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|--------------|-----------------------------|----------|----|
| Agency Name: | Department Of Mental Health | | |
| Agency Code: | J120 | Section: | 35 |



Fiscal Year FY 2022-2023

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

**OPERATING
REQUESTS**
(FORM B1)

| | |
|---|---|
| For FY 2022-2023, my agency is (mark "X"): | |
| <input checked="" type="checkbox"/> | Requesting General Fund Appropriations. |
| <input checked="" type="checkbox"/> | Requesting Federal/Other Authorization. |
| <input type="checkbox"/> | Not requesting any changes. |

**NON-RECURRING
REQUESTS**
(FORM B2)

| | |
|---|---|
| For FY 2022-2023, my agency is (mark "X"): | |
| <input type="checkbox"/> | Requesting Non-Recurring Appropriations. |
| <input type="checkbox"/> | Requesting Non-Recurring Federal/Other Authorization. |
| <input checked="" type="checkbox"/> | Not requesting any changes. |

**CAPITAL
REQUESTS**
(FORM C)

| | |
|---|--|
| For FY 2022-2023, 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 2022-2023, my agency is (mark "X"): | |
| <input checked="" 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 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: | Kenneth Rogers | (803) 898-8319 | kenneth.rogers@scdmh.org |
| SECONDARY CONTACT: | Paul Morris | (803) 898-7659 | paul.morris@scdmh.org |

I have reviewed and approved the enclosed FY 2022-2023 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

| | <u>Agency Director</u> | <u>Board or Commission Chair</u> |
|-------------------------|------------------------|----------------------------------|
| SIGN/DATE: | | |
| TYPE/PRINT NAME: | | |

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

| | |
|--------------|-----------------------------|
| Agency Name: | Department Of Mental Health |
| Agency Code: | J120 |
| Section: | 35 |

| BUDGET REQUESTS | | | FUNDING | | | | | FTES | | | | |
|-----------------|----------------|---|------------|---------|-----------|------------|------------|-------|---------|-----------|------------|-------|
| Priority | Request Type | Request Title | State | Federal | Earmarked | Restricted | Total | State | Federal | Earmarked | Restricted | Total |
| 1 | B1 - Recurring | Workforce Recruitment and Retention for Division of Inpatient Services Clinical Areas | 8,942,635 | 0 | 0 | 0 | 8,942,635 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | B1 - Recurring | Sexually Violent Predator Treatment Program (SVPTP) | 1,353,530 | 0 | 0 | 0 | 1,353,530 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3 | B1 - Recurring | State Veterans Nursing Homes | 4,259,334 | 0 | 0 | 0 | 4,259,334 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | B1 - Recurring | Psychiatric Hospitals and Other Facilities | 5,355,681 | 0 | 0 | 0 | 5,355,681 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5 | B1 - Recurring | Workforce Community Mental Health Centers | 11,004,232 | 0 | 0 | 0 | 11,004,232 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6 | B1 - Recurring | Suicide Crisis Hotline | 5,500,000 | 0 | 0 | 0 | 5,500,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | B1 - Recurring | Recurring Proviso 118.18 Funding | 14,843,000 | 0 | 0 | 0 | 14,843,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 8 | B1 - Recurring | Homeshare Stipend Increase | 200,000 | 0 | 0 | 0 | 200,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | B1 - Recurring | Community Residential Care Facility Daily Bed Rate Increase | 300,000 | 0 | 0 | 0 | 300,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | B1 - Recurring | Crisis Stabilization Units (CSUs) | 9,650,000 | 0 | 0 | 0 | 9,650,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | B1 - Recurring | Embedding Clinicians in Law Enforcement | 2,015,000 | 0 | 0 | 0 | 2,015,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12 | B1 - Recurring | School Mental Health | 750,000 | 0 | 0 | 0 | 750,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13 | B1 - Recurring | Workforce Administrative and Support Services | 1,454,225 | 0 | 0 | 0 | 1,454,225 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 14 | B1 - Recurring | Recurring Funds Requests for Administrative and Support Services | 5,617,125 | 0 | 0 | 0 | 5,617,125 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 15 | B1 - Recurring | Insurance Premium Increase | 1,000,000 | 0 | 0 | 0 | 1,000,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | | | | | | | | | | |
|----|----------------|--|------------|---|---|---|------------|------|------|------|------|------|
| 16 | B1 - Recurring | Appointed Civil Commitment Proceedings Counsel | 200,000 | 0 | 0 | 0 | 200,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 17 | B1 - Recurring | Emergency Telepsychiatry | 250,000 | 0 | 0 | 0 | 250,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 18 | C - Capital | Spartanburg Area Mental Health Center Lobby Renovation | 250,000 | 0 | 0 | 0 | 250,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 19 | C - Capital | Florence Mental Health Clinic Boiler and Chiller Replacement | 575,000 | 0 | 0 | 0 | 575,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | C - Capital | Aiken-Barnwell Mental Health Center HVAC Replacement | 350,000 | 0 | 0 | 0 | 350,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 21 | 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 |
| 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 | Columbia Area Mental Health Center Construction Phase III | 8,050,000 | 0 | 0 | 0 | 8,050,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 24 | C - Capital | Crafts Farrow Campus Road, Parking Lot Repairs and Pavement | 1,400,000 | 0 | 0 | 0 | 1,400,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | C - Capital | Morris Village Infirmary Renovations | 750,000 | 0 | 0 | 0 | 750,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 26 | C - Capital | Roddey Pavilion Nursing Home Floor Replacement | 1,000,000 | 0 | 0 | 0 | 1,000,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 27 | C - Capital | Crafts Farrow Campus Demolition of Four Vacant Buildings | 2,000,000 | 0 | 0 | 0 | 2,000,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 28 | C - Capital | Morris Village Nursing Station Renovations | 450,000 | 0 | 0 | 0 | 450,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 29 | C - Capital | Bryan Guardhouse Construction | 450,000 | 0 | 0 | 0 | 450,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 30 | C - Capital | Crafts-Farrow State Hospital Guardhouse Generator | 150,000 | 0 | 0 | 0 | 150,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | C - Capital | Charleston Building Purchase | 8,000,000 | 0 | 0 | 0 | 8,000,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 32 | C - Capital | Bryan Modular Building Purchase | 1,000,000 | 0 | 0 | 0 | 1,000,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 33 | C - | Stone VA Nursing | 500,000 | 0 | 0 | 0 | 500,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | | | | | | | | | | |
|--------|----------------|---|-------------|------------|---|---|-------------|------|-------|--------|------|------|
| | Capital | Home HVAC Improvements | | | | | | | | | | |
| 34 | C - Capital | Roddey Support Building HVAC Replacement | 350,000 | 0 | 0 | 0 | 350,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 35 | C - Capital | Columbia Area Fire Alarm Replacements | 750,000 | 0 | 0 | 0 | 750,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 36 | C - Capital | Harris Hospital Utility Building Emergency Generator Install | 1,000,000 | 0 | 0 | 0 | 1,000,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 37 | C - Capital | Crafts-Farrow State Hospital Vehicle Management Garage Improvements | 250,000 | 0 | 0 | 0 | 250,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 38 | C - Capital | Gaffney Mental Health Center Interior Redesign | 350,000 | 0 | 0 | 0 | 350,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 39 | C - Capital | Community Mental Health HVAC Replacement Phase II | 2,219,280 | 0 | 0 | 0 | 2,219,280 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 40 | C - Capital | Community Mental Health Roof Replacement Phase II | 630,699 | 0 | 0 | 0 | 630,699 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 41 | C - Capital | Crafts-Farrow Columbia Area Fire Alarm Replacements | 750,000 | 0 | 0 | 0 | 750,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 42 | C - Capital | Roddey Domestic and HVAC Piping and Flooring Phase III | 1,200,000 | 0 | 0 | 0 | 1,200,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 43 | C - Capital | Crafts-Farrow Building 17, Public Safety Renovation | 1,680,000 | 0 | 0 | 0 | 1,680,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 44 | C - Capital | Veterans Victory House Whole Facility Generator | 1,500,000 | 0 | 0 | 0 | 1,500,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 45 | C - Capital | Crafts-Farrow Fisher Auditorium Improvements | 250,000 | 0 | 0 | 0 | 250,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 46 | B1 - Recurring | Increase in Federal Authorization | 0 | 11,874,734 | 0 | 0 | 11,874,734 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 47 | B1 - Recurring | Increase Federal FTEs by Transferring Earmark FTEs | 0 | 0 | 0 | 0 | 0 | 0.00 | 42.00 | -42.00 | 0.00 | 0.00 |
| 48 | C - Capital | State Nursing Home Construction (Orangeburg) | 30,600,000 | 0 | 0 | 0 | 30,600,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTALS | | | 164,009,741 | 11,874,734 | 0 | 0 | 175,884,475 | 0.00 | 42.00 | -42.00 | 0.00 | 0.00 |

| | | | |
|--------------|-----------------------------|----------|----|
| Agency Name: | Department Of Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM B1 – RECURRING OPERATING REQUEST

| | |
|------------------------|----------|
| AGENCY PRIORITY | 1 |
|------------------------|----------|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Workforce Recruitment and Retention for Division of Inpatient Services Clinical Areas |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$8,942,635 Federal: \$0 Other: \$0 Total: \$8,942,635 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 type="checkbox"/> | Public Infrastructure and Economic Development |
| <input type="checkbox"/> | Government and Citizens | |

| | |
|--------------------------------|---|
| ACCOUNTABILITY OF FUNDS | <p>Strategy 1.1.1, 1.1.2, 1.1.3, 1.1.4, 3.1.1, and 3.1.2</p> <p>This request provides funds so SCDMH can provide quality mental health services meeting the needs of South Carolina's increasing population and maximize the use of available technology to assist staff and patients most efficiently.</p> |
|--------------------------------|---|

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 | <p>SCDMH gives priority to adults, children, and their families affected by the serious mental illnesses and significant emotional disorders. It 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</p> |
|----------------------------|--|

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?

Recruitment and Retention for DIS Clinical Areas

Nurses are vital to every function of the Division of Inpatient Services. The clinical staffing level sets the limits for the quality and the quantity of care provided to the citizens of South Carolina. Currently, battered by COVID-related hardships and an average age swiftly nearing retirement thresholds, the rapid rate of staff turnover is no longer sustainable. Even with space in its facilities, the department’s failure to retain personnel, to replace departing employees, and to recruit new workers *because of an inability to offer competitive wages* cripples services while slashing the number of people for whom the agency can adequately provide care. From April through June of 2020, COVID steered much of the workforce into telehealth nursing, with many of these individuals not returning to the traditional workforce. This adds to the strain on available resources and continues to drive the number of available and open positions higher.

◦ **Nursing Shortage**

South Carolina has the lowest number of nurses per capita of all the states. (<https://nursejournal.org/artic...>)

| | Total Nurses (2018) | State Population (2019) | Nurses per 1,000 Population |
|----------------|---------------------|-------------------------|-----------------------------|
| USA | 3,956,080 | 328,055,000 | 12.06 |
| South Carolina | 40,600 | 5,149,000 | 7.89 |

With the COVID-19 pandemic, the nation-wide shortage of nurses is now even greater.

- South Carolina currently has the highest nursing workforce shortage in the nation. The top two reasons are *retirement* and returning to *travel nursing* where a nurse can make as much as \$6,900 per week. There is a major need for nurses in South Carolina.
- According to data obtained by the South Carolina Department of Employment and Workforce, there are currently more than 8,000 job postings for registered nurses (**RNs**) in South Carolina, making it the profession with the most openings in the state.
- According to a 2018 National Sample Survey of Registered Nurses conducted by the Health Resources and Services Administration, the average age for an RN is 50 years old, which may signal a large wave of retirements over the next 15 years.
- In DIS over 146 Nurses and Nursing Assistants qualify for retirement. This is over 20% of current staff.
- The southeast region of the United States struggles with the highest turnover rates for nursing.
- Every four years, the average national hospital turns over all nursing assistants.
- First year turnover makes up about 83.3% of a hospital’s total turnover within one year of service.

