

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

**RECURRING FUNDS  
(FORM B  
DECISION PACKAGES)**

My agency is submitting the following recurring decision packages listed in priority order (Form B):  
10076, 10124, 10127, 10130, 10139, 10142, 10145, 10148, 10151, 10154, 10157, 10169, 10172, 10341, 11024

For FY 2017-18, my agency is (mark "X"):

<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

**CAPITAL &  
NON-RECURRING  
FUNDS  
(FORM C  
DECISION PACKAGES)**

My agency is submitting the following one-time decision packages listed in priority order (Form C):  
10250, 10253, 10256, 10262, 10286, 10292, 10301, 10304, 10307, 10310, 10316, 10319, 10268, 10274

For FY 2017-18, my agency is (mark "X"):

<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.

**PROVISOS  
(FORM D)**

For FY 2017-18, my agency is (mark "X"):

<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
<input type="checkbox"/>	Not requesting any proviso changes.

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

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

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

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

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

<b>AGENCY NAME:</b>	Department of Mental Health		
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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	10076
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	Forensics - Annualization
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$5,490,659
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Sections 44-23-410 to -460 and Section 17-24-40.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # <u>10250</u>
	<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 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.	

<b>RECIPIENTS OF FUNDS</b>	Inpatient treatment of patients committed to the Department through the legal system (those that have been found Incapable of Standing Trial or Not Guilty by Reason of Insanity of a crime). Also carry out court-ordered evaluations of individuals accused of a crime for which mental competence is an issue.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>3.3.1</p> <p>This request will provide resources so that SCDMH can increase forensic admissions to meet the need for forensic services.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No potential offsets.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	<p>This is a legislatively mandated inpatient program. The Forensics Program is the Department’s secure hospital for adult patients committed following adjudication by a Court of General Sessions as being incapable of standing trial due to a mental illness [S.C. Code Ann. §44-23-430] or committed to SCDMH following a finding of Not Guilty by Reason of Insanity [S.C. Code Ann. §17-24-40].</p> <p>This request represents the financial impact of the South Carolina Department of Mental Health’s efforts to adequately fund program operations with recurring state appropriations, and to provide consideration for expenditures associated with forensic evaluation services, electronic medical record maintenance, and placements in community residential care facilities.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>This request is based on FY2017 expenditures and funding amounts.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Funding for this decision package directly impacts the health, safety, and welfare of the patients of the South Carolina Department of Mental Health. The services provided with this funding are highly integrated into the service-delivery system of the Department and are needed to support the recovery of those affected by mental illness. The existence of these services allows the Department to provide a range of treatment options to provide the most appropriate treatment for each patient and thereby further its mission: to support the recovery of people with mental illnesses. Although only certain services of the Department are mandated by statute, et.al., certain other services are necessary as support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.</p>
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
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The funds being sought in this request are for statutorily mandated services.

This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

**PRIORITIZATION**

If unsuccessful, SCDMH will have to reduce services at its Community Mental Health Centers and Inpatient facilities in order to divert said funding to this mandated program.

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

**INTENDED IMPACT**

The Department is seeking additional appropriations to support its current level of services. If unsuccessful, DMH will have to divert funding from other programs to support its mandated services.

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

**PROGRAM EVALUATION**

See Accountability Report.

*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10124</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Forensics – New Funds</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$4,740,243</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Sections 44-23-410 to -460 and Section 17-24-40.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # <u>10250</u>
	<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 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.	

