

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |



## Fiscal Year 2020-21 Agency Budget Plan

### FORM A - BUDGET PLAN SUMMARY

|   |   |                                     |   |                                     |  |                          |                                     |
|---|---|-------------------------------------|---|-------------------------------------|--|--------------------------|-------------------------------------|
| <b>OPERATING<br/>REQUESTS<br/>(FORM B1)</b>     | <p><b>For FY 2020-21, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting General Fund Appropriations.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting Federal/Other Authorization.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting any changes.</td> </tr> </table>   | <input checked="" type="checkbox"/> | Requesting General Fund Appropriations.                                   | <input checked="" type="checkbox"/> | Requesting Federal/Other Authorization.                              | <input type="checkbox"/> | Not requesting any changes.         |
| <input checked="" type="checkbox"/>             | Requesting General Fund Appropriations.   |                                     |   |                                     |  |                          |                                     |
| <input checked="" type="checkbox"/>             | Requesting Federal/Other Authorization.   |                                     |   |                                     |  |                          |                                     |
| <input type="checkbox"/>                        | Not requesting any changes.   |                                     |   |                                     |  |                          |                                     |
| <b>NON-RECURRING<br/>REQUESTS<br/>(FORM B2)</b> | <p><b>For FY 2020-21, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting Non-Recurring Appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Requesting Non-Recurring Federal/Other Authorization.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting any changes.</td> </tr> </table>   | <input checked="" type="checkbox"/> | Requesting Non-Recurring Appropriations.                                  | <input type="checkbox"/>            | Requesting Non-Recurring Federal/Other Authorization.                | <input type="checkbox"/> | Not requesting any changes.         |
| <input checked="" type="checkbox"/>             | Requesting Non-Recurring Appropriations.  |                                     |   |                                     |  |                          |                                     |
| <input type="checkbox"/>                        | Requesting Non-Recurring Federal/Other Authorization.   |                                     |   |                                     |  |                          |                                     |
| <input type="checkbox"/>                        | Not requesting any changes.   |                                     |   |                                     |  |                          |                                     |
| <b>CAPITAL<br/>REQUESTS<br/>(FORM C)</b>        | <p><b>For FY 2020-21, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting funding for Capital Projects.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting any changes.</td> </tr> </table>   | <input checked="" type="checkbox"/> | Requesting funding for Capital Projects.                                  | <input type="checkbox"/>            | Not requesting any changes.  |                          |                                     |
| <input checked="" type="checkbox"/>             | Requesting funding for Capital Projects.  |                                     |   |                                     |  |                          |                                     |
| <input type="checkbox"/>                        | Not requesting any changes.   |                                     |   |                                     |  |                          |                                     |
| <b>PROVISOS<br/>(FORM D)</b>                    | <p><b>For FY 2020-21, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table> | <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. |
| <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>             |
|---------------------------|---------------------|--------------|--------------------------|
| <b>PRIMARY CONTACT:</b>   | Mark W. Binkley, JD | 803-898-8319 | mark.binkley@scdmh.org   |
| <b>SECONDARY CONTACT:</b> | Debbie Calcote, MA  | 803-898-8391 | debbie.calcote@scdmh.org |

I have reviewed and approved the enclosed FY 2020-21 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

|                         |                            |                                      |
|-------------------------|----------------------------|--------------------------------------|
| <b>SIGN/DATE:</b>       | <u>Agency Director</u><br> | <u>Board or Commission Chair</u><br> |
| <b>TYPE/PRINT NAME:</b> | Mark W. Binkley, JD        | L. Gregory Pearce, Jr.               |

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

Fiscal Year 2020-21 Budget Request Executive Summary

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

| BUDGET REQUESTS              |                    |   | FUNDING            |          |                   |            |                    | FTES        |             |             |             |             |
|------------------------------|--------------------|---|--------------------|----------|-------------------|------------|--------------------|-------------|-------------|-------------|-------------|-------------|
| Priority                     | Request Type       | Request Title   | State              | Federal  | Earmarked         | Restricted | Total              | State       | Federal     | Earmarked   | Restricted  | Total       |
| 1                            | B1 - Recurring     | Sustainability of Workforce                                       | 7,982,500          | 0        | 0                 | 0          | 7,982,500          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 2                            | B1 - Recurring     | Sustainability of Services  | 8,768,173          | 0        | 0                 | 0          | 8,768,173          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 3                            | B1 - Recurring     | Out of Home Placement (OOHP) Funds for High Risk Adolescents      | 750,000            | 0        | 0                 | 0          | 750,000            | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 4                            | B1 - Recurring     | Contractual Adjustment - Inpatient Services                       | 2,587,946          | 0        | 0                 | 0          | 2,587,946          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 5                            | B1 - Recurring     | Sexually Violent Predator Program                                 | 625,897            | 0        | 0                 | 0          | 625,897            | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 6                            | B1 - Recurring     | Appointed Counsel in Civil Commitment Proceedings                 | 400,000            | 0        | 0                 | 0          | 400,000            | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 7                            | B1 - Recurring     | Long-Term Care Division   | 250,000            | 0        | 0                 | 0          | 250,000            | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 8                            | B1 - Recurring     | Emergency Department Telepsychiatry                               | 400,000            | 0        | 0                 | 0          | 400,000            | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 9                            | B1 - Recurring     | Crisis Stabilization Units  | 1,000,000          | 0        | 0                 | 0          | 1,000,000          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 10                           | B1 - Recurring     | Community Supportive Housing                                      | 500,000            | 0        | 0                 | 0          | 500,000            | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 11                           | B1 - Recurring     | School Mental Health  | 600,000            | 0        | 0                 | 0          | 600,000            | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 12                           | B1 - Recurring     | Young Adult Intervention Services                                 | 600,000            | 0        | 0                 | 0          | 600,000            | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 13                           | B1 - Recurring     | Clinicians in Law Enforcement                                     | 325,000            | 0        | 0                 | 0          | 325,000            | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 14                           | B2 - Non-Recurring | CMHS - Outpatient Electronic Health Record                        | 4,500,000          | 0        | 0                 | 0          | 4,500,000          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 15                           | B2 - Non-Recurring | VA Nursing Home Furnishings                                       | 2,500,000          | 0        | 0                 | 0          | 2,500,000          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 16                           | C - Capital        | Suicide Prevention - Ligature Resistant Fixtures                  | 8,605,645          | 0        | 0                 | 0          | 8,605,645          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 17                           | C - Capital        | NE Campus Electrical Distribution System Renovations              | 3,600,000          | 0        | 0                 | 0          | 3,600,000          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 18                           | C - Capital        | Veterans Victory House Chiller Replacement                        | 815,000            | 0        | 0                 | 0          | 815,000            | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 19                           | C - Capital        | Campbell Veterans Nursing Home Renovations                        | 3,940,000          | 0        | 0                 | 0          | 3,940,000          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 20                           | 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        |
| 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        | Community Buildings Deferred Maintenance                          | 3,500,000          | 0        | 0                 | 0          | 3,500,000          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 23                           | C - Capital        | Columbia Area MHC Phase III Construction                          | 8,050,000          | 0        | 0                 | 0          | 8,050,000          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 24                           | C - Capital        | Roddey Pavilion Renovations                                       | 1,000,000          | 0        | 0                 | 0          | 1,000,000          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 25                           | C - Capital        | Crafts Farrow State Hospital and Tucker Center Laundries          | 3,300,000          | 0        | 0                 | 0          | 3,300,000          | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 26                           | C - Capital        | Certification of State Match (Additional VA Nursing Homes)        | 37,888,352         | 0        | 0                 | 0          | 37,888,352         | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 27                           | B1 - Recurring     | Increase in Other Funds Authorization                             | 0                  | 0        | 35,500,000        | 0          | 35,500,000         | 0.00        | 0.00        | 0.00        | 0.00        | 0.00        |
| 28                           | B1 - Recurring     | Mental Illness Recovery Center, Inc. (MIRCI) Pass Through Funding | 250,000            |          |                   |            | 250,000            |             |             |             |             | 0.00        |
| 29                           |                    |   |                    |          |                   |            | 0                  |             |             |             |             | 0.00        |
| 30                           |                    |   |                    |          |                   |            | 0                  |             |             |             |             | 0.00        |
| <b>TOTAL BUDGET REQUESTS</b> |                    |   | <b>127,598,513</b> | <b>0</b> | <b>35,500,000</b> | <b>0</b>   | <b>163,098,513</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> |

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 1 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                                    |
|--------------|------------------------------------|
| <b>TITLE</b> | <b>Sustainability of Workforce</b> |
|--------------|------------------------------------|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$7,982,500</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$7,982,500</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

|  |   |   |
|--|---|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark "X" for all that apply:</b>   |   |
|  | <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 # _____ |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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                        |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Strategy 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.2.1, and 1.2.2.</p> <p>This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | <p>SCDMH gives priority to adults, children, and their families affected by 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.</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?*

|                                 |  |
|---------------------------------|--|
| <b>JUSTIFICATION OF REQUEST</b> | <p>As a healthcare provider, SCDMH is unique among State agencies: SCDMH employees directly delivering medically necessary services to patients in hospitals and through community mental health centers, both in clinics and while out stationed in schools and other community settings, and SCDMH employees delivering medical and nursing care to residents in its nursing care facilities.</p> <p>The diversity of the needed workforce in terms of education, skills and qualifications, includes many licensed health care professionals – physicians (both psychiatrists and primary care physicians), mid-level licensed practitioners, such as Advanced Nurse Practitioners (APRNs) and Physician Assistants (PAs), Registered Nurses, and Licensed Practical Nurses, Licensed Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, as well as Certified Nursing Assistants – all of which are in high demand in both the private and public sector.</p> <p>The agency is consequently challenged to recruit and retain the staff it needs to continue to provide its existing services, and is hampered in increasing services because of workforce shortages, even when the General Assembly increases funding for additional service delivery.</p> <p>Average turnover rate across SCDMH Divisions for fiscal year 2018 was 27% for the Division of Inpatient Services, 20% for the Division of Community Mental Health Services, and 21% for the Division of Administrative Services.</p> <p>The average age of SCDMH’s nursing staff is 59 years old. Nursing salaries which community hospitals now offer for beginning nurses as so much higher than those which SCDMH can offer for a RN 1 beginning nurse so as to render SCDMH unable to</p> |
|---------------------------------|--|

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

compete, and force the SCDMH to rely on temporary nurse staffing agencies and overtime in order to have adequate nurse coverage in its hospitals and nursing homes. Improving recruitment of Registered Nurses, Licensed Practical Nurses and Advanced Practice Nurses is critical to service delivery in inpatient and outpatient settings.

