

MA01
Department of Health and Mental Hygiene

Capital Budget Summary

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

Program	2016 Approp.	2017 Approp.	2018 Request	2019 Est.	2020 Est.	2021 Est.	2022 Est.
Community Health Facilities Grant Program	\$5.263	\$4.758	\$5.742	\$5.250	\$5.500	\$6.500	\$6.500
Federally Qualified Health Centers	0.371	2.500	0.000	2.500	2.500	2.500	2.500
Total	\$5.634	\$7.258	\$5.742	\$7.750	\$8.000	\$9.000	\$9.000

Fund Source	2016 Approp.	2017 Approp.	2018 Request	2019 Est.	2020 Est.	2021 Est.	2022 Est.
GO Bonds	\$5.634	\$7.258	\$5.742	\$7.750	\$8.000	\$9.000	\$9.000
Total	\$5.634	\$7.258	\$5.742	\$7.750	\$8.000	\$9.000	\$9.000

GO: general obligation

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

Projects	Prior Auth.	2018 Request	2019 Est.	2020 Est.	2021 Est.	2022 Est.	Beyond CIP
Clifton T. Perkins Hospital Center	\$0.000	\$0.000	\$1.081	\$1.322	\$16.500	\$16.198	\$0.000
Rosewood Site Remediation	0.000	0.000	0.000	0.000	0.000	10.000	40.000
Total	\$0.000	\$0.000	\$1.081	\$1.322	\$16.500	\$26.198	\$40.000

Fund Source	Prior Auth.	2018 Request	2019 Est.	2020 Est.	2021 Est.	2022 Est.	Beyond CIP
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GO Bonds	\$0.000	\$0.000	\$1.081	\$1.322	\$16.500	\$26.198	\$40.000
Total	\$0.000	\$0.000	\$1.081	\$1.322	\$16.500	\$26.198	\$40.000

CIP: Capital Improvement Program

GO: general obligation

Summary of Issues

Time for a Master Plan: For the past several years, the condition of the State’s residential facilities has continued to be poor. Despite requests by the committees in previous years for reports on what needs to be done to improve the condition of the Department of Health and Mental Hygiene (DHMH) facilities and consolidate building operations and holdings, no additional projects have been included in the 2017 *Capital Improvement Program (CIP)* for DHMH to advance these initiatives. At the same time, it is unclear as to the total scope of work that needs to be undertaken to adequately improve all of the DHMH facilities due to the lack of a Facilities Master Plan. **The Department of Legislative Services (DLS) recommends adopting committee narrative requiring DHMH to submit a Facilities Master Plan in accordance with Department of Budget and Management (DBM) guidelines.**

Rosewood Center Operating Costs: The Rosewood Hospital Center in Owings Mills is considered surplus property, and the State has recently been evaluating how to dispose of the property, including the remediation and disposition of major parcels to Stevenson University. Funding in the amount of \$700,000 was authorized by the General Assembly to remediate the property, with intent language indicating that the legislature would provide \$10 million in fiscal 2018, and \$5 million in fiscal 2019. However, the 2017 CIP includes a total of \$15 million spread out through fiscal 2021 for environmental

abatement of the 117 acres that Stevenson University is interested in acquiring. There is an additional \$10 million in the CIP in 2022 for the Developmental Disabilities Administration (DDA) to fund the environmental abatement of Parcel 3 and any remaining surplus acreage not acquired by the university. **DLS recommends a pre-authorization of \$5 million in fiscal 2018 and \$5 million in fiscal 2019 with a required match from Stevenson University as a means of ensuring funding participation by the university in advance of the likely no consideration transfer of the property to the university.** These recommendations can be found in the DLS analysis of the Governor’s miscellaneous projects.

Summary of Recommended Bond Actions

1. Department of Health and Mental Hygiene
Adopt committee narrative.
2. Community Health Facilities Grant Program
Approve \$5,742,000 in general obligation bonds.

Budget Overview

Community Health Facilities Grant Program

DHMH 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 2018 Projects

For fiscal 2018, as shown in **Exhibit 1**, the department is proposing to support 13 projects: 10 of the projects will serve individuals with behavioral health conditions, while 3 will serve individuals with intellectual or developmental disabilities. Of the projects proposed for fiscal 2018, the majority have either prior authorizations or future commitment requests, which is different than the projects requested in prior years. Only 5 of the 13 projects requested will require funding only in fiscal 2018. However, accommodating future funding requests should be easier as the current CIP has increases for this program scheduled in the out-years.