COVID-19 dramatically affected the state of nursing at the South Carolina Department of Mental Health. Vacancy rates remained high, and the volume of called-in absences and non-productive time increased significantly. This required an increased focus on alternative staffing strategies such as float pool, supplemental agency use, overtime strategies, and creative scheduling.

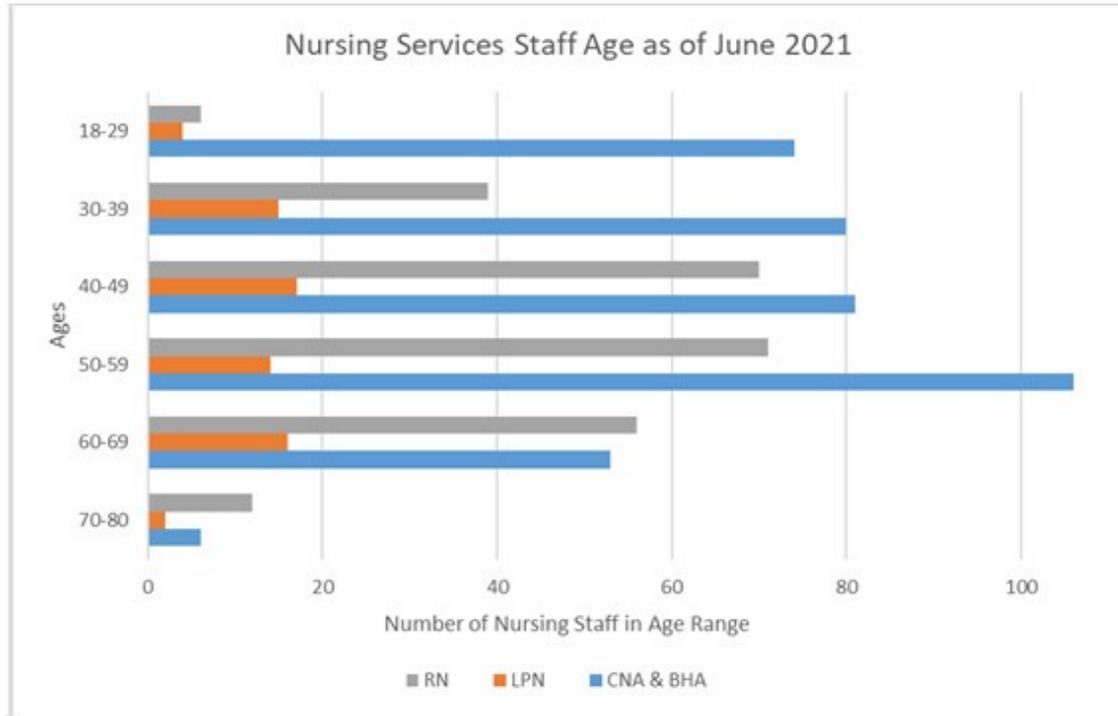
During this state of emergency, the focus is on maximizing safe staffing strategies to meet patient needs and regulatory requirements.

Since March 2020, staff has faced challenges with fearing contracting COVID-19, having an adequate supply of personal protective equipment (PPE), and making the difficult choice of working while caring for children or sick loved ones versus not working at all. Decreasing density at the inpatient or clinical setting often left nursing staff carrying the burden of care. Residents are in a hospital and long term care setting for twenty-four hours a day, seven days a week receiving nursing care. When DIS had to open COVID units to support positive COVID patients/residents with no notice, nursing staff had to work harder, either through laboring overtime or through using the float pool or administrative staff. As a result, many left. Separations are up and new hires are down because of the limited supply of nursing staff in the Columbia and Anderson markets. This reduced the overall amount of relief, requiring the use of overtime to meet regulatory requirements. The facilities are mandated a minimum staffing requirement per SC DHEC, US Centers for Medicare and Medicaid Services, The Joint Commission, and Commission on Accreditation of Rehabilitation Facilities. These requirements also lead to the closure of units from staffing limitations and the adjustments demanded by adjusting to COVID protocols, resulting in increased wait times for patients needing inpatient services.

◦ **Age of Workforce**

The average age of staff continues to increase. In nursing, this high average age is hazardous to a consistent workforce, especially comparing the percentage of new nurses entering DMH to retirement eligible nursing staff.

The DMH average age for registered nurses (RNs) is **51**, for licensed practical nurse (LPNs) is **49**, and for certified nursing assistants (CNAs) and behavior health associate (BHAs) is **44**.



◦ **Turnover**

The South Carolina Legislative Oversight Committee released a 2020 study illustrating the historical challenges of staffing turnover.

| Organizational Unit and Description | Fiscal Year | Average Number of Employees | Turnover Rate |
|--|-------------|-----------------------------|---------------|
| Inpatient Mental Health Services delivered in a hospital setting for adult and child Patients whose conditions are severe enough that they are not able to be treated in the community. | 2015-16 | 976.0 | 25.10% |
| | 2016-17 | 924.0 | 35.50% |
| | 2017-18 | 866.0 | 32.22% |

(<https://www.scstatehouse.gov/C...>)

Our internal data shows FY21’s turnover rate, 33.29%, is consistent with the percentages reported by the committee.

These turnovers led to vast nursing vacancies in the facilities.

Vacancies as of 6/30/21

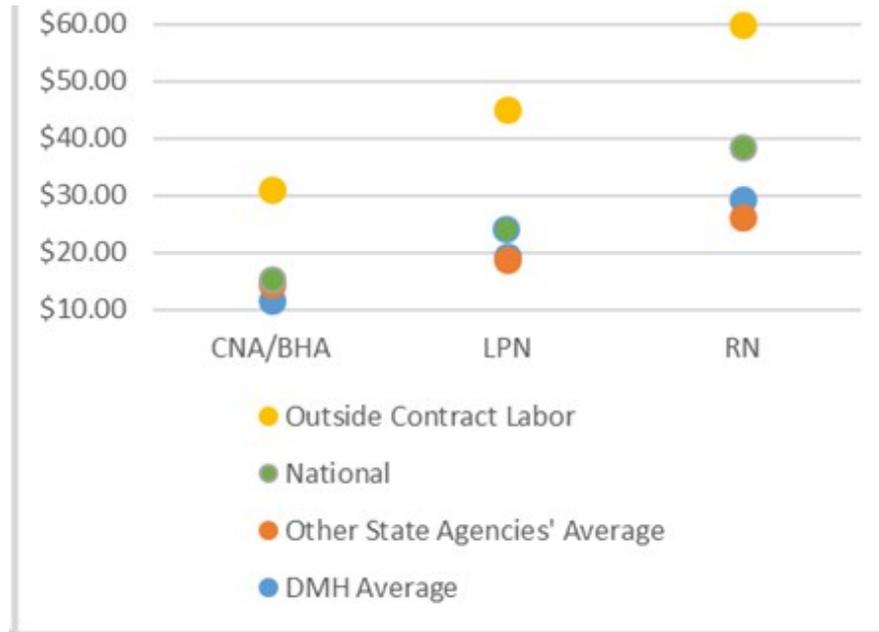
| | RN Vacancies | LPN Vacancies | CNA & BHA Vacancies |
|-----------------------|--------------|---------------|---------------------|
| Morris Village | 42% | 88% | 32% |
| WSHPI | 62% | - | 58% |
| Harris | 26% | 55% | 40% |
| Stone | 61% | 38% | 63% |
| Roddey | 29% | 61% | 54% |
| BPH | 59% | 69% | 40% |
| DIS Float Pool | 75% | 100% | 43% |
| Totals | 46% | 65% | 33% |

◦ **Salary Gap**

This total workforce request of \$8,942,635 includes benefits. For current clinical staff, the gap to the national competitive market is \$8.8 million, and for non-clinical staff, the gap to the regional

market is \$134,000. Note the impact outside contract labor is having on the industry. Rates paid to agencies are significantly more than DMH's hourly rate, even accounting for federal FICA withholdings and other employment costs. The main driver of these higher rates is the clinician regional market exporting labor to other states willing to pay higher outside contract labor rates.

Market Impact



◦ **Census**

Comparing pre-COVID (2019) to current (2021) census numbers shows the effect of the pandemic. This is partly because of a reduction of available beds and partly because of a reduction of healthcare workers. All facilities experienced a census decrease. The FYE 2023 budget forecast shows the strain the increasing number of patients puts on current occupancy. The projected occupancy is 92.5% of operational beds. The severe staffing shortage is limiting the number of active beds DMH can operate.

Forensics (**BPHFOR**) is a psychiatric facility providing inpatient care to those mandated for treatment through the criminal justice system.

SVPTP (**SVP**) is a secure residential treatment facility for civilly committed sexually violent predators.

Campbell (**CNCC**) is a long term care facility that serves qualified veterans.

Victory (**VVH**) is a long term care facility that serves qualified veterans.

Roddey (**TCROD**) is a long term care facility that services the general public.

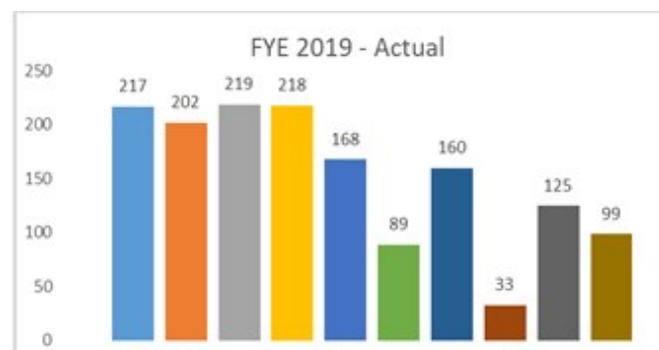
Stone (**TNCC**) is a long term care facility that serves qualified veterans.

Bryan Adult hospital (**BPHAP**) is an acute psychiatric inpatient facility specializing in mental health.

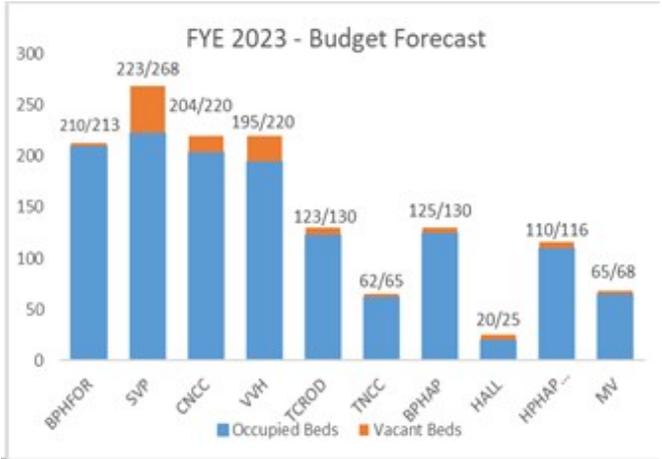
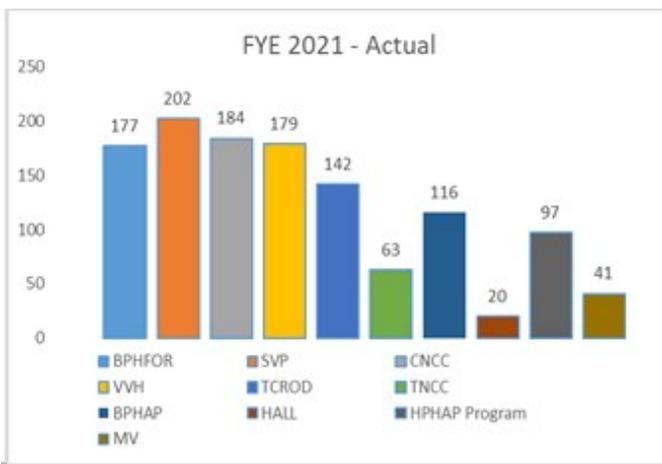
Hall Institute (**HALL**) is an acute inpatient psychiatric facility specializing in pediatric and adolescent mental health issues.

