

OHA/Addictions and Mental Health (AMH) – Program Area Totals

	2007-09 Actual	2009-11 Legislatively Approved	2011-13 Governor's Recommended	2011-13 Legislatively Adopted
General Fund	497,874,098	582,153,130	643,214,806	645,158,772
Lottery Funds	12,637,762	10,903,639	11,142,377	10,779,583
Other Funds	28,877,981	36,094,719	39,255,258	42,096,424
Federal Funds	198,089,900	281,842,375	280,582,976	261,410,057
Total Funds	\$737,479,741	\$910,993,863	\$974,195,417	\$959,444,836
Positions	1,888	2,417	2,179	2,369
FTE	1,588.89	2,121.48	2,153.57	2,351.99

NOTE: The Governor's Recommended column includes those programs that were proposed to be moved to the Early Learning Council. This allows comparisons with the 2011-13 Legislatively Adopted column.

Summary Description

The Addictions and Mental Health (AMH) budget provides treatment services to those afflicted with addictions or mental disorders. Services are delivered through community non-profit providers, county mental health agencies, as well as the state hospital system which has facilities in Salem, Portland, and Pendleton. The budget also includes funding for state policy and administrative staff.

Revenue Sources and Relationships

Much of the Other Funds revenue within the AMH budget is used to offset the need for General Fund, and the sources for this revenue are varied. They include beer and wine tax revenue, settlements with third-party insurers, sales income, federal grants administered by non-governmental contractors, Medicare Part D (prescription medication) reimbursement, and other miscellaneous sources. Lottery funds are used to fund the Gambling Addiction and Treatment Program. The Gambling Addiction and Treatment Account normally receives 1% of net lottery proceeds. For the 2011-13 biennium, the Legislature approved a fixed amount of funding for this program that is nearly 1%.

Federal Funds revenue of \$261 million in the 2011-13 legislatively adopted budget is dominated by Medicaid, which accounts for about 82% of the division's federal revenue sources. Medicaid requires a state match and the match rate is recalculated each year by the federal government. The composite Medicaid match rate used in the 2011-13 budget for program expenditures is approximately 37% state funds and 63% Medicaid funds. The enhanced match rate that was included in the federal American Recovery and Reinvestment Act (ARRA) ends as of June 30, 2011. Other federal revenue sources include the community mental health services block grant, the substance abuse treatment and prevention block grant, and a modest amount of Temporary Assistance for Needy Families (TANF) funds. In the future, the Mental Health and Substance Abuse Treatment and Prevention block grants are being consolidated by the federal government. In addition, the Department was awarded two grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) for addictions treatment and prevention. Both these grants end in 2014 and provide \$5.4 million annually until that time.

Budget Environment

Over the last 40 to 50 years, mental health services have become less institutional and centralized and more community-based. The continued development of community residential capacity, and the advancement of pharmacological treatment has also enabled more mental health services to be provided at the community (rather than institutional) level. This trend continues today. The challenge of this budget is to find a balance between institutional and community-based services, for both mental health services and alcohol and drug treatment, which maintain an appropriate continuum of care.

In September 2010 the agency began implementation of the Adult Mental Health Initiative (AMHI). A key strategy under AMHI is to transfer the full responsibility for managing residential services to the mental health organizations. The goal is to transition patients through the system to the appropriate level of care much more quickly than often happened in the past. This initiative has the potential for significant cost savings in the system.

Legislatively Adopted Budget

The 2011-13 legislatively adopted budget of \$959.4 million total funds is \$48 million, or 5.3%, higher than the 2009-11 legislatively approved budget. General Fund supporting the adopted budget is \$645.2 million, which is \$63 million (10.8%) higher than the 2009-11 spending level, and about the same as the 2011-13 Governor's budget.

The significant budgetary increase from the 2009-11 biennium to the 2011-13 biennium is primarily the result of caseload increases, the backfill of one-time federal revenue, and the phase-in of hospital staff added in 2009-11 to full biennial costs. Other budget adjustments include reductions for the continuation of allotment reductions implemented in the 2009-11 biennium, as well as significant program cuts proposed in the Governor's budget that were partially restored in the legislatively adopted budget.