Exhibit 1
Fiscal 2018 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>2018 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Anne Arundel	Supported Housing Developers, Inc.	Acquire two residential one-bedroom, one-bath and/or two-bedroom, two-bath condominium units to provide permanent housing for two to four adults with severe and persistent mental illness and co-occurring disorders.	\$900,000		\$328,500	\$328,500	73.0%
Baltimore City	People Encouraging People, Inc.	Renovate 16,000 square feet (sq. ft.) to reconstruct the Welcome Center and create a new Integrated Care Suite, and construct a new 6,300 sq. ft. second story to serve as an unsubsidized emergency care area for consumers.	3,185,198	\$885,000	751,949	751,949	75.0%
Baltimore City	People Encouraging People, Inc.	Renovate a home, which will contain 9 one-bedroom apartments, for low-income individuals suffering from psychiatric disorders and/or co-occurring substance use disorders.	1,621,603	161,587	527,307	527,308	75.0%
Baltimore City	Project PLASE, Inc.	Renovate the St. Joseph’s Monastery School Building to create 56 new permanent housing apartments and 40 studio transitional units.	14,273,800	1,231,000	811,800	811,960	20.0%

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<u>Subdivision</u>	<u>Project Title</u>	<u>Project Detail</u>	<u>Estimated Cost</u>	<u>Prior Auth.</u>	<u>2018 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Baltimore City	Tuerk House, Inc.	Renovate the main campus, which will increase the number of beds by 12, from 78 to 90, for integrated substance use disorder treatment.	4,813,164	837,000	1,000,000	1,531,215	70.0%
Dorchester	Delmarva Community Services, Inc.	Construct 15 units to house 15 individuals with developmental disabilities.	12,187,964		548,875		4.5%
Howard	Living in Recovery, Inc.	Acquire and renovate a residential property to service low-income men and women in recovery from addiction.	635,500		298,886		47.0%
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.	12,435,871	1,440,604	1,000,000	1,128,491	28.7%
Montgomery	Montgomery Housing Partnership, Inc.	Acquire and renovate properties to provide 10 new units of accessible housing for individuals with intellectual and/or developmental disabilities.	2,509,600		800,000	800,000	63.8%
Washington	Way Station, Inc.	Acquire a combination of one- and two-bedroom condos to provide affordable housing for eight low-income adults with serious mental illness.	367,347		270,000		73.5%

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<u>Subdivision</u>	<u>Project Title</u>	<u>Project Detail</u>	<u>Estimated Cost</u>	<u>Prior Auth.</u>	<u>2018 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Worcester	Joan W. Jenkins Foundation, Inc.	Construct a secured entrance to the Worcester Addiction Cooperative Services Center. The center provides collaborative addiction treatment and recovery services.	135,000		101,250		75.0%
Regional	Family Services, Inc.	Acquire 8 homes (6 in Prince George’s County and 2 in Montgomery County) for housing for low-income adults with serious mental illness.	2,293,622	850,000	870,217		75.0%
Statewide	Main Street Housing, Inc.	Acquire and renovate properties in Baltimore City to provide independent housing for four individuals with psychiatric disabilities.	436,500		323,010		74.0%
Statewide	Cash Flow, Prior Commitments, and Available Funds Adjustment		-1,889,794		-1,889,794		100.0%
Total			\$53,905,191	\$5,405,191	\$5,742,000	\$5,880,423	31.6%

Note: Most projects have a State share in excess of 70%. The overall State share in the program is driven down by three very large projects where a State share of more than 50% would not be feasible within the budget of this program.

Source: Department of Health and Mental Hygiene

Fiscal 2018 Financial Analysis and Overall Program Activity

While the total fiscal 2018 State support for the 13t projects is \$7,631,794, the funding request for the fiscal 2018 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. Typically, grantees require two years to formally encumber the State grant funds which accounts for the \$7 million of unencumbered funds reflected in the exhibit.

Exhibit 2
DHMH – Fiscal 2018 Community Health Facilities Grant Program
Cash Flow Analysis

State share of proposed fiscal 2018 projects	\$7,631,794
Carryover of projects from prior year commitments	5,133,072
Funds available at the end of fiscal 2018	-7,022,866
Cash flow adjustment for fiscal 2018	0
Total	\$5,742,000

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	\$169.620	\$169.620	\$169.620	\$0.000	\$0.000
2013	0.000	0.000	0.000	0.000	0.000
2014	5.250	5.250	5.138	0.000	0.112
2015	5.183	5.183	3.594	0.000	1.589
2016	5.263	3.001	1.364	2.262	3.899
2017	4.758	0.000	0.000	4.758	4.758
Total	\$190.074	\$183.055	\$179.717	\$7.020	\$10.358

Note: Data effective February 27, 2017. 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 21 FQHCs, including 1 urban Native American Clinic and 3 Washington, DC-based FQHCs that have established sites in Maryland, to provide a total of 153 service sites (136 service delivery sites and 17 administrative). Of the 136 clinical sites, 37 are located in Baltimore City, and the remaining 99 sites are located in all counties across the State with the exception of Carroll and Calvert 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, 46 that are MUAs and 13 that are MUPs, which is unchanged from 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 2018. However, there are no additional general obligation (GO) bond authorizations for this program as all three projects can be funded through previously authorized funds.