Harris hospital (**HPHAP Program**) is an acute psychiatric inpatient facility specializing in mental health.

Morris Village (**MV**) is an adult inpatient addiction treatment facility.



■ BPHFOR ■ SVP ■ CNCC
 ■ VVH ■ TCROD ■ TNCC
 ■ BPHAP ■ HALL ■ HPHAP Program
 ■ MV



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 | 2 |
|------------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Sexually Violent Predator Treatment Program (SVPTP) |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$1,353,530 Federal: \$0 Other: \$0 Total: \$1,353,530 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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"/> | 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 type="checkbox"/> | Government and Citizens | |

| | |
|--------------------------------|--|
| ACCOUNTABILITY OF FUNDS | <p>Strategy will be to provide treatment for sexually violent predators in a setting safe for patients and staff.</p> <p>P.I. To be determined based upon level of funding but will reflect current versus anticipated census.</p> <p>Increased census requires additional costs for all treatment needs from food and laundry to appropriate staff ratios. Increased funding allows for additional census as needs dictate.</p> |
|--------------------------------|--|

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 | The requested funds would be used to meet the Department's contractual obligations related to outside vendors and patients of the Department of Mental Health. |
|----------------------------|--|

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**

\$1,037,371 is the Department's contractual obligation for management services providing clinical and other support services for the State's Sexually Violent Predator Treatment Program.

- DMH projects a 4.5% increase in the average daily census based on current trends though the projected census is 2.9% below pre-COVID levels.
- With the census of the SVPTP program steadily rising, DMH requests additional funding paying for the associated contractual obligation of \$732,084.
- The contract also includes a projected South Region Medical Services Consumer Price Index (CPI) cost increase of 2.5% or \$305,287.

\$7,897 represents a projected 2.5% increase in other expenses mainly consists of contract services, utilities, and supplies.

\$308,262 supports sustainability. DMH has become reliant on some of its one-time funds to fund recurring operations, as costs have escalated without corresponding increases in appropriations or revenue. This request seeks to place DMH on a sustainable footing by replacing one-time funding which the agency will utilize in FY 22 and projects using again this year for supporting this mandated function.

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 | 3 |
|------------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|-------------------------------------|
| TITLE | State Veterans Nursing Homes |
|--------------|-------------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$4,259,334 Federal: \$0 Other: \$0 Total: \$4,259,334 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 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 | <p>Strategy 1.1.1, 1.1.2, 1.1.3, 1.1.4, 3.1.1, and 3.1.2</p> <p>This request provides funds so SCDMH can provide quality mental health services meeting the needs of South Carolina's increasing population and maximize the use of available technology to assist staff and patients most efficiently.</p> |
|--------------------------------|---|

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?

| | |
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| RECIPIENTS OF FUNDS | The requested funds would be used to meet the Department's contractual obligations related to outside vendors and patients of the Department of Mental Health. |
|----------------------------|--|

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

Richard M. Campbell State Veterans Nursing Home (Campbell)

- The FYE 2023 average daily census for both Campbell and VVH should remain flat year over year from 2022. Projected volumes are (6.7%) and (10.5%) lower than pre-COVID levels respectively.
- **\$221,548** is for maintenance of effort, representing the net increase in contract management fees for these facilities.

Veteran Village Nursing Home - Florence (VVNH)

- This new facility opens late September 2021.
- The facilities average daily census for FYE 2023 should reach 101 patients compared to the FYE 2022 projection of 86 patients. This represents an increase of 17% year over year with Case Services having the largest effect on cost.
- **\$1,984,430** is the expected increase in the contract management fee for the operations of the Department's 104-bed facility. This cost is net of expected revenues offsetting a portion of the cost.

Palmetto Patriot's Nursing Home-Gaffney (PPNH)

- This new facility opens late October 2021.
- The facilities average daily census for FYE 2023 should reach 101 patients compared to the FYE 2022 projection of 77 patients. This represents an increase of 31% year over year with Case Services having the largest impact to cost.
- **\$2,053,355** is the expected increase in the contract management fee for the operations of the Department's 104-bed facility. This cost is net of expected revenues offsetting a portion of the cost.

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

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|------------------------|---|
| AGENCY PRIORITY | 4 |
|------------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Psychiatric Hospitals and Other Facilities |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$5,355,681 Federal: \$0 Other: \$0 Total: \$5,355,681 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 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 | <p>Strategy 1.1.1, 1.1.2, 1.1.3, 1.1.4, 3.1.1, and 3.1.2</p> <p>This request provides funds so SCDMH can provide quality mental health services meeting the needs of South Carolina's increasing population and maximize the use of available technology to assist staff and patients most efficiently.</p> |
|--------------------------------|---|

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 | <p>SCDMH gives priority to adults, children, and their families affected by the serious mental illnesses and significant emotional disorders. It 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</p> |
|----------------------------|--|

the benefit of individual patients by providing needed mental health services.

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**

| DMH Facility | Replace One-Time Funding | Net Inflationary Cost | Total |
|----------------------|---------------------------------|------------------------------|--------------|
| Bryan Adult | \$ 370,720 | \$ 128,224 | \$ 498,944 |
| Hall | \$ 794,039 | \$ 27,464 | \$ 821,503 |
| Harris | \$ 2,160,845 | \$ 151,960 | \$ 2,312,805 |
| Morris Village | \$ 1,173,868 | \$ 44,549 | \$ 1,218,417 |
| Roddey | - | - | - |
| Stone | - | - | - |
| DIS Support Services | \$ 424,047 | \$ 79,965 | \$ 504,012 |
| Totals | \$ 4,923,519 | \$ 432,162 | \$ 5,355,681 |

- **\$4,923,519** supports sustainability by replacing one-time funding the agency will use in FY22 and projects to use in FY23. DMH has become reliant on one-time funds for recurring operations. Costs continue to escalate without corresponding increases in appropriations or revenue.
- **\$432,162** is for inflationary cost net of revenue increases.

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

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|------------------------|---|
| AGENCY PRIORITY | 5 |
|------------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Workforce Community Mental Health Centers |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$11,004,232 Federal: \$0 Other: \$0 Total: \$11,004,232 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 type="checkbox"/> | Public Infrastructure and Economic Development |
| <input type="checkbox"/> | Government and Citizens | |

| | |
|--------------------------------|--|
| ACCOUNTABILITY OF FUNDS | <p>S) Services will be available to people in need.</p> <p>PI) Percentage of under 18 year-old population in SC served by DMH will be within 0.1% of previous year's percentage. (Last year's number served was 29,288).</p> <p>PI) Percentage of adult population in SC served by DMH will be within 0.1% of previous year's percentage. (Last year's number served was 57,559).</p> <p>Staffing is required to maintain availability of effective services. Increasing caseloads or reducing numbers of services could impact other areas of the Department and state from inpatient to law enforcement.</p> |
|--------------------------------|--|

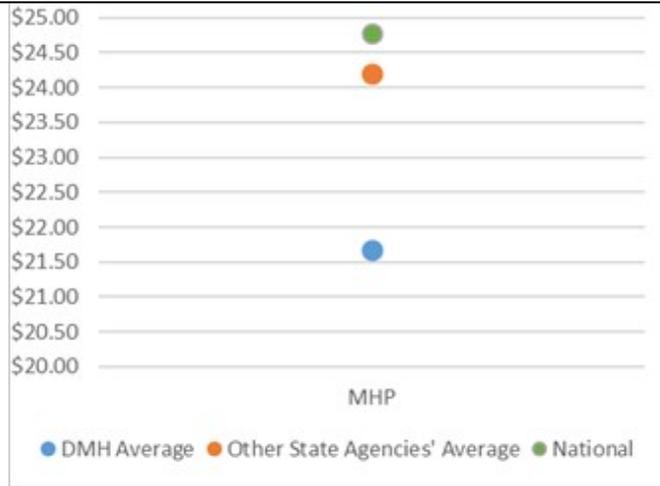
What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

| | |
|----------------------------|--|
| RECIPIENTS OF FUNDS | <p>SCDMH gives priority to adults, children, and their families affected by the serious mental illnesses and significant emotional disorders. It 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</p> |
|----------------------------|--|

the benefit of individual patients by providing needed mental health services.

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



Severe staff losses sent caseload sizes well above the agency’s guidelines. CMHC now has less than half of the clinicians needed for adult cases and under two thirds of the staff needed for children.

Exceeding caseload guidelines leads to fewer services per patient, less effective treatment, staff burnout, and additional staff loss. As more staff leaves the agency, less staff remains to serve more patients. The turnover for the entire division is 28.3%, although in some counties the division loses up to 43.5% of the workforce annually. Currently, Community Mental Health Services has approximately 400 vacancies. While the agency prefers recurring State appropriations funding for its request, the need for increasing clinical staff salaries is clearly linked to the COVID-19 pandemic, a portion of this request appears to meet the eligibility criteria for the State’s American Rescue Plan Act (ARPA) funding.

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

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|------------------------|---|
| AGENCY PRIORITY | 6 |
|------------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|-------------------------------|
| TITLE | Suicide Crisis Hotline |
|--------------|-------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$5,500,000 Federal: \$0 Other: \$0 Total: \$5,500,000 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 | |

| | |
|--------------------------------|---|
| ACCOUNTABILITY OF FUNDS | <p>Services will be available to people in need.</p> <p>1.1.1, 1.1.2</p> <p>Will provide support from clinicians with intimate knowledge of community supports, resources, and availability of interventions.</p> |
|--------------------------------|---|

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 | <p>SCDMH gives priority to adults, children, and their families affected by the serious mental illnesses and significant emotional disorders. It 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</p> |
|----------------------------|--|

the benefit of individual patients by providing needed mental health services.

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**

The agency requests funding for a second suicide prevention call center supporting the new 988 nationwide number. South Carolina has one call center. Even prior to the pandemic, that call center was unable to answer all of the calls to the National Suicide Prevention Lifeline from the state, resulting in routing a percentage of those callers to call centers in other states. This is not optimal for several reasons. With the onset of the pandemic, the number of persons experiencing behavioral health problems rose dramatically. In a January 2021 survey, over forty percent of American adults reported symptoms of depression or anxiety, up from eleven percent in the first half of 2019. The proportion of children's emergency department visits related to mental health also substantially increased during the pandemic, as have calls by children to the National Suicide Prevention Lifeline. The recurring costs are \$4,200,000, supporting fifty mobile crisis clinicians who cover all 46 counties along with call center staffing and other recurring operating costs. Additionally, the infrastructure of the crisis center (leased space, hardware, software, etc.) requires \$1,300,000. While the agency prefers recurring State appropriations funding for its request for the \$4,200,000 in recurring costs, the additional mobile crisis staff salaries are results of the increasing number of individuals experiencing behavioral health crisis because of COVID-19. Therefore, both the one-time cost of \$1,300,000 for the second suicide prevention call center and the recurring costs in this request appear to meet the eligibility criteria for the State's American Rescue Plan Act (ARPA) funding.

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

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|------------------------|---|
| AGENCY PRIORITY | 7 |
|------------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Recurring Proviso 118.18 Funding |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$14,843,000 Federal: \$0 Other: \$0 Total: \$14,843,000 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 checked="" 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"/> | 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 | <p>Reduce number of patients in hospital emergency rooms needing inpatient beds for mental health or substance abuse treatment.</p> <p>7.1.1, 7.1.2</p> <p>Assures people needing treatment are able to receive services. These funds allow people to move from hospital emergency departments to psychiatric care. These also assure people in detention facilities, who need treatment, are able to receive services and medication.</p> |
|--------------------------------|--|

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 | <p>SCDMH gives priority to adults, children, and their families affected by the serious mental illnesses and significant emotional disorders. It 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</p> |
|----------------------------|--|

the benefit of individual patients by providing needed mental health services.

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?