The community mental health system is funded at approximately 2009-11 funding levels plus caseload increases. Addiction services are also funded at 2009-11 spending levels. The Oregon State Hospital funding includes the cost of phasing in the new positions added in 2009-11 to their full biennial cost. The Governor's budget included a \$36 million General Fund reduction to the hospital budget, or about a 10% reduction. The legislatively adopted budget restores \$11.9 million of that reduction in order to prevent ward closures in the newly constructed Salem campus. The new system for electronic medical records and hospital management, known as Avatar – a system developed in partnership with Netsmart Technologies – is also funded in this budget. The project to develop this system has been referred to as the Behavioral Health Integration Project (BHIP).

The adopted budget includes standard reductions to continue allotment reduction savings from the 2009-11 biennium, the elimination of inflation, and a reduction in personal services compensation. The budget is also reduced by \$3.4 million General Fund and \$0.1 million Lottery Funds as a result of the statewide 6.5% services and supplies reduction, and the supplemental ending balance hold back reduces the budget by \$23.4 million General Fund and \$0.4 million Lottery Funds.

Two policy bills were passed by the Legislature that will affect the mental health system in Oregon. Both are intended to ensure that people receive the appropriate level of care, and to ultimately reduce costs in the system. HB 3100 affects the "front door" of the state hospital. It requires an evaluation by a certified forensic evaluator before a defendant can be found guilty except for insanity, and sets up a certification process for those evaluators. It also reduces admissions to the state hospital for persons unfit to proceed, and removes misdemeanants from Psychiatric Security Review Board (PSRB) jurisdiction under certain circumstances. SB 420 affects the "back door" of the state hospital. For persons found guilty except for insanity of a non-Measure 11 crime, jurisdiction changes to OHA rather than PSRB. For those under the jurisdiction of OHA, OHA will then decide when a person can be released back into the community. The agency budget includes an additional \$878,360 General Fund and three positions to implement these two bills. Most of these resources are included in the AMH budget.

The Governor's budget proposed a transfer of children's mental health funding to a new entity called the Early Learning Council. This transfer would have reduced the AMH budget by \$21.1 million General Fund and \$2.6 million Federal Funds. That program remains within this budget, and for the sake of comparison is also included in AMH in the Governor's budget numbers.

AMH – Programs

	2007-09 Actual	2009-11 Legislatively Approved	2011-13 Governor's Recommended	2011-13 Legislatively Adopted
General Fund	479,758,785	564,089,779	625,408,222	627,838,515
Lottery Funds	9,466,762	8,426,341	8,426,341	8,267,078
Other Funds	28,042,517	31,474,270	33,722,938	34,051,431
Federal Funds	191,270,061	270,871,409	270,213,454	251,386,406
Total Funds	\$708,538,125	\$874,861,799	\$937,770,955	\$921,543,430
Positions	1,656	2,268	2,031	2,219
FTE	1,426.81	1,978.68	2,012.97	2,209.93

Program Description

Mental health services are provided to people who have been clinically diagnosed as having a serious mental or emotional disorder. Illnesses include schizophrenia, bipolar disorder, and major depression. Medicaid-eligible persons receive mental health diagnoses and treatment under the Oregon Health Plan (OHP). Mental health organizations receive capitation payments and manage much of the risk of providing treatment for OHP eligible persons with mental disorders. A substantial amount of OHP mental health and addiction service capitation expenditures and some fee-for-service payments are included in Health Programs.

The Mental Health and Addiction Services program is comprised of three main cost centers: community mental health, alcohol and drug treatment and prevention, and the Oregon State Hospital (OSH) and Blue Mountain Recovery Center (BMRC). The FTE associated with this budget are state employees who work at the OSH or BMRC.

Community Mental Health – Mental health community services are provided through county and other local governments, private non-profit organizations, private hospitals, and health plans. Community mental health programs operate in every county and counties are statutorily required to provide pre-commitment services – that is services that may prevent commitment to OSH. For individuals and services not covered under OHP, AMH funds a variety of services that include supported housing and employment opportunities; clinic-based outpatient care; local crisis services; regional acute care facilities; and, as a last resort, referral to state psychiatric hospitals.

Addiction Treatment and Prevention – Like community mental health services, alcohol and drug treatment services are also offered through counties, tribes, and other local governments and private non-profit organizations. The budget provides funding for a variety of treatment services including outpatient, intensive outpatient, residential, and detoxification services for adults and children. The budget supports a number of beds for the dependent children of adults receiving residential treatment services. Outpatient services include specialized programs that use synthetic opiates, such as methadone, to assist in the treatment of chronic heroin addiction. Outpatient services also include Driving Under the Influence of Intoxicants (DUI) education and treatment for first offender diversion referrals, as well as convicted repeat offenders. This program area also includes Lottery funding for gambling addiction prevention and treatment.