Exhibit 4
Fiscal 2018 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>2018 Amount</u>	<u>Future Request</u>	<u>Total State Share (%)</u>
Anne Arundel	Owensville Primary Care, Inc.	Renovate and equip space to add one behavioral health consultation room, two team care examination rooms, and other space.	\$178,661		\$133,996		75.0%
Garrett	Western Maryland Health Care Corporation d/b/a Mountain Laurel Medical	Construct an addition to provide dental care and other expanded services.	713,528		356,764		50.0%
Wicomico	Three Lower Counties Community Services, Inc.	Acquire a new facility in Salisbury to provide the capacity to consolidate all obstetrical and gynecological services into one building and meet demand.	6,210,000	\$135,000	1,987,414	\$672,086	45.0%
Statewide	Available Funds Adjustment		-2,478,174		-2,478,174		100.0%
Total			\$4,624,015	\$135,000	\$0	\$672,086	

Source: Department of Health and Mental Hygiene

While the total fiscal 2018 State support for the above projects is \$2.5 million, the funding request for the fiscal 2018 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 while most of the funding for fiscal 2013 has been encumbered, no funding from fiscal 2014 through 2017 has been encumbered yet. **The agency should provide a status of all outstanding projects expecting to encumber funds under this program. The department should**

also be prepared to advise the committees on what factors are most contributing to the program’s inability to encumber funds including any program modification recommendations to improve the situation.

Exhibit 5
DHMH – Fiscal 2018 Federally Qualified Health Centers Grant Program
Cash Flow Analysis
(\$ in Millions)

State share of proposed fiscal 2018 projects	\$2.478
Funds available at the end of fiscal 2017	-0.978
Cash flow adjustment for fiscal 2018	-1.500
Total	\$0.000

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)

		Funds		Balances	
Fiscal Year	Authorization	Encumbered	Expended	To Be Encumbered	To Be Expended
Prior Years	\$16.804	\$16.804	\$16.804	\$0.000	\$0.000
2013	2.871	2.623	2.459	0.248	0.412
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
2017	2.500	0.000	0.000	2.500	2.500
Total	\$25.482	\$19.427	\$19.263	\$6.055	\$6.219

Note: Data effective February 27, 2017. Numbers may not sum due to rounding.

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

Issues

1. Time for a Master Plan

As cited in recent analyses, the State’s residential hospital centers continue to be in poor condition. In response to these concerns, the 2015 *Joint Chairmens Report* (JCR) requested a plan from DHMH on how the department planned to update these facilities and bring them up to appropriate standards. The report was submitted on January 27, 2016, and identified only four projects, which are listed below in **Exhibit 7**. However, as was noted in last year’s capital analysis, only two of these projects remain in the CIP, and no other funding has been requested to even begin to start designing new facilities that would be able to meet appropriate clinical standards.

Exhibit 7 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

During the capital budget hearings last year, DHMH testified that they were currently undertaking a master Institutional Review, of which at the time, Phase I had been completed, and Phase II was currently underway. However, even a year later, Phase II has yet to be completed. At the same time, none of the facilities have been able to move forward with the kind of upgrades that they would need to maintain accreditation and be able to keep serving their populations in the best manner possible. **DLS recommends adopting committee narrative requiring DHMH to submit a Facilities Master Plan in accordance with DBM guidelines.**

2. 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 the DDA waiting list.

The remaining State-owned 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. The Maryland Department of Veterans Affairs 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. By not disposing of the property, the State has to pay costs to keep the facility safe and maintained. **Exhibit 8** 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 \$18.5 million over the nine-year period.

Exhibit 8
Rosewood Operating Funds Since Closure
Fiscal 2010-2018
(\$ in Thousands)

<u>Fiscal</u>	<u>GF Support</u>
2010	\$3,638
2011	2,643
2012	1,992
2013	2,036
2014	1,900
2015	2,212
2016	1,541
2017 Appropriation	1,386
2018 Allowance	1,218
Total	\$18,566

GF: general funds

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

In fiscal 2017, the legislature authorized \$700,000 to begin remediation of the property and included pre-authorization language to fund the construction phase in the amount of \$10,000,000 in fiscal 2018 and \$5,000,000 in fiscal 2019. DHMH advised that the Department of General Services (DGS) is in a better position to administer these funds and transferred the funds from DHMH to DGS. Currently, DGS is in discussion with Stevenson University to allow the university to administer the funding, coupled with their own funding. The university may be able to remediate the property more timely and at a lower cost. However, all costs must be approved by DGS. DGS must also ensure that the property is effectively remediated to ensure no future liability. As introduced, the 2017 session capital budget bill amends the 2016 session grant to provide the funds as a grant to Stevenson University to facilitate the plan to have the university manage the project. The remaining funds to complete the State funding are also programmed as future grants to Stevenson University.

