

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35



**Fiscal Year 2018-19
Agency Budget Plan**

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	For FY 2018-19, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
NON-RECURRING REQUESTS (FORM B2)	For FY 2018-19, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
CAPITAL REQUESTS (FORM C)	For FY 2018-19, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting funding for Capital Projects.
	<input type="checkbox"/>	Not requesting any changes.
PROVISOS (FORM D)	For FY 2018-19, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	John H. Magill	803-898-8319	john.magill@scdmh.org
SECONDARY CONTACT:	Mark W. Binkley	803-898-8392	mark.binkley@scdmh.org

I have reviewed and approved the enclosed FY 2018-19 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

SIGN/DATE:	<i>Agency Director</i>	<i>Board or Commission Chair</i>
TYPE/PRINT NAME:	John H. Magill	Alison Y. Evans, PsyD

This form must be signed by the agency head – not a delegate.

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code: J120
 Agency Name: Department of Mental Health
 Section: 35

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Supported Community Housing Expansion	4,452,017	0	0	0	4,452,017	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Child and Adolescent Intensive Community and Residential Services	2,000,000	0	0	0	2,000,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Public Safety Officers Recruitment/Retention	1,633,756	0	0	0	1,633,756	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	First Episode Psychosis (FEP) Programs	800,000	0	0	0	800,000	0.00	0.00	0.00	0.00	0.00
5	B1 - Recurring	School-Based Services	250,000	0	0	0	250,000	0.00	0.00	0.00	0.00	0.00
6	B1 - Recurring	Crisis Stabilization	500,000	0	0	0	500,000	0.00	0.00	0.00	0.00	0.00
7	B1 - Recurring	Inpatient Clinical and Medical Services - Salary Adjustment	1,094,026	0	0	0	1,094,026	0.00	0.00	0.00	0.00	0.00
8	B1 - Recurring	Inpatient Clinical and Medical Services - CRCF Adjustment	91,000	0	0	0	91,000	0.00	0.00	0.00	0.00	0.00
9	B1 - Recurring	Contractual Adjustment - Inpatient Services	1,362,527	0	0	0	1,362,527	0.00	0.00	0.00	0.00	0.00
10	B1 - Recurring	Sexually Violent Predators Program	512,728	0	0	0	512,728	0.00	0.00	0.00	0.00	0.00
11	B1 - Recurring	Information Technology	2,274,378	0	0	0	2,274,378	0.00	0.00	0.00	0.00	0.00
12	B1 - Recurring	Contract Monitoring Unit	400,000	0	0	0	400,000	0.00	0.00	0.00	0.00	0.00
13	B1 - Recurring	Central Office - Annualization	270,000	0	0	0	270,000	0.00	0.00	0.00	0.00	0.00
14	B1 - Recurring	Division of Administrative Services - Annualization	300,000	0	0	0	300,000	0.00	0.00	0.00	0.00	0.00
15	B1 - Recurring	Other Support Areas - Annualization	1,852,294	0	0	0	1,852,294	0.00	0.00	0.00	0.00	0.00
16	B1 - Recurring	Long-Term Care - Vaccinations	53,200	0	0	0	53,200	0.00	0.00	0.00	0.00	0.00
17	B2 - Non-Recurring	Community Mental Health Services - Outpatient EHR	4,500,000	0	0	0	4,500,000	0.00	0.00	0.00	0.00	0.00
18	B2 - Non-Recurring	Inpatient Medical Equipment and Vehicle Replacement	895,245	0	0	0	895,245	0.00	0.00	0.00	0.00	0.00
19	B2 - Non-Recurring	Record Scanning Project	500,000	0	0	0	500,000	0.00	0.00	0.00	0.00	0.00
20	B2 - Non-Recurring	Long-Term Care	308,282	0	0	0	308,282	0.00	0.00	0.00	0.00	0.00
21	C - Capital	NE Campus Electrical Distribution System Renovations	3,600,000	0	0	0	3,600,000	0.00	0.00	0.00	0.00	0.00
22	C - Capital	Catawba Mental Health Center Construction	12,430,000	0	0	0	12,430,000	0.00	0.00	0.00	0.00	0.00
23	C - Capital	Community Buildings Deferred Maintenance	3,000,000	0	0	0	3,000,000	0.00	0.00	0.00	0.00	0.00
24	C - Capital	Anderson-Oconee-Pickens Mental Health Center Construction	12,430,000	0	0	0	12,430,000	0.00	0.00	0.00	0.00	0.00
25	C - Capital	Columbia Area MHC Phase III Construction	4,000,000	0	0	0	4,000,000	0.00	0.00	0.00	0.00	0.00
26	C - Capital	Campbell Veterans Nursing Home Renovations	3,940,000	0	0	0	3,940,000	0.00	0.00	0.00	0.00	0.00
27	C - Capital	Tucker Center (Roddey Flooring, Laundry, Nurse Call Renovations)	2,000,000	0	0	0	2,000,000	0.00	0.00	0.00	0.00	0.00
28							0					0.00
29							0					0.00
30							0					0.00
TOTAL BUDGET REQUESTS			65,449,453	0	0	0	65,449,453	0.00	0.00	0.00	0.00	0.00

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1 – Form # 13302 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Supported Community Housing Expansion <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$4,452,017 Federal: Other: Total: \$4,452,017 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	N/A <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input checked="" type="checkbox"/> Education, Training, and Human Development
	<input checked="" type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