Oregon State Hospital and Blue Mountain Recovery Center – The state operates institutional facilities in Salem, Portland, and Pendleton for patients who have a severe mental illness. OSH provides psychiatric evaluation and diagnosis, as well as intermediate and long-term inpatient care. A project is currently underway to replace the old facilities in Salem with a modern psychiatric treatment and recovery facility, which is expected to be complete at the end of 2011 and have a capacity of 620 beds. A second new facility, located in Junction City, is in the planning stage. The Oregon State Hospital facility in Portland serves 92 patients in leased space near the Lloyd Center. The Blue Mountain Recovery Center in Pendleton serves 60 adult general psychiatric patients at any one time.

Revenue Sources and Relationships

Funding for mental health and alcohol and drug treatment programs is about 68% General Fund, 5% Other Funds and Lottery Funds, and 27% Federal Funds. Most of the federal funding comes from Title XIX Medicaid, which supports institutional care for some elderly patients and community mental health services. The Title XIX federal match rate is, as noted above, about 63% for program services. About 1.6% of the program budget is for county administration, and is at a 50% match rate. The program match rate is based on the economy of the state compared to the nation as a whole. In addition to Title XIX Medicaid funding, the federal Alcohol and Drug and Mental Health Services Block Grants provide about \$43 million for adult community support services and for local services for severely emotionally disturbed children and adolescents. Both the federal Alcohol and Drug and Mental Health Services Block Grants have maintenance of effort (MOE) requirements.

Other Funds revenues are also received from settlements with third-party insurers, patient resources, beer and wine tax receipts, Lottery Funds for the prevention and treatment of gambling addictions, and earnings for patient work. The legislatively adopted budget includes a Lottery Funds expenditure limitation of \$8.3 million to fund the Gambling Addiction and Treatment Program. Other Funds revenue also consists of patient resources including Social Security benefits and private insurance, as well as personal assets.

Budget Environment

Mental illness can be successfully treated or managed if appropriate treatment regimens are available at the right time. Because mental illness and mental health are on a continuum, effective mental health treatment then, requires a range of therapeutic interventions (including appropriate pharmaceuticals) and clinicians who can assess which intervention to employ. This understanding of mental illness and effective treatment has and will continue to have budget implications. If, for example, there is inadequate funding for “front-end” services – services that can assist persons who are having moderate symptoms, those persons may deteriorate and need more costly treatment later. By the same token, if funding is inadequate for acute care treatment, patients may recycle through the therapeutic system repeatedly. Also, if there is poor access to other supports such as housing, employment opportunities, or caring friends and family, a person with serious mental disorders may be unable to lead a stable and productive life.

Recognizing the fact that effective treatment requires a variety of venues aside from institutional hospital settings, the state shifted significant resources from large, state-owned institutional settings to local, community-based care and treatment for mental health services. As a result, the Oregon State Hospital has gone from a peak population of over 5,000 persons in the 1950s to a current population of about 740 residents. In the process, the role of the hospital has changed from a focus on custody and care to providing active specialized psychiatric treatment. At the same time, funding for community-based care grew. In fiscal year 1999-2000, 75% of the funding for mental health services was spent through community programs, compared to 37% in the 1987-88 state fiscal year. This reflects the closure of the Dammasch State Hospital in 1995 and the downsizing at the Oregon State Hospital in favor of alternative community services.

A series of legal proceedings has had a significant impact on Oregon’s mental health system. The Olmstead case in Georgia upheld the rights of individuals to receive timely services in the least restrictive and most appropriate setting. Oregon settled a lawsuit related to Olmstead, *Miranda v. Kitzhaber*. As part of the settlement, the Department of Human Services (DHS) agreed to discharge 31 clients of the OSH who were ready to enter the community and to develop 75 additional community-based placements. A federal court’s decision concerning the Oregon State Hospital in *OAC v. Mink* required the hospital to admit individuals who are accused of crimes and found mentally unfit to stand trial within seven days of the finding. Prior to this decision, the OSH would admit individuals for evaluations only if there was room at the hospital. The court’s decision was finalized in 2003, after which the OSH forensics caseload growth rate began to rise. The Department’s response to this has been the development of more forensic community-based placements. More recently, a March 2006 settlement agreement in the lawsuit *Harmon v. Fickle* requires OSH to achieve higher staffing ratios to improve patient care.

