



Georgia Department of
Behavioral Health & Developmental Disabilities

FY 2011 Amended & FY 2012 Budget Proposal Presentation

Board of Directors Meeting
September 2010

Budgetary Environment

- The State of Georgia is experiencing budgetary pressures due to the recession.
- The Governor's Office of Planning & Budget has instructed most state agencies to propose budget cuts in the amount of 4%, 6%, & 8% for Amended FY2011 and 6%, 8%, & 10% for FY2012.
- As a department subject to DOJ settlements and ongoing Federal scrutiny, DBHDD has been exempt from these cuts to date.



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Georgia's state agencies are planning their budgets in a time of continued economic uncertainty. For their FY 2011-Amended and FY 2012 budgets, most state agencies are being asked to identify substantial cuts from 4 to 10%. To date, DBHDD has been exempt from cuts, in part due to the many improvements being made to Georgia's behavioral health and developmental disability services to meet the state's commitments under its settlement agreement with the federal Department of Justice. That the DOJ continues to seek federal government control of Georgia services makes those improvements even more important.

FY 2010 Highlights

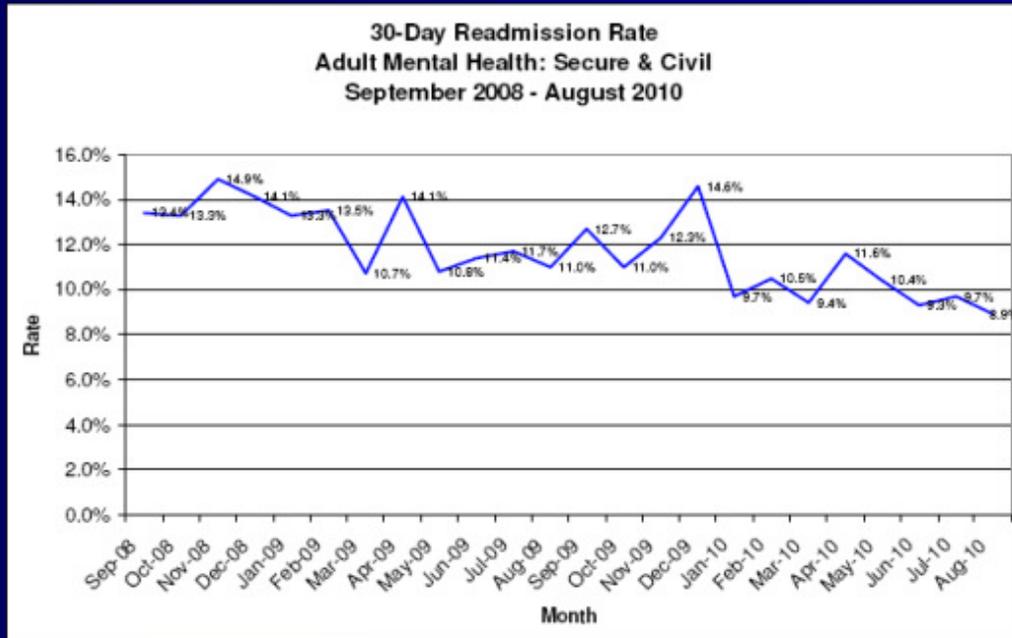
- Filled 103 additional patient care positions.
- Invested 155,000 staff hours to train hospital staff to improve level of care and safety.
- The last C&A MH inpatient unit closed.
- Began Kronos, EMR & Telemedicine implementations to improve time & attendance, scheduling, level of care, and coordination of services.
- Transitioned 224 Developmental Disabilities consumers from the hospitals to community settings.
- Statewide QI process begun.
- Risk management programs supported by PLATO and AVATAR are in place and standardized at all facilities.
- Regions have been aligned around the state hospitals.
- The agency has entered mutually beneficial partnerships with Mercer/Memorial, MCG and Morehouse.
- Monthly readmission rates at the hospitals have been reduced from 11.4% to 8.9%.