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ACCOUNTABILITY OF FUNDS	<p>1.1.1, 1.3.3, 3.2.1, 3.2.2, 3.2.3</p> <p>This request will provide funds so that SCDMH can, through its Towards Local Care and housing programs, assist patients in finding safe, affordable housing in communities, increase the number of individuals served in community settings, assure that individuals have opportunities to receive services within a reasonable time, and demonstrate increased efficiencies by providing an increase in needed services.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>Services which assist individuals with psychiatric disabilities who need assistance with obtaining safe, affordable housing, a critical need for recovery.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>The requested funds would expand the supported community housing options for long-term, chronically ill patients who have presented as discharge challenges at Bryan Psychiatric Hospital and Harris Psychiatric Hospital.</p> <p>This initiative will provide appropriate support and treatment to patients who have been unsuccessful in remaining in more independent community residential settings, have demonstrated an unhealthy reliance on the inpatient system to meet treatment needs, and/or have behaviors which most private residential providers are unwilling to tolerate.</p> <p>The expected outcomes will be increased hospital discharges for this challenging population and longer, hopefully permanent, community tenure for these individuals.</p> <p>Successful discharges of long-term patients will also result in additional inpatient capacity as lower lengths of stay and bed turnover will result in increased bed availability for new patients in need of hospitalization.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to support the scope of this program.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	2 – Form #13303 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Child and Adolescent Intensive Community and Residential Services <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$2,000,000 Federal: Other: Total: \$2,000,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	1.0 FTE <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input checked="" type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

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ACCOUNTABILITY OF FUNDS	<p>1.1.1, 1.3.1</p> <p>This request will provide funds so that SCDMH can increase the number of people served during the fiscal year and focus services on target populations.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds will be expended by the Department for the benefit of individual patients by providing needed mental health services.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>State recurring funds are needed to increase the available array of intensive community mental health services and short-term therapeutic residential services for adolescents with a mental illness who are at high risk for institutionalization. Examples would be children and adolescents with a mental illness who have come into contact with the juvenile justice system and/or hospital emergency departments.</p> <p>At one time available service options under the State's Medicaid Plan included Intensive Family Services, such as Multi-Systemic Therapy (MST), Therapeutic Foster Care (TFC), and Temporary De-escalation Care (TDC – Respite care), and prior to 2008, therapeutic group homes.</p> <p>Changes in the Medicaid plan impacting these services were in most cases to “unbundle” the multiple clinical interventions which made up a particular intensive “wrap” service, and require that each intervention be separately documented and billed. Such a change increased the amount of administrative time clinical staff had to spend documenting, and resulted in substantially lowering the overall level of reimbursement to private community providers of these intensive wrap services, often below the cost to provide the previous level of services to the adolescent patient and their family.</p> <p>With the changes, the availability of intensive wrap services and respite services to children and adolescents by quality private providers has largely disappeared. Even when intensive community “wrap” services are appropriate for a particular youth, institutional care, such as in a Psychiatric Residential Treatment Facility (PRTF) or hospital is now frequently the only available option. Unfortunately even access to PRTFs for adolescents in State care or custody has become increasingly limited, especially for juvenile justice involved youth.</p>
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The requested funds would enable DMH to initially add four (4) MST teams in year one, bringing the current total to nine (9), and to expand by an additional two (2) teams in year two as earned revenue begins to reduce the amount of State funds needed to sustain an existing MST team.

The requested funds would also enable the agency to serve an estimated 40 to 50 youth annually in a therapeutic group home setting, based on an average length of stay of 3 to 4 months.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	3 – Form #13304 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Public Safety Officers Recruitment/Retention <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$1,633,756 Federal: Other: Total: \$1,633,756 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	N/A <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

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ACCOUNTABILITY OF FUNDS	<p>1.2.1, 1.2.2</p> <p>This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are expended by the Department for the benefit of individual patients by providing needed mental health services.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>Over 90% of the patients in the agency's three (3) hospitals are there involuntarily, admitted because they were posing a risk of harm to themselves or others. The DMH Office of Public Safety provides necessary security at the agency's inpatient facilities, including responding to emergencies on patient units. Because of the nature of the patients treated, DMH Public Safety employs certified law enforcement officers.</p> <p>Certified Public Safety Officers are also required when transporting patients who have outstanding criminal charges, as well as when transporting residents of the Department's Sexually Violent Predator Program.</p> <p>The salaries paid by the Department to its Public Safety Officers have increasingly lagged behind the salaries being paid by other State agencies which employ certified officers, as well as the salaries offered by local law enforcement agencies. This has resulted in high turnover of SCDMH Public Safety Officers and a high number of vacant positions. In order to meet its critical responsibilities, the Department incurs significant overtime costs for Public Safety Officers.</p> <p>The requested funds will enable the Department to increase Public Safety salaries close to the average paid by other State agencies, thereby aiding in recruitment and retention, and reducing overtime.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet this obligation.</p>
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The Department is seeking additional appropriations to support the activities outlined above, which may have a direct impact on patient care, and which may impact the Department's ability to meet safety standards and requirements without diverting funds from other programs.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	4 – Form #13305 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	First Episode Psychosis (FEP) Programs <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$800,000 Federal: Other: Total: \$800,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	8.0 FTE <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