<b>RECIPIENTS OF FUNDS</b>	Inpatient treatment of patients committed to the Department through the legal system (those that have been found Incapable of Standing Trial or Not Guilty by Reason of Insanity of a crime). Also carry out court-ordered evaluations of individuals accused of a crime for which mental competence is an issue.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
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<b>ACCOUNTABILITY OF FUNDS</b>	<p>3.3.1</p> <p>This request will provide resources so that SCDMH can increase forensic admissions to meet the need for forensic services.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No potential offsets.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	<p>This is a legislatively mandated inpatient program. The Forensics Program is the Department’s secure hospital for adult patients committed following adjudication by a Court of General Sessions as being incapable of standing trial due to a mental illness [S.C. Code Ann. §44-23-430] or committed to SCDMH following a finding of Not Guilty by Reason of Insanity [S.C. Code Ann. §17-24-40].</p> <p>This request represents the financial impact of the South Carolina Department of Mental Health’s efforts to adequately fund program operations with recurring state appropriations, and to provide consideration for expenditures associated with forensic evaluation services, electronic medical record support staff, placements in community residential care facilities, mental health courts, housing for forensic patients, and the addition of 32 beds on Lodge E.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>This request is based on FY2017 expenditures, funding amounts, and future expected expenditures necessary to support the activities outlined above and to satisfy any additional funding needs associated with forensic services.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Funding for this decision package directly impacts the health, safety, and welfare of the patients of the South Carolina Department of Mental Health. The services provided with this funding are highly integrated into the service-delivery system of the Department and are needed to support the recovery of those affected by mental illness. The existence of these services allows the Department to provide a range of treatment options to provide the most appropriate treatment for each patient and thereby further its mission: to support the recovery of people with mental illnesses. Although only certain services of the Department are mandated by statute, et.al., certain other services are necessary as support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.</p>
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

The funds being sought in this request are for statutorily mandated services.

This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

**PRIORITIZATION**

If unsuccessful, SCDMH will have to reduce services at its Community Mental Health Centers and Inpatient facilities in order to divert said funding to this mandated program.

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

**INTENDED IMPACT**

The Department is seeking additional appropriations to support the activities outlined above. The intended impact is to meet the demand for services.

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

**PROGRAM EVALUATION**

See Accountability Report.

*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10127</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Sexually Violent Predators Program</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$950,460</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Sexually Violent Predator Act, Section 44-48-10 et al.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

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

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

<b>POTENTIAL OFFSETS</b>	<p>No potential offsets.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	<p>The census of the program is steadily increasing, and additional funding is being requested to offset the increased costs anticipated to treat the expanding population.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The request is based on an estimate of the cost per year to provide services to 12 additional residents for 365 days at the rate of \$217.00 per bed day.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Funding for this decision package directly impacts the health, safety, and welfare of the patients of the South Carolina Department of Mental Health. The services provided with this funding are highly integrated into the service-delivery system of the Department and are needed to support the recovery of those affected by mental illness. The existence of these services allows the Department to provide a range of treatment options to provide the most appropriate treatment for each patient and thereby further its mission: to support the recovery of people with mental illnesses. Although only certain services of the Department are mandated by statute, et.al., certain other services are necessary as support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.</p>
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
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Certain components of the above-referenced request are mandated for the South Carolina Department of Mental Health.

This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

**PRIORITIZATION**

If unsuccessful, SCDMH will have to reduce services at its Community Mental Health Centers and Inpatient facilities in order to divert said funding to this mandated program.

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

**INTENDED IMPACT**

The census of the program is steadily increasing, and additional funding is being requested to offset the increased costs anticipated to treat the expanding population.

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

**PROGRAM EVALUATION**

See Accountability Report.

*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
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### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>10130</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Inpatient Clinical and Medical Services - Annualization</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,686,192</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 20-7-5710, Section 44-9-10, Section 44-9-90, Section 44-11-10, Section 44-11-30, Section 44-17-450, Section 44-24-150, and Section 44-48-10.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # <u>10253</u>
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are expended by the Department for the benefit of individual patients by providing needed mental health services.
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

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

<b>POTENTIAL OFFSETS</b>	<p>No potential offsets.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	<p>This request represents the financial impact of the South Carolina Department of Mental Health's efforts to adequately fund program operations with recurring state appropriations, and to maintain services at current levels.</p> <p>The requested amount represents FY2017 annualizations.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>This request is based on FY2017 expenditures and funding amounts.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Funding for this decision package directly impacts the health, safety, and welfare of the patients of the South Carolina Department of Mental Health. The services provided with this funding are highly integrated into the service-delivery system of the Department and are needed to support the recovery of those affected by mental illness. The existence of these services allows the Department to provide a range of treatment options to provide the most appropriate treatment for each patient and thereby further its mission: to support the recovery of people with mental illnesses. Although only certain services of the Department are mandated by statute, et.al., certain other services are necessary as support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.</p>
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

**PRIORITIZATION**

If unsuccessful, SCDMH will have to reduce services at its Inpatient facilities as its non-recurring funding diminishes.