SCDMH Public Safety employs certified Law Enforcement Officers as well as general Security Officers to provide support, security primarily for SCDMH hospitals and inpatient facilities, and transportation for those patients who must be in secure custody when traveling to outside medical appointments or to court. The turnover rate in fiscal year 2018 for SCDMH Public Safety was 27%. SCDMH competes with local, State and federal law enforcement agencies throughout the State to recruit and retain officers.

The Department cannot adequately sustain its current workforce without increasing compensation, and has developed a plan to gradually increase pay for various categories of employees.

The requested funds would support Phase I of a multi-year approach to address recruitment and retention challenges with for many hard-to-fill positions. Phase I consists of the following request:

|  | <b>Per Hour Increase</b> | <b>Proposed Average Salary</b> | <b>Current Average Salary</b> | <b>Current Hourly Rate</b> | <b>Turnover Rate</b> |
|--|--------------------------|--------------------------------|-------------------------------|----------------------------|----------------------|
| <b>\$1,400,000 – GA20 Class Code</b>   |                          |                                |                               |                            |                      |
| Certified Nursing Assistant<br>Mental Health Assistant<br>Physical Therapy Aide<br>Behavioral Health Assistant   | \$2.00                   | \$25,324                       | \$21,164                      | \$10.18                    | 41.97%               |
| <b>\$1,600,000 – GA30 Class Code</b>   |                          |                                |                               |                            |                      |
| Certified Nursing Assistant<br>Therapeutic Assistant<br>Client Engagement Specialist<br>Rehabilitation Associate<br>Patient Escort<br>Peer Support Specialists | \$2.00                   | \$29,444                       | \$25,284                      | \$12.16                    | 38.63%               |
| <b>\$470,000 – GA40 Class Code</b>   |                          |                                |                               |                            |                      |
| Clinical Counselor<br>Activity Therapist<br>Health Educator<br>Activity Therapy Assistant<br>Counselor Assistant   | \$1.00                   | \$33,723                       | \$31,643                      | \$15.21                    | 19.23%               |
| <b>\$2,700,000 – GA50 Class Code</b>   |                          |                                |                               |                            |                      |
| Mental Health Counselor<br>Addiction Specialist<br>Community Resource Developer<br>Rehab Services Coordinator<br>Activity Therapy Supervisor                   | \$1.00                   | \$44,317                       | \$42,237                      | \$20.31                    | 25.29%               |
| <b>\$460,000 – GA60 Class Code</b>   |                          |                                |                               |                            |                      |
| Chief Mental Health Counselor<br>Activity Therapist Director<br>Clinical Competency Coach<br>Clinical Competency Trainer<br>Counselor                          | \$1.00                   | \$54,499                       | \$52,419                      | \$25.20                    | 18.35%               |

**AGENCY NAME:**

**South Carolina Department of Mental Health**

**AGENCY CODE:**

**J120**

**SECTION:**

**35**

|   |        |           |           |         |        |
|---|--------|-----------|-----------|---------|--------|
| Counselor Supervisor<br>Special Services Coordinator<br>Psychologists |        |           |           |         |        |
| <b>\$61,000 – EA10 Class Code</b>                                     |        |           |           |         |        |
| Licensed Practical Nurse  | \$1.00 | \$34,662  | \$32,582  | \$15.66 | 29.41% |
| <b>\$72,000 – EA15 Class Code</b>                                     |        |           |           |         |        |
| Licensed Practical Nurse II   | \$1.00 | \$46,008  | \$43,928  | \$21.12 | 23.33% |
| <b>\$107,000 – EA20 Class Code</b>                                    |        |           |           |         |        |
| Registered Nurse I  | \$1.00 | \$51,322  | \$49,242  | \$23.67 | 6.38%  |
| <b>\$412,000 – EA30 Class Code</b>                                    |        |           |           |         |        |
| Registered Nurse II   | \$1.00 | \$61,509  | \$59,429  | \$28.57 | 22.87% |
| <b>\$66,000 – EA60 Class Code</b>                                     |        |           |           |         |        |
| Nurse Practitioner I  | \$1.00 | \$86,871  | \$84,791  | \$40.76 | 13.51% |
| <b>\$171,000 – EA70 Class Code</b>                                    |        |           |           |         |        |
| Nurse Administrator/Manager I   | \$1.00 | \$65,117  | \$63,037  | \$30.31 | 26.71% |
| <b>\$41,000 – EA80 Class Code</b>                                     |        |           |           |         |        |
| Nurse Administrator/Manager II  | \$1.00 | \$89,919  | \$87,839  | \$42.23 | 6.25%  |
| <b>\$28,000 – EA65 Class Code</b>                                     |        |           |           |         |        |
| Nurse Practitioner II   | \$1.00 | \$104,797 | \$102,717 | \$49.38 | 17.86% |
| <b>\$2,500 – EA90 Class Code</b>                                      |        |           |           |         |        |
| Nurse Administrator/Manager III                                       | \$1.00 | \$96,917  | \$94,837  | \$45.59 | 0.00%  |
| <b>\$16,000 – KB05 Class Code</b>                                     |        |           |           |         |        |
| Food Service Specialist I   | \$1.00 | \$19,745  | \$17,665  | \$8.49  | 38.46% |
| <b>\$49,000 – KB10 Class Code</b>                                     |        |           |           |         |        |
| Food Service Specialist II  | \$1.00 | \$21,865  | \$19,785  | \$9.51  | 33.33% |
| <b>\$31,000 – KB15 Class Code</b>                                     |        |           |           |         |        |
| Food Service Specialist III   | \$1.00 | \$30,420  | \$28,340  | \$13.63 | 41.67% |
| <b>\$16,000 – KB20 Class Code</b>                                     |        |           |           |         |        |
| Food Service Specialist IV  | \$1.00 | \$32,645  | \$30,565  | \$14.69 | 96.15% |
| <b>\$6,000 – KB25 Class Code</b>                                      |        |           |           |         |        |
| Food Service Specialist V   | \$1.00 | \$53,845  | \$51,765  | \$24.89 | 0.00%  |
| <b>\$3,000 – KB30 Class Code</b>                                      |        |           |           |         |        |
| Food Service Specialist VI  | \$1.00 | \$53,977  | \$51,897  | \$24.95 | 0.00%  |
| <b>\$11,000 – KB50 Class Code</b>                                     |        |           |           |         |        |
| Nutritionist IV   | \$1.00 | \$63,464  | \$61,384  | \$29.51 | 20.83% |
| <b>\$36,000 – JD15 Class Code</b>                                     |        |           |           |         |        |
| Security Specialist III   | \$1.00 | \$29,116  | \$27,036  | \$13.00 | 20.55% |
| <b>\$127,000 – JC10 Class Code</b>                                    |        |           |           |         |        |
| Law Enforcement Officer I   | \$1.00 | \$42,825  | \$40,745  | \$19.59 | 19.32% |

|                     |   |                 |           |  |  |
|---------------------|---|-----------------|-----------|--|--|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |  |  |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |  |  |

|                                   |        |          |          |         |        |
|-----------------------------------|--------|----------|----------|---------|--------|
| <b>\$61,000 – JC20 Class Code</b> |        |          |          |         |        |
| Law Enforcement Officer II        | \$1.00 | \$50,804 | \$48,724 | \$23.43 | 22.39% |
| <b>\$36,000 – JC30 Class Code</b> |        |          |          |         |        |
| Law Enforcement Officer III       | \$1.00 | \$60,671 | \$58,591 | \$28.17 | 20.55% |

No potential offsets.

No matching funds.

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 2 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                            |
|--------------|----------------------------|
| <b>TITLE</b> | Sustainability of Services |
|--------------|----------------------------|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$8,768,173</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$8,768,173</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

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

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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                        |



|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <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 will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase and maximize available technology to meet the needs of staff and patients in as cost efficient manner as possible.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|--|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | <p>SCDMH gives priority to adults, children, and their families affected by 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 support services to clinical components rendering mental health services.</p> <p>The requested funds are also sought by the Department for the protection of confidential medical records and critical support systems upon which the agency’s operations depend. Said benefit is recognized via safeguard of protected health information.</p> |
|----------------------------|---|

*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?*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

**JUSTIFICATION OF REQUEST**

SCDMH has become reliant on utilizing one-time funds to fund recurring operations in both its Inpatient and Administrative Divisions, as costs have escalated without corresponding increases in appropriations or revenue.

The requested funding would allow SCDMH to be on a sustainable footing by replacing the one-time funding that is projected to be utilized in its FY20 budget to meet recurring operating needs.