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ACCOUNTABILITY OF FUNDS	<p>1.1.1, 1.2.1, 1.2.2, 1.3.4, 3.2.1</p> <p>This request will provide funds so that SCDMH can increase the number of people served, assure that services are delivered in a cost-effective manner and that standards of care are competitive with facilities offering similar types of services, and ensure that patients will demonstrate improvements in psychiatric well-being.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are expended by the Department for the benefit of individual patients by providing needed mental health services.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>Funds will support two (2) evidence-based programs for individuals who have experienced the early onset of a psychotic disorder, such as Schizophrenia.</p> <p>The first symptoms of psychotic disorders typically manifest in individuals between the ages of 16 and 25. Young adults are a challenging population to engage and stay in treatment. FEP programs are 2 year intensive programs with small caseloads using a person-centered team approach. Also known as “Coordinated Specialty Care,” FEP programs are aimed at guiding young adults experiencing psychosis (and their families) toward mental, physical and functional health.</p> <p>Studies have shown that Coordinated Specialty Care programs improve treatment engagement and adherence and substantially reduce the likelihood that patients’ psychotic disorders will lead to long-term disability. The majority of patients are able to stay in school or remain employed, and remain connected to family, friends and social supports. Correspondingly, patient’s use of emergency services, such as hospital Emergency Departments and calls to law enforcement is significantly reduced.</p> <p>Despite the clear benefits of these programs for patients and for reducing long-term care costs, neither public nor private insurance currently reimburse many of the services provided by Coordinated Specialty Care programs.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet this obligation.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	5 – Form #13306 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	School-Based Services <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$250,000 Federal: Other: Total: \$250,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	10.0 FTE <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input checked="" type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

ACCOUNTABILITY OF FUNDS	1.1.1, 1.1.2, 1.1.3, 3.2.1, 3.2.2, 3.2.3
	This request will provide funds so that SCDMH can assure that resources exist to serve individuals needing services, that it meets the expectation that at least 85% of patients and/or their families will be satisfied with SCDMH services, and so that it can increase the number of school-based service locations during FY2019. This request will also provide funds so that SCDMH can increase the number of

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individuals served in community settings, assure that individuals have opportunities to receive services within a reasonable time, and demonstrate increased efficiencies by providing an increase in needed services.

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS
 Services, such as counseling and case management, delivered to school children with mental illness by clinical mental health professionals within the walls of participating schools during the school day. For emotionally disturbed children who qualify for the Interagency System for Caring for Emotionally Disturbed Children, Section 20-7-5710 mandates that SCDMH work together with other agencies in the system to "support children in a manner that enables them to function in a community setting".

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST
 SCDMH school based mental health services improve access to needed mental health services for children and their families.
 No potential offsets.
 Several school districts allocate funds to the program as a contribution to the expenses incurred to operate the program. However, such funding is not guaranteed and is therefore not considered a match, only an offset to expenses incurred by the Department. Many services will generate additional Medicaid revenue to the agency.
 The request for funding is based on an estimate of the total funds required to expand the scope of this program, which is estimated to be \$25,000 per school-based counselor.
 The information exchange and collaboration that develops between school teachers, school counselors and administrators and school based mental health staff improves early identification and treatment for children in need; and for those children and families in need of services, the SBMH program services increase school attendance, reduce discipline referrals and decrease drop-out rates.
 These positive outcomes for the student and their families also positively correlate to a decreased risk for violence in the school and community.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	6 – Form #13307 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Crisis Stabilization <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$500,000 Federal: Other: Total: \$500,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	N/A <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input checked="" type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

ACCOUNTABILITY OF FUNDS	<p>1.1.1, 1.2.1, 1.2.2, 1.3.4, 3.2.1</p> <p>This request will provide funds so that SCDMH can increase the number of people served, assure that services are delivered in a cost-effective manner and that standards of care are competitive with facilities offering similar types of services, and ensure that patients will demonstrate improvements in psychiatric well-being.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are expended by the Department for the benefit of individual patients by providing needed mental health services.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>The requested funds would enable the agency to continue to partner with local hospitals and other community officials to increase residential crisis stabilization programs beyond the four (4) currently in existence or in the planning stages. Such programs help divert individuals in a psychiatric crisis who can be safely cared for outside of a hospital from emergency departments.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	7 – Form #13308 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Inpatient Clinical and Medical Services – Salary Adjustment <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$1,094,026 Federal: Other: Total: \$1,094,026 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	N/A <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input checked="" type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

ACCOUNTABILITY OF FUNDS	<p>1.2.1, 1.2.2</p> <p>This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>SCDMH employees providing direct care and services to SCDMH inpatient populations and who also meet the criteria for inclusion in this wage increase.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>This request supports: G. Werber Bryan Psychiatric Hospital Adult and Child and Adolescent Programs, Patrick B. Harris Psychiatric Hospital, Morris Village, Roddey Pavilion (Nursing Home), Stone Pavilion (Veterans Nursing Home), and Nutritional Services.</p> <p>The South Carolina Department of Mental Health is committed to providing outstanding inpatient services to residents of this state and training to the staff. Providing the requested funding will support recruitment and retention for direct care and clinical support workers for the care delivery of high risk populations and environments to maintain effective care delivery and to maintain safety and meet regulatory standards. Clinical support workers (food service, custodial and nursing aides) are crucial to meeting and maintaining these standards.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet the financial obligation.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	8 – Form #13309 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Inpatient Clinical and Medical Services – CRCF Adjustment <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$91,000 Federal: Other: Total: \$91,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	N/A <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input checked="" type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

ACCOUNTABILITY OF FUNDS	<p>1.2.1, 1.2.2, 3.2.1</p> <p>This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, standards of care are competitive with facilities offering similar types of services, and that SCDMH is able to increase the number of people served in community settings.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>These funds will be provided to operators of Community Residential Care Facilities (CRCF) located throughout the state.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>This request supports: G. Werber Bryan Psychiatric Hospital Adult and Forensic Programs, Patrick B. Harris Psychiatric Hospital, and Morris Village.</p> <p>Granting funding of this request would provide for bridge funds to facilitate efficiency of patient discharge and movement of patients across the system to improve movement and to create capacity for other citizens awaiting treatment.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet the financial obligation.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	9 – Form #13310 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Contractual Adjustment – Inpatient Services <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$1,362,527 Federal: Other: Total: \$1,362,527 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	N/A <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