Allowing for remediation of the property allows the agency to dispose of the property, reducing operating costs to maintain the property and returning the property to productive use. Stevenson University advised DLS that they are working with DGS on a right of entry and would like to ensure that they will receive the property after they invest their funding into remediation. The

university will use the property for a baseball stadium, practice fields, athletic offices, and space for club sports.

The CIP includes a total of \$15 million in fiscal 2019 through 2021 for the design and construction of the environmental abatement and the demolition of buildings on Parcel 1 and 2 that the university is interested in acquiring. After discussing the timeline of funding with Stevenson University, a lower level of funding, provided earlier, may be more suitable for the project. The 117 acres from Parcels 1 and 2 that Stevenson University is looking to purchase requires the least amount of environmental abatement. Most of the coal ash that will need to be cleaned up is on Parcel 3. For Parcel 3, and the remaining surplus acreage not acquired by Stevenson University, \$10 million is included in the CIP in fiscal 2022 for DDA for environmental abatements. The main concern for Stevenson University right now is the demolition of the two buildings on the property. Additionally, the university intends to construct roads and other infrastructure on the property. Considering that the State is essentially being asked to give Stevenson University the property, it should be the university's financial responsibility to build the infrastructure. To ensure that Stevenson University is making a contribution to the environmental abatement, the university should match the GO bond from the State. **DLS recommends a pre-authorization of \$5 million in fiscal 2018 and \$5 million in fiscal 2019 with a required match from Stevenson University. These recommendations can be found in the DLS analysis of the Governor's miscellaneous projects.**

Summary of Other Projects in the Capital Improvement Program

The 2017 CIP includes two changes from the 2016 CIP. The first is the removal of the Secure Evaluation and Therapeutic Treatment Center (SETT) from the CIP entirely, and the second is the addition of \$10 million for the environmental remediation of the Rosewood Hospital Center in fiscal 2022. Rosewood Hospital Center is discussed more thoroughly prior.

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, DDA received capital funding in fiscal 2011 to begin planning and design of a new, consolidated SETT unit to replace both existing units. At the time, DDA 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 a 54-bed

capacity unit. The construction was originally scheduled to begin in fiscal 2014 and completed in fiscal 2015. The department implemented a number of initiatives to reduce patient length of stay and better facilitate the transition of individuals to alternative, community-based settings. These initiatives addressed capacity concerns, and the department revised the number of beds needed at the new facility to a 32-bed capacity, which delayed the project schedule timeline. 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.

Project Status

The fiscal 2017 capital budget bill de-authorized 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 included \$16.7 million in construction costs for renovation and construction. However, as shown in **Exhibit 9**, the 2017 CIP has removed all funding for the project.

DHMH determined that consolidation of the SETT operations at the Springfield Hospital Center could be quickly accomplished through specific renovations to allow the transfer of SETT patients from the Clifton T. Perkins Hospital Center to the Springfield Hospital Center, establishing one location for the SETT program. DHMH is currently making slight renovations to the consolidated SETT unit. The SETT has capacity for 32 individuals.

Projects Removed from the *Capital Improvement Program*

Exhibit 9
Projects Removed from the *Capital Improvement Program*
Fiscal 2018

<u>Project</u>	<u>Description</u>	<u>Reason for Deferral</u>
Secure Evaluation and Therapeutic Treatment Center (SETT)	Design and build a new SETT unit on the grounds of Springfield Hospital Center.	DHMH determined that consolidation of operations at the Springfield Hospital Center only required specific renovations.

DHMH: Department of Health and Mental Hygiene

Source: Department of Budget and Management, 2017 *Capital Improvement Program*

GO Bond Recommended Actions

1. Adopt committee narrative.

Facilities Master Plan: The budget committees remain concerned about the ongoing condition of the residential facilities that the State operates, and thus request that the Department of Health and Mental Hygiene (DHMH) submit a Facilities Master Plan. This document should be written in accordance with the guidelines provided for such a plan by the Department of Budget and Management. The report shall be due by October 1, 2017.

Information Request	Author	Due Date
Facilities Master Plan	DHMH	October 1, 2017

2. Approve \$5,742,000 in general obligation bonds for the Community Health Facilities Grant Program.