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

**INTENDED IMPACT**

The Department is seeking additional appropriations to replace non-recurring funding. If unsuccessful, DMH will have to reduce services at its Inpatient facilities as its non-recurring funding diminishes.

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

**PROGRAM EVALUATION**

See Accountability Report.

*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10139</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Long-Term Care Services – New Funds</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$834,430</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 44-11-30 and Section 44-11-40.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # <u>10256</u>
	<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.	

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

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

*formula, through a competitive process, based upon predetermined eligibility criteria?*

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

<b>POTENTIAL OFFSETS</b>	<p>No potential offsets.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>As part of the State Veterans Nursing Home Program, the Veterans Administration (VA) reimburses the South Carolina Department of Mental Health the lesser of half the cost per bed day of the applicable facility, or the VA per diem rate.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	<p>This request represents the financial impact of the South Carolina Department of Mental Health’s efforts to adequately fund program operations with recurring state appropriations, and to provide consideration for expenditures associated with a location pay supplement, and increases in contractually-obligated expenses associated with the Department’s contracted facilities.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>This request is based on FY2017 expenditures, funding amounts, and future expected expenditures necessary to support the activities outlined above and to satisfy any contractual obligations associated with the management and operations of Richard M. Campbell and Veterans Victory House.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Funding for this decision package directly impacts the health, safety, and welfare of the residents of the skilled nursing facilities owned by the South Carolina Department of Mental Health.</p> <p>This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>PRIORITIZATION</b>	<p>If unsuccessful, SCDMH will not be able to support the activities outlined above, which may have a direct impact on patient care. It may also result in reducing the expected increases in access and limiting the Department’s ability to meet any contractual obligations associated with the management and operations of Richard M. Campbell and Veterans Victory House without diverting funds from other programs.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The Department is seeking additional appropriations to support the activities outlined above, which may have a direct impact on patient care, and which may impact the Department’s ability to meet any contractual obligations associated with the management and operations of Richard M. Campbell and Veterans Victory House without diverting funds from other programs.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>See Accountability Report.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10142</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Information Technology - Annualization</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$779,125</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 44-9-10.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are sought by the Department for the protection of confidential medical records and critical support systems upon which the agency’s operations depend. Said benefit is
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

recognized via safeguard of protected health information.

*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?*

**ACCOUNTABILITY OF FUNDS**

1.2.1, 1.2.2

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

*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

**POTENTIAL OFFSETS**

No potential offsets.

*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

**MATCHING FUNDS**

No matching funds.

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

**FUNDING ALTERNATIVES**

No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>This request represents the financial impact of the South Carolina Department of Mental Health’s effort to fortify its Inpatient Services and Community Mental Health Services Electronic Medical Record (EMR) support and its network infrastructure support.</p> <p>The requested amount represents FY2017 annualizations.</p> <p>This request is considered in the Department’s annual information technology and security plans.</p> <p>This request includes consultation with the Department of Administration in its development.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>This request is based on FY2017 expenditures and funding amounts.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.</p>
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>If unsuccessful, SCDMH will have to reduce services at its Community Mental Health Centers and Inpatient facilities in order to divert said funding to this effort.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>This request represents the financial impact of the South Carolina Department of Mental Health's effort to fortify its Inpatient Services and Community Mental Health Services Electronic Medical Record (EMR) support and its network infrastructure support.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>See Accountability Report.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10145</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>FLSA – Crisis/On-Call</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$500,000</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 44-9-90.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are expended by the Department for the benefit of individual patients by providing needed mental health services.
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