ACCOUNTABILITY OF FUNDS	<p>1.2.1, 1.2.2</p> <p>This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The requested funds would be used to meet the Department's contractual obligations related to outside vendors.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>This request represents the financial impact of the South Carolina Department of Mental Health's efforts to adequately fund program operations with recurring state appropriations.</p> <p>The requested amount represents expected contractual obligations in FY2019 related to CPI adjustments for the Department's forensics program and veterans' nursing homes.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>This request is based on an approximation of FY2019 contractual obligations.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	10 – Form #13311 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Sexually Violent Predator Program <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$512,728 Federal: Other: Total: \$512,728 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	N/A <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input checked="" type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

ACCOUNTABILITY OF FUNDS	<p>1.1.1, 1.2.1</p> <p>This request will provide funds so that SCDMH can assure that resources exist to serve individuals needing services, and so that services are delivered in a cost-effective manner.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>Treatment for civilly-committed individuals found by the courts to be sexually violent predators.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>The census of the program is steadily increasing, and additional funding is being requested to offset the increased costs anticipated to treat the expanding population.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request is based on an estimate of the cost per year to provide services to 12 additional residents (one added per month) for the associated number of bed days at the rate of \$216.89 per bed day.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	11 – Form #13312 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Information Technology <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$2,274,378 Federal: Other: Total: \$2,274,378 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	N/A <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input checked="" type="checkbox"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

ACCOUNTABILITY OF FUNDS	<p>1.2.1, 1.2.2</p> <p>This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are sought by the Department for the protection of confidential medical records and critical support systems upon which the agency's operations depend. Said benefit is recognized via safeguard of protected health information.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>The requested funds will replace one-time funds and provide additional recurring funds to support the Department's operations, including its expanding telepsychiatry network, its Inpatient Services and Community Mental Health Services electronic health records, information technology support, and its network infrastructure support, including contractual services maintenance, software product costs, training, and funds associated with vacant and requested Information Technology staff positions.</p> <p>This request is considered in the Department's annual information technology and security plans. This request includes consultation with the Department of Administration in its development.</p> <p>No potential offsets.</p> <p>No matching funds.</p>
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AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	12 – Form #13313 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Contract Monitoring Unit <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$400,000 Federal: Other: Total: \$400,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	4.0 FTE <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input checked="" type="checkbox"/> Government and Citizens	

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

ACCOUNTABILITY OF FUNDS	<p>1.2.1</p> <p>The Department of Mental Health will demonstrate cost-efficiency in the delivery of services.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The South Carolina Department of Mental Health is establishing a clinical contract monitoring office to monitor the contractual requirements of the large operations contracts the agency has established for the operation of State Veterans Nursing Homes and other inpatient programs.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>The South Carolina Department of Mental Health is establishing a clinical contract monitoring office to monitor the contractual requirements of the large operations contracts the agency has established for the operation of State Veterans Nursing Homes and other inpatient programs.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>Based on estimated expenditures to employ an attorney, a registered nurse, a social worker, and an administrative professional. This estimate includes fringe. This estimate also includes accommodations for other operational expenditures.</p> <p>The additional recurring funding will pay for needed positions to comply with the higher standards and implement the additional policies and procedures required.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	13 – Form #13314 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Central Office - Annualization <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$270,000 Federal: Other: Total: \$270,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	N/A <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

ACCOUNTABILITY OF FUNDS	<p>1.2.1, 1.2.2</p> <p>This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>This request represents the financial impact of the South Carolina Department of Mental Health's efforts to adequately fund program operations with recurring state appropriations, and to maintain services at current levels.</p> <p>The requested amount represents FY2018 annualizations for Medical Director and Quality Management and includes the expenses associated with a 3.5 FTEs.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>This request is based on FY2018 expenditures and funding amounts.</p> <p>The Department is seeking additional appropriations to replace non-recurring funding. If unsuccessful, SCDMH will have to reduce services in its Central Office as its non-recurring funding diminishes.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	14 – Form #13315 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Division of Administrative Services - Annualization <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$300,000 Federal: Other: Total: \$300,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	N/A <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

ACCOUNTABILITY OF FUNDS	<p>1.2.1, 1.2.2</p> <p>This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>This request represents the financial impact of the South Carolina Department of Mental Health's efforts to adequately fund program operations with recurring state appropriations, and to maintain services at current levels.</p> <p>The requested amount represents FY2018 annualizations for Human Resources.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>This request is based on FY2018 expenditures and funding amounts.</p> <p>The Department is seeking additional appropriations to replace non-recurring funding. If unsuccessful, SCDMH will have to reduce services in its Division of Administrative Services as its non-recurring funding diminishes.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	15 – Form #13316 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Other Support Areas - Annualization <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$1,852,294 Federal: Other: Total: \$1,852,294 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	N/A <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

ACCOUNTABILITY OF FUNDS	<p>1.2.1, 1.2.2</p> <p>This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.</p>
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>This request represents the financial impact of the South Carolina Department of Mental Health’s efforts to adequately fund program operations with recurring state appropriations, and to maintain services at current levels.</p> <p>The requested amount represents FY2018 annualizations for Care Coordination, Deaf Services, IPS/Employment Program, Alzheimer’s Association, and Psychiatric Residential Treatment Facility (PRTF) placements.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>This request is based on FY2018 expenditures and funding amounts.</p> <p>The Department is seeking additional appropriations to replace non-recurring funding. If unsuccessful, SCDMH will have to reduce services in its Other Support Areas as its non-recurring funding diminishes.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	16 – Form #13317
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Long-Term Care - Vaccinations
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$53,200 Federal: Other: Total: \$53,200
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	N/A
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