DMH received one-time Proviso 118.18 funding for its behavioral health bed day purchases, an alternative transportation program, and a telepsychiatry team and medication funding for its detention center. It requests the following to recur:

- Behavior Health Inpatient Capacity **\$2,000,000**
- Alternative Transportation Program **\$1,000,000**
- Detention Center Telepsychiatry Team **\$843,000**
- Detention Center Medication **\$1,000,000**

**JUSTIFICATION OF
REQUEST**

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 |
|------------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|-----------------------------------|
| TITLE | Homeshare Stipend Increase |
|--------------|-----------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$200,000 Federal: \$0 Other: \$0 Total: \$200,000 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 type="checkbox"/> | Public Infrastructure and Economic Development |
| <input type="checkbox"/> | Government and Citizens | |

| | |
|--------------------------------|--|
| ACCOUNTABILITY OF FUNDS | <p>Reduce the number of patients requiring readmission following discharge from SCDMH hospitals.</p> <p>1.3.1</p> <p>Homeshare allows patients who need considerable supports to live outside institutional settings for less than the cost of hospital stays.</p> |
|--------------------------------|--|

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 | <p>SCDMH gives priority to adults, children, and their families affected by the serious mental illnesses and significant emotional disorders. It 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</p> |
|----------------------------|--|

the benefit of individual patients by providing assistance for housing.

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**

The Homeshare program started in 1992 with five community mental health centers and a capacity of 76 patients. Providers received a \$1,300 monthly stipend for room and board based on the number of days the client was in the home. In the following years, DMH recognized the value of the program, increasing patient capacity to 200 and expanding into twelve community mental health centers.

DMH provided only one cost of living adjustment, 3% in 2009, an additional \$39 per month. Homeshare providers give clients a sense of family, belonging, and privacy with their own room and personal space. This is a combination of community networks and privacy other community placements generally do not offer. Homeshare providers also help clients live an enjoyable life, but the main benefit of the Homeshare is maintaining the client in the community.

DMH requests funding for a 4% stipend increase, only \$54 more a month changing the total monthly stipend from \$1,339 to \$1,393.

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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|--------------|-----------------------------|----------|----|
| Agency Name: | Department Of Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM B1 – RECURRING OPERATING REQUEST

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|------------------------|---|
| AGENCY PRIORITY | 9 |
|------------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

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|--------------|--|
| TITLE | Community Residential Care Facility Daily Bed Rate Increase |
|--------------|--|

Provide a brief, descriptive title for this request.

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|---------------|--|
| AMOUNT | General: \$300,000 Federal: \$0 Other: \$0 Total: \$300,000 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 type="checkbox"/> | Public Infrastructure and Economic Development |
| <input type="checkbox"/> | Government and Citizens | |

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|--------------------------------|---|
| ACCOUNTABILITY OF FUNDS | <p>Reduce the number of people requiring readmission following discharge from SCDMH Hospitals. 1.3.1</p> <p>Services will be available to people in need. 1.1.4</p> <p>Providing more intensive wrap-around treatment for patients who are more difficult to maintain outside of institutional settings increases the likelihood of community placement success. This both reduces recidivism and frees inpatient beds for those in need.</p> |
|--------------------------------|---|

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?

| | |
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| RECIPIENTS OF FUNDS | The requested funds would be used to meet the Department's contractual obligations related to outside vendors and patients of the Department of Mental Health. |
|----------------------------|--|

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?

DMH contracts with licensed Community Residential Care Facility (CRCF) operators providing assisted living services to residents with serious behavior disorders. This treatment reduces the high risk of hospitalization while providing safe and appropriate housing. The CRCF also enables timely discharge of treated patients from hospitals to a suitable environment, freeing needed hospital beds. This request allows for a \$5 daily patient increase to contractors.

**JUSTIFICATION OF
REQUEST**

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

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|------------------------|-----------|
| AGENCY PRIORITY | 10 |
|------------------------|-----------|

Provide the Agency Priority Ranking from the Executive Summary.

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|--------------|--|
| TITLE | Crisis Stabilization Units (CSUs) |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$9,650,000 Federal: \$0 Other: \$0 Total: \$9,650,000 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 | |

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| ACCOUNTABILITY OF FUNDS | <p>S) Provide superior community mental health services to reduce need for admissions to inpatient settings.</p> <p>PI) To be determined based upon level of funds available. Performance Indicator will be a count of Crisis Stabilization Units serving patients as of a to be determined date.</p> <p>Crisis stabilization units have demonstrated the ability to reduce the need for inpatient stays and reduces strain on hospital emergency departments, especially when physicians question whether a patient should be released or admitted due to safety concerns.</p> |
|--------------------------------|---|

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 | <p>SCDMH gives priority to adults, children, and their families affected by the serious mental illnesses and significant emotional disorders. It 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</p> |
|----------------------------|--|

the benefit of individual patients by providing needed mental health services.

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?

DMH currently operates one CSU at the Charleston/Dorchester Mental Health Center. The agency would like to have seven more CSUs across the state (regional locations). The net cost operating a CSU is approximately \$1.5 million. Seven additional CSUs at \$1,500,000 is \$10,500,000. DMH has \$850,000 in previously allocated funding to apply towards future CSUs, leaving the net request \$9,650,000.

**JUSTIFICATION OF
REQUEST**

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

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|------------------------|-----------|
| AGENCY PRIORITY | 11 |
|------------------------|-----------|

Provide the Agency Priority Ranking from the Executive Summary.

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|--------------|--|
| TITLE | Embedding Clinicians in Law Enforcement |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$2,015,000 Federal: \$0 Other: \$0 Total: \$2,015,000 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 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 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 | <p>Services will be a available to people in need.</p> <p>1.1.1, 1.1.2</p> <p>Clinical assistance will be available to as many people and in as many settings and/or situations as necessary</p> |
|--------------------------------|--|

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?

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| RECIPIENTS OF FUNDS | The funds would be used to station SCDMH Mental Health Professionals (MHPs) in local law enforcement agencies to respond to the needs of the community. |
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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?

DMH currently embeds twelve mental health clinicians within law enforcement across five counties. The agency receives a one-time mental health block grant funding from SAMHSA for adding ten additional clinicians. The agency's goal is to add one clinician to each of the remaining 31 counties at approximately \$65,000 per clinician, creating a total need of \$2,015,000.

**JUSTIFICATION OF
REQUEST**

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

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|------------------------|----|
| AGENCY PRIORITY | 12 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

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|--------------|-----------------------------|
| TITLE | School Mental Health |
|--------------|-----------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$750,000 Federal: \$0 Other: \$0 Total: \$750,000 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 checked="" 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 type="checkbox"/> | Public Infrastructure and Economic Development |
| <input type="checkbox"/> | Government and Citizens | |

| | |
|--------------------------------|---|
| ACCOUNTABILITY OF FUNDS | <p>Services will be available to people in need.</p> <p>1.1.1 School Mental Health Clinicians will be embedded throughout South Carolina schools to manage compliance with appointments and better serve partnering schools.</p> <p>7.2.1 Services will reach people in need in as many settings as possible. These funds provide services in school settings, reducing reliance upon people keeping appointments at clinics.</p> |
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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 | <p>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 distressed children who qualify for the</p> |
|----------------------|--|

FUNDS

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

The agency continues to prioritize its goal to have a mental health clinician in every South Carolina school. Currently, there are over eighty school mental health clinician vacancies. To combat difficulties with recruitment, the agency is requesting funding to hire 20.5 additional FTE clinicians at \$30,000 each and 15 interns at \$9,000 each.

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

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|------------------------|----|
| AGENCY PRIORITY | 13 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

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|--------------|--|
| TITLE | Workforce Administrative and Support Services |
|--------------|--|

Provide a brief, descriptive title for this request.

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|---------------|--|
| AMOUNT | General: \$1,454,225 Federal: \$0 Other: \$0 Total: \$1,454,225 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 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 | SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care. 5.3.1 Administrative services provides the framework to support all clinical services of the Department. |
|--------------------------------|--|

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 | SCDMH gives priority to adults, children, and their families affected by the serious mental illnesses and significant emotional disorders. It 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.

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

Financial Services \$426,253

- Intense competition with diverse outside industries and other state agencies creates strong funding challenges in maintaining mid-level talent in financial services. Columbia contains several companies in need of a workforce educated in billing, accounting, and other vital skills necessary to running the department, and these companies often offer higher salaries. That competition also extends to employees trained in the specialized skills and specific systems sought by other state agencies. Additionally, state-mandated centralization of accounts payable, procurement, and billing requires more training, increasing the need to retain knowledgeable workers. Despite this demonstrable need for employee retention, the financial workforce in fiscal year 2021 suffered a 25.15% turnover. Additionally, there is an opportunity to add employees to the billing process to increase recovery of earned revenue by over \$3 million, an expense that will more than pay for itself.

Technology (ONIT) \$371,800

- The Office of Network and Information Technology team supports the software and hardware of the department. Current salaries are cutting into retention rates, contributing to a 9.83% turnover last fiscal year. Raising the minimum rate to a composite rate of \$15.00 an hour and all other salaries a minimum of 6.50%, the cost estimate (with benefits added) is approximately \$374,000.

Physical Plant \$96,079

- The employees of the physical plant maintain the grounds and offices of the facilities. Last year saw a 13.81% rate of turnover.

Public Safety \$263,191

- Public Safety employs certified law enforcement officers and security officers protecting primarily hospitals and inpatient facilities while also securing transportation for patients who must remain in custody while traveling to medical appointments or court appearances. The division fills these critical positions with certified officers trained through the South Carolina Criminal Justice Academy and sponsors security officer training through the academy. It competes for this limited resource of qualified officers with local, state, and federal law enforcement agencies. This competition is intense; during the first two months of SFY 2022, Public Safety had a nearly 50% vacancy rate for officer positions.

Human Resources \$210,253

- Increasing turnover and competitive job markets require stronger recruitment and retention efforts. Unfortunately, the struggles competing also affect the Human Resources division. Turnover during the prior fiscal year was 23.26%, stymieing the department's efforts combatting declining retention.

Central Office \$86,649

- Retaining and recruiting the RNs and MHPs working in the Agency's Central Office involves the same strong trials of opposing wages, staff aging, labor shortage, and turnover fueled by the salary gap.

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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|--------------|-----------------------------|----------|----|
| Agency Name: | Department Of Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM B1 – RECURRING OPERATING REQUEST

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|------------------------|----|
| AGENCY PRIORITY | 14 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

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|--------------|---|
| TITLE | Recurring Funds Requests for Administrative and Support Services |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$5,617,125 Federal: \$0 Other: \$0 Total: \$5,617,125 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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.

| | | |
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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 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 | SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care. 5.3.1 Administrative services provides the framework to support all clinical services of the Department. |
|--------------------------------|--|

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 | SCDMH gives priority to adults, children, and their families affected by the serious mental illnesses and significant emotional disorders. It 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.

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?

The department currently supports several important functions with limited, one-time funding. DMH requests recurring funds to continue operations.

Replacement of One-Time Administrative Funding

- SCDMH seeks sustainability by replacing one-time funding the agency will use in FY22 and projects to use in FY23. The department has become reliant on one-time funds for recurring operations. Costs continue to escalate without corresponding increases in appropriations or revenue. This total includes Financial Services, IT/ONIT, Public Safety, and Human Resources.

**JUSTIFICATION OF
REQUEST**

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 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|-----------------------------------|
| TITLE | Insurance Premium Increase |
|--------------|-----------------------------------|

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 2022-2023? 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: | |
| | <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"/> | 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 type="checkbox"/> | Government and Citizens | |

| | |
|--------------------------------|--|
| ACCOUNTABILITY OF FUNDS | <p>The State insurance reserve funds notified agencies of the following significant rate increases effective July 1, 2020.</p> <ul style="list-style-type: none"> ■ Employee classifications (non-law enforcement) – 40% ■ Employee classifications (law enforcement) – 252% ■ Professional liability – 18% ■ Automobile comprehensive and collision – 18% |
|--------------------------------|--|

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 | The requested funds would be used to meet the Department's obligations related to outside vendors. |
|----------------------------|--|

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?

The department currently supports several important functions with limited, one-time funding. DMH requests recurring funds to continue operations.