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

<b>ACCOUNTABILITY OF FUNDS</b>	<p>3.2.1, 3.2.2, 3.2.3</p> <p>This request will provide funds so that SCDMH can increase the number of individuals served in community settings, assure that individuals have opportunities to receive services within a reasonable time, and demonstrate increased efficiencies by providing an increase in needed services.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No potential offsets.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available.</p>
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>Fair Labor Standards Act – Regulatory Changes</p> <ul style="list-style-type: none"> <li>▪ The FLSA has traditionally exempted certain groups of employees from overtime pay requirements – one such exemption relates to employees working in jobs that the FLSA describes as executive, administrative, or professional.</li> <li>▪ The feature change in the Department of Labor’s FLSA rules is an increase in the minimum weekly salary to the 40<sup>th</sup> percentile of weekly earnings for full-time salaried workers.</li> <li>▪ The proposed regulatory changes will have a substantial future impact on operations and finances. <ul style="list-style-type: none"> <li>▪ The salary level for exemption from overtime will be increasing.</li> <li>▪ More of SCDMH’s employees will be entitled to overtime.</li> </ul> </li> </ul> <p>Although SCDMH will adjust its after-hours crisis coverage to minimize the impact, it is expected that there will be an increase in overtime costs as a result of the change in regulations.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The request for funding is based on an estimate of the total funds required to meet the increase in overtime costs as a result of the change in regulations.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.</p>
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	If unsuccessful, SCDMH will have to reduce after-hours crisis services at its Community Mental Health Centers.
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	The Department is seeking additional appropriations to address this change in the Fair Labor Standards Act regulations
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	See Accountability Report.
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>10148</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Public Safety</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,153,886</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 44-11-70.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # <u>10262</u>
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are expended by the Department for the benefit of individual patients by providing needed mental health services.
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

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

<b>POTENTIAL OFFSETS</b>	<p>No potential offsets.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	<p>This request represents the financial impact of the South Carolina Department of Mental Health’s efforts to adequately fund program operations with recurring state appropriations, and to provide consideration for expenditures associated with a salary increase to ensure the Department’s competitiveness with similar law enforcement entities.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The request for funding is based on an estimate of the total funds required to meet this obligation.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Funding for this decision package directly impacts the health, safety, and welfare of the residents of the skilled nursing facilities owned by the South Carolina Department of Mental Health.</p> <p>This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>PRIORITIZATION</b>	<p>If unsuccessful, SCDMH will incur additional, unnecessary expense related to staff turnover. It may result in limiting the Department’s ability to meet safety standards and requirements without diverting funds from other programs.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The Department is seeking additional appropriations to support the activities outlined above, which may have a direct impact on patient care, and which may impact the Department’s ability to meet safety standards and requirements without diverting funds from other programs.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>See Accountability Report.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10151</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Information Technology – New Funds</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,495,253</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 44-9-10.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are sought by the Department for the protection of confidential medical records and critical support systems upon which the agency’s operations depend. Said benefit is
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

recognized via safeguard of protected health information.

*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?*

**ACCOUNTABILITY OF FUNDS**

1.2.1, 1.2.2

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

*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

**POTENTIAL OFFSETS**

No potential offsets.

*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

**MATCHING FUNDS**

No matching funds.

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

**FUNDING ALTERNATIVES**

No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>This request represents the financial impact of the South Carolina Department of Mental Health’s effort to fortify its Inpatient Services and Community Mental Health Services information technology support and its network infrastructure support, including contractual services maintenance, software product costs, training, and funds associated with vacant and requested Information Technology staff positions and salary realignments.</p> <p>This request is considered in the Department’s annual information technology and security plans.</p> <p>This request includes consultation with the Department of Administration in its development.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>This request is based on FY2017 expenditures, funding amounts, and future expected expenditures necessary to support the activities outlined above.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.</p>
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>If unsuccessful, SCDMH will have to reduce services at its Community Mental Health Centers and Inpatient facilities in order to divert said funding to this effort.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>This request represents the financial impact of the South Carolina Department of Mental Health's effort to fortify its Inpatient Services and Community Mental Health Services Electronic Medical Record (EMR) support and its network infrastructure support.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>See Accountability Report.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10154</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Community Housing</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$300,000</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 44-9-90.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