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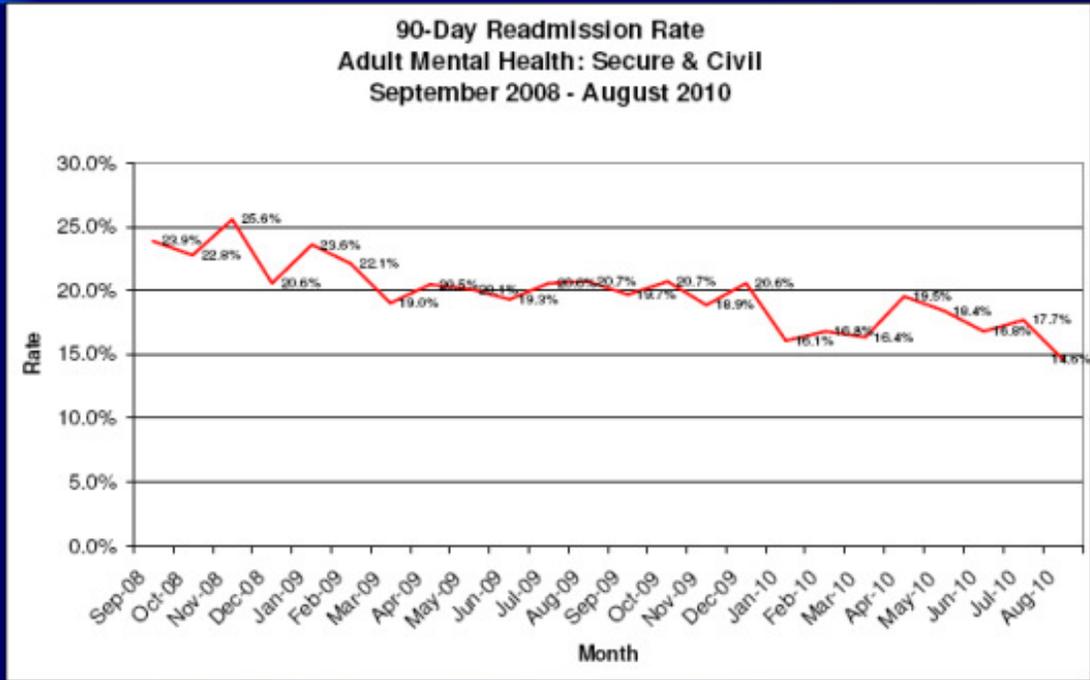
In its first year in operation, DBHDD: filled 103 additional patient care positions; invested 155,000 staff hours to train hospital staff to improve the level of care and safety; closed the last inpatient unit for children and adolescents; began putting in place technologies such as Kronos, electronic medical records, and telemedicine to improve time and attendance, scheduling, level of care, and coordination or services; transitioned 224 people with developmental disabilities from hospitals to community settings; began a statewide Quality Improvement process; put in place risk management programs supported by PLATO and AVATAR at all facilities; realigned regions to better integrate hospital and community services; began mutually beneficial partnerships with Mercer University and Memorial Hospital in Savannah, the Medical College of Gerogia in Augusta, and Morehouse School of Medicine in Atlanta; and reduced monthly readmission rates to hospitals from 11.4% to 8.9%.

FY 2010 Highlights



This chart shows that the rate at which consumers have needed to be re-admitted to a hospital within 30 days of discharge has declined over the last two years. Readmission rates are a global system measure indicating the quality of inpatient care, discharge planning and community capacity. Of particular note is the 30 day readmission rate which for the last three months has been under 10%. This is first time readmission rates have consistently been under 10% in the 10+ years that readmission rates have been tracked.

FY 2010 Highlights



Like the previous slide showing decline in 30-day readmission rates, this chart shows that 90-day readmissions have also declined steadily over the last two years from 23.9% to 14.6%.

Central State Hospital: AMH Closure Enhanced Community Services

- New services provided by River Edge Behavioral Health Services began in September:
 - ACT – Serving Baldwin and surrounding counties with a capacity of 100 MH consumers
 - Urgent Care – Walk-in services provided adjacent to the Oconee Regional Medical Center Emergency Dept.
 - CSP beds – 12 beds added in Bibb County to serve Baldwin, Bibb and surrounding counties
- A Request for Procurement will be released in September for an ACT team in Augusta

Central State Hospital in Milledgeville, in operation for over 160 years, was once among the largest psychiatric institutions in the world. As such, the closing of the adult mental health unit at Central State's Powell Building in early 2010 has served as the epitome of Georgia's move from heavy reliance on institutions to increasing access to community services. Closing the adult mental health program at CSH has allowed DBHDD to expand community services in central Georgia, adding an Assertive Community Treatment (ACT) team to serve 100 consumers, walk-in urgent-care services adjacent to Oconee Regional Medical Center's Emergency Department, and 12 additional Crisis Stabilization Program beds. Those needing hospital care can still access services at East Central Regional Hospital in Augusta and other hospitals in Georgia's system.

