Agency Name:	Department of Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

Fiscal Year FY 2027-2028

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

	For FY 2027-2028, my agency is (mark "X"):	
OPERATING REQUESTS *(FORM B1)*	X	Requesting General Fund Appropriations.
		Requesting Federal/Other Authorization.
		Not requesting any changes.

	For FY 2027-2028, my agency is (mark "X"):	
NON-RECURRING REQUESTS *(FORM B2)*	X	Requesting Non-Recurring Appropriations.
		Requesting Non-Recurring Federal/Other Authorization.
		Not requesting any changes.

	For FY 2027-2028, my agency is (mark "X"):	
CAPITAL REQUESTS *(FORM C)*	X	Requesting funding for Capital Projects.
		Not requesting any changes.

	For FY 2027-2028, my agency is (mark "X"):	
PROVISOS *(FORM D)*	X	Requesting a new proviso and/or substantive changes to existing provisos.
		Only requesting technical proviso changes (such as date references).
		Not requesting any proviso changes.

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

	Name	***Phone***	***Email***
PRIMARY CONTACT:	Joshua Shelton	(839) 330-0949	joshua.shelton@ddsn.sc.gov
SECONDARY CONTACT:	Brandon Koehler	(839) 313-6226	Brandon.Koehler@oidd.bhdd.sc.gov

I have reviewed and approved the enclosed FY 2027-2028 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	Agency Director	***Board or Commission Chair***
***SIGN/DATE*:**		
***TYPE/PRINT NAME*:**		

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

Agency Name:	Department of Behavioral Health & Developmental Disabilities
Agency Code:	J080
Section:	34

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Workforce and Service Continuity	3,169,725	0	0	0	3,169,725	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Court Ordered Behavioral Health Services	4,773,063	0	0	0	4,773,063	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Increase Community Capacity	4,067,000	0	0	0	4,067,000	0.00	0.00	0.00	0.00	0.00
4	B2 - Non-Recurring	Residential Habilitation Housing Grant Funds	3,000,000	0	0	0	3,000,000	0.00	0.00	0.00	0.00	0.00
5	B1 - Recurring	SC Center of Excellence in Addiction	1,000,000	0	0	0	1,000,000	0.00	0.00	0.00	0.00	0.00
6	C - Capital	Security / Surveillance Infrastructure	18,000,000	0	0	0	18,000,000	0.00	0.00	0.00	0.00	0.00
7	B1 - Recurring	Information Technology	1,000,000	0	0	0	1,000,000	0.00	0.00	0.00	0.00	0.00
8	B1 - Recurring	Security / Surveillance Infrastructure	405,000	0	0	0	405,000	0.00	0.00	0.00	0.00	0.00
9	B2 - Non-Recurring	Infrastructure and Maintenance	2,160,000	0	0	0	2,160,000	0.00	0.00	0.00	0.00	0.00
10	B1 - Recurring	SVP & Recovery Solutions	2,750,114	0	0	0	2,750,114	0.00	0.00	0.00	0.00	0.00
TOTALS			40,324,902	0	0	0	40,324,902	0.00	0.00	0.00	0.00	0.00

Agency Name:	Department of Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

1

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Workforce and Service Continuity

Provide a brief, descriptive title for this request.

AMOUNT

General: $3,169,725

Federal: $0

Other: $0

Total: $3,169,725

What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
X	HR/Personnel Related
	AI Related
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Working collaboratively, BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-determined life. The requested funds will allow for expanded access to services for every South Carolinian; strengthen coordination, alignment, and accountability across the agency; ensure a sustainable system; and promote the highest standard of care for individuals served by BHDD.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-

RECIPIENTS OF FUNDS	determined life. These services are provided by the agency and by contracted providers. Through service rate increases for providers, competitive grant application processes, and funds expended by BHDD, these funds would be used to ensure system-wide coordination and access to quality care. The primary recipient of the funds would be BHDD and the BHDD's contractor(s).