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

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

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

<b>POTENTIAL OFFSETS</b>	<p>No potential offsets.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>These rental assistance payments expect that patients receiving such will contribute to their monthly housing expense, but said provisions should not be considered matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	<p>SCDMH has a long history of making efforts to foster more permanent supportive community housing for its patients. Appropriate housing is often the single biggest factor in determining whether a patient with serious psychiatric impairments is able to be successfully discharged or is able to remain successful in their recovery in the community.</p> <p>The Housing and Homeless Program has funded the development of more than 1,600 housing units across the state for people with mental illnesses.</p> <p>The program administers grants that provide permanent supportive housing for formerly homeless clients and their family members; outreach and clinical services for people with severe and persistent mental illness; and technical assistance and training needed to increase access to Social Security disability benefits for people who are homeless, or at risk of homelessness and have mental illnesses, and co-occurring disorders.</p> <p>The program works in collaboration with the Department of Housing and Urban Development, the Department of Health and Human Services, the South Carolina Housing Finance and Development Authority, and the Social Security Administration.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The request for funding is based on an estimate of the total funds required to support the rental assistance scope of this program, which is estimated to be \$8,000-\$10,000 annually per patient assisted.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Funding for this decision package directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided with this funding are highly integrated into the service-delivery model of the Department and constitute a critical component of the success criteria for recovery for those affected by mental illness. The existence of these services allows the Department to select from an array of treatment options to affect positive outcomes toward its mission: to support the recovery of people with mental illnesses. Although only certain services of the Department are mandated by statute, et.al., certain other services are necessary as</p>
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

**PRIORITIZATION**

If unsuccessful, SCDMH will have to limit the provision of rental assistance in this program to existing levels; thereby, effectively creating a backlog where the increasing demand for said housing placements outpaces the availability of supply of said services.

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

**INTENDED IMPACT**

Appropriate housing is often the single biggest factor in determining whether a patient with serious psychiatric impairments is able to be successfully discharged.

SCDMH is seeking new funds to increase community supportive housing for its patients.

Funds will be used for rental assistance in supported apartments and for transitioning patients into independent living.

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

**PROGRAM EVALUATION**

See Accountability Report.

*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10157</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>School-Based Services</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$250,000</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 20-7-5710 and Section 44-9-90.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	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".
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*What individuals or entities would receive these funds (contractors, vendors, grantees,*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
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*individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.1, 1.1.2, 1.1.3, 3.2.1, 3.2.2, 3.2.3</p> <p>This request will provide funds so that SCDMH can assure that resources exist to serve individuals needing services, that it meets the expectation that at least 85% of patients and/or their families will be satisfied with SCDMH services, and so that it can increase the number of school-based service locations during FY2018.</p> <p>This request will also provide funds so that SCDMH can increase the number of individuals served in community settings, assure that individuals have opportunities to receive services within a reasonable time, and demonstrate increased efficiencies by providing an increase in needed services.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No potential offsets.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>Several school districts allocate funds to the program as a contribution to the expenses incurred to operate the program. However, such funding is not guaranteed and is therefore not considered a match, only an offset to expenses incurred by the Department. Many services will generate additional Medicaid revenue to the agency.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.</p>
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>SCDMH school based mental health services improve access to needed mental health services for children and their families.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The request for funding is based on an estimate of the total funds required to expand the scope of this program, which is estimated to be \$25,000 per school-based counselor.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Funding for this decision package directly impacts the health, safety, and welfare of the patients of the South Carolina Department of Mental Health. The services provided with this funding are highly integrated into the service-delivery model of the Department and constitute a critical component of the success criteria for recovery for those affected by mental illness. The existence of these services allows the Department to select from an array of treatment options to affect positive outcomes toward its mission: to support the recovery of people with mental illnesses. Although only certain</p>
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

services of the Department are mandated by statute, et.al., certain other services are necessary as support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

**PRIORITIZATION**

If unsuccessful, SCDMH will have to limit the provision of services in this program to existing levels; thereby, effectively creating a backlog where the increasing demand for said services outpaces the availability of supply of said services.

