	0.086
2013	0.000	0.000	0.000	0.000	0.000
2014	5.250	5.250	4.061	0.000	1.189
2015	5.183	2.991	0.761	2.192	4.422
2016	5.263	0.000	0.000	5.263	5.263
Total	\$185.316	\$177.862	\$174.287	\$7.455	\$11.030

Note: Data effective February 26, 2016. Numbers may not sum due to rounding.

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 17 traditional FQHCs and 1 FQHC look-alike health center with over 156 service sites. Forty-seven of the 156 sites are located in Baltimore City, and the remaining 110 sites are located in the following jurisdictions: Allegany, Anne Arundel, Baltimore, Caroline, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne'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 59 medically underserved designations, 47 that are MUAs and 12 that are MUPs, an increase of four over the prior year.

The Secretary of Health and Mental Hygiene 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 4**, the department is funding three projects in three jurisdictions in fiscal 2017, with total funding of \$2.5 million.

Exhibit 4
Fiscal 2017 Federally Qualified Health Centers Grant Program
Proposed Projects

<u>Subdivision</u>	<u>Project Title</u>	<u>Project Detail</u>	<u>Estimated Cost</u>	<u>Prior Auth.</u>	<u>2017 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Baltimore City	Total Health Care, Inc.	Renovate space to create a new Patient Centered Medical Home.	\$3,588,382	\$126,000	\$1,299,600	\$835,081	63.0%
Montgomery	Community Clinic, Inc.	Renovate and equip space to fit-out six exam rooms, a reception/waiting area, provider office and two classrooms.	535,893	-	401,920	-	75.0%
Prince George's	Greater Baden Medical Services, Inc.	Construct a new facility to house all services, administrative offices, pharmacy, case management, and conference rooms.	2,432,752	436,000	818,403	545,597	73.9%
Statewide	Available Funds Adjustment		-19,923	-	-19,923	-	100.0%
Total			\$6,537,104	\$562,000	\$2,500,000	\$1,380,678	

Source: Department of Health and Mental Hygiene

While the total fiscal 2017 State support for the above projects is \$3.2 million, the funding request for the fiscal 2017 FQHC Grant Program is based on the cash flow analysis provided in **Exhibit 5**. **Exhibit 6** summarizes prior year authorization encumbrance and expenditure data. It should be noted that only half of the funding for fiscal 2013 has been encumbered, similar to the amount from the prior year, and no funding from fiscal 2014 or 2015 has been encumbered yet. **The agency should provide a status of all outstanding projects expecting to encumber funds under this program.**

Exhibit 5
DHMH – Fiscal 2017 Federally Qualified Health Centers Grant Program
Cash Flow Analysis
(\$ in Millions)

State share of proposed fiscal 2017 projects	\$3.156
Funds available at the end of fiscal 2016	-0.656
Cash flow adjustment for fiscal 2017	0.000
Total	\$2.500

DHMH: Department of Health and Mental Hygiene

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

Exhibit 6
Federally Qualified Health Centers
Authorization Encumbrance and Expenditure Data
(\$ in Millions)

Fiscal Year	Authorization	Funds		Balances	
		Encumbered	Expended	To Be Encumbered	To Be Expended
Prior Years	\$14.802	\$14.802	\$14.802	\$0.000	\$0.000
2012	2.002	1.985	1.943	0.017	0.059
2013	2.871	1.625	1.625	1.246	1.246
2014	0.660	0.000	0.000	0.660	0.660
2015	2.276	0.000	0.000	2.276	2.276
2016	0.371	0.000	0.000	0.371	0.371
Total	\$22.982	\$18.412	\$18.370	\$4.570	\$4.611

Note: Data effective February 26, 2016. Numbers may not sum due to rounding.

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

Issues

1. The Condition of State-owned Residential Facilities Needs to Improve

As seen in **Exhibit 7**, the overall condition of the residential facilities that the State operates continues to be poor. Part of the reason for such low performing scores is that new standards for patient safety goals for psychiatric hospitals established in 2008 by the Joint Commission resulted in a significant downgrading of the percentage of buildings in compliance with requirements, standards, and needs. Capital funding totaling \$4 million was provided in fiscal 2010 to make some of the necessary improvements, but these projects have since been completed. Funding above the amount expended was partially de-authorized in last year’s capital budget with the remaining surplus proposed for de-authorization this year.

Exhibit 7
DHMH – Facility and Residential Building Conditions
Fiscal 2011-2015

	<u>Actual 2011</u>	<u>Actual 2012</u>	<u>Actual 2013</u>	<u>Actual 2014</u>	<u>Actual 2015</u>
Condition of facility infrastructure systems (% in good/excellent condition)	89	89	89	91	91
Residential and program buildings meeting licensing standards, current building codes, and patient/client needs (%)	34	34	39	40	54

DHMH: Department of Health and Mental Hygiene

Source: Department of Health and Mental Hygiene

However, as also noted in prior operating analyses, the department’s goal for the percentage of residential and program buildings meeting licensing requirements, current building standards, and patient/client needs is still remarkably low – 65% by the end of fiscal 2017 – and will remain so until significant capital projects are completed. The 2015 *Joint Chairmen’s Report* (JCR) requested a plan from DHMH to update these facilities and bring them up to appropriate standards. The report was submitted on January 27, 2016. In the report, DHMH and the Department of Budget and Management stated that of the 44 residential buildings and 18 buildings used for programs across the State, only 8 buildings (12.9%) do not meet either licensing standards, current building codes, or patient/client needs. The report then identifies four projects that would need to be undertaken to bring these buildings up to standard, which are presented in **Exhibit 8**.