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	**Nursing Salary Realignment - $780,000** This recurring funding request would allow BHDD to align nursing compensation internally across all of its offices and programs. Nurse pay was inconsistent across the former agencies and aligning pay across BHDD will support nurse retention. An example of an inconsistency is that one former agency hired all nurses at an entry-level compensation range, even if they had many years of nursing experience prior to joining that agency. BHDD faces challenges in hiring these critical positions and now hires nurses at a compensation range that is in line with their total work experience. Salary alignment will help BHDD ensure nurses are paid equitably across the agency, having a positive impact on our ability to provide quality care. **A&M Report Recommendations - $2,389,725** In 2025, BHDD contracted with a consulting firm that has expertise on Intermediate Care Facilities (ICFs) to conduct a comprehensive risk assessment and review of BHDD's five Regional Centers which are licensed as ICFs. The consulting firm's assessment included observations, policy reviews, interviews, and engagement of BHDD personnel, and individuals served by the agency and their families. Their final recommendations included enhancing wraparound transitional supports and establishing a central team composed of positions that enhance clinical services. This request is for funding to hire those positions, including a Chief Behavior Analyst, as well as Board Certified Behavior Analysts and Registered Behavior Technicians at three of BHDD's ICFs. Additionally, BHDD seeks to field a clinical team made up of a behavioral analyst, mental health professional, and nurse who will provide additional support for individuals transitioning from ICFs into a more appropriate level of care and for community providers to support individuals within their homes. The addition of these positions will increase success supporting individuals served by BHDD whether in a facility or in their 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 Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	**2**

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	**Court Ordered Behavioral Health Services**

Provide a brief, descriptive title for this request.

AMOUNT	**General: $4,773,063** **Federal: $0** **Other: $0** **Total: $4,773,063**

What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	**0.00**

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
X	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
X	HR/Personnel Related
	AI Related
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS	Working collaboratively, BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-determined life. The requested funds will allow for expanded access to services for every South Carolinian; strengthen coordination, alignment, and accountability across the agency; ensure a sustainable system; and promote the highest standard of care for individuals served by BHDD.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

	BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-

RECIPIENTS OF FUNDS	determined life. These services are provided by the agency and by contracted providers. Through service rate increases for providers, competitive grant application processes, and funds expended by BHDD, these funds would be used to ensure system-wide coordination and access to quality care. The primary recipient of the funds would be BHDD and the BHDD's contractor(s).

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	**Forensic Inpatient Services - $4,773,063** BHDD provides forensic services for the state, which are critical to ensuring efficiency in the criminal justice system, playing a vital role in community safety and criminal prosecution. Once a defendant is hospitalized in BHDD's forensic inpatient program, the agency may not release the defendant to community care without approval of the Chief Administrative Judge [SC Code Ann. 172440(c)]. Demand for forensic inpatient services, as well as costs for these services, continue to increase annually and BHDD has been under court monitoring of its forensic service delays for over 20 years. This funding request would allow 20 additional inpatient beds, including their contracted costs, which will be utilized in BHDD's forensic unit. It also encompasses two additional FTEs, one psychiatrist and one social worker, to support forensic inpatient services. The addition of these beds would allow BHDD to serve 60 more individuals annually, while reducing the waitlist to 90 or fewer individuals from its current level of 150 individuals. It would also allow the wait time for forensic inpatient services to reduce from 8 months to approximately 4 months after a year. Demand for competency evaluations and competency restoration services, as well as costs for these services, also continue to increase. This funding request would allow BHDD to hire 7.5 additional FTEs to sustain and grow its jail-based restoration and forensic diversion program, including 4 mental health professionals, 2 psychologists, 1 psychiatrist, and 1 part-time legal consultant. Fulfilment of this request would allow BHDD to provide competency evaluation and restoration services for approximately 45 more individuals a year, reducing the current waitlist for these services to 100 or fewer individuals. It would also reduce the waiting time for competency evaluation and restoration services from 8 months to approximately 5 months after a year. Orders for all forensic services have increased 10% since 2023. The growing waitlist significantly delays criminal prosecutions and criminal case resolution. In total, these funds would allow BHDD to provide forensic services to approximately 100 more individuals annually and reduce the wait time for forensic services by an estimated 50% or more.