- Inpatient Services: \$3,638,611 - Recurring funds are needed to support critical clinical positions across the inpatient services system. Positions include registered nurses, LPNs, behavioral health assistants, certified nursing assistants, social workers, therapeutic assistants, counselors, psychiatrists, food specialists and nutritionists.
- Care Coordination: \$196,324 - This program is valued by both DMH and DHHS, however the current rates of \$15 and \$20 are not adequate to sustain the program at existing expenditure levels.
- Human Resources: \$337,227 - The DMH Office of Human Resources developed a recruitment and retention program focusing efforts on recruiting hard-to-fill positions, which is called TARP (Talent Acquisition & Retention Program). This programs uses both traditional and non-traditional recruitment strategies for some of our hard-to-fill positions such as nurses (RNs, NPs, LPNs) & CNAs; Licensed Mental Health Professionals; Social Workers & Public Safety Officers; Psychologists & Psychiatrists; and Trades Specialists.
- Physical Plant Services: \$533,211 - As the Department continues to address its deferred maintenance needs (many buildings are nearing the 20+ year age, thus requiring new HVAC systems and roofs), the need for skilled project managers is necessary. DMH is currently managing 34 active capital projects, totaling over \$83 million (\$46 million in DMH funds and \$37 million one-time funds for construction of new VA homes).
- Information Technology: \$3,662,800 – Information technology costs are increasing as the agency continues expanding services into schools and its growth in utilizing Telepsychiatry in order to provide services in the most cost effective manner. In addition, increases in the circuit size of the Internet has increased and replacement of hardware due to licensure requirements. Lastly, there are other costs increasing beyond the control of DMH such as Microsoft license software increases.
- Public Safety: \$400,000 - Funds requested are to support critical law enforcement positions as well as increased operating costs due to the South Carolina Criminal Justice Academy requirements.

This request is considered in the Department’s annual information technology and security plans. This request includes consultation with the Department of Administration in its development.

No potential offsets.

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|  |                    |
|--|--------------------|
|  | No matching funds. |
|--|--------------------|

*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.*

---

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |          |
|------------------------|----------|
| <b>AGENCY PRIORITY</b> | <b>3</b> |
|------------------------|----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Out of Home Placement (OOHP) Funds for High Risk Adolescents</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$750,000</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$750,000</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |            |
|----------------------|------------|
| <b>NEW POSITIONS</b> | <b>N/A</b> |
|----------------------|------------|

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

|  |  |   |
|--|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark "X" for all that apply:</b>                    |   |
|  | <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 # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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  |  |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Strategy 1.1.1</p> <p>This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |  |
|----------------------------|--|
| <b>RECIPIENTS OF FUNDS</b> | <p>The funds would be used to financially support the placement of youth in a Psychiatric Residential Treatment Facility (PRTF) or in a therapeutic group home. The funds would pay such providers for services.</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?*

|                                 |  |
|---------------------------------|--|
| <b>JUSTIFICATION OF REQUEST</b> | <p>State recurring funds are needed to fund additional short-term therapeutic residential services for adolescents with a mental illness who are at high risk for institutionalization. Examples would be children and adolescents with a mental illness who have come into contact with the juvenile justice system and/or hospital emergency departments.</p> <p>At one time available service options under the State’s Medicaid Plan included Intensive Family Services, such as Multi-Systemic Therapy (MST), Therapeutic Foster Care (TFC), and Temporary De-escalation Care (TDC – Respite care), and prior to 2008, therapeutic group homes.</p> <p>Changes in the Medicaid plan impacting these services were in most cases to “unbundle” the multiple clinical interventions which made up a particular intensive “wrap” service, and require that each intervention be separately documented and billed. Such a change increased the amount of administrative time clinical staff had to spend documenting, and resulted in substantially lowering the overall level of reimbursement to private community providers, as well as SCDMH community mental health centers, of these intensive wrap services, often below the cost to provide the previous level of services to the adolescent patient and their family. Also, as a result of a ruling by the Centers for Medicare and Medicaid Services (CMS), since 2008 Medicaid no longer pays for care in therapeutic group homes.</p> <p>With the changes, the availability of intensive wrap services and respite services to children and adolescents by quality private providers has largely disappeared. Even when intensive community “wrap” services are appropriate for a particular youth, institutional care, such as in a Psychiatric Residential Treatment Facility (PRTF) or hospital is now frequently the only available option for high risk juveniles.</p> <p>Unfortunately, access to PRTFs for adolescents in State care or custody has become</p> |
|---------------------------------|--|

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

increasingly limited, especially for juvenile justice involved youth. In August, 2016, SC DHHS announced its intention to “carve-in” PRTF services to its contracts with the five (5) Medicaid Managed Care Organizations (MCOs). The carve-in was effective July 1, 2017. The inclusion of PRTF services in Medicaid managed care did not improve the availability of PRTF services for high risk juveniles in State care and custody, and in fact appears to have generally resulted in lowering the lengths of stay for those juveniles who were admitted to a PRTF. Without sufficient quality community “wrap” services providers available, juveniles discharged from a PRTF remain at significant risk for coming into contact with emergency services and/or law enforcement.

Therapeutic Group Homes are a type of residential placement periodically utilized for juveniles unable to receive their mental health treatment services while residing at home. They are a less intensive alternative to PRTF level of care, or may serve as a “step-down” following a juvenile’s hospitalization or treatment within a PRTF.

As noted, Medicaid has not paid for therapeutic group home services since 2008. Consequently, SCDMH and SCDJJ have increasingly been using their limited funds to cost-share the full cost of therapeutic group home placements and PRTFs for DJJ involved juveniles with a serious mental illness, even when such juveniles are Medicaid eligible. The two agencies expended approximately \$900,000 in FY19 on therapeutic group home placements for DJJ involved juveniles with a serious mental illness. With the recent – July 1, 2019 -- carve in to Medicaid managed care of Under-21 psychiatric hospital services, SCDMH expects to see shorter hospital lengths of stay for high-risk juveniles, and a corresponding greater need to utilize therapeutic group home services in FY 20.

The requested funds would enable the agency to serve an estimated 40 to 50 youth annually cost-sharing with DJJ for juveniles in a PRTF placement or in a therapeutic group home, based current average lengths of stay.

The expense to SCDMH is offset by a cost-sharing arrangement with SCDJJ.

No matching funds.

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 4 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Contractual Adjustment – Inpatient Services</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$2,587,946</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$2,587,946</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

|  |  |   |
|--|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark “X” for all that apply:</b>                          |   |
|  | <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 # _____ |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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  |  |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Strategy 1.1.2, 1.1.3, and 1.1.4</p> <p>This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | <p>The requested funds would be used to meet the Department’s contractual obligations related to outside vendors.</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?*

|                                 |  |
|---------------------------------|--|
| <b>JUSTIFICATION OF REQUEST</b> | <p>The requested amount represents expected contractual obligations in FY2021 related to a 2.5% CPI adjustment for the Department’s forensics program and veterans’ nursing homes.</p> <ul style="list-style-type: none"> <li>• Forensics: \$476,690;</li> <li>• Campbell Veterans Nursing Home: \$467,191; and</li> <li>• Veterans’ Victory House: \$479,065</li> </ul> <p>Additional funds are also being requested to support the expected increases in the contractor’s management fee for the operations of Campbell Veterans Nursing Home and Veterans’ Victory House --- January 2021 to June 2021.</p> <ul style="list-style-type: none"> <li>• Campbell Veterans Nursing Home: \$575,000</li> <li>• Veterans’ Victory House : \$590,000</li> </ul> <p>No potential offsets.</p> <p>No matching funds.</p> <p>This request is based on an approximation of FY2021 contractual obligations.</p> |
|---------------------------------|--|

*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.*



|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 5 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Sexually Violent Predator Program</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$625,897</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$625,897</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

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

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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  |  |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Strategy 1.1.2 and 1.1.3</p> <p>This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |  |
|----------------------------|--|
| <b>RECIPIENTS OF FUNDS</b> | <p>Treatment for civilly-committed individuals found by the courts to be sexually violent predators.</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?*

|                                 |   |
|---------------------------------|---|
| <b>JUSTIFICATION OF REQUEST</b> | <p>The census of the program is steadily increasing, and additional funding is being requested to offset the increased costs based on the projected increase in the number of civilly committed residents. A request of \$234,271 is based on an estimate of the cost per year to provide services to 10 additional residents at the rate of \$218.32 per bed day.</p> <p>In addition, \$391,626 represents expected contractual obligations in FY2021 related to CPI adjustments.</p> <p>No potential offsets.</p> <p>No matching funds.</p> |
|---------------------------------|---|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 6 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Appointed Counsel in Civil Commitment Proceedings</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$400,000</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$400,000</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

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

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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                        |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Strategy 1.1.1 and 1.1.2</p> <p>This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | <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?*

|                                 |   |
|---------------------------------|---|
| <b>JUSTIFICATION OF REQUEST</b> | <p>By way of background, during the Recession of 2000 - 2001 State agencies were required to cut their budgets. The Judicial Department made the decision to discontinue paying appointed counsel and private physician Designated Examiners who provided representation/examinations in civil commitment proceedings. The Chief Justice notified all the Probate Judges by letter to stop sending the Judicial Department the invoices of appointed attorneys and private examiners. The Probate Judges were concerned and contacted SCDMH.</p> <p>In 2001, SCDMH and the Judicial Department reached an agreement to preserve some payment for appointed counsel in civil commitment hearings. Under the terms of the agreement, the Judicial Department dropped the reimbursement rate for attorneys from \$75 to \$50 per hearing, and completely eliminated reimbursement for private Designated Examiners (DEs). In return, DMH agreed to fund the payment of the appointed counsel by the Judicial Department, essentially to preserve the working of the judicial commitment process, especially the hybrid process of Special Probate Judges holding commitment hearings in psychiatric hospitals.</p> <p>The major reason the Department was willing to step in and replace a major part of the funding cut by the Judicial Department was the process created by SCDMH and Court Administration in the 1980s, based on a recommendation from the Legislative Audit Council, enabling the holding of civil commitment hearings in psychiatric hospitals. Without this measure, hospitals, including DMH hospitals, would have to transport patients and staff around the State to the various County Probate Courts for such hearings, which would both increase costs and create safety issues.</p> <p>The amount of DMH funding annually sent to Court Administration for the payment of attorneys in civil commitment proceedings has been approximately \$375,000.</p> <p>The requested funds will enable the Department to not only continue paying appointed counsel at the rate which has been in effect since 2001, but increase the rate to \$75 per</p> |
|---------------------------------|---|