FY 2011 Base Budget

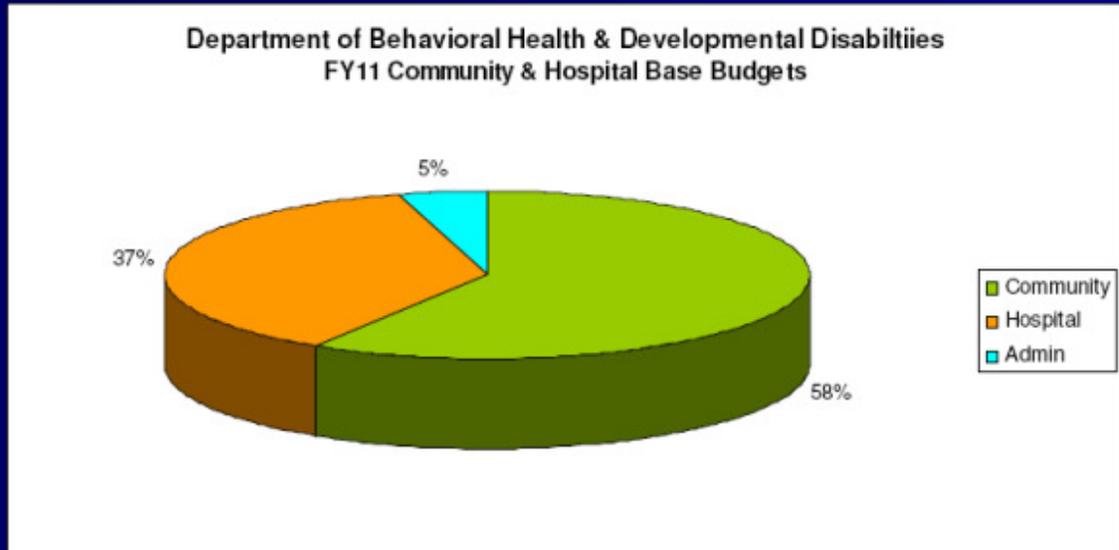
FY 2011 Base Budget

Program	State	Federal & Other	Total
Department of Behavioral Health & Developmental Disabilities	\$ 764,680,628	\$ 255,340,274	\$ 1,020,020,902
Community Programs	\$ 445,155,586	\$ 153,017,602	\$ 598,173,188
Hospital Programs	\$ 284,733,044	\$ 87,851,689	\$ 372,584,733
Administration	\$ 33,974,332	\$ 12,043,359	\$ 46,017,691
Attached Agencies	\$ 817,666	\$ 2,427,624	\$ 3,245,290



DBHDD's base budget for FY 2011 is over \$1 billion in total funds. 58% of these funds are budgeted for community-based services. Nearly 75% of total dollars are state dollars. Other sources of revenue include Medicaid/Medicare (11%), which is earned at state hospitals, and federal grants such as the substance abuse and mental health block grants (10%). Not included in the DBHDD budget is Medicaid revenue earned by community providers of Medicaid Rehab Option (MRO) and DD waiver services. This revenue is booked directly by providers of services.

FY 2011 Base Budget



This graph shows the proportions of the DBHDD budget that are spent on community services, state hospitals, and administration respectively.

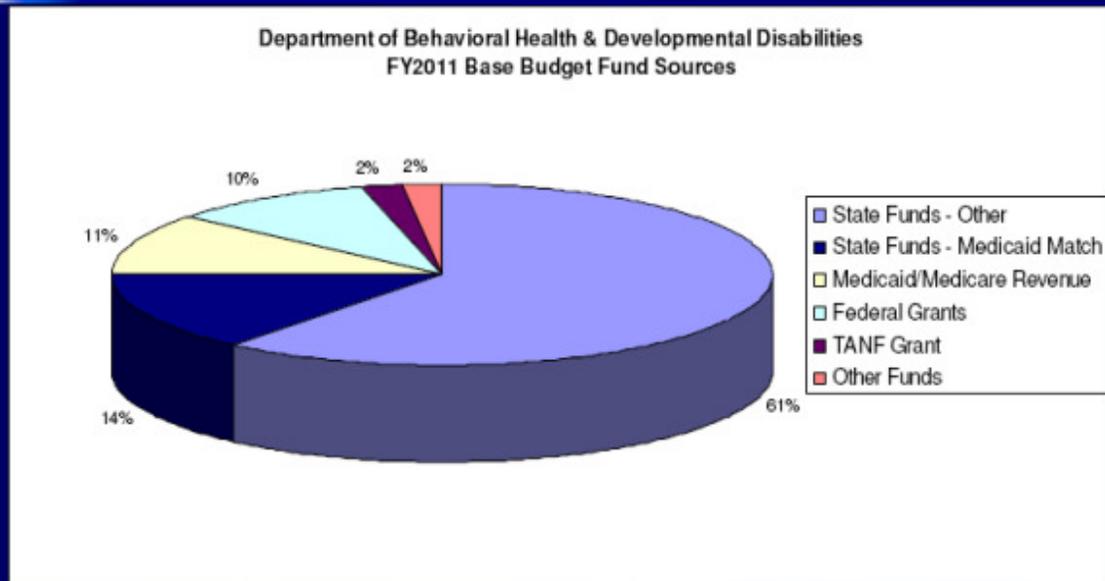
FY 2011 Base Budget by Fund Source

Department of Behavioral Health & Developmental Disabilities FY11 Base Budget	
State Funds - Other	\$ 620,604,903
State Funds - Medicaid Match	\$ 144,075,725
Medicaid/Medicare Revenue	\$ 112,908,035
Federal Grants	\$ 102,719,171
TANF Grant	\$ 20,541,722
Other Funds	\$ 19,171,346
TOTAL	\$ 1,020,020,902



This table shows the various sources of funding for DBHDD programs. State funding is the single largest source.

FY 2011 Base Budget Funding Sources



• State funds include dollars used to support additional Medicaid services in the community. At a 25% state match rate these funds support ~\$575 million of services outside the department's budget



This graph shows the proportions of the various funding sources that make up DBHDD's budget.

Community Developmental Disabilities Services: Olmstead Related

	<i>(\$ in Millions)</i>	
Match for Medicaid Waiver Services	\$	108.2
State Funded Services		
Supported Employment	\$	17.2
Family Support & Respite	\$	13.0
Community Access	\$	12.8
Personal Living Support/Residential	\$	12.2
Prevocational	\$	10.7

} Supports \$432.8M Community Services



The base budget for Developmental Disabilities community services include \$108.2M in state match for Medicaid waiver services. This match generates over \$432M in Medicaid reimbursable community services for individuals with developmental disabilities. The Developmental Disabilities base community budget also includes nearly \$66M in services for individuals not eligible for waiver or for services not included in the state plan.