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 Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

3

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Increase Community Capacity

Provide a brief, descriptive title for this request.

AMOUNT

General: $4,067,000

Federal: $0

Other: $0

Total: $4,067,000

What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
X	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
X	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
X	HR/Personnel Related
	AI Related
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Working collaboratively, BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-determined life. The requested funds will allow for expanded access to services for every South Carolinian; strengthen coordination, alignment, and accountability across the agency; ensure a sustainable system; and promote the highest standard of care for individuals served by BHDD.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-

RECIPIENTS OF FUNDS	determined life. These services are provided by the agency and by contracted providers. Through service rate increases for providers, competitive grant application processes, and funds expended by BHDD, these funds would be used to ensure system-wide coordination and access to quality care. The primary recipient of the funds would be BHDD and the BHDD's contractor(s).

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	**ADA Compliance Agreement - $1,067,000** This request will allow BHDD to expand its Mobile Crisis teams and permanent supportive housing program, which are critical community mental health resources that allow individuals to stay in their communities. Mobile Crisis teams are an integral part of South Carolina's Crisis Care Continuum and respond statewide to individuals who may be in a behavioral health crisis. Mobile Crisis teams of two, comprised of at least one Masters-prepared clinician and a second clinician or peer support specialist in select areas, respond in tandem with law enforcement to provide de-escalation, crisis intervention, assessment, and referrals as needed to facilitate getting the individual in crisis connected to the least restrictive, appropriate care. This recurring request would fund eight mental health professional FTEs, allowing BHDD to add four additional Mobile Crisis teams around the state that would serve Chesterfield, Marlboro, Dillon, Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, Saluda, Florence, Darlington, Marion, Orangeburg, Bamberg, and Calhoun counties. Expanding the number of Mobile Crisis teams in the state allows for a faster response time to behavioral health crises, and the ability to respond to simultaneous calls. In calendar year 2025 Mobile Crisis deployed 4,875 times for on-site responses, a 9% increase from calendar year 2024, with an average response time of 46 minutes which is 14 minutes faster than the 60-minute national standard. 69% of on-scene interactions successfully diverted individuals from emergency departments, jails, and hospitals. The permanent supportive housing program provides rental assistance for patients with serious mental illness who meet financial need requirements and have the ability and desire to live independently. Supportive housing is a proven and cost-effective solution that provides affordable housing combined with supportive services and promotes long-term stability for BHDD's most vulnerable patients. Each BHDD Community Mental Health Center provides rental assistance for patients in their respective service areas. The total statewide program capacity is currently 309 housing units. This year's request for $250,000 in recurring funds will allow BHDD to house an estimated additional 31 individual and family households. **Community Bed Days - $3,000,000** This recurring request would allow BHDD to fully fund its hospital bed program that pays for uninsured, involuntarily committed psychiatric patients' stays for up to 8 days in community hospitals at a negotiated rate of $600 per day, which is less than the Medicaid rate of $800 per day. The program pays community hospitals statewide that are on BHDD's qualified provider list. The goal of the program is to secure a hospital bed for patients closest to their community, which is a benefit to the patient and ensures they receive access to appropriate care more quickly. Without this program, patients would be stuck in emergency departments for longer periods of time. This program benefits crowded emergency departments by allowing them to move psychiatric patients to an appropriate level of care quicker and increases their capacity to serve other patients. In FY25, 1,355 admissions were approved for a total of 9,141 bed days at a cost of $5.5 million. In FY26, 1,543 admissions were approved for a total of 10,317 bed days for a total of $6.4 million. Total admissions grew significantly, 13.9%, from FY25 to FY26. The average length of stay remained relatively stable at around 6.7 days for both fiscal years, and well within the cap of up to 8 days per patient. The current amount of funding that BHDD receives to pay for these beds runs out around February every year, and fulfilment of this request would allow BHDD to pay for patients through the end of the fiscal year.