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|  |  |
|--|--|
|  | <p>hearing, which SCDMH and the Probate Judges Association believe is long overdue.</p> <p>No potential offsets.</p> <p>No matching funds.</p> |
|--|--|

*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.*

---

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 7 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                                |
|--------------|--------------------------------|
| <b>TITLE</b> | <b>Long Term Care Division</b> |
|--------------|--------------------------------|

*Provide a brief, descriptive title for this request.*

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

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

|   |   |
|---|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>                                      | <b>Mark "X" for all that apply:</b>   |
|   | <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 # |   |

|  |  |
|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>   |
|  | <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 |  |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | Goal 5.1   |
|                                | This request will provide funds so that SCDMH can serve patients with skill, dignity, compassion, and respect. |
|                                | See related Performance Measure(s).  |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | 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?*

|                                 |  |
|---------------------------------|--|
| <b>JUSTIFICATION OF REQUEST</b> | <p>The requested funds will enable the Department of Mental Health to add additional nursing and administrative staff to its Division of Long Term Care, to monitor and oversee the operation of its multiple long term care facilities, some of which are operating on a contractual basis by private companies.</p> <p>With an addition of 2 additional State Veterans Nursing Homes, expected to open in the latter part of fiscal year 2021, the agency's Long Term Care Division will encompass a total of 6 nursing homes, 5 of which will be for eligible State Veterans.</p> <p>The number of long term beds operated by SCDMH – 700 – currently equals the number of the Department's functional hospital beds. With the additional State Veteran Nursing Homes, the Long Term Care Division will be significantly larger in capacity than the agency's hospitals.</p> <p>The requested funds are based on estimated expenditures to employ 2 registered nurses, a program manager, and an administrative professional. This estimate includes fringe. This estimate also includes a factor for other recurring operational expenditures, such as travel, as the agency's current and future long term facilities are geographically spread throughout the state.</p> <p>No potential offsets.<br/>No matching funds.</p> |
|---------------------------------|--|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 8 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                                     |
|--------------|-------------------------------------|
| <b>TITLE</b> | Emergency Department Telepsychiatry |
|--------------|-------------------------------------|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$400,000</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$400,000</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

|  |                                     |   |
|--|-------------------------------------|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark "X" for all that apply:</b> |   |
|  | <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"/>            | Consulted DTO during development  |
|  | <input type="checkbox"/>            | Related to a Non-Recurring request – If so, Priority # _____              |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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                        |



|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Strategy 1.1.1, 3.1.1 and 3.1.2</p> <p>This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase and maximize available technology to meet the needs of staff and patients in as cost efficient manner as possible.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|--|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | <p>SCDMH gives priority to adults, children, and their families affected by 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.</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?*

|                                 |  |
|---------------------------------|--|
| <b>JUSTIFICATION OF REQUEST</b> | <p>In a collaboration of historic significance, the SCDMH partnered with The Duke Endowment in December, 2007 to create an innovative solution to the overcrowding of psychiatric patients in local hospital emergency departments. The SCDMH Emergency Telepsychiatry Program is a cutting-edge statewide delivery service model that provides remote access for emergency departments in South Carolina to psychiatrists whenever a psychiatric comprehensive evaluation is required.</p> <p>Since 2012, longitudinal results demonstrates:</p> <ul style="list-style-type: none"> <li>• Higher follow-up and retention of patients seen with telepsychiatry</li> <li>• Shorter lengths of stay</li> <li>• Few inpatient admissions</li> <li>• Total charges in the emergency department that were significantly lower for patients seen with Telepsychiatry</li> </ul> <p>The Program has experienced significant growth since FY2016: 29.37% from FY2016 to FY2017; 34.24% from FY2017 to FY2018; and 17.60% from FY2018 to FY2019.</p> <p>In order to meet increased demand for services and maintain reasonable wait times, SCDMH has successfully recruited additional physicians to the Program. The additional physicians have been funded with time-limited allocations from the South Carolina Telehealth Alliance (SCTA). According to the current SCTA Advisory Council Budget Report, the SCTA funds will decrease from \$1.5 million in FY2019 to \$1.0 million in FY2021. This budget request will sustain the current level of services.</p> <p>No potential offsets.</p> |
|---------------------------------|--|

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|  |                    |
|--|--------------------|
|  | No matching funds. |
|--|--------------------|

*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.*

---

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 9 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                                   |
|--------------|-----------------------------------|
| <b>TITLE</b> | <b>Crisis Stabilization Units</b> |
|--------------|-----------------------------------|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$1,000,000</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$1,000,000</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

|   |  |
|---|--|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>                                      | <b>Mark “X” for all that apply:</b>  |
|   | <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 # |  |

|  |  |
|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b> |
|  | <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 |  |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | Strategy 1.1.1 and 1.1.2  |
|                                | This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase. |
|                                | See related Performance Measure(s).   |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | <p>SCDMH gives priority to adults, children, and their families affected by 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.</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?*

|                                 |   |
|---------------------------------|---|
| <b>JUSTIFICATION OF REQUEST</b> | <p>The requested funds would enable the agency to continue to partner with local hospitals and other community officials to increase residential crisis stabilization programs. Such programs help divert individuals in a psychiatric crisis who can be safely cared for outside of a hospital emergency department.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet the financial obligation.</p> |
|---------------------------------|---|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |    |
|------------------------|----|
| <b>AGENCY PRIORITY</b> | 10 |
|------------------------|----|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                              |
|--------------|------------------------------|
| <b>TITLE</b> | Community Supportive Housing |
|--------------|------------------------------|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$500,000</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$500,000</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

|  |  |   |
|--|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark "X" for all that apply:</b>                          |   |
|  | <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 # _____ |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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  |  |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Strategy 1.1.1, 1.1.2, 1.3.1, 2.1.1, 4.1.1, 4.1.2, 7.1.1, and 7.1.2</p> <p>This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase; continue building upon community mental health services to reduce necessity for hospital admissions; implement programs which will improve the lives of citizens; and, partner with other agencies to bring mental health assistance to people in non-SCDMH settings.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|--|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | <p>Services which assist individuals with psychiatric disabilities who need assistance with obtaining safe, affordable housing, a critical need for recovery.</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?*

|                                 |  |
|---------------------------------|--|
| <b>JUSTIFICATION OF REQUEST</b> | <p>DMH has a long history of making efforts to foster more supportive community housing for its patients, including permanent independent housing. Appropriate housing is often the single biggest factor in determining whether a patient with serious psychiatric impairments is able to remain successful in their recovery in the community.</p> <p>Funds will be used for rental assistance, security and utility deposits, utilities and furnishings to move 50 patients into community placements. Priority will be given to patients transitioning from inpatient settings and community residential care facilities into more independent living arrangements, such as apartments and single family homes. Funds will be allocated to community mental health centers located in geographic areas with the highest client need and in locations with available housing stock.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to support the scope of this program.</p> |
|---------------------------------|--|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |    |
|------------------------|----|
| <b>AGENCY PRIORITY</b> | 11 |
|------------------------|----|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                      |
|--------------|----------------------|
| <b>TITLE</b> | School Mental Health |
|--------------|----------------------|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$600,000</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$600,000</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

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

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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  |  |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Strategy 1.1.1 and 7.2.1</p> <p>This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase and partner with other agencies to bring mental health assistance to people in non-SCDMH settings.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | <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 disturbed children who qualify for the Interagency System for Caring for Emotionally Disturbed Children, Section 20-7-5710 mandates that SCDMH work together with other agencies in the system to "support children in a manner that enables them to function in a community setting."</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?*

|                                 |   |
|---------------------------------|---|
| <b>JUSTIFICATION OF REQUEST</b> | <p>SCDMH school mental health services improve access to needed mental health services for children and their families.</p> <p>The requested funding would enable the agency to increase by at least 20 the number of school mental health therapists based on the average State support needed to sustain a position being \$30,000 per school-based therapist.</p> <p>No potential offsets.</p> <p>No matching funds.</p> |
|---------------------------------|---|

*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.*



|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |    |
|------------------------|----|
| <b>AGENCY PRIORITY</b> | 12 |
|------------------------|----|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                                   |
|--------------|-----------------------------------|
| <b>TITLE</b> | Young Adult Intervention Services |
|--------------|-----------------------------------|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$600,000</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$600,000</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

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

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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  |  |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Strategy 1.1.1</p> <p>This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | <p>SCDMH gives priority to adults, children, and their families affected by 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.</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?*

|                                 |   |
|---------------------------------|---|
| <b>JUSTIFICATION OF REQUEST</b> | <p>DMH understands that young adults with mental health concerns often go undiagnosed for years before an event triggers diagnosis and service delivery. Through the expansion of young adult initiatives across our state, DMH plans to increase outreach and improve access to treatment and support to the young adult population in South Carolina. These initiatives address a longstanding need across the country to ensure access and retention concerns among this population.</p> <p>Funds will support two (2) programs for individuals who have experienced the early onset of a psychotic disorder, such as Schizophrenia.</p> <p>The first symptoms of psychotic disorders typically manifest in individuals between the ages of 16 and 25. Young adults are a challenging population to engage and stay in treatment. Young adult intervention programs are aimed at guiding young adults experiencing psychosis (and their families) toward mental, physical and functional health.</p> <p>The programs improve treatment engagement and adherence and substantially reduce the likelihood that patients’ psychotic disorders will lead to long-term disability.</p> <p>Despite the clear benefits of these program for patients and for reducing long-term care costs, neither public nor private insurance currently reimburse many of the services.</p> <p>No potential offsets.</p> <p>No matching funds.</p> |
|---------------------------------|---|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |    |
|------------------------|----|
| <b>AGENCY PRIORITY</b> | 13 |
|------------------------|----|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                                      |
|--------------|--------------------------------------|
| <b>TITLE</b> | <b>Clinicians in Law Enforcement</b> |
|--------------|--------------------------------------|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$325,000</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$325,000</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