**Exhibit 8
Residential Buildings in Need of Improvement**

<u>Facility</u>	<u>Work To Be Done</u>	<u>Cost</u>	<u>CIP</u>
Clifton T. Perkins Hospital Center	Renovate the north wing building	\$34,749,000	Yes.
Regional Institute for Children and Adolescents – Baltimore	New electrical for gymnasium; new roof for multi-purpose building; new heating, ventilation, and air conditioning (HVAC) for three dormitory buildings	900,000	Yes, except HVAC. (\$740,000 already completed.)
Springfield Hospital Center	Demolition and replacement of the McKeldin building	18,000,000	No.
Western Maryland Hospital Center	Demolition and replacement of the main building	58,000,000	No.
Total Costs		\$111,649,000	

Source: Department of Health and Mental Hygiene

Despite the identified needs of these hospital centers, the 2016 *Capital Improvement Program* (CIP) currently only includes two major projects, both of which are deferred from the previous CIP. Currently, initial planning funding the Secure Evaluation and Therapeutic Treatment (SETT) facility is deferred again from fiscal 2017 to 2018, with all previously authorized funding for planning either being de-authorized last year or recommended for de-authorization in the current capital budget bill. More on this project is provided in Issue 2. The second project is the Clifton T. Perkins north wing renovation, but this project is further deferred until fiscal 2019. The only reason provided for this deferment is to stay within GO bond authorization limits, which calls into question the priority status of this project. While the project for the Regional Institute for Children and Adolescents – Baltimore will be taken care of through the Department of General Services Facilities Renewal Program, neither the Springfield nor Western Maryland Hospital Center projects are included in the current CIP, which begs the question on how DHMH will improve these facilities and bring them up to standard.

In addition to the JCR report, DHMH has recently completed what it calls Institutional Review Phase I. This report provides for a complete inventory of all State-owned property currently under the purview of DHMH. While this report provides a comprehensive overview of what DHMH and the State currently maintains in its inventory, there is no further indication as to a plan to bring these facilities up to current standards, including those included in Exhibit 8. DHMH has indicated that it is

currently conducting Institutional Review Phase II, which will determine a potential plan of elimination, consolidation, and/or replacement for all facilities that would best provide the services needed. However, it is unknown at this time when that is expected to be completed. **DHMH should comment on the timeline for Phase II, as well as the plans they have for improving residential buildings at both Springfield and Western Maryland Hospital Center.**

2. 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 were transferred, many of them to community-based placements in the Baltimore metropolitan area. Although the department 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), the facilities have an insufficient number of beds to accommodate the court-ordered admissions and lack additional space for vocational activities.

Due to the safety and capacity concerns, the Developmental Disabilities Administration (DDA) received capital funding in fiscal 2011 to begin planning and design of a new, consolidated SETT unit to replace both existing units, and had advised that the renovation and consolidation of the Sykesville Unit would provide sufficient residential and program space to effectively provide secure evaluation and therapeutic treatment with 54 beds. The construction was to originally begin in fiscal 2014 and be completed in fiscal 2015. The department implemented a number of initiatives to reduce patients' lengths of stay and better facilitate the transition of individuals to alternative, community-based settings. These initiatives addressed capacity concerns and the department revised down the number of beds needed at the new facility, increasing the timeline for design. The project has been delayed most recently to conduct a building feasibility study to identify whether or not the project should include renovation and new construction or solely new construction.

Background

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 dangerous behaviors that threaten public safety are referred to SETT units, while individuals presenting behaviors that do not pose a threat to public safety remain in the community with support and services as needed. DDA's mission is to serve individuals (including forensically involved individuals) in the least restrictive setting possible.

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.

Project Status

The fiscal 2017 capital budget bill de-authorizes all prior authorizations for design of SETT units. The building feasibility study, identifying costs for renovation and new construction or solely new construction, was completed in November 2015. The study identified an estimated cost of \$12.7 million to renovate and construct an addition to the Muncie Building to create a consolidated 32-bed SETT facility and a \$13.0 million cost to solely construct a new facility. A preliminary estimation by DHMH in March 2014 identified costs of \$19.0 million for renovation and new construction and \$33.0 million for solely new construction. The 2016 CIP includes \$16.7 million in construction costs for renovation and construction. **As the costs are similar for a new building and renovation with a new building, the agency should comment on when it will make a final decision between the two.**

3. Rosewood Center Operating Costs

Amid repeated findings by the Office of Health Care Quality concerning safety issues related to the buildings and grounds of the facility, Rosewood Center closed in June 2009. A 2008 JCR required the department to submit a report evaluating the possible uses of the property. The original Rosewood campus included approximately 690 acres of land. Since 1978, the State has disposed of approximately 434 acres, of which roughly one-third is protected by the Maryland Environmental Trust Conservation Easement. The proceeds from all sales of the property are deposited into the Community Services Trust Fund to benefit individuals on DDA's waiting list.