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 Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	**5**

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	**SC Center of Excellence in Addiction**

Provide a brief, descriptive title for this request.

AMOUNT	**General: $1,000,000** **Federal: $0** **Other: $0** **Total: $1,000,000**

What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	**0.00**

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
X	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	HR/Personnel Related
	AI Related
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Working collaboratively, BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-determined life. The requested funds will allow for expanded access to services for every South Carolinian; strengthen coordination, alignment, and accountability across the agency; ensure a sustainable system; and promote the highest standard of care for individuals served by BHDD.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-

RECIPIENTS OF FUNDS	determined life. These services are provided by the agency and by contracted providers. Through service rate increases for providers, competitive grant application processes, and funds expended by BHDD, these funds would be used to ensure system-wide coordination and access to quality care. The primary recipient of the funds would be BHDD and the BHDD's contractor(s).

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	**South Carolina Center of Excellence in Addiction - $1,000,000** The SC Center of Excellence in Addiction ("the Center") is a collaborative of BHDD, SC Department of Public Health, the Medical University of South Carolina, the University of South Carolina, and Clemson University, created at the direction of Proviso 34.32. The Center was established to centralize and more efficiently apply expertise and resources for research, training, program implementation, and service delivery support addressing substance use and behavioral health issues. Over the past three years, the Center has leveraged the experience of its behavioral health experts to provide over 500 instances of technical assistance, over 150 educational trainings, and annual data profiles for each county in South Carolina. Recently, the Center has drawn on clinical and administrative knowledge to assist BHDD in reimagining protocols for the treatment of co-occurring behavioral health disorders that will streamline services, improve patient outcomes, and decrease state expenditures for treatment. The Center originally received $2 million in nonrecurring funds to establish the Center and cover staff time through contractual agreements with its partners and is now seeking funds for base operational costs to sustain it, ensuring ongoing collaboration of the State's research institutions and agencies. Through collaboration of its partners, the Center has brought in an over $20 million return on investment in federal grants to South Carolina. If allocated, the Center will continue to offer statewide support for evidence-based practices and strategies to address substance use and mental disorders.

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 Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

7

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Information Technology

Provide a brief, descriptive title for this request.

AMOUNT

General: $1,000,000

Federal: $0

Other: $0

Total: $1,000,000

What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
X	IT Technology/Security related
	HR/Personnel Related
	AI Related
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Working collaboratively, BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-determined life. The requested funds will allow for expanded access to services for every South Carolinian; strengthen coordination, alignment, and accountability across the agency; ensure a sustainable system; and promote the highest standard of care for individuals served by BHDD.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-

RECIPIENTS OF FUNDS	determined life. These services are provided by the agency and by contracted providers. Through service rate increases for providers, competitive grant application processes, and funds expended by BHDD, these funds would be used to ensure system-wide coordination and access to quality care. The primary recipient of the funds would be BHDD and the BHDD's contractor(s).

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	**Increase to IT Recurring Funds - $1,000,000** This $1 million recurring request would complete the $10 million amount requested in FY26–27 to cover the new shared services model with the Department of Administration, of which $9 million was provided. This funding will support continued modernization and consolidation of statewide network and server infrastructure and the ongoing technology services needed to maintain reliable connectivity, strengthen cybersecurity, and support clinical care and agency operations.

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 Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	**8**

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	**Security / Surveillance Infrastructure**

Provide a brief, descriptive title for this request.

AMOUNT	**General: $405,000** **Federal: $0** **Other: $0** **Total: $405,000**

What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	**0.00**

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
X	IT Technology/Security related
	HR/Personnel Related
	AI Related
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS	Working collaboratively, BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-determined life. The requested funds will allow for expanded access to services for every South Carolinian; strengthen coordination, alignment, and accountability across the agency; ensure a sustainable system; and promote the highest standard of care for individuals served by BHDD.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

	BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-

RECIPIENTS OF FUNDS	determined life. These services are provided by the agency and by contracted providers. Through service rate increases for providers, competitive grant application processes, and funds expended by BHDD, these funds would be used to ensure system-wide coordination and access to quality care. The primary recipient of the funds would be BHDD and the BHDD's contractor(s).