ACCOUNTABILITY OF FUNDS	<p>1.2.1, 1.2.2</p> <p>This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>As part of its operational directives, the South Carolina Department of Mental Health operates four nursing homes: Richard M. Campbell, Veterans Victory House, Roddey Pavilion at C.M. Tucker Nursing Care Center, and Stone Pavilion at C.M. Tucker Nursing Care Center. Richard M. Campbell, Veterans Victory House and Stone Pavilion at C.M. Tucker Nursing Care Center are State Homes for Veterans.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>Funds are requested for expenses associated with vaccinations for shingles (Zostovax) at Roddey Pavilion at C.M. Tucker Nursing Care Center, and Stone Pavilion at C.M. Tucker Nursing Care Center.</p> <p>Roddey Pavilion - \$35,200 Stone Pavilion - \$18,000</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet the financial obligation.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	17 – Form #13318 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Community Mental Health Services – Outpatient Electronic Health Record <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$4,500,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input checked="" type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Request for Non-Recurring Appropriations
<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/> Related to a Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

ACCOUNTABILITY OF FUNDS	1.2.1, 1.2.2
	This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.

What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

RECIPIENTS OF FUNDS	<p>The primary recipient(s) of the funds would be vendors. The funds would be allocated based upon approved procurement processes.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>The requested funds would be used for the procurement of an integrated software solution for SCDMH’s Community Mental Health Centers (CMHC) that will either augment or replace SCDMH’s current billing and electronic medical records software applications and any services associated therewith.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet the financial obligation. This initial request will fund the first stage of the full implementation of this system. Additional non-recurring funds may be requested in future years as the system is implemented in its entirety.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	18 – Form #13319 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Inpatient Medical Equipment and Vehicle Replacement <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$895,245 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Request for Non-Recurring Appropriations
	<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding
<input type="checkbox"/> Related to a Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

ACCOUNTABILITY OF FUNDS	1.2.1, 1.2.2
	This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.

What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

RECIPIENTS OF FUNDS	<p>The primary recipient(s) of the funds would be vendors. The funds would be allocated based upon approved procurement processes.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<table border="0"> <tr> <td>Inpatient Medical Equipment</td> <td style="text-align: right;">\$808,445</td> </tr> <tr> <td>Vehicle Replacement</td> <td style="text-align: right;">\$ 86,800</td> </tr> </table> <p>The requested funds would provide for the procurement of the following inpatient medical equipment: Specialty Clinics (Station Sterilizer; Retinoscope: Powersource; Rechargeable Base); Nutritional Services (Retherm Refrigerator/Cart; Refrigerated Tables; Roll-In Cooler; Insulated Truck Refrigerator Box; 100 Gal Cook Chill Kettle; Walk-in Cooler; Walk-in Cooler Doors, Ice Machine, Truck with Box and Refrigerator Unit/Liftgate); BPH C&A (Patient Furniture); HPH (Computers; Vehicle; Patient Furniture); and Morris Village (Patient Beds).</p> <p>The funds would also provide for the replacement of vehicles: laundry vehicle and a second vehicle at Roddey Pavilion and a vehicle at Veterans Victory House.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet the financial obligation.</p>	Inpatient Medical Equipment	\$808,445	Vehicle Replacement	\$ 86,800
Inpatient Medical Equipment	\$808,445				
Vehicle Replacement	\$ 86,800				

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	19 – Form #13320 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Record Scanning Project <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$500,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input checked="" type="checkbox"/> IT Technology/Security related
	<input checked="" type="checkbox"/> Request for Non-Recurring Appropriations
<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/> Related to a Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

ACCOUNTABILITY OF FUNDS	1.2.1, 1.2.2
	This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.

What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

RECIPIENTS OF FUNDS	<p>The primary recipient(s) of the funds would be vendors. The funds would be allocated based upon approved procurement processes.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>This request would provide an annual amount to sustain a project to replace the agency’s paper medical records and other important records with electronic versions. The funds would pay for scanning, software licenses, and storage of document images for Human Resources, Division of Inpatient Services, Financial Services, and the Community Mental Health Centers.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet the financial obligation.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	20 – Form #13321 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Long-Term Care <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$308,282 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Request for Non-Recurring Appropriations
<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/> Related to a Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

ACCOUNTABILITY OF FUNDS	1.2.1, 1.2.2
	This request will provide funds so that SCDMH can assure that services are delivered in a cost-effective manner, and that standards of care are competitive with facilities offering similar types of services.