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

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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                        |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Strategy 1.1.1 and 1.1.2, and Goal 5.3</p> <p>This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase and serve patients with skill, dignity, compassion, and respect.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |  |
|----------------------------|--|
| <b>RECIPIENTS OF FUNDS</b> | <p>The funds would be used to station 5 SCDMH Mental Health Professionals (MHPs) in local law enforcement agencies to respond to the needs of the community.</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?*

|                                 |   |
|---------------------------------|---|
| <b>JUSTIFICATION OF REQUEST</b> | <p>The requested funds would allow SCDMH to hire five (5) masters’ level clinicians that will be embedded in local law enforcement agencies. These clinicians will partner with law enforcement to respond to the needs of the community.</p> <p>Predicated on the Child Development-Community Policing model, these clinicians will provide immediate prevention and early intervention supports to children and adults experiencing trauma.</p> <p>This collaborative model provides enhanced supports for those in need and establishes opportunities to improve linkages to trauma-informed care and access to resources that support recovery and wellness.</p> <p>No potential offsets.</p> <p>No matching funds.</p> |
|---------------------------------|---|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |    |
|------------------------|----|
| <b>AGENCY PRIORITY</b> | 27 |
|------------------------|----|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Increase in Other Funds Authorization</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$0</b><br><b>Federal: \$0</b><br><b>Other: \$35,500,000</b><br><b>Total: \$35,500,000</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

|  |  |   |
|--|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark “X” for all that apply:</b>                          |   |
|  | <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 # _____ |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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  |  |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Strategy 1.1.1 and 1.1.2</p> <p>This request will provide funds so that SCDMH can assure quality mental health services are available to meet South Carolina’s needs as its population continues to increase.</p> <p>See related Performance Measure(s).</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | <p>SCDMH gives priority to adults, children, and their families affected by 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.</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?*

|                                 |   |
|---------------------------------|---|
| <b>JUSTIFICATION OF REQUEST</b> | <p>Method of Calculation:</p> <p>FY18 Other Fund Expenditures = \$183M<br/> FY19 Other Fund Expenditures = \$197M (increase of 8% over prior year)<br/> FY20 Projected Other Fund Expenditures = \$224M (increase of 14% over prior year) *<br/> Increase due primarily to new recurring funding for expansion of programs.<br/> *Current other fund authorization level is \$230M*</p> <p>Using a very conservative approach, apply a 5% increase to current FY20 revenue projections: \$224M x 1.05 = \$235M, or an \$11 million increase. It is expected that revenues will continue to increase as DMH expands programs such as school mental health.</p> <p>Also factoring in projected revenue from the 2 new VA homes, estimated at \$1.5 million.</p> <p>Lastly, the Department needs to maintain a level of other fund authorization to sustain current service levels in the event of budget reductions. During the Great Recession, on average, DMH utilized approximately \$23 million per year in one-time funding.</p> <p>\$11 million – projected increase in earned revenue from expansion of services<br/> \$1.5 million – new projected revenue from 2 new VA homes<br/> \$23 million – authorization needed in the event of budget reductions<br/> -----<br/> \$35.5 million</p> |
|---------------------------------|---|

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|  |   |
|--|---|
|  | <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for an Increase in Other Funds Authorization is based on an estimate of the total funds required to meet financial obligations.</p> |
|--|---|

*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.*

---

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |    |
|------------------------|----|
| <b>AGENCY PRIORITY</b> | 28 |
|------------------------|----|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Mental Illness Recovery Center, Inc. (MIRCI) Pass Through Funding</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

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

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

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

|  |  |   |
|--|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark "X" for all that apply:</b>                    |   |
|  | <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"/>                               | Consulted DTO during development  |
| <input type="checkbox"/>                   | Related to a Non-Recurring request – If so, Priority # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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  |  |



|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Pass-through funding from DMH to MIRCI.</p> |
|--------------------------------|--|

*What specific strategy, as outlined in the FY 2019-20 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?*

|                            |  |
|----------------------------|--|
| <b>RECIPIENTS OF FUNDS</b> | <p>Recipient of funds would be the Mental Illness Recovery Center, Inc. (MIRCI). Funding would be allocated as a pass-through from DMH to MIRCI.</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?*

|                                 |   |
|---------------------------------|---|
| <b>JUSTIFICATION OF REQUEST</b> | <p>MIRCI's Homeless Youth Drop-In Center provides access to basic needs, behavioral healthcare, and on-site access to more than 30 community partners to youth ages 17-24 who are experiencing or at risk of homelessness. The purpose of the drop-in center is to prevent the onset of serious mental illness and to prevent long-term homelessness.</p> <p>The Drop-In Center has been funded for the past three years by a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). 2019 marks the first year SAMHSA has foregone continuation of funds for this type of grant.</p> <p>Grant funding from SAMHSA was \$400,000 annually. MIRCI has secured replacement funds of \$115,000 through new grant sources, and has reduced expenses by almost \$40,000. Support from the State of \$250,000 annually is needed so MIRCI can continue services that have prevented the onset of more serious mental illness.</p> <p>Without recurring State support the Drop-In Center may be forced to close.</p> <p>No potential offsets.</p> <p>No matching funds.</p> |
|---------------------------------|---|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B2 – NON-RECURRING OPERATING REQUEST**

|                        |    |
|------------------------|----|
| <b>AGENCY PRIORITY</b> | 14 |
|------------------------|----|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Community Mental Health Services – Outpatient Electronic Health Record</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |                    |
|---------------|--------------------|
| <b>AMOUNT</b> | <b>\$4,500,000</b> |
|---------------|--------------------|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

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

|  |  |
|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b> |
|  | <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 |  |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | Strategy 1.1.1, 1.1.2, 1.2.1, and 1.2.2  |
|                                | This request will provide funds so that SCDMH can maximize available technology to meet the needs of staff and patients in as cost efficient a manner as possible. |
|                                | See related Performance Measure(s).  |

*What specific strategy, as outlined in the FY 2019-20 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?*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                            |  |
|----------------------------|--|
| <b>RECIPIENTS OF FUNDS</b> | <p>The primary recipient(s) of the funds would be vendors. The funds would be allocated based upon approved procurement processes.</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?*

|                                 |  |
|---------------------------------|--|
| <b>JUSTIFICATION OF REQUEST</b> | <p>The requested funds would be used for the procurement of an integrated software solution for SCDMH’s Community Mental Health Centers (CMHC) that will either augment or replace SCDMH’s current billing and electronic medical records software applications and any services associated therewith.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet the financial obligation. This initial request will fund the first stage of the full implementation of this system. Additional non-recurring funds may be requested in future years as the system is implemented in its entirety.</p> |
|---------------------------------|--|

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

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM B2 – NON-RECURRING OPERATING REQUEST**

|                        |           |
|------------------------|-----------|
| <b>AGENCY PRIORITY</b> | <b>15</b> |
|------------------------|-----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                                    |
|--------------|------------------------------------|
| <b>TITLE</b> | <b>VA Nursing Home Furnishings</b> |
|--------------|------------------------------------|

*Provide a brief, descriptive title for this request.*

|               |                    |
|---------------|--------------------|
| <b>AMOUNT</b> | <b>\$2,500,000</b> |
|---------------|--------------------|

*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

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

|  |  |
|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |
|  | <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 |  |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | Goal 5.1  |
|                                | This request will provide funds so that SCDMH can serve patients with skill, dignity, compassion, and respect, and so that residents of SCDMH nursing facilities will enjoy high standards of medical care. |
|                                | See related Performance Measure(s).   |

*What specific strategy, as outlined in the FY 2019-20 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?*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                            |  |
|----------------------------|--|
| <b>RECIPIENTS OF FUNDS</b> | <p>The primary recipient(s) of the funds would be vendors. The funds would be allocated based upon approved procurement processes.</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?*

|                                 |  |
|---------------------------------|--|
| <b>JUSTIFICATION OF REQUEST</b> | <p>The requested funds would be used to purchase the furnishings for the two new veterans nursing homes expected to open in the spring of 2021. The funds will enable the contracting process to move forward without delay.</p> <p>No potential offsets.</p> <p>No matching funds.</p> <p>The request for funding is based on an estimate of the total funds required to meet the financial obligation.</p> |
|---------------------------------|--|

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

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

**FORM C – CAPITAL REQUEST**

|                        |           |
|------------------------|-----------|
| <b>AGENCY PRIORITY</b> | <b>16</b> |
|------------------------|-----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Suicide Prevention – Ligature Resistant Fixtures</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |                    |
|---------------|--------------------|
| <b>AMOUNT</b> | <b>\$8,605,645</b> |
|---------------|--------------------|

*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |  |
|----------------------|--|
| <b>CPIP PRIORITY</b> | <p>This request covers 2 CPIP projects. One for Bryan Psychiatric Hospital and the other for Harris Psychiatric Hospital. The project for Bryan is J12-9755 and was not included on this year’s CPIP. The Bryan project was on the CPIP for last 3 years except this year. The project for Harris was included in this year’s CPIP as year 2 priority 1. Recent Joint Commission Accreditation inspection cited both facilities anti-ligature fixtures as being deficient.</p> |
|----------------------|--|

*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.*

|                        |  |
|------------------------|--|
| <b>OTHER APPROVALS</b> | <p>Bryan Hospital has already completed the conversion of 3 Lodges totaling 81 bathrooms and will be requesting a budget increase from JBRC and SFAA to complete the remaining 3 Lodges. Harris has requested A1 Phase I approval for the conversion of all 5 Lodges for the facility.</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.)*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>Three of the 6 lodges at the Bryan facility have already been completed using Capital Improvement &amp; Maintenance Funds totaling \$465,000. A budget increase will be requested for the remaining lodges in the amount of \$600,000. The Harris facility has 6 lodges that have had nothing done and an A1 Phase I has been submitted using Capital Improvement &amp; Maintenance Funds.</p> <p>The project, once complete, should not impact the normal operation costs of the facilities. The cost savings will be seen in keeping the facility certification so that Medicaid/Medicare revenue can be claimed. SCDMH should have 20+ years of service from these improvements.</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*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