Insurance Premium Increases

- The State insurance reserve funds notified agencies of the following significant rate increases effective July 1, 2020.
 - Employee classifications (non-law enforcement) – 40%
 - Employee classifications (law enforcement) – 252%
 - Professional liability – 18%
 - Automobile comprehensive and collision – 18%

**JUSTIFICATION OF
REQUEST**

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 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Appointed Civil Commitment Proceedings Counsel |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$200,000 Federal: \$0 Other: \$0 Total: \$200,000 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 type="checkbox"/> | Public Infrastructure and Economic Development |
| <input type="checkbox"/> | Government and Citizens | |

| | |
|--------------------------------|--|
| ACCOUNTABILITY OF FUNDS | <p>Services will be available to people in need.</p> <p>1.1.2</p> <p>Allows judicial hearings without necessity of transporting patients (often up to over four hours round trip) which is a burden to the patient and is less safe to all involved.</p> |
|--------------------------------|--|

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 | <p>Following meetings with Court Administration, the Probate Judges Association and the Office of Indigent Defense, DMH agreed to seek funding from the General Assembly to take over the process of funding and administering the payment of attorney's vouchers via an agreement with the Office of Indigent Defense.</p> |
|----------------------------|---|

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**

DMH agreed to fund the payment of appointed counsel by the Judicial Department preserving the judicial commitment process, especially the hybrid process of special probate judges presiding over commitment hearings in psychiatric hospitals. The current reimbursement rate for attorneys is \$50 and no reimbursement for Designated Examiners (DEs).

Without the ability to hold civil commitment hearings in psychiatric hospitals, DMH must transport patients and staff around the State to the various County Probate Courts, which both increases costs and creates safety concerns.

DMH desires to increase the rate to \$75 per hearing, which both DMH and the Probate Judges Association believe is long overdue.

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

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|------------------------|----|
| AGENCY PRIORITY | 17 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--------------------------|
| TITLE | Emergency Telepsychiatry |
|--------------|--------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|---|
| AMOUNT | <p>General: \$250,000</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$250,000</p> |
|---------------|---|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 type="checkbox"/> | Public Infrastructure and Economic Development |
| <input type="checkbox"/> | Government and Citizens | |

| | |
|--------------------------------|--|
| ACCOUNTABILITY OF FUNDS | <p>Hospital Emergency Departments and CMHCs in rural or otherwise underserved areas will have access to SCDMH physicians regardless of location.</p> <p>3.1.1, 3.1.2</p> <p>Telepsychiatry increases availability of services and improves efficiency of services by increased productivity by reducing travel time to emergency departments</p> |
|--------------------------------|--|

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 | <p>SCDMH gives priority to adults, children, and their families affected by the serious mental illnesses and significant emotional disorders. It 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</p> |
|----------------------------|--|

the benefit of individual patients by providing needed mental health services.

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?

The rise of COVID led to a dramatic increase in the use of telepsychiatry, especially in emergency cases. With virus variants creating additional safety concerns currently and in the near future, the need for this program remains.

**JUSTIFICATION OF
REQUEST**

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 | 46 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Increase in Federal Authorization |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$0 Federal: \$11,874,734 Other: \$0 Total: \$11,874,734 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 | |

| | |
|--------------------------------|----------------|
| ACCOUNTABILITY OF FUNDS | Not applicable |
|--------------------------------|----------------|

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 | SCDMH gives priority to adults, children, and their families affected by the serious mental illnesses and significant emotional disorders. It 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.

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

The request Increase in Federal Authorization is due to the cumulative effect of increases in Federal Revenue, specifically related to grants.

- **\$2,752,918** – FOCUS (Family Options for Cherokee, Union and Spartanburg counties)
- **\$5,370,195** – Block Gants for CMHC (funded under ARPA)
- **\$621,812** – Block Gants for CMHC (funded under CARES ACT)
- **\$184,808** – Block Gants for CMHC (funded under ARPA for mitigation)
- **\$445,000** – American Rescue Plan Act – Pediatric Mental Health Care Access New Area Expansion (HRSA)
- **\$2,500,000** – CMHC Grant Program / Highway to Hope 2 (H2H)

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 | 47 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Increase Federal FTEs by Transferring Earmark FTEs |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$0 Federal: \$0 Other: \$0 Total: \$0 |
|---------------|--|

What is the net change in requested appropriations for FY 2022-2023? 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: | |
| | <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 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 | |

| | |
|--------------------------------|----------------|
| ACCOUNTABILITY OF FUNDS | Not applicable |
|--------------------------------|----------------|

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 | Not applicable |
|----------------------------|----------------|

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**

The request to increase Federal FTEs is due to the receipt of new grants and expansion of current ones. DMH is asking to increase Federal FTEs by transferring 42 Earmark FTEs.

Block Grants for the Community Mental Health Services (ARPA Funded)

Unclassified: 1

Classified: 28

FOCUS – Family Options for Cherokee, Union, and Spartanburg Counties

Classified: 5

American Rescue Plan Act – Pediatric Mental Health Care Access New Area Expansion

Classified: 3

Block Grants for the Community Mental Health Services (CARES ACT Funded)

Classified: 5

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 C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 18 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Spartanburg Area Mental Health Center Lobby Renovation |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$250,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|---------------------------------------|
| CPIP PRIORITY | Plan Year 9 of 32 Overall 30 of 88 |
|----------------------|---------------------------------------|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund by the Spartanburg Mental Health Center will be the intended source of funds. No additional cost or savings will be associated with this Capital Improvement. The anticipated useful life for this improvement will be 20 years. |
|--|---|

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?

| | |
|--|--|
| LONG-TERM PLANNING AND SUSTAINABILITY | The Spartanburg Mental Health building was built in 2001 the lobby is dated and needs to be refreshed. Due to recent COVID-19 and safety concerns the lobby needs to be reconfigured and finished updated and refreshed. |
|--|--|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 19 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Florence Mental Health Clinic Boiler and Chiller Replacement |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$575,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 10 of 32 Overall 31 of 88 |
|----------------------|--|

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 | J12-9801-FW Pee Dee MHC Chiller and Boiler Replacement has been approved for and A1 Phase I and submitted for Phase II approval 08/06/21. It is anticipated that the Phase II will be approved by the JBRC on 10/05/21 for a total of \$477k. |
|------------------------|---|

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 impacting the Operating funds including maintenance and utility cost. The expected useful life for this project is between 15 to 20 years. |
|--|--|

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?

| | |
|--------------------|--|
| DESCRIPTION | <p>This project is to replace the building Boiler, Chiller, Air Handler and associated piping and duct work modifications for the Florence Mental Health Center.</p> <p>The HVAC equipment is original to the building and is currently 20 years old. The chiller and boiler serve a building that is 3 stories and 36,572 sqft. and are close to the end of their life cycle. Replacing the equipment now will ensure a comfortable environment with little or no down time to the operations while they serve the people in the Florence area.</p> <p>The alternative options are to run the equipment to failure and declare an emergency and incur rental chiller or boiler cost while the paperwork for the project budget is approved.</p> |
|--------------------|--|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 20 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Aiken-Barnwell Mental Health Center HVAC Replacement |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$350,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 11 of 32 Overall 32 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time |
|------------------------|--|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund by the Aiken Barnwell Mental Health Center will be the intended source of funds. There will be an expected savings impacting the Operating funds including maintenance and utility cost. The anticipated useful life for this improvement will be 20 years. |
|--|--|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>Aiken Barnwell Mental Health Center HVAC mechanical systems are 23 years old and are starting to show their age with more frequent outages and break downs. This project would replace all 11 DX split systems.</p> <p>The facility is occupied not only during normal business hours but evenings and weekends. The facility see around 20,000 patients a year and has 60 employees that work in the building. The programs supported by this facility are Telepsych, distribution of meds, diagnosis, and treatment.</p> <p>Right now when a units goes down portable move-n-cool units are used to help while waiting for the units to be repaired.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 21 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Anderson-Oconee-Pickens Mental Health Center Construction |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|--------------|
| AMOUNT | \$12,430,000 |
|---------------|--------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 12 of 32 Overall 33 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund by the Anderson-Oconee-Pickens Mental Health Center will be the intended source of funds. There will be an expected cost impacting the Operating funds including maintenance and utility cost. The anticipated useful life for this improvement will be 40+ years. |
|--|---|

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?

| | |
|--------------------|---|
| DESCRIPTION | <p>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.</p> <p>The current facility is located on leased county land, constructed in the 60s 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 & safety and reduce lease costs</p> |
|--------------------|---|

The alternative is to continue to work in inefficient/costly facilities and leases and make the necessary deferred maintenance repairs.

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 22 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Catawba Mental Health Center Construction |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|--------------|
| AMOUNT | \$12,430,000 |
|---------------|--------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

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|----------------------|--|
| CPIP PRIORITY | Plan Year 13 of 32 Overall 34 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund by the Catawba Mental Health Center will be the intended source of funds. There will be an expected cost impacting the Operating funds including maintenance and utility cost. The anticipated useful life for this improvement will be 40+ years. |
|--|---|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <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 \$320,216 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 & safety.</p> <p>The alternative is to continue to work in inefficient/costly facilities and leases and make the necessary deferred maintenance repairs.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 23 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Columbia Area Mental Health Center Construction Phase III |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|-------------|
| AMOUNT | \$8,050,000 |
|---------------|-------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 14 of 32 Overall 35 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund by the Columbia Area Mental Health Center will be the intended source of funds. There will be an expected cost impacting the Operating funds including maintenance and utilities. The anticipated useful life for this improvement will be 40+ years. |
|--|--|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>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.</p> <p>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</p> |
|--|---|

SUMMARY

children. The completion of this project will allow us to relocate our 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.

The alternative is to continue to lease properties to house the Assessment Resource Center and Adult Clinic Services Programs.

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

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|------------------------|----|
| AGENCY PRIORITY | 24 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Crafts Farrow Campus Road, Parking Lot Repairs and Pavement |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|-------------|
| AMOUNT | \$1,400,000 |
|---------------|-------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 15 of 32 Overall 36 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected savings impacting the maintenance of the property. The anticipated useful life for this improvement will be 20+ years. |
|--|---|

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?

| | |
|--|---|
| | <p>Purpose of project is to make repairs and repave as necessary existing roads and parking lots at Morris Village, Bryan Psychiatric and Crafts Farrow Campuses. Parking lots and roads at Morris Village and Bryan are original to construction and over 40 years old. Roads on the Crafts Farrow Campus are over 75 years old.</p> <p>Existing roads and parking lots at Morris Village, Bryan Psychiatric and Crafts Farrow Campuses are severely worn and need repair/repaving. Parking lots and roads are original to construction and 40 to 75 years old. Many pot holes have been patched over the years, but the patches do not hold up to traffic. Project also includes the paving of road behind Bryan Psychiatric Hospital that is currently dirt and has heavy traffic. The road is at the lowest elevation of the Bryan Campus and storm water draining from around the Bryan building continually washes out the existing dirt road. Paving with necessary drainage is needed to correct the issue.</p> <p>There are no alternatives.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

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|------------------------|----|
| AGENCY PRIORITY | 25 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--------------------------------------|
| TITLE | Morris Village Infirmary Renovations |
|--------------|--------------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$750,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 17 of 32 Overall 38 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. No additional cost or savings will be associated with this Capital Improvement. The anticipated useful life for this improvement will be 20+ years. |
|--|--|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>The Morris Village Infirmary was converted to office space, and now there is a need to change it back to an Infirmary. The improvements needed are security, a new nurse call system, and an HVAC upgrade to negative pressure and/or 100% outside air, among other smaller improvements. The area will have to be brought up to code and approved by DHEC. The infirmary could potentially serve as a location to treat DMH pandemic patients or be used as a typical infirmary.</p> <p>During the COVID-19 pandemic, it was quickly realized that DMH was not prepared for a pandemic like the rest of the country. This renovation will a step towards getting DMH ready for the next pandemic or catastrophe that would require an infirmary that could handle the problem.</p> <p>Other DMH sites were considered, but the cost to convert them was substantially more than adapting the space already available at Morris Village. Mobile or temporary facilities were also considered but were not considered secure enough for patients' DMH treats.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