Concerns about the Oregon State Hospital and the state’s mental health system further compelled the Governor and Legislature to provide funding in the 2005-07 biennium for an analysis of the state hospital. This funding was used by DHS to hire a contractor which studied the hospital and mental health system. In 2006, the Department released a report on the OSH entitled, *Framework Master Plan, Phase II Report*. The report contained an analysis of the demand for hospital services for the next 25 years and made recommendations to meet the demand. The report noted that hospital demand was predicated on a robust array of community-based mental health services – a mental health system not yet in place in Oregon.

In response to the report, Governor Kulongoski and legislative leadership decided to build two new facilities – a 620 bed facility in Salem at the present OSH campus and a 360 bed unit near Junction City adjacent to a planned Department of Corrections facility. During the 2007-09 biennium, the Department completed extensive planning, and finally, in September 2008 broke ground for the new Salem facility. The budget for both the facilities was originally about \$458 million. However, in order to provide adequate treatment as described in the hospital’s Continuous Improvement Plan supported by the U.S. Department of Justice (USDOJ) report issued in January 2008, the square footage of the hospital is nearly 30% larger than originally budgeted. The final cost of the Salem facility is now expected to be roughly \$390 million.

While much of the legislative and public’s attention has been on the new hospital facilities, the Department also worked hard to develop additional community mental health residential treatment placements. These efforts have been difficult and AMH has encountered opposition from communities that are reluctant to site residential treatment facilities that will serve former OSH patients – particularly forensic patients. In 2008, the Governor appointed a workgroup to assess the situation and make recommendations. The group issued a report in 2009.

Despite the debate, however, federal law (Fair Housing Act and the Americans with Disabilities Act) is clear. It prohibits discrimination related to housing based on race, color, age, religion, gender,...and disability. Housing and facility development continues as part of caseload growth planning.

As a more recent backdrop to all of this, USDOJ conducted a review of OSH under the Civil Rights of Institutionalized Persons Act (CRIPA) and issued a highly critical report in January 2008. USDOJ found deficiencies in five general areas: adequately protecting patients from harm, providing appropriate psychiatric and psychological care and treatment, appropriate use of seclusion and restraint, providing adequate nursing care, and providing discharge planning to ensure placement in the most integrated settings. The Legislature set aside \$6.7 million General Fund during the February 2008 special session, and later allocated the funds to hire additional OSH staff. An additional 527 positions were added in the 2009-11 legislatively adopted budget for OSH, at a cost of \$36 million total funds. USDOJ has continued to scrutinize the Oregon system, and have recently appeared to be focused on the community-based services. They requested extensive documentation relating to services being provided in the least restrictive and most appropriate setting (as required by the Olmstead case).

An on-going agency initiative to transform the mental health system is called the Adult Mental Health Initiative (AMHI). Implementation began in September 2010. A key strategy under AMHI is to transfer the full responsibility for managing residential services to the mental health organizations. The goal is to transition patients through the system to the appropriate level of care much more quickly than often happened in the past. This initiative has the potential for significant cost savings in the system.

Legislatively Adopted Budget

The 2011-13 legislatively adopted budget of \$921.5 million total funds is about \$47 million, or 5.3%, higher than the 2009-11 legislatively approved budget. General Fund supporting the adopted budget is \$627.8 million, which is about \$64 million (11.3%) higher than the 2009-11 spending level, and about the same as the 2011-13 Governor's budget. The significant budgetary increase from the 2009-11 biennium to the 2011-13 biennium is primarily the result of caseload increases (\$27 million General Fund), the backfill of one-time federal revenue (\$26 million General Fund), and the phase-in of hospital staff added in 2009-11 to full biennial costs (\$58 million General Fund).

The community mental health system is funded at approximately 2009-11 funding levels plus caseload increases. While the Governor's budget included a number of cuts to this system, the adopted budget restores \$15 million General Fund. The budget maintains funding for the Suicide Hotline at the 2009-11 level. Addiction services are also funded at about 2009-11 spending levels.