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	**Recurring Maintenance for Security - $405,000** Patient and staff safety at BHDD's state-operated and contracted facilities are one of the agency's highest priorities. This recurring request is related to a capital request of $18 million for modernization of BHDD's security systems at its inpatient facilities and would allow for continued maintenance and support by the vendor. Following a review of BHDD's ability to surveil its state-operated facilities, it was determined that the current environment no longer meets optimal operational standards. Updated security and surveillance systems will ensure safety of the individuals served by the agency and its staff. Currently many access points have key entry access instead of badge swipe access, which can lengthen the time it takes to respond to incidents in those buildings. Additional cameras installed across BHDD's facilities enable staff to better monitor individuals being served, as well as provides records of events that can be reviewed when necessary. Upgrading BHDD's security will allow for improved privacy and the ability to provide appropriate care more quickly.

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 Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

10

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

SVP & Recovery Solutions

Provide a brief, descriptive title for this request.

AMOUNT

General: $2,750,114

Federal: $0

Other: $0

Total: $2,750,114

What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	HR/Personnel Related
	AI Related
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Working collaboratively, BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-determined life. The requested funds will allow for expanded access to services for every South Carolinian; strengthen coordination, alignment, and accountability across the agency; ensure a sustainable system; and promote the highest standard of care for individuals served by BHDD.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-

RECIPIENTS OF FUNDS	determined life. These services are provided by the agency and by contracted providers. Through service rate increases for providers, competitive grant application processes, and funds expended by BHDD, these funds would be used to ensure system-wide coordination and access to quality care. The primary recipient of the funds would be BHDD and the BHDD's contractor(s).

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	**Sexually Violent Predator Treatment Program and Recovery Solutions (CPI Adjustment) - $2,750,114** BHDD contracts with an independent vendor that provides all required treatment and operational services for the Sexually Violent Predator (SVP) Treatment Program with the agency providing oversight. The vendor also provides partial services for BHDD's forensic operations including nursing, security, physical plant, and nutrition for forensic patients. The SVP Act in the South Carolina Code of Laws Section 44, Chapter 48 establishes that individuals confined under the Act are committed to the SVP program, and there continues to be an increase in both commitments and referrals for evaluations for potential commitment. There are strict evaluation timelines that must be met per the statute. Contractually BHDD is required to ask for an increase for these services based on the South Urban Medical Care Consumer Price Index each year.

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 Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY

4

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Residential Habilitation Housing Grant Funds

Provide a brief, descriptive title for this request.

AMOUNT

$3,000,000

What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
X	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	AI Related
	HR/Personnel Related
	Request for Non-Recurring Appropriations
	Request for Federal/Other Authorization to spend existing funding
	Related to a Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Working collaboratively, BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-determined life. The requested funds will allow for expanded access to services for every South Carolinian; strengthen coordination, alignment, and accountability across the agency; ensure a sustainable system; and promote the highest standard of care for individuals served by BHDD.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-determined life. These services are provided by the agency and by contracted providers. Through service rate increases for providers, competitive grant application processes, and funds expended by BHDD, these funds would be used to ensure system-wide coordination and access to quality care. The primary recipient of the funds would be BHDD and the BHDD's contractor(s).

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	**Residential Habilitation Housing Grant Funds - $3,000,000** BHDD will use these funds to develop a grant program for its residential habilitation contracted providers to make capital improvements to properties used to serve individuals with intellectual and developmental disabilities. These grants will allow for expanded access to community-based placement and ensure the properties are fit for use. This program will increase community-based support and integration statewide. This investment will increase capacity by approximately 80 beds across the state. The current waitlist for residential habilitation is 244.

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 Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY

9

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Infrastructure and Maintenance

Provide a brief, descriptive title for this request.