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|------------------------|----|
| AGENCY PRIORITY | 26 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Roddey Pavilion Nursing Home Floor Replacement |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-------------|
| AMOUNT | \$1,000,000 |
|---------------|-------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 18 of 32 Overall 39 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. No additional cost or savings will be associated with this Capital Improvement. The anticipated useful life for this improvement will be 20 years. |
|--|---|

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?

| | |
|--|--|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>The project is to replace the floor tile in the Roddey Nursing Home. The facility is located on the SC DMH owned Tucker Center Complex in downtown Columbia. The total estimated project cost is \$1M.</p> <p>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.</p> <p>Roddey tile is worn and needs replacement. There are no alternatives to replacing the existing flooring.</p> |
|--|--|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

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|------------------------|----|
| AGENCY PRIORITY | 27 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Crafts Farrow Campus Demolition of Four Vacant Buildings |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-------------|
| AMOUNT | \$2,000,000 |
|---------------|-------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

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|----------------------|--|
| CPIP PRIORITY | Plan Year 19 of 32 Overall 40 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. No additional cost or savings will be associated with this Capital Improvement. |
|--|--|

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?

| | |
|--|--|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>This project is to demolish buildings 2, 7, 15 & 18 located on the DMH Crafts Farrow State Hospital Campus in Columbia. The buildings are all vacant, were built between 1926 and 1951 and range from 6,000 to 40,000 square foot in size. The total square footage of all five buildings are 111,770 square feet.</p> <p>All of the buildings are red brick buildings with single pane windows and little or no insulation. Currently all of the buildings are vacant and there are no plans to reoccupy them. All forms of maintenance to the buildings has stopped and some areas of the buildings are exposed to the elements increasing their rate of disrepair. The buildings are no longer safe to occupy and need to be demolished because of their condition.</p> <p>The cost to bring the buildings up to current code so that DMH can reoccupy the buildings is simply too great and it would be cheaper to demolish and rebuild them if required.</p> |
|--|--|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

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|------------------------|----|
| AGENCY PRIORITY | 28 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Morris Village Nursing Station Renovations |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$450,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

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|----------------------|--|
| CPIP PRIORITY | Plan Year 20 of 32 Overall 41 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. No additional cost or savings will be associated with this Capital Improvement. The anticipated useful life for this improvement will be 20 years. |
|--|---|

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?

| | |
|------------------------|--|
| OTHER APPROVALS | <p>Nursing stations in Cottage #1, #3 & #6 are too small, need to be fully enclosed with a door and service window installed and extended to ceiling height to alleviate privacy concerns.</p> <p>The Morris Village campus was built in 1975 and there have only been minor renovations and repairs since construction. SC DHEC regulations require that each cottage contain an enclosed nursing station for the safety of patients and staff. An enclosed nursing station will provide a secure area for medication storage to enhance patient safety. It will also provide a safe shelter for nursing staff in case there are issues with a patient.</p> <p>There are no alternatives.</p> |
|------------------------|--|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 29 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|-------------------------------|
| TITLE | Bryan Guardhouse Construction |
|--------------|-------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$450,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 21 of 32 Overall 42 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost impacting the Operating funds for utilities and maintenance. The anticipated useful life for this improvement will be 20+ years. |
|--|--|

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?

| | |
|--|---|
| | <p>The guardhouse project would include a gate, card reader, camera, intercom, 100 sqft conditioned guardhouse with a bathroom. This project would also require site work as well as additional paving.</p> <p>The Bryan Psychiatric Hospital is an open campus that can be difficult to secure. By placing a guardhouse at the main entrance, it would cut down the uninvited visitors.</p> <p>The alternative would be to continue having DMH Public Safety patrol the grounds. A vehicle could be used to limit access with an officer managing traffic.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 30 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Crafts-Farrow State Hospital Guardhouse Generator |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$150,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

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|----------------------|--|
| CPIP PRIORITY | Plan Year 22 of 32 Overall 43 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost impacting the Operating funds for fuel and maintenance. The anticipated useful life for this improvement will be 20+ years. |
|--|---|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>This project is to install a generator at the Crafts Farrow State Hospital (CFSH) Guardhouse. This generator will be an emergency power back up the 200 sqft building during a power outage. The generator will provide 100% backup power.</p> <p>The CFSH Guardhouse will be the backup site for the DMH Public Safety dispatch for the Columbia area.</p> <p>There is no alternate site should it be necessary for the current DMH PS dispatch to be relocated from Bldg 17.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 31 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|------------------------------|
| TITLE | Charleston Building Purchase |
|--------------|------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|-------------|
| AMOUNT | \$8,000,000 |
|---------------|-------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 23 of 32 Overall 44 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost impacting the Operating funds for utilities and maintenance. The anticipated useful life for this improvement will be 40+ years. |
|--|--|

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?

| | |
|--|--|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>This project is to purchase a building roughly 26,000 sqft; located in the Charleston area to be used as a Children's Psychiatric Center for treatment.</p> <p>Charleston continues to be a growing area. To keep up with the current demand for services and space, and parking, the Charleston Mental Health Center is looking for another building to provide services to the community.</p> <p>The alternative is to build a second floor to a building currently owned by DMH to provide these services. The problem is that it does not solve the parking issue that the existing site already faces.</p> |
|--|--|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 32 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---------------------------------|
| TITLE | Bryan Modular Building Purchase |
|--------------|---------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|-------------|
| AMOUNT | \$1,000,000 |
|---------------|-------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 24 of 32 Overall 45 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost impacting the Operating funds for utilities and maintenance. The anticipated useful life for this improvement will be 20+ years. |
|--|--|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>This project is to purchase two modular buildings, roughly 4,000 sqft each, located on the Columbia campuses of Bryan Psychiatric Hospital and Morris Village. The modular buildings will serve as staff offices. Patients will not enter either of these modular buildings.</p> <p>The additional office space is needed to provide more space for staff to follow covid19 social distancing protocols, relocate staff out of patient areas to create more space for patients pursuant to covid19 social distancing protocols, and separate staff that are presently in shared offices.</p> <p>The alternatives to modular units is to seek leased commercial space. Staff is housed in every available, suitable office space on both the DIS and CFSH campuses.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 33 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Stone VA Nursing Home HVAC Improvements |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$500,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 25 of 32 Overall 46 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost impacting the Operating funds for utilities and maintenance. The anticipated useful life for this improvement will be 20+ years. |
|--|--|

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?

| | |
|--|---|
| | <p>This project is to modify the existing HVAC system to provide conditioned outside air to control the humidity in the facility. There are three resident Wards surrounding one Administration/Activity area.</p> <p>In the warmer months, the existing HVAC system struggles to keep the humidity at an acceptable level. By conditioning the incoming outside air, the facility will be able to control the humidity in the building better.</p> <p>The alternative would be to replace the entire HVAC system and have it engineered and sized properly for the conditions in Columbia, SC. If the system were to be replaced it would disrupt the entire facility.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 34 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Roddey Support Building HVAC Replacement |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$350,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 26 of 32 Overall 47 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost impacting the Operating funds for utilities and maintenance. The anticipated useful life for this improvement will be 20+ years. |
|--|--|

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?

| | |
|--|--|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>This project is to replace the HVAC units at the Roddey Support Building. The two Air Handler Units (AHU's) are 38 years old and original to the building and serve 11,305 sqft. The project will include replacing the two AHU's along with valves, some piping, and HVAC controls.</p> <p>This building supports the Tucker campus, including Stone VA and Roddey Nursing Home. This building houses dirty and clean linens as well as supplies needed at the nursing homes. The AHU's control the temperature and humidity of the facility.</p> <p>Alternate solutions would be to keep repairing the AHU's and patching any pipe leaks. Should the AHU's fail, mobile units may be needed to control the temperature and humidity until the units are repaired.</p> |
|--|--|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 35 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---------------------------------------|
| TITLE | Columbia Area Fire Alarm Replacements |
|--------------|---------------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$750,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 27 of 32 Overall 48 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost impacting the Operating funds for utilities and maintenance. The anticipated useful life for this improvement will be 20 years. |
|--|---|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>This project is to update/replace old outdated Fire Alarm Panels in the DMH Columbia Area buildings. Many buildings located on the CFSH campus and DOAS building have Simplex panels that are no longer supported as of 2017 and rely on copper lines to dial out in the event of an emergency. These will be updated with new panels and cellular dialers for reliability.</p> <p>Many of the buildings that have these outdated Fire Alarm panels house DMH staff that provide functions like Public Safety, IT, Training, Maintenance, Engineering, Forensics, Food Service, etc. This is a Life Safety issue and should be addressed as quickly as time allows.</p> <p>The alternate is to continue operating as is and replace each panel as they fail.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 36 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Harris Hospital Utility Building Emergency Generator Install |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-------------|
| AMOUNT | \$1,000,000 |
|---------------|-------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 28 of 32 Overall 49 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost impacting the Operating funds for utilities and maintenance. The anticipated useful life for this improvement will be 20+ years. |
|--|--|

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?

| | |
|--|--|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>This project is to install a generator and Automatic Transfer Switch to provide emergency power to the Harris Support building that houses the chillers, boilers, pumps, and controls. This generator would provide enough power to run the chillers, pumps, and HVAC controls in a power outage. A fuel tank will also be installed large enough to hold 36 hours' worth of fuel.</p> <p>Harris Psychiatric Hospital can house up to 200 psychiatric patients and 400+ staff. Currently, during power outages, there is a small generator that provides power to emergency systems. These patients live in this hospital 24/7. Being able to provide emergency power to condition the facility during a power failure is a safety concern to patients and staff.</p> <p>The alternate would be to rent a generator and HVAC system for multiple access points to provide cooling or heat as needed for the facility.</p> |
|--|--|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 37 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Crafts-Farrow State Hospital Vehicle Management Garage Improvements |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$250,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 29 of 32 Overall 50 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost impacting the Operating funds for utilities and maintenance. The anticipated useful life for this improvement will be 20+ years. |
|--|--|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>This project is to repair and modify the DMH garage so that it can be air-conditioned. The project is to seal up the existing rollup doors, add motorized door controls, an exhaust removal system, and AC units to provide cooling to the space.</p> <p>Currently, the DMH garage uses swamp coolers during the summer months to provide cooling. However, when it is 90% humidity, swamp coolers are not effective. There is a real concern for heat exhaustion since they also work on hot engines, increasing the temperature in the building.</p> <p>The alternate would be to continue allowing multiple breaks and cool-down space, decreasing output of service and repairs.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 38 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Gaffney Mental Health Center Interior Redesign |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$350,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 30 of 32 Overall 51 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund from the Spartanburg Mental Health Center will be the intended source of funds. No additional cost or savings will be associated with this Capital Improvement. The anticipated useful life for this improvement will be 20 years. |
|--|---|

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?

| | |
|--|--|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>In 2020 DMH purchased a State Building located in Gaffney to be the new Cherokee Mental Health Center. This project Phase II is to configure the interior of the building for Mental Health Center needs. This will include the construction of private offices to include HVAC, electrical, data, and lighting. There will also be improvements in the main lobby, including building security. The building will also address flooring, and other building finishes to give an updated appearance.</p> <p>Currently, the building has a very open concept and is not conducive to patient privacy or security. Completing this project will provide a facility that can serve the patients and clients of the Gaffney area.</p> |
|--|--|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 39 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Community Mental Health HVAC Replacement Phase II |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|-------------|
| AMOUNT | \$2,219,280 |
|---------------|-------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 31 of 32 Overall 52 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost savings the operating funds for utilities and maintenance. The anticipated useful life for this improvement will be 20 years. |
|--|---|

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?

| | |
|--|--|
| LONG-TERM PLANNING AND SUSTAINABILITY | This project is to replace multiple HVAC Split Systems that have outlived their life expectancy. These systems are running R-22. Unfortunately, R-22 is becoming more costly and difficult to find as the production of the refrigerant is being phased out. |
|--|--|

| Facility | Sq Feet | Year Built | Age | Tons | \$ |
|----------------|---------|------------|-----|------|------------|
| Aiken/Barnwell | 27,804 | 1997 | 24 | 85 | \$ 190,400 |
| AOP | 20,500 | 1977/1966 | 19 | 50 | \$ 112,000 |
| Beckman | 28,396 | 2002 | 19 | 102 | \$ 228,480 |
| Columbia Area | 28,215 | 2002 | 19 | 79.8 | \$ 179,200 |
| Greenville | 42,495 | 2003 | 18 | 150 | \$ 336,000 |

SUMMARY

| | | | | | |
|-------------|--------|------|----|-------|--------------|
| Piedmont | 21,084 | 1999 | 22 | 63.75 | \$ 142,800 |
| Orangeburg | 25,595 | 1998 | 23 | 78 | \$ 174,720 |
| Pee Dee | 36,572 | 2001 | 20 | 130 | \$ 291,200 |
| Camden | 12,177 | 2004 | 17 | 43.5 | \$ 97,440 |
| Spartanburg | 48,243 | 2001 | 20 | 167 | \$ 374,080 |
| Georgetown | 10,760 | 2001 | 20 | 41.5 | \$ 92,960 |
| | | | | Total | \$ 2,219,280 |

By replacing this equipment now, we will reduce downtime should multiple systems fail. If multiple systems fail simultaneously, the Mental Health Centers' services may become limited or be relocated, causing stress and confusion to the people needing help.