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

**INTENDED IMPACT**

The information exchange and collaboration that develops between school teachers, school counselors and administrators and school based mental health staff improves early identification and treatment for children in need; and for those children and families in need of services, the SBMH program services increase school attendance, reduce discipline referrals and decrease drop-out rates.

These positive outcomes for the student and their families also positively correlate to a decreased risk for violence in the school and community.

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

**PROGRAM EVALUATION**

See Accountability Report.

*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	10169
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	Base Realignment
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$0
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 44-9-90.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	Not applicable.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>ACCOUNTABILITY OF FUNDS</b>	Not applicable
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	No potential offsets.
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	No matching funds.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	No other funding alternatives.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	Aligning appropriations to match current expenditure projections.
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	Realignment to match current expenditure projections.
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	This decision package realigns the recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>PRIORITIZATION</b>	Not applicable.
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	No impact on service delivery or program outcomes.
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	Not applicable.
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	10172
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Restructuring
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$0
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 44-9-90.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input checked="" type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	Not applicable.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>ACCOUNTABILITY OF FUNDS</b>	Not applicable.
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	No potential offsets.
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	No matching funds.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	No other funding alternatives.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	<p>Aligning program divisions to reflect current organizational structure and service delivery.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>Realignment to reflect current organizational structure and service delivery.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>This decision package realigns the recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>PRIORITIZATION</b>	Not applicable.
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	Realignment to reflect current organizational structure and service delivery. No change in impact on service delivery or program outcomes.
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	Not applicable.
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10341</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Allocation of Employer Contributions</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$5,477,965</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 44-9-90.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	SCDMH State Employees.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>ACCOUNTABILITY OF FUNDS</b>	Not applicable.
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	No potential offsets.
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	No matching funds.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	No other funding alternatives.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	<p>Allocation of Employer Contributions.</p> <p>Pay Plan Allocation - \$4,295,193</p> <p>SCRS and PORS 0.50% Rate Increase - \$549,349</p> <p>Health and Dental Insurance - \$633,423</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The decision package total is based on calculations determined by the Executive Budget Office.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>This decision package creates a recurring obligation of funds on the part of the State of South Carolina to the South Carolina Department of Mental Health.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>PRIORITIZATION</b>	Not applicable.
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	Not applicable.
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	Not applicable.
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>11024</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Increase in Federal Authorization</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$3,305,807</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 44-9-10.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The South Carolina Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The Department is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are expended by the Department for the benefit of individual patients by providing needed mental health services.
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<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