AMOUNT

$2,160,000

What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	AI Related
	HR/Personnel Related
	Request for Non-Recurring Appropriations
	Request for Federal/Other Authorization to spend existing funding
	Related to a Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Working collaboratively, BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-determined life. The requested funds will allow for expanded access to services for every South Carolinian; strengthen coordination, alignment, and accountability across the agency; ensure a sustainable system; and promote the highest standard of care for individuals served by BHDD.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

BHDD leads a statewide continuum of behavioral health care and specialized disability services so that every South Carolinian has the opportunity for a full and self-determined life. These services are provided by the agency and by contracted providers. Through service rate increases for providers, competitive grant application processes, and funds expended by BHDD, these funds would be used to ensure system-wide coordination and access to quality care. The primary recipient of the funds would be BHDD and the BHDD's contractor(s).

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	**BHDD Signage - $2,160,000** BHDD currently supports over 300 buildings statewide. At least 60 of these buildings still require updated signage to reflect the name of the new agency. This request will fund the remaining signage and ensure consistent branding across the state.

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 Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	6

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Security / Surveillance Infrastructure

Provide a brief, descriptive title for this request.

AMOUNT	$18,000,000

How much is requested for this project in FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.

CPIP PRIORITY	Not applicable

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.

OTHER APPROVALS	JBRC and SFAA approval is required for this project

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.)

LONG-TERM PLANNING AND SUSTAINABILITY	All funds shall be from the agency Deferred Maintenance Fund. There will be an expected savings impact on the Operating fund, including maintenance and utility costs.

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?

	Patient and staff safety at BHDD's state-operated and contracted facilities are one of the agency's highest priorities. This capital request is related to a recurring request of $405,000. It would allow for modernization of BHDD's security systems and would allow for complete migration from BHDD's current, outdated systems. This upgrade would include swipe badges for all secure doors and new cameras across BHDD. Following a review of the agency's ability to surveil its state-operated facilities, it was determined that the current environment no longer meets optimal operational standards. Updated security and surveillance systems will ensure safety of the individuals served by the agency and its staff. Currently many access points have key entry access instead of badge swipe access, which can lengthen the time it takes to respond to incidents in those buildings. This request also funds additional cameras installed across BHDD's facilities so that staff can better monitor individuals being served, as well as provide records of events that can be reviewed when necessary. Upgrading BHDD's security will allow for improved privacy and the ability to provide appropriate care more quickly.

SUMMARY

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 Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	34.1
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	BHDD: Patient Fee Account
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Not applicable
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	Not applicable
	Is this request associated with a budget request you have submitted for FY 2027-2028? If so, cite it here.
REQUESTED ACTION	Amend
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	Not applicable
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	Amend the Patient Fee Account proviso to replace OMH with BHDD.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

Not applicable

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT

(BHDD: Patient Fee Account) The ~~Office of Mental Health~~ *Department of Behavioral Health and Development Disabilities* is hereby authorized to retain and expend its Patient Fee Account funds. In addition to funds collected for the maintenance and medical care for patients' Medicare benefits and funds collected by the department from its veteran facilities shall be considered as patient fees. The office is authorized to expend these funds for departmental operations, for capital improvements and debt service under the provisions of Act 1276 of 1970, and for the cost of patients' Medicare Part B premiums. The office shall remit $290,963 to the General Fund, $400,000 to the Continuum of Care, $50,000 to the Alliance for the Mentally Ill, and $250,000 to S.C. Share Self Help Association Regarding Emotions.(BHDD: Patient Fee Account) The ~~Office of Mental Health~~ *Department of Behavioral Health and Development Disabilities* is hereby authorized to retain and expend its Patient Fee Account funds. In addition to funds collected for the maintenance and medical care for patients' Medicare benefits and funds collected by the department from its veteran facilities shall be considered as patient fees. The office is authorized to expend these funds for departmental operations, for capital improvements and debt service under the provisions of Act 1276 of 1970, and for the cost of patients' Medicare Part B premiums. The office shall remit $290,963 to the General Fund, $400,000 to the Continuum of Care, $50,000 to the Alliance for the Mentally Ill, and $250,000 to S.C. Share Self Help Association Regarding Emotions.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Department of Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	34.15
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	BHDD: Sale of Excess Real Property
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Not applicable
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	Not applicable
	Is this request associated with a budget request you have submitted for FY 2027-2028? If so, cite it here.
REQUESTED ACTION	Amend
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	Not applicable
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	Amend the Sale of Excess Real Property proviso to replace OIDD with BHDD.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