Community Mental Health Services: Olmstead Related

	<i>(\$ in Millions)</i>	
Match for Medicaid Services		
Medicaid Rehabilitation Option*	\$	27.6
Psychiatric Residential Treatment Facility	\$	8.2
		} Supports \$143.2M Community Services
State Funded Services		
Core Services	\$	59.6
Child & Adolescent Fee for Service	\$	33.4
Crisis Stabilization	\$	29.2
Residential Services	\$	25.9
Coordinated Transportation	\$	11.3
Assertive Community Treatment	\$	6.0
Peer Supports	\$	4.4
Psycho-Social Rehabilitation	\$	3.2
Supported Employment	\$	2.9

* Includes both Mental Health & Substance Abuse funding



The base budget for community mental health services for adults and youth contains almost \$36M in state match for MRO and Psychiatric Residential Treatment Facilities for youth (PRTF). These state dollars generate over \$143M in Medicaid reimbursable services. Also included in this base is \$175.9M for 100% state funded services provided to populations not Medicaid eligible or for services not included in the state Medicaid plan.

Community Addictive Diseases & Substance Abuse Prevention Services: Olmstead Related

State Funded Services		<i>(\$ in Millions)</i>
Core Substance Abuse Treatment Services	\$	21.9
TANF Residential Services	\$	14.7
Crisis Stabilization	\$	14.3
Substance Abuse Prevention	\$	3.0
Residential Services	\$	9.4
TANF Outpatient Services	\$	3.4
Detoxification Services	\$	2.9

This table shows the state match for Medicaid-funded substance abuse services included in the mental health base budget. The addictive diseases community services base budget is over \$69M including almost \$22M in state-funded core clinical services, over \$18M in services to the TANF population, \$14.3M in crisis services, and \$9.4M in residential services to the non-TANF population.

Hospital Summary

- DBHDD operates seven hospitals across the state providing quality care to civil & secure forensic consumers, acute mental health consumers and developmental disabilities consumers.
- Whenever possible, consumers are transferred to appropriate community settings to provide treatment close to home & family.
- Across all disability programs the department spends an average of \$479 for each day a hospital bed is occupied.
- The department employs 6,427 individuals in the hospital system, of whom 5,075 are directly related to patient care.
- Collectively the hospitals have a budget of \$372.6 million.

Disabilities at the Hospitals – Consumer Ratios

Mental Health: 24% Forensics: 30% DD: 37% Nursing Home: 8%



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Although we speak of the state's seven psychiatric hospitals as if they were each a single entity, there are in fact several different line of business (adult mental health, forensic, developmental disabilities and nursing home care) in different physical locations sharing the same campuses. We provide care for both civil and secure forensic (i.e. court-ordered) consumers, acute mental health consumers, and persons with developmental disabilities. Whenever possible, we serve people in community settings to provide treatment close to home and family. Across all disability programs, DBHDD spends \$372.6 Million for a per-day bed cost of \$479. That amount includes the services of nearly 6,500 DBHDD employees, 5,075 of which provide direct care to individuals on the hospital census. Altogether, 37% of the people we serve in hospitals are those with developmental disabilities, 30% are those who come to us from the criminal justice system (i.e. forensic consumers), and 24% are people with mental illness. We have one nursing home facility that accounts for 8% of the total hospital population.

Requested Additions to State Funds Budget

	<u>FY 2011A</u>	<u>FY 2012</u>
■ New Community Services: (Excluding Waivers)	\$26,216,151	\$65,589,869
■ Additional DD Waivers:	\$3,587,634	\$14,556,172
■ FMAP Restoration:	\$10,367,009	\$54,101,830
■ Forensic Services:	\$0	\$12,500,000

For the FY 2011 – Amended budget, DBHDD intends to ask for an additional \$26 million for new community services, \$3.5 million in additional developmental disability waivers, and \$10.3 million in Federal Match Assistance Program restoration funds. For FY 2012, the department will ask for \$65.5 million for new community services, \$14.5 million for additional DD waivers, \$54 million for FMAP restoration, and an additional \$12.5 million for forensic services.

Mental Health Community Initiatives: Olmstead Related

- New MH services will serve 9,000 people with SPMI.
- 18 ACT Teams in FY11 and 2 additional in FY12 will be funded to achieve fidelity to the SAMHSA ACT model.
- Housing subsidies will assist 255 consumers without access to other housing benefits in FY2011A and 697 in FY2012.
- Crisis stabilization units have become more effective in reducing hospital bed use and will be expanded.



Services	FY2011	FY2012
	Amended	State Funds
Assertive Community Treatment	\$3,063,402	\$8,389,015
Community Support Teams	\$50,000	\$537,080
Intensive Case Management	\$271,016	\$1,046,960
Case Management	\$0	\$255,075
Housing Supports	\$2,801,001	\$7,532,798
Supported Employment	\$833,076	\$1,905,804
Peer Supports	\$0	\$749,100
Transition Planning	\$1,421,321	\$2,840,642
Crisis Services	\$1,860,502	\$5,731,394
Training	\$0	\$1,952,266
Technology	\$0	\$592,978
Monitoring and Management	\$0	\$1,500,000
	\$5,028,138	\$11,428,967
Total	\$15,328,456	\$44,462,079

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Additional funding being requested will allow the department to begin new services designed to serve 9,000 individuals by 2015 with Serious and Persistent Mental Illness who are currently being served in state hospitals, who are frequently readmitted to state hospitals, who are frequently seen in Emergency Rooms, who are chronically homeless, and/or who are being released from jails or prisons.