The alternative would be to allow the systems to fail and have rental units in place to provide temporary conditioning while a design is approved, bid, and awarded.

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 | 40 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Community Mental Health Roof Replacement Phase II |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$630,699 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|--|
| CPIP PRIORITY | Plan Year 32 of 32 Overall 53 of 88 |
|----------------------|--|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost savings the operating funds for maintenance. The anticipated useful life for this improvement will be 20+ years. |
|--|--|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | This project is to replace Mental Health Center shingle roofs that have outlived their life expectancy. All of these roofs have exceeded the manufacturers' warranty and need to be replaced. |
|--|---|

| Facility | Sq Feet | Year Built | Age | Type | \$ |
|------------|---------|------------|-----|---------|------------|
| Charleston | 32,238 | 2002 | 19 | Shingle | \$ 315,932 |
| Greer | 9,182 | 2004 | 17 | Shingle | \$ 89,984 |
| Camden | 12,177 | 2004 | 17 | Shingle | \$ 119,335 |
| Georgetown | 10,760 | 2001 | 20 | Shingle | \$ 105,448 |
| | | | | Total | \$ 630,699 |

SUMMARY

By replacing these roofs now, it will reduce downtime and chasing leaks. It will also keep the building in good shape environmentally, helping to keep moisture out and humidity down. By preventing leaks, it will also keep puddles from forming on the floor, causing slip hazards.

The alternative would be to patch identified leaks, replace ceiling tile, or patch/painting sheetrock ceilings.

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 | 41 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Crafts-Farrow Columbia Area Fire Alarm Replacements |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$750,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|---------------------------------------|
| CPIP PRIORITY | Plan Year 2 of 32 Overall 23 of 88 |
|----------------------|---------------------------------------|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost savings the operating funds for maintenance. The anticipated useful life for this improvement will be 20 years. |
|--|---|

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?

| | |
|--|--|
| | <p>The Columbia area Campuses Bryan, Hall, Crafts Farrow State Hospital has outdated fire alarm panels that are no longer supported as of 2017 and need replacement. They still use an analog copper phone line to dial out when in alarm. This project will replace the entire Fire Alarm System in the campus buildings.</p> <p>The Fire Alarm System is a part of the building Life Safety system where Mental Health patients and staff reside 24/7 for treatment and care. Replacement of this system will ensure their safety while living in the campus hospital receiving treatment.</p> |
|--|--|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 42 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Roddey Domestic and HVAC Piping and Flooring Phase III |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-------------|
| AMOUNT | \$1,200,000 |
|---------------|-------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|---------------------------------------|
| CPIP PRIORITY | Plan Year 4 of 32 Overall 25 of 88 |
|----------------------|---------------------------------------|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost savings the operating funds for maintenance. The anticipated useful life for this improvement will be 20 years. |
|--|---|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>Phase III of a multi-phase project replacing the overhead HVAC and domestic water piping and flooring. The project would be phased by Ward. There are 7 Wards to the Roddey building. Along with replacing the HVAC piping, the individual room fan coil valves and controls will be moved out to the hall so that it is easier to maintain and less of a maintenance impact or presence for the resident when being serviced. Since the Ward will need to be vacated, the flooring will be replaced as well. The flooring has been cited by DHEC for multiple issues.</p> <p>The Roddey Nursing Home was built in 1983, and the HVAC and domestic water lines are original to the building. Many of the copper lines have leaked and have been patched over time. Many of the pipes have multiple patches/clamps on them to fix the leaks. The facility should have another 30 years of problem-free service with the HVAC and domestic water piping by replacing the pipes and relocating the valves.</p> <p>The alternative would be replacing the entire system with a VRF system or individual heat pumps, which would increase maintenance installation cost and efficiency.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 43 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Crafts-Farrow Building 17, Public Safety Renovation |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|-------------|
| AMOUNT | \$1,680,000 |
|---------------|-------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|---------------------------------------|
| CPIP PRIORITY | Plan Year 6 of 32 Overall 27 of 88 |
|----------------------|---------------------------------------|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost savings in the operating funds for maintenance. The anticipated useful life for this improvement will be 20+ years. |
|--|---|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>Project is to renovate Building 17 located on the Crafts Farrow Campus. Building currently houses the SC DMH Public Safety Department and patient records. The original building was built in 1946 and other sections added in the 1950's and 1970's. A portion of the work has been completed in 2021 project J12-9793-PG CFSH Bldg 17 Outside Envelope Repair for \$240k. This work was performed because of moisture issues causing mold and damage to the building. The rest of the work still needs to be performed, like replacing the windows and pointing up the masonry.</p> <p>There have been no significant renovations since the early 1970's with the exception of the roof which was replaced in 2015, and installation of a new boiler and chiller within the last two years. Building assessment was completed in 2015 by McCreary Snow Architecture and several significant issues were noted in the assessment report. The exterior building envelope has significant issues which is allowing moisture intrusion and causing damage to the interior. Windows will need to be replaced to eliminate moisture intrusion and reduce energy cost. Exterior masonry will need to be repointed. Major findings besides the</p> |
|--|---|

SUMMARY

exterior envelope issues include deteriorated plumbing, asbestos and lead containing materials and inferior electrical systems. Exterior masonry will need to be repointed. Exterior and interior renovations are required to stop further damage to the building and provide a comfortable working environment for Public Safety employees.

Demolition of existing building and construction of new was considered. Total cost of demolition of existing and construction of new is \$2.55 million. Cost of renovating existing is \$1.68 million.

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 | 44 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|---|
| TITLE | Veterans Victory House Whole Facility Generator |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|-------------|
| AMOUNT | \$1,500,000 |
|---------------|-------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|---------------------------------------|
| CPIP PRIORITY | Plan Year 7 of 32 Overall 28 of 88 |
|----------------------|---------------------------------------|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. VA Grant Funding may also be sought after. There will be an expected cost covered by the operating funds for maintenance and fuel. This cost will be paid through the contract fees invoiced by the Contract Operator. The anticipated useful life for this improvement will be 20+ years. |
|--|---|

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?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>This project is to install a generator large enough to power all of the Veterans Victory House VA Nursing Home located in Walterborough, SC, during a power outage. The generator would power everything, including the chillers, air handlers, outlets, food service, medical, office equipment, etc. The state funds would be a 35% match money towards a VA Grant.</p> <p>Since Veterans Victory House VA Nursing Home is located in Walterborough, SC, it can be prone to weather events like hurricanes, lightning strikes, etc. By installing this generator, the facility could be considered a shelter in place facility for the Veterans it serves. The generator could be regarded as life safety equipment.</p> <p>Currently, there is a docking port for a portable generator to be installed if the weather event is predicted in enough time. However, there is never a guarantee of availability, and fuel may also be a concern. The alternative would be to leave the facility as is and either rent a generator or emergency evacuate the patients/residents to a safer location during such events mentioned above.</p> |
|--|---|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 45 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | Crafts-Farrow Fisher Auditorium Improvements |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------|
| AMOUNT | \$250,000 |
|---------------|-----------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|---------------------------------------|
| CPIP PRIORITY | Plan Year 8 of 32 Overall 29 of 88 |
|----------------------|---------------------------------------|

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 | No approvals have been obtained at this time. |
|------------------------|---|

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 | No funds have been invested in this project. Funds deposited in the agency Deferred Maintenance Fund will be the intended source of funds. There will be an expected cost covered in the operating funds for utilities and maintenance. The anticipated useful life for this improvement will be 20+ years. |
|--|---|

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?

| | |
|--|--|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>Fischer Auditorium is attached to the CFSH campus Library. The Library is in poor shape with multiple moisture intrusion points on the roof, mold and asbestos, the building needs to be demolished. The building in its current state is not habitable and is not worth investing the money to save it. The Fisher Auditorium attached to the library is a large open space where there is one roof leak needing to be repaired. The building would be ideal for short term storage and rotating stock. The ceilings are high and the space is very open. All plumbing and asbestos shall be removed or encapsulated. The building will not be occupied and will only serve as storage. A new electrical service will be installed so that lights, and minimal HVAC can be installed to control humidity.</p> <p>The Columbia CFSH campus needs to have a location for maintenance temporary storage and storage for rotating stock. The Fischer Auditorium would be a good use of that space.</p> <p>The alternative would be to demolish the entire building and spend twice as much building another building for the same purpose.</p> |
|--|--|

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM C – CAPITAL REQUEST

| | |
|------------------------|----|
| AGENCY PRIORITY | 48 |
|------------------------|----|

Provide the Agency Priority Ranking from the Executive Summary.

| | |
|--------------|--|
| TITLE | State Nursing Home Construction (Orangeburg) |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|--------------|
| AMOUNT | \$30,600,000 |
|---------------|--------------|

How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|---|
| CPIP PRIORITY | This project was not on the FY21 CPIP. JBRC agreed to move forward with this project at its December 7, 2021 meeting. |
|----------------------|---|

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 | <p>At its December 7th meeting, the Joint Bond Review Committee received a report by the South Carolina Department of Mental Health which included among other things a recommendation for the location of an additional State Veterans Home. The Committee took action to accept the Department's recommendation to select Orangeburg County as the location of the next home and enable the Department to proceed with a grant application by the April 15, 2022, deadline; authorize the Department to submit a permanent improvement proposal and make adjustments to the Department's fiscal year 2022-23 capital budget request incorporating the budgetary impact of this action; and continue the authorization for Committee staff to review and make recommendations regarding the Department's requests to advance projects to become eligible for federal funding, with any staff recommendations so made reported to the Committee at its next meeting.</p> <p>The JBRC and SFAA will formally approve the project budget at their January 2022 meetings.</p> |
|------------------------|---|

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 | <p>The anticipated useful life for this improvement will be 50+ years. An RFP for a private contract operator will be solicited at the time of construction. The operator will be responsible for maintaining the facility, with larger capital improvements funded from the agency Deferred Maintenance Fund.</p> |
|--|--|

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?

| | |
|-----------------|--|
| COMMENTS | <p>On December 7, 2021, the JBRC approved construction of an additional 104 bed State Veterans nursing home in Orangeburg County to address high populations of veterans that have reached or will attain retirement age in the next two decades, with consideration given to locations of existing veterans homes, geographic characteristics including considerations for the potential impact of locations within evacuation zones,</p> |
|-----------------|--|

accessibility for veterans and their families, and availability of an adequate healthcare workforce to staff the facility. The design will be based on the Sumter County prototype and a Veterans Administration (VA) State Home Construction grant application will be submitted prior to April 15, 2022. Based on the history of past congressional appropriations for the VA State Home Construction Grant Program, the Department projects that federal funding could become available by federal fiscal year 2031 for an additional home, if included in the federal fiscal year 2023 VA priority list.