Not applicable

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT

(BHDD: Sale of Excess Real Property) The ~~Office of Intellectual and Developmental Disabilities~~ *Department of Behavioral Health and Development Disabilities* is authorized to retain revenues associated with the sale of excess real property owned by, under the control of, or assigned to the office and may expend these funds as grants to purchase or build community residences and day program facilities for the individuals the office serves. The office shall follow all the policies and procedures of the Department of Administration or State Fiscal Accountability Authority and the Joint Bond Review Committee.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Department of Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	34.6
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	BHDD: Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Not applicable
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	Not applicable
	Is this request associated with a budget request you have submitted for FY 2027-2028? If so, cite it here.
REQUESTED ACTION	Amend
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	Not applicable
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	Amend the Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance proviso to replace OMH with BHDD.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

None

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT

(BHDD: Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance) The ~~Office of Mental Health~~ *Department of Behavioral Health and Development Disabilities* is authorized to establish an interest bearing fund with the State Treasurer to deposit funds for deferred maintenance and other one-time funds from any source. The office is also authorized to retain and deposit into the fund proceeds from the sale of excess real property owned by, under the control of, or assigned to the office. After receiving any required approvals, the office is authorized to expend these funds for the purpose of deferred maintenance, capital projects, and ordinary repair and maintenance. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Department of Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	NEW
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	Provider Bonus exemption of current bonus cap / state regulations
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Not applicable
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	Not applicable
	Is this request associated with a budget request you have submitted for FY 2027-2028? If so, cite it here.
REQUESTED ACTION	Add
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	Not applicable
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	New proviso to authorize larger healthcare provider bonuses.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

Not applicable

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT

(BHDD: Provider Bonus) The Department of Behavioral Health and Development Disabilities is authorized to provide bonuses in excess of current state limits to healthcare providers who meet established benchmarks set by BHDD. Funds to cover this bonus program would be paid through revenue generating activities by BHDD.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Department of Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	NEW
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	OIDD Residential Habilitation Housing Grant Funds
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Not applicable
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	4. Residential Habilitation Housing Grant Funds
	Is this request associated with a budget request you have submitted for FY 2027-2028? If so, cite it here.
REQUESTED ACTION	Add
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	None
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	New proviso to authorize a Residential Habilitation Housing grant program.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

Not applicable

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT

(BHDD: Residential Habilitation Housing) The Department of Behavioral Health and Development Disabilities is authorized to establish a grant program for its residential habilitation contracted providers to make capital improvements to properties used to serve individuals with intellectual and developmental disabilities. These grants will allow for expanded access to community-based placement and ensure the properties are fit for use. This program will increase community-based support and integration statewide.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Department of Behavioral Health & Developmental Disabilities		
Agency Code:	J080	Section:	34

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

TITLE	General Fund Reduction Contingency Plan
AMOUNT	$16,072,548 *What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*
ASSOCIATED FTE REDUCTIONS	218 Max *How many FTEs would be reduced in association with this General Fund reduction?*
PROGRAM / ACTIVITY IMPACT	With the critical mission of BHDD, the agency cannot tolerate a reduction in funding to current programs throughout the state. This reduction plan would limit the impact to programs to ensure that the current level of support is still provided. However, growth in our programs to provide additional clinical care would be impacted. *What programs or activities are supported by the General Funds identified?*
SUMMARY	BHDD currently has 607 vacancies as of September 2026 in its state-funded positions. To meet the 3% reduction, BHDD would eliminate 218 positions to meet this requirement (an average of $74,000 per position including salary and fringe). Before reductions were initiated, efforts would be made to evaluate and maximize revenue to reduce the overall positions that would be impacted. This effort would prioritize reductions in administrative positions before affecting clinical positions.

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

NA

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?