Services targeted to these individuals include:

- **Assertive Community Treatment (ACT)**, a team consisting of a psychiatrist, nurse, licensed clinicians, certified peer specialist, employment specialist, substance abuse professional, and paraprofessional staff to provide coordinated treatment in a consumers own home with 24/7 availability. The FY'11 request brings the existing 16 teams up to fidelity and adds two additional teams. The FY'12 request annualizes the FY'11 funding and adds an additional two teams. Each ACT team serves 70 – 100 individuals.
- **Community Support Teams (CST)**: These are service delivery teams that consist of a nurse, a certified peer specialist, and one to two paraprofessionals. Teams provide services in the individual's own home and ensure that community resources needed for the individual to remain in the community are in place. CST will be provided in areas of the state with lower population density than is needed for ACT and in professional workforce shortage areas. The budget request asks for two teams in FY'12 with each team serving between 80 and 120 people. Caseloads are 20 consumers to 1 staff in rural areas and 30 consumers to 1 staff in more urban settings.

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- **Intensive Case Management (ICM)** – ICM provides coordination of treatment and support services for individuals in the target population. Oversight of paraprofessionals delivering intensive case management is provided by a licensed mental health professional. Intensive case managers assist consumers in accessing community resources. The budget request asks for 10 case managers/1 licensed supervisor, serving 63 individuals in FY '11 and 10 additional case managers/1 licensed supervisor in FY '12, serving 300 individuals. Services will first be targeted to areas of the state where ACT or CST may have difficulty reaching all of the population needing intensive support.
- **Case Management – (CM)** – Case Management provides coordination of treatment and support services for individuals in the target population who need ongoing support in order to maintain services and supports that are in place. The budget request provides case management services for 250 individuals in the target population in FY '12. Services will be targeted in areas with ACT, CST and ICM in order to serve as a step-down for individuals.
- **Housing Supports/Rent Subsidies** will provide funding to assist consumers in attaining and maintaining safe and affordable housing. Funding is targeted to individuals with severe and persistent mental illnesses transitioning from state hospitals, jails, prisons and homelessness who have no other funding source to attain housing and for whom other housing benefits are not available. This budget request provides funding for safe housing to 255 individuals in FY '11 and 697 individuals in FY '12. In addition, this request includes rental subsidies for 25 people in FY '11 and 60 people in FY '12 (annualized) who are not eligible for any benefits, including SSI or HUD. It also includes bridge funding (deposits, household necessities, living expenses for 3 months, etc.) for 257 individuals in FY '11 and 970 individuals in FY '12 (annualized) transitioning from institutions. Transportation to assist in community reintegration is included in the funding request.
- **Peer Support Services** will provide one-to-one recovery oriented services delivered by certified peer specialists to consumers in the target population, assisting them in transitioning from institutions and maintaining stability in the community. Currently Peer Support identifies a program provided to consumers in a group setting. This budget request provides for individual services for 240 consumers FY '12. Transportation to assist in community integration is included in the funding request.
- **Discharge/Transition Planning** funds activities involved in successfully transitioning individuals from hospitals, including community provider involvement, medication to bridge the period between the individual leaving the hospital and seeing the community physician, visiting community programs and housing settings, including transportation costs.
- **Management and Monitoring of ACT/CST/Supported Employment** services provides oversight of intensive and more expensive services and monitors for fidelity to evidence-based practice standards. The budget request provides funding for 8 FTEs by FY '12.

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Additional funding for DBHDD will also be used to expand crisis services such as mobile crisis, crisis apartments, crisis service centers, and crisis stabilization units. **Mobile Crisis Services** dispatch and response services are planned for all 159 counties by 2015. This budget requests funding to ensure mobile crisis services are provided to 61 counties by FY '12. **Crisis Services Centers** provide walk-in psychiatric and counseling services. One crisis services center will be established in FY '11 and annualized in FY '12. Two new 16-Bed **Crisis Stabilization Programs** will be established by FY '12. **Crisis Apartments** are staffed residences that can provide immediate care and shelter for individuals with Serious and Persistent Mental Illness who may be experiencing an exacerbation of symptoms, have been displaced from housing, or who are homeless but can remain in the community with appropriate supports. Six crisis apartments, each serving 2 individuals, will be available by FY '12.

The **1915i** provides residential, care coordination and supported employment services through a combination of state match and federal Medicaid dollars. The 1915i will serve 150 individuals in FY'12.

Management and Oversight includes resources to improve the administration, effectiveness, and quality of new and existing behavioral health and developmental disability services.