What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

RECIPIENTS OF FUNDS	<p>As part of its operational directives, the South Carolina Department of Mental Health operates four nursing homes: Richard M. Campbell, Veterans Victory House, Roddey Pavilion at C.M. Tucker Nursing Care Center, and Stone Pavilion at C.M. Tucker Nursing Care Center. Richard M. Campbell, Veterans Victory House and Stone Pavilion at C.M. Tucker Nursing Care Center are State Homes for Veterans.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>Funds are requested for one-time expenses associated with the following:</p> <p>Roddey Pavilion - Physical Therapy/Occupational Therapy/Recreational Therapy equipment, vehicles, furniture and equipment replacement, and dining supplies.</p> <p>Stone Pavilion - Nurse call system upgrade, furniture and equipment replacement.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet the financial obligation.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	21 – Form #13322 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	NE Campus Electrical Distribution System Renovations <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$3,600,000 <i>How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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CPIP PRIORITY	J12-9751 is in CPIP plan year one, priority #2. If no state appropriations are received the project may have to be delayed. <i>Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.</i>
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OTHER APPROVALS	The project has been approved for Phase I design by the JBRC and SFAA. JBRC and SFAA approval will be required of Phase II design and construction funding. <i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>
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LONG-TERM PLANNING AND SUSTAINABILITY	There are no additional operating costs associated with this request. The likely project option would result in an estimated annual operating cost savings of approximately \$75,000 per year. The expected useful life of the replacement system would be between 30-40 years. <i>What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i>
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AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

SUMMARY

Crafts Farrow State Hospital Campus is located on Farrow Road in Northeast Columbia. Most of the supporting electrical distribution infrastructure is at least 40 years old. The Department of Mental Health owns and maintains the electrical substation, as well as the overhead and underground portions of the distribution system. Many of the existing components including the substation, transformers, wooden poles and the pole mounted switches are in poor condition and need to be replaced. Over 4000 feet of the underground feed cables to Morris Village and G. Werber Bryan Psychiatric Hospital are over 40 years old, have exceeded their useful life and require replacement.

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	22 – Form #13323 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Catawba Mental Health Center Construction <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$12,430,000 <i>How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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CPIP PRIORITY	J12-DMH5 is in CPIP plan year two, priority #2. If no state appropriations are received the project may have to be delayed and would require continuing to work in inefficient/costly facilities and leases and making the necessary deferred maintenance repairs. <i>Identify the project’s CPIP plan year and priority number, along with the first year in which the project was included in the agency’s CPIP. If not included in the agency’s CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency’s contingency plan in the event that state funding is not made available in the amount requested.</i>
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OTHER APPROVALS	JBRC and SFAA approval will be required of Phase I design and Phase II design and construction funding. <i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>
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LONG-TERM PLANNING AND SUSTAINABILITY	There are no additional operating costs associated with this request. The project would result in an estimated annual operating cost savings of approximately \$320,000 per year. The expected useful life of the replacement facility would be approximately 50 years. <i>What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency’s expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i>
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AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

SUMMARY	<p>Purchase 6 acres of land and construct a 35,000 SF facility in the Rock Hill area to provide mental health services to clients in York County. This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible. The building will include space for York Adult Services Program; Catawba Family Center; School Based Mental Health Program; Dual Diagnosis Program; and Administration, Training and Facility Support. This facility will consolidate programs housed in three leased facilities located in Rock Hill. Lease costs for these three facilities is over \$320,000 year. Placing the various programs in one consolidated facility will aid in efficiency of service delivery.</p> <p>The new facility would allow for a more seamless transition between various programs for our clients, as well as, provide more security and safety.</p>
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Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	23 – Form #13324 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Community Buildings Deferred Maintenance <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$3,000,000 <i>How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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CPIP PRIORITY	J12-DMH1 is in CPIP plan year one, priority #3. If no state appropriations are received the project may have to be delayed and SCDMH will continue to address the most critical maintenance issues and reacting to emergencies as they arise. <i>Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.</i>
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OTHER APPROVALS	JBRC approval will be required of Phase I design and Phase II design and construction funding. <i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>
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LONG-TERM PLANNING AND SUSTAINABILITY	There are no additional operating costs associated with this request. The expected useful life of the replacement systems will be between 25-30 years. <i>What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i>
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AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

SUMMARY

This project is to address deferred maintenance issues in our community mental health facilities. SCDMH has deferred maintenance issues totaling over \$40 million. This request is to address the most urgent building needs and examples include heating and air conditioning system repairs at Berkeley, Coastal Empire, Orangeburg, and Waccamaw Mental Health Center buildings; interior and exterior repairs at Piedmont, Orangeburg and Tri-County, and fire sprinkler repairs at Coastal Empire. The Department has established an identified fund for deferred maintenance pursuant to Proviso 35.14; however, the agency does not have the ability to self-fund all of its current deferred needs. SCDMH will continue to include its significant priority deferred maintenance requests in its Capital Budget Request submitted to the General Assembly.

This work is needed to ensure the buildings are maintained in an adequate condition to enable the staff to carry out their missions. Correcting these deferred maintenance issues will help extend the useful life of the buildings. If not addressed, these issues could result in reduced productivity, more costly repairs, and life safety issues.

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	24 – Form #13325 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Anderson-Oconee-Pickens Mental Health Center Construction <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$12,430,000 <i>How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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CPIP PRIORITY	J12-DMH4 is in CPIP plan year two, priority #1. If no state appropriations are received the project may have to be delayed and would require continuing to work in inefficient/costly facilities and leases and making the necessary deferred maintenance repairs. <i>Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.</i>
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OTHER APPROVALS	JBRC and SFAA approval will be required of Phase I design and Phase II design and construction funding. <i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>
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LONG-TERM PLANNING AND SUSTAINABILITY	There are no additional operating costs associated with this request. The project would result in an estimated annual operating cost savings of approximately \$135,000 per year. The expected useful life of the replacement facility would be approximately 50 years. <i>What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i>
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AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

SUMMARY

Construct a 35,000 SF facility on five acres of land currently owned by Anderson County. This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible. Anderson County Council has voted and approved the donation of the five acres in a prime county business park location. The current estimated value of the property is \$600,000. The building will include space for Adult Outpatient Services; Child, Adolescent and Family Services; and Administration, Training and Facility Support. This facility will consolidate programs housed in leased facilities in the Anderson area and reduce lease costs by \$135,000/year. Placing the various programs in one consolidated facility will aid in efficiency of service delivery.