The Oregon State Hospital funding includes the cost of phasing in the new positions added in 2009-11 to their full biennial cost. The Governor's budget included a \$36 million General Fund cut to the hospital budget, or about a 10% reduction. The legislatively adopted budget restores \$11.9 million of that reduction in order to prevent ward closures in the newly constructed Salem campus. The hospital plans to take a number of management actions to implement this reduced budget, including holding some non-direct care positions vacant, reducing overtime and contract nursing services, and increasing Medicare billings. The adopted budget includes the elimination of eight management positions as part of the agency management plan. The AMH budget includes \$4.3 million General Fund to implement the new system for electronic medical records and hospital management known as Avatar.

The adopted budget includes standard reductions to continue allotment reduction savings from the 2009-11 biennium, the elimination of inflation, and a reduction in personal services compensation. In addition, the budget is reduced by \$3.4 million General Fund, primarily in the Oregon State Hospital, as a result of the statewide 6.5% services and supplies reduction. The supplemental ending balance hold back reduces the program budget by \$22.8 million General Fund and \$0.3 million Lottery Funds.

AMH – Program Support and Administration

	2007-09 Actual	2009-11 Legislatively Approved	2011-13 Governor's Recommended	2011-13 Legislatively Adopted
General Fund	18,115,313	18,063,351	17,806,584	17,320,257
Lottery Funds	3,171,000	2,477,298	2,716,036	2,512,505
Other Funds	835,464	4,620,449	5,532,320	8,044,993
Federal Funds	6,819,839	10,970,966	10,369,522	10,023,651
Total Funds	\$28,941,616	\$36,132,064	\$36,424,462	\$37,901,406
Positions	232	149	148	150
FTE	162.08	142.80	140.60	142.06

Program Description

This budget unit includes staffing to manage and administer AMH prevention, and community-based addiction, gambling, and mental health services. A number of positions and related expenditures used to increase OSH staffing ratios were transferred from the program support and administration budget to the program budget for the 2009-11 biennium. The OSH budget is a part of the AMH program budget.

Revenue Sources and Relationships

Lottery and Other Funds constitute 28% of the program support and administration budget for AMH, while Federal Funds (administrative Medicaid funds along with some Community Mental Health and Substance Abuse Prevention and Treatment Block Grants) comprise about 26% of the revenue supporting this budget.

Legislatively Adopted Budget

The 2011-13 legislatively adopted budget for AMH program support and administration is about \$37.9 million total funds and \$17.3 million General Fund. The General Fund budget is 4.4% less than the 2009-11 legislatively approved budget, and also slightly less than the Governor's budget. The adopted budget includes reductions for the continuation of allotment reductions implemented during the 2009-11 biennium, as well as services and supplies reductions and a \$0.6 million General Fund and \$0.1 million Lottery Funds reduction as a result of the supplemental ending balance hold back. Five vacant positions were eliminated for a savings of \$0.4 million total funds. Finally, the adopted budget includes an additional \$100,000 General Fund for Oxford Houses.

OHA/Capital Improvements

	2007-09 Actual	2009-11 Legislatively Approved	2011-13 Governor's Recommended	2011-13 Legislatively Adopted
General Fund	367,939	20,016	663,318	663,318
Total Funds	\$367,939	\$20,016	\$663,318	\$663,318

OHA/Capital Construction

	2007-09 Actual	2009-11 Legislatively Approved	2011-13 Governor's Recommended	2011-13 Legislatively Adopted
General Fund	929,000	0	0	0
Other Funds	89,022,165	279,189,118	164,785,000	59,900,000
Total Funds	\$89,951,165	\$279,189,118	\$164,785,000	\$59,900,000

Program Description

The capital improvements budget sets aside \$0.7 million General Fund for emergency repairs for the Oregon State Hospital and the Blue Mountain Recovery Center in Pendleton.

The capital construction budgets in all three biennia include expenditure limitation to allow work on a new Oregon State Hospital (OSH) in Salem, and to complete planning work for the Junction City facility. These projects are described in more detail below.

Budget Environment

For years, OSH facilities had been deteriorating. The youngest buildings were over 50 years old and the oldest buildings were over 120 years old – some of them now uninhabitable. The Governor and legislative leadership recognized this critical situation in the 2003-05 biennium and funded the first phase of a study to assess the structures on the OSH campus and the estimated future demand for hospital mental-health services in Oregon. The first report was released in May 2005 and concluded that none of the current facilities was conducive to best practices of contemporary mental health treatment.