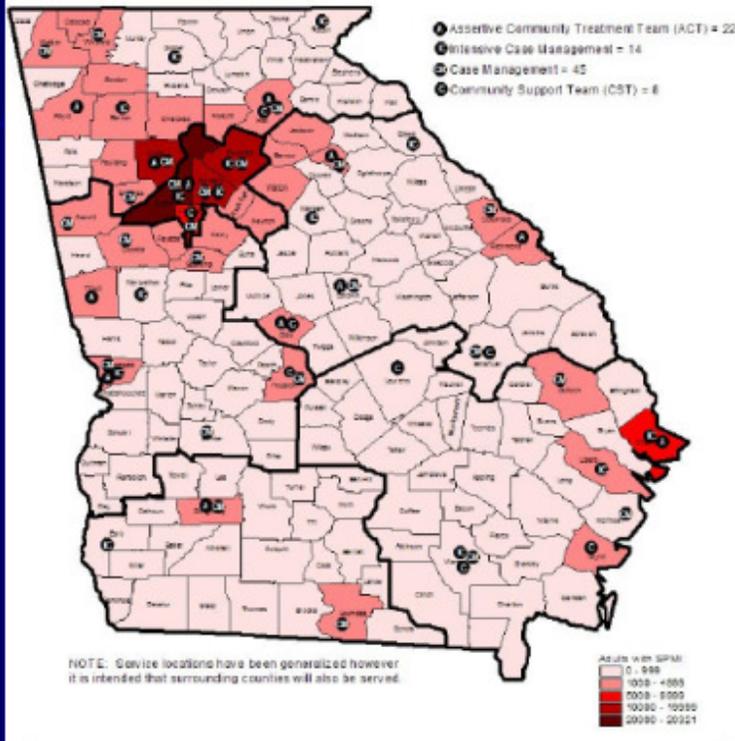
- **Quality Management** includes functions that ensure that the service delivery service is functioning effectively. This includes staff to enhance or provide procurement, provider enrollment, provider network management, service monitoring, provider auditing, performance reporting, contract development and compliance, network analysis, and cost monitoring.
- **Regional Monitoring** provides for local administration of behavioral health and developmental disabilities services to include on-site monitoring and technical assistance as needed, review and enforcement of provider corrective action plans, to assure that person-centered service plans are in place for each consumer, that resources are carefully managed and produce desired results. Additionally, Regional office staff will participate in discharge and transition planning for consumers who are ready to leave state hospitals.
- **Community Information Systems and Financial Systems** provide for implementation of a new community information system for service authorization requests, reporting consumer outcomes, and monitoring quantity and quality of services,
- **Housing Director and Housing Specialists** provide for state and local focus on developing and maintaining housing resources for persons living with behavioral health and developmental disabilities.
- **Training funding** provides for dissemination of evidence-based practices to providers of behavioral health services.

Mental Health Community Initiatives: Olmstead Related

- Assertive Community Treatment:
 - 10 Team Members
 - 1 to 10 Staff to Client Ratio
- Community Support Team:
 - 3 Team Members Including a Case Manager, Peer Support , & Nurse
 - 1 to 20 Rural Staff to Client Ratio
 - 1 to 30 Urban Staff to Client Ratio
- Intensive Case Management:
 - 10 FTE Case Managers to 1 FTE Supervisor
 - 1 to 20 Rural Staff to Client Ratio
 - 1 to 30 Urban Staff to Client Ratio
- Case Management:
 - 1 to 50 Staff to Client Ratio

This slide shows the staffing ratios needed to replicate the models that have proven effective.

Georgia Department of Behavioral Health and Developmental Disabilities
 Estimated Adults with Serious & Persistent Mental Illness (SPMI)
 and Planned Areas for MH Services through Year 2015



Department of Behavioral Health and
 Developmental Disabilities
 Office of System Support
 Created: Sep 20, 2010

NOTE: Prevalence is estimated at 2.6% of
 the adult population aged 18 and older.

This map shows projected geographical distribution of Assertive Community Treatment, Community Support Teams, Intensive Case Management, and Case Management services by 2015. Coverage of the entire state as depicted on this map will be included in future budget requests.

By 2015, we expect to fund 22 operational ACT teams in the following areas: Metro Atlanta (12 teams), Clarke, Muscogee, Chatham, Bibb, Baldwin, Dougherty, Richmond, Floyd, Troupe, Hall.

By 2015, we expect to fund 8 operation CST teams in the following areas: Glynn, Laurens, Emanuel, Clayton, Hall, Houston, Ware, Bibb.

By 2015, we expect to fund 14 intensive case management teams in the following areas: Meriwether, Chatham, DeKalb, Fulton, Gilmer, Rabun, Elbert, Early, Ware, Morgan, Gwinnett, Floyd, McIntosh, Muscogee.

By 2015, we expect to fund 45 case management teams in the following areas: Walker, Richmond, DeKalb (3), Dougherty, McIntosh, Clayton, Whitfield, Hall (2), Gwinnett (2), Fulton (3), Spalding, Douglas, Thomas (2), Muscogee (2), Bulloch, Ware, Emanuel, Sumter, Baldwin (2), Cobb (2), Houston, Clarke, Troup, Spalding, Dougherty, Bibb, Floyd, Richmond, Chatham, Fayette, Henry, Wheeler, Butts, Rockdale, Carroll.

Developmental Disabilities Community Initiatives: Olmstead Related

- 150 new waivers for DD consumers in the hospital system and an additional 100 waivers to prevent hospital admissions are needed for FY2011A.
- Family supports will be extended to 400 consumers in FY2011A.
- An additional 150 new waivers for DD consumers in the hospital system and an additional 100 waivers to prevent hospital admissions are needed for FY2012.