*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?*

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>SCDMH's psychiatric hospitals, G. Werber Bryan Psychiatric Hospital (BPH) in Columbia and Patrick B. Harris Psychiatric Hospital (HPH) in Anderson, are accredited by the Joint Commission and certified by the Centers for Medicaid and Medicare Services (CMS).</p> <p>Such accreditation and certification are not only evidence that the psychiatric hospital services at those facilities meet the highest standards of quality, they enable the Department to bill Medicaid and Medicare for medically necessary services and to qualify for disproportionate share Medicaid payments to offset the cost of the indigent care both facilities provide.</p> <p>Recently both the Joint Commission and CMS, in an effort to prevent suicide in hospitals, promulgated stringent standards requiring hospitals to eliminate fixtures that could potentially be used as ligature points, such as door hinges, and standard sink and shower fixtures.</p> <p>Both BPH and HPH are under time deadlines from the Joint Commission and CMS to replace all fixtures in patient areas with ligature resistant fixtures. The funds requested represent the cost to SCDMH of replacing all of these fixtures.</p> |
|----------------|---|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM C – CAPITAL REQUEST**

|                        |    |
|------------------------|----|
| <b>AGENCY PRIORITY</b> | 17 |
|------------------------|----|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>NE Campus Electrical Distribution System Renovations</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |                    |
|---------------|--------------------|
| <b>AMOUNT</b> | <b>\$3,600,000</b> |
|---------------|--------------------|

*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |   |
|----------------------|---|
| <b>CPIP PRIORITY</b> | J12-9751 is in CPIP plan year one, priority #4. If no state appropriations are received the project may have to be delayed. |
|----------------------|---|

*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.*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | The project has been approved for Phase I design by the JBRC and SFAA. JBRC and SFAA approval will be required of Phase II design and construction funding. |
|------------------------|---|

*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.)*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | There are no additional operating costs associated with this request. The likely project option would result in an estimated annual operating cost savings of approximately \$75,000 per year. The expected useful life of the replacement system would be between 30-40 years. |
|--|---|

*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?*



|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

**SUMMARY**

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

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

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM C – CAPITAL REQUEST**

|                        |           |
|------------------------|-----------|
| <b>AGENCY PRIORITY</b> | <b>18</b> |
|------------------------|-----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Veterans Victory House Chiller Replacement</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |                  |
|---------------|------------------|
| <b>AMOUNT</b> | <b>\$815,000</b> |
|---------------|------------------|

*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |   |
|----------------------|---|
| <b>CPIP PRIORITY</b> | J12-DMH01 J12-9779 is in CPIP plan year one, priority #1. If no state appropriations are received the project may have to be delayed. |
|----------------------|---|

*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.*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | JBRC has already approved Phase I and Phase 2 has already been submitted for the September 24 <sup>th</sup> meeting. Paperwork for a VA Grant has been started to hopefully retroactively get some funds reimbursed for a VA Life Safety Grant. |
|------------------------|---|

*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.)*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>\$10,500 of Deferred Maintenance funds have been invested in this project. DMH will seek a VA Life Safety Grant so that some of the project funds can be reimbursed. We will also explore any rebate offered by the Electric Co OP that provides power to the facility.</p> <p>We estimate that with newer high efficiency units we should be able to save around \$5,000 a year in utility and maintenance cost.</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?*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>The project is to replace 2 of the 3 – 320-ton air cooled chillers. The existing 3 chillers are 13 years old and have had several issues recently making them unreliable. All 3 units are out of warranty. Multiple recent attempts to keep the units running have failed. Currently, rental chillers are being used to assist in cooling the facility. The units provide cooling for 2 buildings totaling 138,348 square feet. The estimated cost to replace 2 of the 3 units is \$714,000.</p> <p>The facility affected is the VA Veteran's Victory House Nursing Home located in Walterboro. The units serve 2 buildings, the Nursing home and the Support building, both built in 2006. The occupants are 220 Veteran Nursing Home Patients and 225 staff. DMH is going to try to submit for a VA Life Safety Grant to retroactively recoup some of the money spent on the project.</p> |
|----------------|--|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM C – CAPITAL REQUEST**

|                        |    |
|------------------------|----|
| <b>AGENCY PRIORITY</b> | 19 |
|------------------------|----|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Campbell Veterans Nursing Home Renovations</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |                    |
|---------------|--------------------|
| <b>AMOUNT</b> | <b>\$3,940,000</b> |
|---------------|--------------------|

*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |  |
|----------------------|--|
| <b>CPIP PRIORITY</b> | J12-DMH09 is in CPIP plan year two, priority #7. If no state appropriations are received the project may have to be delayed and SCDMH will continue to address the most critical maintenance issues and reacting to emergencies as they arise. |
|----------------------|--|

*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.*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | JBRC and SFAA approval will be required of Phase I design and Phase II design and construction funding. |
|------------------------|---|

*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.)*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | There are no additional operating costs associated with this request. The project would result in an estimated annual operating cost savings of approximately \$25,000 per year. The expected useful life of the replacement systems would be between 25-30 years. |
|--|--|

*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?*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>This project is to address deferred maintenance issues at the Campbell State Veterans Nursing Home in Anderson. The work includes renovations to the kitchen to include repair of drain line leaks in the dish room and repair of damage caused by those leaks, replacement of the walk in freezer/refrigerator and serving line equipment; renovations to five group showers to provide more patient privacy; replacing patient room flooring finishes on Unit 5; and re-configuration of resident bathrooms to allow access for patient lifts. Replacement of the emergency power generator – the existing does not have the capacity to support the HVAC chiller system and/or our electric kitchen appliances, which poses a safety concern to residents during an extended outage.</p> <p>The project is needed for enhanced security and to ensure the kitchen facility is capable of providing the necessary meals for the 220 veterans. The work will enable the residents to have a more comfortable home and provide amenities that will make living and dining better.</p> |
|----------------|--|

*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.*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

**FORM C – CAPITAL REQUEST**

|                        |           |
|------------------------|-----------|
| <b>AGENCY PRIORITY</b> | <b>20</b> |
|------------------------|-----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Catawba Mental Health Center Construction</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |                     |
|---------------|---------------------|
| <b>AMOUNT</b> | <b>\$12,430,000</b> |
|---------------|---------------------|

*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |   |
|----------------------|---|
| <b>CPIP PRIORITY</b> | J12-DMH07 is in CPIP plan year two, priority #5. If no state appropriations are received the project may have to be delayed and would require continuing to work in inefficient/costly facilities and leases and making the necessary deferred maintenance repairs. |
|----------------------|---|

*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.*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | JBRC and SFAA approval will be required of Phase I design and Phase II design and construction funding. |
|------------------------|---|

*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.)*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | There are no additional operating costs associated with this request. The project would result in an estimated annual operating cost savings of approximately \$320,000 per year. The expected useful life of the replacement facility would be approximately 50 years. |
|--|---|

*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*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

*improvement?*

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

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM C – CAPITAL REQUEST**

|                        |           |
|------------------------|-----------|
| <b>AGENCY PRIORITY</b> | <b>21</b> |
|------------------------|-----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Anderson-Oconee-Pickens Mental Health Center Construction</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |                     |
|---------------|---------------------|
| <b>AMOUNT</b> | <b>\$12,430,000</b> |
|---------------|---------------------|

*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |   |
|----------------------|---|
| <b>CPIP PRIORITY</b> | J12-DMH06 is in CPIP plan year two, priority #4. If no state appropriations are received the project may have to be delayed and would require continuing to work in inefficient/costly facilities and leases and making the necessary deferred maintenance repairs. |
|----------------------|---|

*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.*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | JBRC and SFAA approval will be required of Phase I design and Phase II design and construction funding. |
|------------------------|---|

*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.)*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | There are no additional operating costs associated with this request. The project would result in an estimated annual operating cost savings of approximately \$135,000 per year. The expected useful life of the replacement facility would be approximately 50 years. |
|--|---|

*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*



|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

*improvement?*

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <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 1960s and is 17,800 SF. The current lease will expire in 2016. It is overcrowded and needs a variety of deferred maintenance work. The new facility would allow for a more seamless transition between various programs, as well as, provide more security and safety and reduce lease costs.</p> |
|----------------|---|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM C – CAPITAL REQUEST**

|                        |           |
|------------------------|-----------|
| <b>AGENCY PRIORITY</b> | <b>22</b> |
|------------------------|-----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Community Buildings Deferred Maintenance</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |                    |
|---------------|--------------------|
| <b>AMOUNT</b> | <b>\$3,500,000</b> |
|---------------|--------------------|

*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |  |
|----------------------|--|
| <b>CPIP PRIORITY</b> | J12-DMH02 is in CPIP plan year one, priority #6. If no state appropriations are received the project may have to be delayed and SCDMH will continue to address the most critical maintenance issues and reacting to emergencies as they arise. |
|----------------------|--|

*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.*

|                        |  |
|------------------------|--|
| <b>OTHER APPROVALS</b> | JBRC approval will be required of Phase I design and Phase II design and construction funding. |
|------------------------|--|