A second report, the *Framework Master Plan Phase II Report*, was issued in February 2006. It presented three options for the Governor, legislative leadership, and other policymakers to consider in response to expected hospital service demand and the condition of the OSH facilities. The Governor and legislative leaders announced their support for an option that called for three major facilities to be built to replace existing structures: one 620 bed facility located in the North Willamette Valley region, one 360 bed facility located south of Linn County on the west side of the Cascades, and at least two non-hospital level 16 bed secure residential treatment settings placed strategically east of the Cascades. The report also recommended developing a more expansive array of community-based mental health treatment services.

During the 2007 legislative session, the Governor announced that the two primary sites for the new state hospital would be in Salem (at the current OSH site) and a site near Junction City. The Junction City land parcel is owned by the state and was to be used exclusively for a Department of Corrections facility. Plans subsequently called for the Junction City site to be used for both the corrections facility and the 360-bed hospital recommended in the *Master Plan Phase II Report*.

During the 2007-09 biennium, the agency completed extensive planning work on the OSH replacement project in Salem, and in September 2008 broke ground for the new Salem facility. The budget for both the Salem and Junction City facilities was originally about \$458 million. However, in order to provide adequate treatment as described in the hospital's Continuous Improvement Plan supported by the U.S. Department of Justice report issued in January 2008, the square footage of the hospital is nearly 30% larger than originally budgeted. The final cost of the Salem facility is expected to be roughly \$360 million, excluding project management and staffing costs, as well as the cost of the Behavioral Health Integration Project data system.

During the latter part of the 2007-09 biennium and continuing through the 2009 legislative session, a debate has ensued regarding the need for the Junction City facility. Some policymakers questioned the need for the Junction City facility, wondering instead, whether both the resources used to finance and operate that site might be better used to enhance community-based mental health services. Others pointed out that the original *Master Plan Phase II Report* recommending an additional hospital facility was based upon the assumption that Oregon had already developed a robust community-based mental health system, which would reduce the demand for hospital services. While strides have been made in funding and developing more community-based mental health care, Oregon has not yet developed an optimal community-based mental health system. Consequently, the need for a facility in Junction City remains.

Based on the amount of time that had passed since the original *Master Plan Phase II Report*, changes in the mental health system, and the economy, OHA updated the forecast of the needed hospital and community-based treatment beds for people living with mental illness in Oregon through 2030. The agency completed this work in January 2011, in time to be considered by the 2011 Legislature. The report concluded that the Junction City facility will be needed, but at a 174 bed size rather than the original 360 bed recommendation. This conclusion is based on a number of critical assumptions:

- The Portland facility and the Blue Mountain Recover Center (BMRC) will close in early 2015, with a total of 152 beds currently.
- The 174 bed hospital will only be adequate if the following happen in the longer run:
 - Move 70 neuro-geriatric patients to community
 - Increase community forensic beds by 64
 - Continue to reduce length of stay in community facilities, and move people through the system more quickly in order to create additional capacity

The report concluded that the cost of operating Junction City will be about \$11 million more in a biennium than costs would be to operate Portland and BMRC at USDOJ recommended staffing levels. This additional \$11 million represents the costs to operate the additional 22 beds. The report also notes that if the state continues to use Portland and BMRC beyond early 2015, remodels would be necessary at both facilities, at a cost of roughly \$13 million for Portland and \$11 million for BMRC.

Legislatively Adopted Budget

The 2011-13 legislatively adopted budget includes \$59.9 million of Other Funds expenditure limitation in the capital construction budget for the Oregon State Hospital replacement project. This amount of limitation will allow OHA to finish the new Salem hospital facility by the end of 2011, and provides \$5 million to continue planning work and infrastructure development of both mental health and correction uses at the Junction City site. This \$5 million will provide for the final design work, final detailed construction documents, and the completion of the permitting process for the Junction City facility. In order to begin construction in the spring of 2012, an additional \$29 million in bonding authority and expenditure limitation will be needed for the 2011-13 biennium, with approval in the February 2012 legislative session. Costs in the 2013-15 biennium to finish the construction of Junction City are estimated at \$50.4 million. If the facility is to open in late 2014 as planned, construction must begin in the spring of 2012.