	FY2011 Amended	FY2012
Services	State Funds	State Funds
Education & Training	\$0	\$500,000
Crisis, Respite, & Nursing	\$9,590,095	\$19,130,190
DD Waivers	\$3,587,634	\$14,556,172
Family Supports	\$1,297,600	\$1,497,600
Total	\$14,475,329	\$35,683,962



There are approximately 700 individuals in the state hospital system who will be transitioned to community placement over the next 4 years. The Division of DD is planning for the successful transition and continuity of care for these individuals. 150 DD waivers will be requested in both FY11A and FY12 budgets for this population.

The current continuum of services is insufficient to manage this migration to the community. There are no crisis services in the community to address any acute care needs for people with who are medically fragile or have behavioral support needs. Each year approximately 700 students with developmental disabilities graduate from Georgia high schools that will be in need of waiver services or family support services. Also, there are an additional 4,500 individuals on our planning list waiting who need waiver services. This request addresses some very specific needs for this population:

Creation of crisis services, mobile crisis and dispatch in the community to prevent hospital admissions; crisis respite and enhanced medical/nursing services; 12 mobile crisis teams for the 6 DBHDD Regions; an additional 100 waivers each year to address the needs of individual who are not currently Medicaid waiver services; Family Support funding to aid parents in keeping children at home and not in more costly services; a statewide initiative to educate the community at large regarding the needs of people with developmental disabilities, including Judges and court personnel, law enforcement agencies in 149 counties, school personnel, city police departments, individuals and families, community stakeholders (advocacy groups), and open forums.

The magnitude of the service needs in the community will not be totally addressed with the current request. It will have a significant impact on the community and the development of the resources that presently are non-existent. A pivotal strategy in building community capacity is the inclusion of education and training and the input of stakeholders.

FMAP Restoration

- The ARRA stimulus bill which increased the Federal Medicaid participation rate (FMAP) has been extended through June 30th, 2011. The extension allows for a gradual increase in state match during FY2011 and a full restoration in FY2012.
- In order to meet this funding requirement, matching state dollars need to be restored to the DBHDD budget.

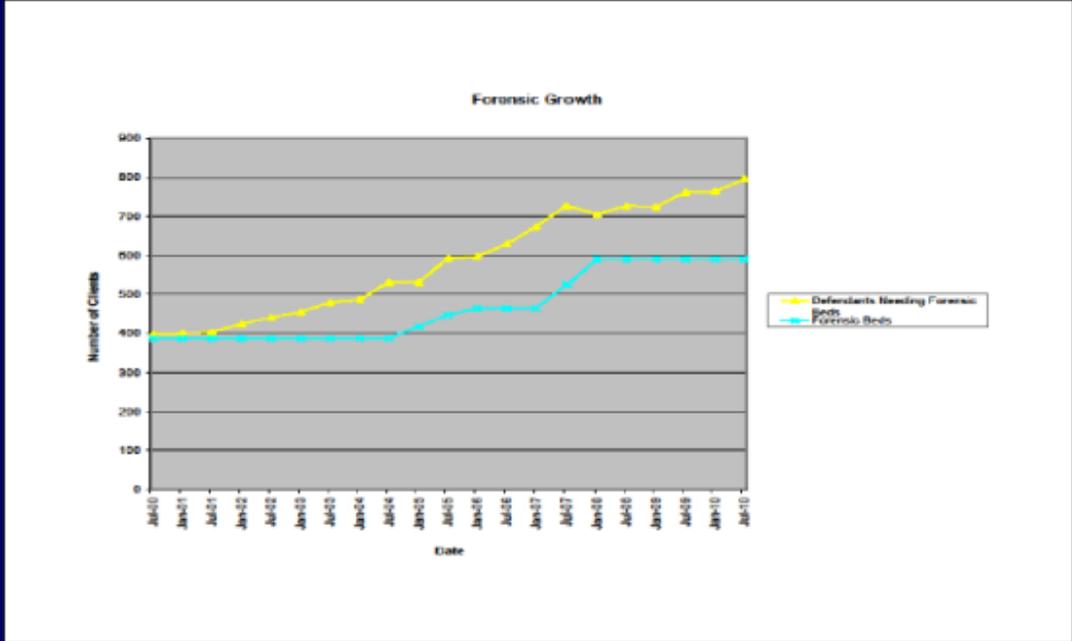
FMAP restoration is an accounting change to account for the state dollars taken out of the DBHDD budget to account for a higher rate of federal participation. This rate of federal participation was tied to the stimulus bill and scheduled to begin expiring on January 1, 2011.

Forensic Services

- At present, Georgia has a backlog of 200+ Forensic Services consumers currently awaiting services.
- The FY 2012 budget request of \$12.5M will allow the department to provide an additional 100 bed capacity enabling us to serve this growing need.

Currently, 200 individuals in jails and prisons are awaiting a forensic bed at one of our state hospitals. This request is for funding in FY12 to relieve this backlog by purchasing 100 inpatient beds from private providers.

Forensic Services



This graph shows the growing need for forensic beds compared to the state's actual capacity.