The current facility is located on leased county land, constructed in the 1960s and is 17,800 SF. The current lease will expire in 2016. It is overcrowded and needs a variety of deferred maintenance work. The new facility would allow for a more seamless transition between various programs, as well as, provide more security and safety and reduce lease costs

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	25 – Form #13326 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Columbia Area Mental Health Center Phase III Construction <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$4,000,000 <i>How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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CPIP PRIORITY	J12-DMH6 is in CPIP plan year two, priority #3. If no state appropriations are received the project may have to be delayed and would require continuing to work in inefficient/costly facilities and leases and making the necessary deferred maintenance repairs. <i>Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.</i>
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OTHER APPROVALS	JBRC and SFAA approval will be required of Phase I design and Phase II design and construction funding. <i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>
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LONG-TERM PLANNING AND SUSTAINABILITY	There are no additional operating costs associated with this request. The project would result in an estimated annual operating cost savings of approximately \$230,000 per year. The expected useful life of the replacement facility would be approximately 50 years. <i>What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i>
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AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

SUMMARY

This project is to construct a 25,000 square foot facility on land currently owned by the Department. Columbia Area Mental Health Center's Child & Adolescent (CAF) Program has outgrown its current space in the Phase I Building. The new facility will accommodate the CAF Services Program and the Assessment Resource Center (Now known as the Metropolitan Children and Advocacy Center – Met CAC) and several associated support services. Placing these child-based programs in the same facility will aid in efficiency of service delivery and increase access to care. The building would also enable Columbia Area MHC to relocate programs from temporary leased locations and consolidate those programs on one campus.

The Comprehensive Child and Family Behavioral Health Complex would co-locate the Met CAC and CAF services providing a centralized, integrated system of care to provide services to children and their families. Co-location would increase access to crisis intervention services, psychiatric services, and facilitate collaboration between programs, particularly between the Met CAC and our Child Welfare Program that deals with our DSS children. The completion of this project will allow SCDMH to relocate its Adult Clinic Services (ACS) to the centralized campus in the Phase I space occupied by CAF Services. ACS is currently leasing temporary space from Richland County.

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	26 – Form #13327 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Campbell Veterans Nursing Home Renovations <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$3,940,000 <i>How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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CPIP PRIORITY	J12-DMH7 is in CPIP plan year two, priority #4. If no state appropriations are received the project may have to be delayed and SCDMH will continue to address the most critical maintenance issues and reacting to emergencies as they arise. <i>Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.</i>
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OTHER APPROVALS	JBRC and SFAA approval will be required of Phase I design and Phase II design and construction funding. <i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>
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LONG-TERM PLANNING AND SUSTAINABILITY	There are no additional operating costs associated with this request. The project would result in an estimated annual operating cost savings of approximately \$25,000 per year. The expected useful life of the replacement systems would be between 25-30 years. <i>What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i>
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AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

SUMMARY

This project is to address deferred maintenance issues at the Campbell State Veterans Nursing Home in Anderson. The work includes renovations to the kitchen to include repair of drain line leaks in the dish room and repair of damage caused by those leaks, replacement of the walk in freezer/refrigerator and serving line equipment; renovations to five group showers to provide more patient privacy; replacing patient room flooring finishes on Unit 5; and re-configuration of resident bathrooms to allow access for patient lifts. Replacement of the emergency power generator – the existing does not have the capacity to support the HVAC chiller system and/or our electric kitchen appliances, which poses a safety concern to residents during an extended outage.

The project is needed for enhanced security and to ensure the kitchen facility is capable of providing the necessary meals for the 220 veterans. The work will enable the residents to have a more comfortable home and provide amenities that will make living and dining better.

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	27 – Form #13328 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Tucker Center (Roddey Flooring, Laundry & Nurse Call Renovations) <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$2,000,000 <i>How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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CPIP PRIORITY	J12-DMH7 is in CPIP plan year two, priority #5. If no state appropriations are received the project may have to be delayed and SCDMH will continue to outsource laundry services and react to critical maintenance issues as they arise. <i>Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.</i>
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OTHER APPROVALS	JBRC and SFAA approval will be required of Phase I design and Phase II design and construction funding. <i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>
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LONG-TERM PLANNING AND SUSTAINABILITY	There are no additional operating costs associated with this request. The likely project option would result in an estimated annual operating cost savings of approximately \$25,000 per year. The expected useful life of the replacement systems would be between 20-30 years. <i>What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i>
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AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

SUMMARY

Project is to replace the floor tile and nurse call systems in the Roddey Nursing Home, and to renovate the existing laundry facility shared by Roddey Nursing Home and Stone Veterans Nursing Home. Both facilities are located on the SCDMH owned Tucker Center complex in downtown Columbia.

The capacity of the current Tucker Center laundry facility is not large enough to adequately supply Roddey and Stone with clean linens and keep up with patient clothes. Majority of the current laundry is being handled by an outside service and the completion of this project will reduce operating costs. The Roddey Nursing Home flooring is worn and needs replacement and has been documented as an environment of care issue by DHEC during recent inspections. This will provide a more aesthetically pleasing facility for the patients to live in. The current nurse call system does not meet the needs of the Roddey facility. Equipment is original to construction which dates back to the late 1970's. The system is antiquated and not upgradeable.