The property at Rosewood Center contains three parcels. Of the three parcels, Parcel 3 would require major remediation with some remediation of Parcel 2, and a little of Parcel 1. All parcels contain deteriorated, asbestos-filled buildings. DHMH submitted a report in August 2009 in response to the 2008 JCR request that addressed the use of the remaining 178 acres and 37 buildings that make up the Rosewood Center campus. After the announcement of the closure, an interagency committee was formed by the Maryland Department of Planning to review the possible uses of the campus and to set agreed upon principles for the disposition of the property. The State Clearinghouse completed its review of the property in December 2009 and recommended that the State declare the 178 acres and 37 buildings to be surplus to the State and to offer to sell the property to Stevenson University.

The Board of Public Works declared 117 acres on Parcel 1 surplus to the needs of the State and recommended future disposal to Stevenson University to expand the university with educational offices and open space use. However, the status of the adjacent parcels may hinder the university from acquiring the site. MDVA is also interested in 61 acres from Parcel 3 and possibly Parcel 2 for the Garrison Forest Veteran Cemetery. Previously, the State had planned to demolish the asbestos-contaminated buildings,

remove and dispose of hazardous debris, and generally restore the site prior to disposition at an estimated cost of \$8.1 million. However, no funding is included in the capital budget for remediation. It is unclear whether the property can be disposed of without resolving the demolition and remediation. By not disposing of the property, the State has to pay costs to keep the facility safe and maintained. **Exhibit 9** shows the operating expenditures since the closure of the Rosewood Center in fiscal 2009, primarily due to maintenance and personnel. The agency will have spent more than \$17.0 million over the eight-year period.

Exhibit 9
Rosewood Operating Funds Since Closure
Fiscal 2010-2017

<u>Fiscal Years</u>	<u>GF Support</u>
2010	\$3,638
2011	2,643
2012	1,992
2013	2,036
2014	1,900
2015	2,212
2016 Appropriation	1,541
2017 Allowance	1,386
Total	\$17,348

Note: A share of the total costs each year is due to workers' compensation payments (\$5.6 million over an eight-year period).

Source: Department of Health and Mental Hygiene

The agency can exercise different options in disposing of the property, including the following:

- The funding for remediation of the property could continue to go unfunded and the agency could hope to dispose of the property to Stevenson University, or another willing agent. It should be noted that by not remediating the property, the State will not have oversight over the remediation process and would need to rely on the buyer to ensure the property is effectively remediated to ensure no future liability. Additionally, the agency risks not being able to dispose of the property and continuing to pay operating costs to maintain the property.

- The agency could remediate the property, allowing MDVA to expand the Garrison Forest Cemetery on Parcels 2 and 3. This option would likely give the State a more favorable position in terms of disposing Parcel 1 to Stevenson University or marketing Parcel 1 to prospective buyers. This will serve the purpose of returning the property to productive use.

Summary of Other Projects in the Capital Improvement Program

Projects Deferred in Fiscal 2017

Deferred projects for fiscal 2017 are shown in **Exhibit 10**. Both projects were previously discussed.

Exhibit 10 Projects Deferred Fiscal 2017

<u>Project</u>	<u>Description</u>	<u>Reason for Deferral</u>
Dorsey Run Secure Evaluation and Therapeutic Treatment Center	Planning funding deferred to fiscal 2018, construction to fiscal 2020	To conduct a building feasibility study.
Clifton T. Perkins Hospital Center	Planning funding deferred to fiscal 2019	Schedule delays and to meet State debt limits.

Source: Department of Budget and Management, 2016 *Capital Improvement Program*

De-authorizations

There are two de-authorizations for DHMH as shown in **Exhibit 11**. The first is a partial de-authorization of \$214,934 from fiscal 2010 for patient safety improvements at psychiatric hospitals and residential treatment centers throughout the State, which was previously discussed. This brings the total funding for this project down from \$3,830,000 to \$3,615,066. The second de-authorization is for the SETT unit, which was also previously discussed.

Exhibit 11
De-authorizations

<u>Project</u>	<u>De-authorized Amount</u>	<u>Reason</u>
Department of Health and Mental Hygiene Patient Safety Improvements	\$214,934	Project completed under budget.
Dorsey Run Secure Evaluation and Therapeutic Treatment Center	2,150,000	Projected deferred to fiscal 2018.

Source: Department of Budget and Management, 2016 *Capital Improvement Program*

GO Bond Recommended Actions

1. Approve \$4,758,000 in general obligation bonds for the Community Health Facilities Grant Program.
2. Approve \$2,500,000 in general obligation bonds for the Federally Qualified Health Centers Grant Program.
3. Approve the de-authorization of \$214,934 in general obligation bonds for Patient Safety Improvements.
4. Approve the de-authorization of \$2,150,000 in general obligation bonds for the Secure Evaluation and Therapeutic Treatment Center.