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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM D – PROVISO REVISION REQUEST

| | |
|---------------|--------|
| NUMBER | 117.51 |
|---------------|--------|

Cite the proviso according to the renumbered list (or mark "NEW").

| | |
|--------------|-----------------------------|
| TITLE | GP: ISCEDC Funding Transfer |
|--------------|-----------------------------|

Provide the title from the renumbered list or suggest a short title for any new request.

| | |
|-----------------------|---|
| BUDGET PROGRAM | II. Programs and Services, A. Community Mental Health, 2. Projects and Grants |
|-----------------------|---|

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 2022-2023? If so, cite it here.

| | |
|-------------------------|-------|
| REQUESTED ACTION | Amend |
|-------------------------|-------|

Choose from: Add, Delete, Amend, or Codify.

| | |
|--------------------------------|-------------------------------|
| OTHER AGENCIES AFFECTED | Department of Social Services |
|--------------------------------|-------------------------------|

Which other agencies would be affected by the recommended action? How?

| | |
|----------------------------------|--|
| SUMMARY & EXPLANATION | <p>DMH requests to permanently transfer \$595,000 in recurring appropriations to the Department of Social Services and eliminate reference to the Department of Mental Health within Proviso 117.52.</p> |
|----------------------------------|--|

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

\$595,000 transfer of recurring state appropriations from Department of Mental Health to Social Services.

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**

117.52. (GP: ISCEDC Funding Transfer) The departments of ~~Mental Health~~, Disabilities and Special Needs, and Juvenile Justice are directed to transfer a total of ~~\$1,199,456~~ \$604,456 in funds to the Department of Social Services for the support of the Interagency System for Caring for Emotionally Disturbed Children. Funding transfers shall be in the following amounts: ~~Department of Mental Health — \$595,000~~, Department of Disabilities and Special Needs - \$379,456, and Department of Juvenile Justice - \$225,000. The transfer of funds shall be accomplished by September thirtieth of the current fiscal year.

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

| | | | |
|--------------|-----------------------------|----------|----|
| Agency Name: | Department Of Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM D – PROVISO REVISION REQUEST

| | |
|---------------|------|
| NUMBER | 35.1 |
|---------------|------|

Cite the proviso according to the renumbered list (or mark "NEW").

| | |
|--------------|--------------------------|
| TITLE | DMH: Patient Fee Account |
|--------------|--------------------------|

Provide the title from the renumbered list or suggest a short title for any new request.

| | |
|-----------------------|---|
| BUDGET PROGRAM | Not applicable – State General Fund request II. Programs and Services, A. Community Mental Health, 2. Projects and Grants - Continuum of Care request |
|-----------------------|---|

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 2022-2023? If so, cite it here.

| | |
|-------------------------|-------|
| REQUESTED ACTION | Amend |
|-------------------------|-------|

Choose from: Add, Delete, Amend, or Codify.

| | |
|--------------------------------|---|
| OTHER AGENCIES AFFECTED | State General Fund Continuum of Care |
|--------------------------------|---|

Which other agencies would be affected by the recommended action? How?

| | |
|----------------------------------|--|
| SUMMARY & EXPLANATION | <p>DMH requests removing the requirement to send \$290,963 of its earned revenue to the General Fund, as directed in Proviso 35.1. Elimination of this requirement will allow the Department to spend its earned revenue on DMH operations.</p> <p>DMH requests removing the requirement to send \$400,000 of its earned revenue to the Continuum of Care, as directed in Proviso 35.1. Elimination of this requirement will allow the Department to spend its earned revenue on DMH operations.</p> <p>DMH expects the Department of Child Advocacy will submit a budget request supporting the elimination of the transfer of funding from DMH to Continuum of Care out of agency patient fee revenues and request replacement funding in the form recurring state appropriations.</p> |
|----------------------------------|--|

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

DMH requests removing the requirement to send \$290,963 of its earned revenue to the General Fund, as directed in Proviso 35.1. Elimination of this requirement will allow the Department to spend its earned revenue on DMH operations.

DMH requests removing the requirement to send \$400,000 of its earned revenue to the Continuum of Care, as directed in Proviso 35.1. Elimination of this requirement will allow the Department to spend its earned revenue on DMH operations.

DMH expects the Department of Child Advocacy will submit a budget request supporting the elimination of the transfer of funding from DMH to Continuum of Care out of agency patient fee revenues and request replacement funding in the form recurring state appropriations.

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**

35.1 (DMH: Patient Fee Account) The Department of Mental Health 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 funds collected by the department from patients' Medicare benefits and funds collected by the department from its veteran facilities shall be considered as patient fees. The department 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 department 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 Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM D – PROVISO REVISION REQUEST

| | |
|---------------|------|
| NUMBER | 35.3 |
|---------------|------|

Cite the proviso according to the renumbered list (or mark "NEW").

| | |
|--------------|--------------------------|
| TITLE | DMH: Alzheimer's Funding |
|--------------|--------------------------|

Provide the title from the renumbered list or suggest a short title for any new request.

| | |
|-----------------------|---|
| BUDGET PROGRAM | II. Programs and Services, A. Community Mental Health, 2. Projects and Grants |
|-----------------------|---|

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 2022-2023? If so, cite it here.

| | |
|-------------------------|--------|
| REQUESTED ACTION | Delete |
|-------------------------|--------|

Choose from: Add, Delete, Amend, or Codify.

| | |
|--------------------------------|--|
| OTHER AGENCIES AFFECTED | South Carolina Department of Aging (Section 40 - L600) |
|--------------------------------|--|

Which other agencies would be affected by the recommended action? How?

| | |
|----------------------------------|--|
| SUMMARY & EXPLANATION | <p>DMH requests transferring the responsibility of Proviso 35.3, Alzheimer's Funding, to the Department on Aging. This transfer request was also a recommendation contained in the House Legislative Oversight Committee's report on DMH in 2020.</p> <p>Since FY17, Proviso 35.3 has directed DMH to pass through \$900,000 to the Alzheimer's Association. Prior to FY17, the agency was directed to pass through \$778,706. The increase of \$121,294 was unfunded by the General Assembly in FY17, which DMH has been using its limited one-time funds to cover.</p> <p>While DMH requests to move the Proviso to the Department on Aging, DMH's budget only supports a recurring transfer of \$778,706. DMH expects Aging will request \$121,294 in recurring appropriations in order to fulfill the requirements of the Proviso.</p> |
|----------------------------------|--|

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

The South Carolina Department of Mental Health (SCDMH) was appropriated \$778,706 in recurring state funding by the South Carolina General Assembly to support the \$900,000 in funds subsequently passed through to the Alzheimer's Disease and Related Disorders Association. Consequently, SCDMH was required to use \$121,294 in funds from other sources intended for the treatment of those with Serious and Persistent Mental Illness (SPMI) and Serious Emotional Disturbance (SED) to subsidize this budget line item shortfall.

In order to transfer this responsibility to the South Carolina Department of Aging with a budget-neutral fiscal impact, SCDMH will permanently transfer \$778,706 in state appropriations to the South Carolina Department of Aging, but the South Carolina General Assembly must then appropriate \$121,294 in new funds to the South Carolina Department of Aging to aggregate a budget line item amount of \$900,000.

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

~~35.3. (DMH: Alzheimer's Funding) Of the funds appropriated to the Department of Mental Health for Community Mental Health Centers, \$900,000 must be used for contractual services to provide respite care and diagnostic services to those who qualify as determined by the Alzheimer's Disease and Related Disorders Association. The department must maximize, to the extent feasible, federal matching dollars. On or before September thirtieth of each year, the Alzheimer's Disease and Related Disorders Association must submit to the department, Governor, Senate Finance Committee, and House Ways and Means Committee an annual financial statement and outcomes measures attained for the fiscal year just ended. These funds may not be expended or transferred during the current fiscal year until the required reports have been received by the department, Governor, Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee. In addition, when instructed by the Executive Budget Office or the General Assembly to reduce funds by a certain percentage, the department may not reduce the funds transferred to the Alzheimer's Disease and Related Disorders Association greater than such stipulated percentage.~~

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

| | | | |
|--------------|-----------------------------|----------|----|
| Agency Name: | Department Of Mental Health | | |
| Agency Code: | J120 | Section: | 35 |

FORM D – PROVISO REVISION REQUEST

| | |
|---------------|------|
| NUMBER | 35.5 |
|---------------|------|

Cite the proviso according to the renumbered list (or mark "NEW").

| | |
|--------------|---|
| TITLE | DMH: Uncompensated Patient Medical Care |
|--------------|---|

Provide the title from the renumbered list or suggest a short title for any new request.

| | |
|-----------------------|--|
| BUDGET PROGRAM | II. Programs and Services, B. Inpatient Mental Health, C. Addictions |
|-----------------------|--|

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 2022-2023? If so, cite it here.

| | |
|-------------------------|--------|
| REQUESTED ACTION | Codify |
|-------------------------|--------|

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 | DMH requests to codify this proviso. |
|----------------------------------|--------------------------------------|

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**

35.5. (DMH: Uncompensated Patient Medical Care) There is created an Uncompensated Patient Care Fund to be used by the department for medical costs incurred for patients. 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 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 |
|--------------|---|

| | |
|---------------|--|
| AMOUNT | \$8,369,363 |
| | <i>What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.</i> |

| | |
|----------------------------------|--|
| ASSOCIATED FTE REDUCTIONS | Dependent on individual action plans. |
| | <i>How many FTEs would be reduced in association with this General Fund reduction?</i> |

| | |
|----------------------------------|---|
| PROGRAM / ACTIVITY IMPACT | See below. |
| | <i>What programs or activities are supported by the General Funds identified?</i> |

| | |
|----------------|--|
| SUMMARY | <p>Agency directed each entity to create an action plan for reducing \$8.4 million evenly across the agency. Each will first apply savings to identified expenditures outside of salary and wages, producing an immediate decrease. Afterwards, if additional savings are necessary, each area will reduce salaries and wages in a manner creating the least consequence on Agency services to the citizens of the State. Agency will diligently monitor and follow up on each area's plan, guaranteeing implementation of all measures.</p> |
|----------------|--|

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.

See Form F - Reducing Cost and Burden to Businesses and Citizens.

**AGENCY COST
SAVINGS PLANS**

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 |
|--------------|---------------------------------------|

Provide a brief, descriptive title for this request.

| | |
|--|-----------------------------------|
| EXPECTED SAVINGS TO BUSINESSES AND CITIZENS | Variable based on study findings. |
|--|-----------------------------------|

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 | Mark “X” for all that apply: | |
| | | Repeal or revision of regulations. |
| | | Reduction of agency fees or fines to businesses or citizens. |
| | X | Greater efficiency in agency services or reduction in compliance burden. |
| | | Other |

| | |
|------------------------------|-----------------------------------|
| METHOD OF CALCULATION | Variable based on study findings. |
|------------------------------|-----------------------------------|

Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.

| | |
|-----------------------------------|-----------------|
| REDUCTION OF FEES OR FINES | Not applicable. |
|-----------------------------------|-----------------|

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. |
|--------------------------------|-----------------|

Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

| | |
|----------------|--|
| SUMMARY | <p>The agency is working with outside experts on an exhaustive review of its complete revenue cycle. This will eliminate inefficiencies, leading to savings reducing the tax burden of the State’s citizens. It will also improve processes, especially with collections, benefiting clients. It should reduce unexpected self-billing situations, leading to more billing accurately going to insurance companies and other entities rather than directly to the client. This also increases total collections, decreasing the accounts classified as untimely filing. Additionally, the agency will use the findings to automate many currently manual procedures. It will speed up the entire revenue cycle, not only saving money but also cutting time spent with admissions and collections. The applied findings of this study will streamline the entire process and will combine with other savings throughout the agency to decrease the citizen’s share of supporting the agency while improving the revenue cycle’s effectiveness.</p> |
|----------------|--|

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