*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.)*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | There are no additional operating costs associated with this request. The expected useful life of the replacement systems will be between 25-30 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?*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>This project is to address deferred maintenance issues in our community mental health facilities. SCDMH has deferred maintenance issues totaling over \$40 million. This request is to address the most urgent building needs and examples include heating and air conditioning system repairs at Berkeley, Coastal Empire, Orangeburg, and Waccamaw Mental Health Center buildings; interior and exterior repairs at Piedmont, Orangeburg and Tri-County, and fire sprinkler repairs at Coastal Empire. The Department has established an identified fund for deferred maintenance pursuant to Proviso 35.14; however, the agency does not have the ability to self-fund all of its current deferred needs. SCDMH will continue to include its significant priority deferred maintenance requests in its Capital Budget Request submitted to the General Assembly.</p> <p>This work is needed to ensure the buildings are maintained in an adequate condition to enable the staff to carry out their missions. Correcting these deferred maintenance issues will help extend the useful life of the buildings. If not addressed, these issues could result in reduced productivity, more costly repairs, and life safety issues.</p> |
|----------------|--|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM C – CAPITAL REQUEST**

|                        |           |
|------------------------|-----------|
| <b>AGENCY PRIORITY</b> | <b>23</b> |
|------------------------|-----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Columbia Area Mental Health Center Phase III Construction</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |                    |
|---------------|--------------------|
| <b>AMOUNT</b> | <b>\$8,050,000</b> |
|---------------|--------------------|

*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |   |
|----------------------|---|
| <b>CPIP PRIORITY</b> | J12-DMH08 is in CPIP plan year two, priority #6. If no state appropriations are received the project may have to be delayed and would require continuing to work in inefficient/costly facilities and leases and making the necessary deferred maintenance repairs. |
|----------------------|---|

*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.*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | JBRC and SFAA approval will be required of Phase I design and Phase II design and construction funding. |
|------------------------|---|

*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.)*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | There are no additional operating costs associated with this request. The project would result in an estimated annual operating cost savings of approximately \$230,000 per year. The expected useful life of the replacement facility would be approximately 50 years. |
|--|---|

*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*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

*improvement?*

**SUMMARY**

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

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

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

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM C – CAPITAL REQUEST**

|                        |           |
|------------------------|-----------|
| <b>AGENCY PRIORITY</b> | <b>24</b> |
|------------------------|-----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                                    |
|--------------|------------------------------------|
| <b>TITLE</b> | <b>Roddey Pavilion Renovations</b> |
|--------------|------------------------------------|

*Provide a brief, descriptive title for this request.*

|               |                    |
|---------------|--------------------|
| <b>AMOUNT</b> | <b>\$1,000,000</b> |
|---------------|--------------------|

*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |  |
|----------------------|--|
| <b>CPIP PRIORITY</b> | J12-DMH10 is in CPIP plan year two, priority #8. If no state appropriations are received the project may have to be delayed. |
|----------------------|--|

*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.*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | JBRC and SFAA approval will be required of Phase I design and Phase II design and construction funding. |
|------------------------|---|

*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.)*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | There are no additional operating costs associated with this request. The likely project option would result in an estimated annual operating cost savings of approximately \$5,000 per year. The expected useful life of the replacement systems would be between 20-30 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?*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <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> |
|----------------|--|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM C – CAPITAL REQUEST**

|                        |           |
|------------------------|-----------|
| <b>AGENCY PRIORITY</b> | <b>25</b> |
|------------------------|-----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Crafts Farrow State Hospital and Tucker Center Laundries</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |                    |
|---------------|--------------------|
| <b>AMOUNT</b> | <b>\$3,300,000</b> |
|---------------|--------------------|

*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |  |
|----------------------|--|
| <b>CPIP PRIORITY</b> | J12-DMH04 is in CPIP plan year two, priority #2. If no state appropriations are received the project may have to be delayed. |
|----------------------|--|

*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.*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | JBRC and SFAA approval will be required of Phase I design and Phase II design and construction funding. |
|------------------------|---|

*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.)*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | There are no additional operating costs associated with this request. The project would result in an estimated annual operating cost savings of approximately \$1.3M per year from an existing 3 <sup>rd</sup> party service contract. The expected useful life of the replacement facility would be approximately 30 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?*



|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>The project is to renovate the existing laundry facilities at Crafts Farrow State Hospital and Tucker Center. Both facilities are located in Columbia. The Crafts Farrow facility serves Bryan Psychiatric Hospital, Hall Adolescent Psychiatric Hospital and Morris Village Treatment Center. The Tucker Center facility serves Roddey Nursing Home and Stone Veterans Nursing Home. Both facilities will serve as the backup to each other should one have a problem. The total estimated project cost is \$3.3M.</p> <p>Currently the facilities mentioned above are served by an outside laundry service. The cost for the outside laundry service has gotten very expensive, this project will reduce operating costs. Renovating the space and new equipment should provide reliable service and less expensive operating cost than an outside service.</p> <p>The alternative will be to continue to contract laundry service with an outside vendor. The majority of laundry is presently being contracted to an outside service, but it is proving to be more expensive than doing in-house.</p> |
|----------------|--|

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM C – CAPITAL REQUEST**

|  |   |
|--|---|
| <b>AGENCY PRIORITY</b>                       | 26<br><i>Provide the Agency Priority Ranking from the Executive Summary.</i>  |
| <b>TITLE</b>                                 | <b>Certification of State Match (Additional VA Nursing Homes)</b><br><i>Provide a brief, descriptive title for this request.</i>  |
| <b>AMOUNT</b>                                | <b>\$37,888,352</b><br><i>How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.</i>  |
| <b>CPIP PRIORITY</b>                         | The 2019 CPIP has the Sumter project listed as Priority #1 of 9 for year 3 (2022).<br><br><i>Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.</i>  |
| <b>OTHER APPROVALS</b>                       | The project is for State Veterans Nursing Home Sumter and a second Home whose location is currently undetermined. The Department will be providing relevant information and its recommendations to State leaders regarding future locations for State Veterans Nursing Homes. SCDMH will be seeking consensus from the Governor's office and General Assembly leadership as to the location of future State Veterans Nursing Homes. An A1 Phase I design request for the Sumter Home has been submitted to the JBRC and SFAA for approval at their Sep/Oct 2019 meetings.<br><br><i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>   |
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | The FY18 Veterans Affairs Appropriations Bill provided federal grant funding for the construction of homes in the Northeast and Northwest regions of the state, based on the community living center design. Based on budget limitations and on the Department's recommendations, on March 19, 2019, JBRC staff directed deferral of the Central region project with revised plans for the Central project to be submitted by the Department to the committee at an appropriate future date. Furthermore, the Department has been directed to evaluate needs and feasibility of construction of one or more additional regional homes. A preliminary site has been identified in Sumter with a design replicable in one or more locations based on the State's strategy to develop additional state veterans' nursing homes.<br><br>This request is to approve Phase I design funding to conduct studies necessary to support the State strategy for development of additional homes, including the Central (Sumter) location, and to complete all requirements necessary to submit a federal funding grant application to the Veteran's Administration by April 15, 2020.<br><br>The internal estimated project cost for each Home is \$82,300,000, based on the low bid |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

received for the cancelled Columbia project in early 2019. Factoring in other project costs, the total project cost in 2019 would have been \$58,000,000. Using 6% escalation for 6 years, the 2025 bid cost estimate would be \$82,300,000. VA portion of the costs would be \$53,500,000, with an estimated State match of \$28,800,000 for one Home of the current design. We are contemplating a number of possible design alternatives including semi-private rooms, elimination of in home dining, and other changes that are possible by compliance with State requirements vs. the VA mandated CLC small house guidelines. The estimate will be updated at the end of phase I and prior to submission of the new VA grant application.

Financial resources of the state supporting the aggregate construction budget include \$11,103,657.75 in unobligated funds of the total \$42,471,448.25 set aside by SCDMH in 2015 from its Medicaid cost settlements earned from providing mental health services plus an additional \$2,479,687.47 earned in an interest bearing account associated with those funds, and the remaining \$6,128,303 not committed to the Florence and Cherokee County Homes from the \$37,065,450 in additional state appropriations requested by the Department and included in the approved budget for the fiscal year ending June 30, 2020. An additional \$37,888,352 in State appropriations will be required to be authorized in the spring 2020 Legislative session in order to certify State matching fund requirements by August 1st 2020, and secure listing on the FY2021 VA Priority One Funding List.

The VA construction grants will fund up to 65% of the construction cost, but only to a maximum of 10% above a State's preliminary cost estimates, and the State would be responsible for 100% of the construction costs for any excess.

*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?*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

**SUMMARY**

Contingent upon JBRC and SFAA approval, SCDMH will explore alternative designs for future State Veterans Nursing Homes in Sumter and other locations. Based on guidance the Department has received from the leadership of the General Assembly, the agency, on behalf of the State of South Carolina, is planning to apply to the United States Veterans Administration by April 15, 2020 for construction grant funding for two additional State Veterans Nursing Homes.

However, while the Department will be providing relevant information and its recommendations to State leaders regarding future locations for State Veterans Nursing Homes, it will be seeking consensus from the Governor’s office and General Assembly leadership as to the location of future State Veterans Nursing Homes.

Additionally, SCDMH must certify, on behalf of the State, that it has the necessary State match funds for those Homes no later than August 1, 2020.

*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.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM D – PROVISIO REVISION REQUEST**

**NUMBER** 35.3

*Cite the proviso according to the renumbered list for FY 2020-21 (or mark "NEW").*

**TITLE** DMH: Alzheimer’s Funding

*Provide the title from the FY 2019-20 Appropriations Act or suggest a short title for any new request.*

**BUDGET PROGRAM** II. Programs and Services, A. Community Mental Hlth, 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 2020-21? If so, cite it here.*

**REQUESTED ACTION** Delete

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

**OTHER AGENCIES AFFECTED** South Carolina Department on Aging (Section 40 – L600)

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

**SUMMARY & EXPLANATION**

The South Carolina Department of Mental Health’s mission is to support the recovery of people with mental illnesses. Proviso 35.3, which is a pass-through of funds from the Appropriations Act to the Alzheimer’s Disease and Related Disorders Association, benefits a cohort of the state’s population that does not fall within the scope of SCDMH’s mission. Consequently, SCDMH is requesting that the directive (proviso) instructing SCDMH to transfer said funds to the Alzheimer’s Disease and Related Disorders Association be transitioned to a more appropriate state agency: the South Carolina Department of Aging.