Summary

Proposed FY 2011A & FY 2012 Budgets by Activity

FY 2011A

Program	State	Federal & Other	Total
Department of Behavioral Health & Developmental Disabilities	\$ 804,851,422	\$ 255,340,274	\$ 1,060,191,696
Community Programs	\$ 485,326,380	\$ 153,017,602	\$ 638,343,982
Hospital Programs	\$ 284,733,044	\$ 87,851,889	\$ 372,584,933
Administration	\$ 33,974,332	\$ 12,043,959	\$ 46,017,891
Attached Agencies	\$ 817,666	\$ 2,427,624	\$ 3,245,290

FY 2012

Program	State	Federal & Other	Total
Department of Behavioral Health & Developmental Disabilities	\$ 911,428,499	\$ 255,340,274	\$ 1,166,768,773
Community Programs	\$ 579,403,457	\$ 153,017,602	\$ 732,421,059
Hospital Programs	\$ 297,233,044	\$ 87,851,889	\$ 385,084,933
Administration	\$ 33,974,332	\$ 12,043,959	\$ 46,017,891
Attached Agencies	\$ 817,666	\$ 2,427,624	\$ 3,245,290

These tables summarize the department's FY 2011 – Amended and FY 2012 budgets if approved by the Governor and the General Assembly.

Summary

Proposed FY 2011A & FY 2012 Budgets by Program

Department of Behavioral Health & Developmental Disabilities FY 2011 Amended & FY 2012 Budget Development Summary						
Program	FY 2011 Base	FY 2011A State	FY 2011A Total	FY 2011 Base	FY 2012 State	FY 2012 Total
Administration	\$ 46,017,691	\$ 33,974,332	\$ 46,017,691	\$ 46,017,691	\$ 33,974,332	\$ 46,017,691
Adult Addictive	\$ 94,202,806	\$ 43,399,766	\$ 94,202,806	\$ 94,202,806	\$ 43,399,766	\$ 94,202,806
Adult Developmental	\$ 272,894,143	\$ 209,125,166	\$ 295,445,307	\$ 272,894,143	\$ 264,402,953	\$ 350,723,094
Adult Forensics	\$ 52,733,905	\$ 52,707,405	\$ 52,733,905	\$ 52,733,905	\$ 65,207,405	\$ 65,233,905
Adult Mental Health	\$ 236,938,588	\$ 231,120,873	\$ 253,831,816	\$ 236,938,588	\$ 266,855,728	\$ 289,566,671
Adult Nursing Home	\$ 11,783,753	\$ 2,770,981	\$ 11,783,753	\$ 11,783,753	\$ 2,770,981	\$ 11,783,753
C&A Addictive	\$ 14,073,801	\$ 3,097,715	\$ 14,073,801	\$ 14,073,801	\$ 3,097,715	\$ 14,073,801
C&A Developmental	\$ 11,427,476	\$ 8,462,945	\$ 11,427,476	\$ 11,427,476	\$ 8,462,945	\$ 11,427,476
C&A Forensic	\$ 3,099,895	\$ 3,099,895	\$ 3,099,895	\$ 3,099,895	\$ 3,099,895	\$ 3,099,895
C&A Mental Health	\$ 79,919,762	\$ 68,543,831	\$ 80,646,164	\$ 79,919,762	\$ 71,608,267	\$ 83,710,600
Direct Care/Support Svcs	\$ 181,136,339	\$ 147,609,055	\$ 181,136,339	\$ 181,136,339	\$ 147,609,055	\$ 181,136,339
Substance Abuse Prevention	\$ 12,547,453	\$ 121,792	\$ 12,547,453	\$ 12,547,453	\$ 121,792	\$ 12,547,453
Attached Agencies	\$ 3,245,290	\$ 817,666	\$ 3,245,290	\$ 3,245,290	\$ 817,666	\$ 3,245,290
Total Department	\$ 1,020,020,902	\$ 804,851,422	\$ 1,060,191,696	\$ 1,020,020,902	\$ 911,428,500	\$ 1,166,768,774



These tables summarize the department's FY 2011 – Amended and FY 2012 budgets if approved by the Governor and the General Assembly.

DBHDD FY 2012 Capital Outlay Request

Location	Projects	Amount
Statewide	DOJ CRIPA Issues	\$ 2,241,000
Atlanta Regional Hospital	Roofing Replacements	\$ 1,099,000
Central State Hospital	Roofing and Boiler Replacements	\$ 1,601,000
East Central Regional Hospital	HVAC Repairs	\$ 895,000
Northwest Regional Hospital	Bathroom Renovations, Emergency Generator, Elevator Parts	\$ 2,740,000
Savannah Regional Hospital	Bathroom Renovations, Emergency Generator, Elevator Parts	\$ 1,287,000
Southwestern Regional Hospital	Food Service Refrigeration Equipment, Replace Air Handling Units	\$ 1,058,000
West Central Regional Hospital	Transformer Replacement, Replace Air Handling Units	\$ 1,079,000
TOTAL		\$ 12,000,000

- All projects above were submitted to OPB as a single program: **Major Repairs and Renovations – Statewide.**
- DBHDD is in discussion with OPB regarding long term facility plans and the current Forensic Services waiting list.



DBHDD's FY 2012 capital outlay request for repairs and renovations at state facilities totaling \$12 million.

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