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

**FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION
CONTINGENCY PLAN**

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	<p>\$7,057,433</p> <p><i>What is the General Fund 3% reduction amount (minimum based on the FY 2017-18 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i></p>
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ASSOCIATED FTE REDUCTIONS	<p>Inpatient Clinical and Medical Services: Approximately 33 FTE reduction Long-Term Care Services: Approximately 90 FTE reduction Care Coordination: Approximately 21 FTE reduction Reduction in Pass-Through Funds: Not applicable</p> <p><i>How many FTEs would be reduced in association with this General Fund reduction?</i></p>
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PROGRAM/ACTIVITY IMPACT	<p>The following programs would be impacted by the general fund reductions: Inpatient Clinical and Medical Services (Morris Village), Long-Term Care Services (Stone Pavilion – Veterans Nursing Home), and Care Coordination.</p> <p>The following pass-through funding recipients would each be reduced by three (3) percent: Remittance to the General Fund (Proviso 35.1), Continuum of Care (Proviso 35.1), Alliance for the Mentally Ill (Proviso 35.1), SC Share (Proviso 35.1), Alzheimer’s Association (Proviso 35.3), NAMI (Proviso 35.4), ISCEDC Funding Transfer (Proviso 117.54), Gateway House (Budget Line Item), and CASA Family Systems (Budget Line Item).</p>
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What programs or activities are supported by the General Funds identified?

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

SUMMARY	<p>Inpatient Clinical and Medical Services: \$3,562,628 – This reduction necessitates the closure of two (2) 13-bed lodges at Morris Village.</p> <p>Long-Term Care Services: \$2,000,000 – This reduction is the estimated savings if SCDMH were to outsource the operations of Stone Pavilion to a contractor.</p> <p>Care Coordination: \$1,402,361 – This reduction necessitates a reduction of program staff and services available to patients.</p> <p>Reduction in Pass-Through Funds: \$92,444 – This reduction is a three (3) percent decrease in the total funding for each of the following pass-through funding recipients as listed below:</p> <ul style="list-style-type: none"> Remittance to the General Fund (Proviso 35.1) - \$8,729 Continuum of Care (Proviso 35.1) - \$12,000 Alliance for the Mentally Ill (Proviso 35.1) - \$1,500 SC Share (Proviso 35.1) - \$7,500 Alzheimer’s Association (Proviso 35.3) - \$27,000 NAMI (Proviso 35.4) - \$5,115 ISCEDC Funding Transfer (Proviso 117.54) - \$17,850 Gateway House (Budget Line Item) - \$7,500 CASA Family Systems (Budget Line Item) - \$5,250 <p>Method of Calculation:</p> <ul style="list-style-type: none"> Inpatient Clinical and Medical Services: Based on clinical service delivery Long-Term Care Services: Based on program service delivery Care Coordination: Based on program service delivery Reduction in Pass-Through Funds: Three (3) percent reduction
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.

AGENCY COST SAVINGS PLANS	See Form F – Reducing Cost and Burden to Businesses and Citizens
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What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	Greater Efficiency in Agency Services
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Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	Variable based upon levels of programmatic activity.
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What is the expected savings to South Carolina’s businesses and citizens that is generated by this proposal? The savings could be related to time or money.

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark “X” for all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Repeal or revision of regulations.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Reduction of agency fees or fines to businesses or citizens.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Greater efficiency in agency services or reduction in compliance burden.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table>	<input type="checkbox"/>	Repeal or revision of regulations.	<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.	<input checked="" type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.	<input type="checkbox"/>	Other
<input type="checkbox"/>	Repeal or revision of regulations.								
<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.								
<input checked="" type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.								
<input type="checkbox"/>	Other								

METHOD OF CALCULATION	Dependent upon programmatic measurements.
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Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.

REDUCTION OF FEES OR FINES	Not applicable
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Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

REDUCTION OF REGULATION	Not applicable
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Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

SUMMARY

Among the many measures the Department undertakes to reduce costs to taxpayers and demonstrate how funds are being reinvested within the agency to better serve the citizens of South Carolina, SCDMH offers the following three (3) programs as examples.

Telepsychiatry

The Emergency Department Telepsychiatry Consultation Program results demonstrate: higher follow-up and retention of patients seen with the telepsychiatry group compared to controls in an outpatient setting; shorter lengths of stay; fewer inpatient admissions; and, total charges at encounter level for the index emergency department visit including subsequent inpatient admission that were significantly lower for the telepsychiatry group. The financial impacts include reduced costs to participating hospitals and reduced costs to the mental health service continuum.

The Community Telepsychiatry Program started because of the need for full spectrum community mental health services in rural areas across the state. Built on the success of the SCDMH Emergency Department Telepsychiatry Consultation Program, SCDMH has equipped its community mental health centers and mental health clinics to provide psychiatric treatment services to its patients via Telepsychiatry.

Mental Health Courts

Mental health courts are adult criminal specialty courts with a separate docket dedicated to the diversion of non-violent pretrial felony and misdemeanor offenders with mental illness from the criminal justice system to appropriate community treatment services and resources. The program is voluntary and the individual’s charges are held in abeyance until the individual completes their treatment course as directed by the court. The financial impacts include reduced costs to the local court dockets and reduced costs to the criminal justice system.

Evaluation, Training, and Research

SCDMH has a commitment to staff development and training, maintaining an online learning management system that allows staff to take trainings that are required by regulatory and accrediting agencies. Curricula have been developed for staff that outline those modules that are required for their particular job duties and responsibilities. If the trainings were not offered online, staff would have to travel to attend trainings in a classroom setting. These online trainings allow staff to take the required training at their offices as their schedules permit. SCDMH has estimated that in previous years the man-hour cost savings for the online learning modules has been more than \$5 million. The cost savings are realized when employees remain in place for training and the loss of revenue-producing hours, due to training, is reduced.

Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?