In order to facilitate this Proviso Revision Request, a companion proviso adding this obligation to the South Carolina Department on Aging must accompany this request to delete this obligation from the South Carolina Department of Mental Health.

It is recommended that a period of transition be provided to allow SCDMH, the Alzheimer’s Association, and the Department on Aging to coordinate this transference of agency responsibility.

*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.*

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                      |  |
|----------------------|--|
| <b>FISCAL IMPACT</b> | <p>The South Carolina Department of Mental Health (SCDMH) was appropriated \$772,000 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 \$128,000 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.</p> <p>In order to transfer this responsibility to the South Carolina Department on Aging with a budget-neutral fiscal impact, SCDMH will permanently transfer \$772,000 in state appropriations to the South Carolina Department on Aging, but the South Carolina General Assembly must then appropriate \$128,000 in new funds to the South Carolina Department on Aging to aggregate a budget line item amount of \$900,000.</p> |
|----------------------|--|

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

|                               |  |
|-------------------------------|--|
| <b>PROPOSED PROVISIO TEXT</b> | <p><del><b>35.3.</b> — (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.</del></p> |
|-------------------------------|--|

*Paste FY 2019-20 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

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

|              |   |
|--------------|---|
| <b>TITLE</b> | Agency Cost Savings and General Fund Reduction Contingency Plan |
|--------------|---|

|               |   |
|---------------|---|
| <b>AMOUNT</b> | <b>\$7,706,443</b><br><i>What is the General Fund 3% reduction amount (minimum based on the FY 2019-20 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i> |
|---------------|---|

|                                  |   |
|----------------------------------|---|
| <b>ASSOCIATED FTE REDUCTIONS</b> | Morris Village: Approximate 40 FTE reduction<br>Roddey Pavilion: Approximate 47 FTE reduction<br>Stone Pavilion – Veterans Nursing Home: Approximate 98 FTE reduction<br>Pass-Through Funds: Not applicable<br><br><i>How many FTEs would be reduced in association with this General Fund reduction?</i> |
|----------------------------------|---|

|                                |  |
|--------------------------------|--|
| <b>PROGRAM/ACTIVITY IMPACT</b> | The following programs would be impacted by the general fund reductions: Morris Village, Roddey Pavilion, and Stone Pavilion – Veterans Nursing Home.<br><br>The following pass-through funding recipients would each be reduced by three (3) percent: Remittance to the General Fund (Proviso 35.1), Continuum of Care (Proviso 35.1), Alliance for the Mentally Ill (Proviso 35.1), SC Share (Proviso 35.1), Alzheimer’s Association (Proviso 35.3), NAMI (Proviso 35.4), ISCEDC Funding Transfer (Proviso 117.53), Gateway House (Budget Line Item), and CASA Family Systems (Budget Line Item).<br><br><i>What programs or activities are supported by the General Funds identified?</i> |
|--------------------------------|--|

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>Morris Village: \$1,706,950 – This reduction necessitates the elimination of 20 available beds and the loss of approximately 7,300 bed days.</p> <p>Roddey Pavilion: \$1,765,006 – This reduction necessitates the elimination of 20 available beds and the loss of approximately 7,300 bed days.</p> <p>Stone Pavilion – Veterans Nursing Home: \$4,138,158 – This reduction is the estimated savings if SCDMH were to outsource the operations of Stone Pavilion to a contractor.</p> <p>Pass-Through Funds: \$96,329 – This reduction is a three (3) percent decrease in the total funding for each of the following pass-through funding recipients as listed below:</p> <ul style="list-style-type: none"> <li>• Remittance to the General Fund (Proviso 35.1)</li> <li>• Continuum of Care (Proviso 35.1)</li> <li>• Alliance for the Mentally Ill (Proviso 35.1)</li> <li>• SC Share (Proviso 35.1)</li> <li>• Alzheimer’s Association (Proviso 35.3)</li> <li>• NAMI (Proviso 35.4)</li> <li>• ISCEDC Funding Transfer (Proviso 117.53)</li> <li>• Gateway House (Budget Line Item)</li> <li>• CASA Family Systems (Budget Line Item)</li> </ul> <p>Method of Calculation:<br/> Morris Village: Based on clinical service delivery<br/> Roddey Pavilion: Based on clinical service delivery<br/> Stone Pavilion – Veterans Nursing Home: Based on program service delivery<br/> Pass-Through Funds: Three (3) percent reduction</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.*

|                                  |  |
|----------------------------------|--|
| <b>AGENCY COST SAVINGS PLANS</b> | See Form F – Reducing Cost and Burden to Businesses and Citizens |
|----------------------------------|--|

*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?*



|                     |  |                 |    |
|---------------------|--|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Department of Mental Health |                 |    |
| <b>AGENCY CODE:</b> | J120                                       | <b>SECTION:</b> | 35 |

**FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

|  |  |                          |                                    |                          |  |                                     |  |                          |       |
|--|--|--------------------------|------------------------------------|--------------------------|--|-------------------------------------|--|--------------------------|-------|
| <b>TITLE</b>                                       | <p align="center"><b>Greater Efficiency in Agency Services</b></p> <p><i>Provide a brief, descriptive title for this request.</i></p>  |                          |                                    |                          |  |                                     |  |                          |       |
| <b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b> | <p align="center"><b>Variable based upon levels of programmatic activity.</b></p> <p><i>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.</i></p>  |                          |                                    |                          |  |                                     |  |                          |       |
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>         | <p><b>Mark “X” for all that apply:</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Repeal or revision of regulations.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Reduction of agency fees or fines to businesses or citizens.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Greater efficiency in agency services or reduction in compliance burden.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table> | <input type="checkbox"/> | Repeal or revision of regulations. | <input type="checkbox"/> | Reduction of agency fees or fines to businesses or citizens. | <input checked="" type="checkbox"/> | Greater efficiency in agency services or reduction in compliance burden. | <input type="checkbox"/> | Other |
| <input type="checkbox"/>                           | Repeal or revision of regulations.   |                          |                                    |                          |  |                                     |  |                          |       |
| <input type="checkbox"/>                           | Reduction of agency fees or fines to businesses or citizens.   |                          |                                    |                          |  |                                     |  |                          |       |
| <input checked="" type="checkbox"/>                | Greater efficiency in agency services or reduction in compliance burden.   |                          |                                    |                          |  |                                     |  |                          |       |
| <input type="checkbox"/>                           | Other  |                          |                                    |                          |  |                                     |  |                          |       |
| <b>METHOD OF CALCULATION</b>                       | <p>Dependent upon programmatic measurements.</p> <p><i>Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.</i></p>   |                          |                                    |                          |  |                                     |  |                          |       |
| <b>REDUCTION OF FEES OR FINES</b>                  | <p>Not applicable.</p> <p><i>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?</i></p>  |                          |                                    |                          |  |                                     |  |                          |       |
| <b>REDUCTION OF REGULATION</b>                     | <p>Not applicable.</p> <p><i>Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?</i></p>   |                          |                                    |                          |  |                                     |  |                          |       |

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

**SUMMARY**

Among the many measures the Department undertakes to reduce costs to taxpayers and demonstrate how funds are being reinvested within the agency to better serve the citizens of South Carolina, SCDMH offers the following four (4) programs as examples.

**Telepsychiatry (See Accountability Report, Strategy 3.1.1 and 3.1.2)**  
 The Emergency Department Telepsychiatry Program results demonstrate: higher follow-up and retention of patients seen with the telepsychiatry group compared to controls in an outpatient setting; shorter lengths of stay; fewer inpatient admissions; and, total charges at encounter level for the index emergency department visit including subsequent inpatient admission that were significantly lower for the telepsychiatry group. The financial impacts include reduced costs to participating hospitals and to the mental health system.

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

The Deaf Services Telepsychiatry Program and the Emergency Management Services (EMS) Telehealth Pilot Project have also demonstrated positive clinical and/or financial impacts. The estimated cost savings for the healthcare system in the first 13 months (cost of ambulance transport and a basic emergency department visit) of the EMS Pilot Project was approximately \$1,153,738.

SCDMH’s newest ventures include telepsychiatry to its nursing homes and as a component of the SCDMH School Mental Health Program. With the inclusion of these efforts, telepsychiatry has become an integral component of service delivery across SCDMH’s mental health continuum.

**Mental Health Courts (See Accountability Report, Strategy 1.1.1 and 1.1.2)**  
 Mental health courts are adult criminal specialty courts with a separate docket dedicated to the diversion of non-violent pretrial felony and misdemeanor offenders with mental illness from the criminal justice system to appropriate community treatment services and resources. The program is voluntary and the individual’s charges are held in abeyance until the individual completes their treatment course as directed by the court. The financial impacts include reduced costs to the local court dockets and reduced costs to the criminal justice system.

**Evaluation, Training, and Research (See Accountability Report, Strategy 1.1.1 and 1.1.2)**  
 SCDMH has a commitment to staff development and training, maintaining an online learning management system that allows staff to take trainings that are required by regulatory and accrediting agencies. Curricula have been developed for staff that outline those modules that are required for their particular job duties and responsibilities. If the trainings were not offered online, staff would have to travel to attend trainings in a classroom setting. These online trainings allow staff to take the required training at their offices as their schedules permit. SCDMH has estimated that in previous years the man-hour cost savings for the online learning modules has been more than \$5 million. The cost savings are realized when employees remain in place for training and the loss of revenue-producing hours, due to training, is reduced.

**Community Crisis Programming (See Accountability Report, Strategy 1.1.1 and 1.1.2)**

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>35</b> |

All sixteen (16) of SCDMH's Community Mental Health Centers provide crisis services. Mobile Crisis, a 24/7 crisis response team, formed in 1987. Community Crisis Response and Intervention (CCRI) began in May 2018 and is active in 29 counties to date. SCDMH has also established crisis stabilization units and telepsychiatry for jail/emergency department diversion. The financial impacts include cost reductions to communities and community assets, including law enforcement agencies, and cost avoidance through efficient use of resources.

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