*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>ACCOUNTABILITY OF FUNDS</b>	Not applicable.
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	No potential offsets.
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	No matching funds.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	No other funding alternatives.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	<p>The request Increase in Federal Authorization is due to the cumulative effect of increases in Federal Revenue, specifically related to grants.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>Cumulative increases in revenue sources.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Not applicable. SCDMH is not requesting additional funds, only additional authorization.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>PRIORITIZATION</b>	Not applicable.
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	Not applicable.
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	Not applicable.
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10250</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Forensics</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$145,364</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	<b>II.B.2.b. Bryan Forensics</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Recurring request – If so, Decision Package # <u>10076, 10124</u>
	<input type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
<input checked="" type="checkbox"/> Non-recurring request for funding	
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	Funds are requested for one-time expenses associated with placements in community residential care facilities.
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of non-recurring expenditures.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>No approvals have already been obtained and none are anticipated to be required.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10253</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Inpatient Clinical and Medical Services</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$861,601</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	I.Gen Admin; II.B.2 Bryan Hosp; II.B.5 Harris Hosp; II.C.1. Morris Village; II.E.1. Stone Pavilion; II.E.4. Roddey Pavilion;
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Recurring request – If so, Decision Package # <u>10130</u>
	<input type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>Funds are requested for one-time expenses associated with the following:</p> <p>Nutritional Services - \$196,868 – Kettles, truck refrigeration units, and food preparation mixers.</p> <p>Harris Psychiatric Hospital - \$164,900 – Security equipment, vehicles, furniture, and computers.</p> <p>Morris Village - \$151,000 – Restroom renovations, tile abatement, and furniture.</p> <p>Bryan Civil - \$348,833 – Security equipment, vehicles, furniture, and emergency carts.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of non-recurring expenditures.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>No approvals have already been obtained and none are anticipated to be required.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10256</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Long-Term Care Services</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$361,482</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	<b>II.E. Long-Term Care</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Recurring request – If so, Decision Package # <u>10139</u>
	<input type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
<input checked="" type="checkbox"/> Non-recurring request for funding	
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>Funds are requested for one-time expenses associated with the following:</p> <p>Roddey Pavilion - \$222,576 – Physical Therapy/Occupational Therapy/Recreational Therapy equipment, vehicles, furniture and equipment replacement, and dining supplies.</p> <p>Stone Pavilion - \$138,906 – Nurse call system upgrade, furniture and equipment replacement, and shingles vaccine.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of non-recurring expenditures.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>No approvals have already been obtained and none are anticipated to be required.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10262</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Public Safety</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$395,484</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	II.D.2. Public Safety Division
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Recurring request – If so, Decision Package # <u>10148</u>
	<input type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
<input checked="" type="checkbox"/> Non-recurring request for funding	
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>Funds are requested for one-time expenses associated with a records management system, fire and life safety training systems, an emergency relocation plan, a mobile command center, information technology systems upgrades, officer safety and radio communications, a facility surveillance and security system, mobile data units, six (6) vehicles, and an electronic ticket system.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of non-recurring expenditures.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>No other funding sources available. SCDMH would have to divert funds from other critical, existing programs in order to meet the demands for which these funds are being requested.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>No approvals have already been obtained and none are anticipated to be required.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10286</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Harris Hospital Heating &amp; Air Conditioning Renovations</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$2,200,000</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	<b>II.B.5 Harris Psychiatric Hospital</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # 1 _____
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>This project is to address the replacement of the 30-year old heating and air conditioning and fire sprinkler system at Harris Hospital. A new, more energy efficient mechanical system will be installed to replace the aging system. A new control system will be installed. This request is related to the Department's goal to provide sufficient psychiatric hospital beds to meet the consumers' need for inpatient care. This work is needed to ensure the SCDMH buildings are maintained in an adequate condition to ensure a satisfactory environment of care exists for our patients and staff. This request replaces parts of existing facilities, existing facilities infrastructure, and existing facilities utility systems.</p> <p>Total Project Cost: \$10,300,000.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of a capital project. It appears as Year 1 on the 2015 CPIP, and Year 1 on the 2016 CPIP.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>The Department has funds available to meet \$8.1 million of the expected project cost. Available balances will be used in conjunction with amounts requested to address maintenance needs.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>The total cost of this project is \$10,300,000. The South Carolina Department of Mental Health currently has \$8,100,000 in funds to support this project.</p> <p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>None, Phase II design and construction was approved by the JBRC and SFAA in June 2016.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10292</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>NE Campus Electrical Distribution System Renovations</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$3,600,000</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	Not Applicable
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # 2 _____
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>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 Bryan Hospital are over 40 years old, have exceeded their useful life and require replacement.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of a capital project. It appears on Year 1 of the 2016 CPIP.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>No funding alternatives.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>The project has been submitted for approval of Phase I design at the Sep JBRC and Oct SFAA meetings.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10301</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Anderson-Oconee-Pickens Mental Health Center Construction</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$10,592,000</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	<b>II.A.1 Community Mental Health</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # Year 2, Pri #1 _____
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>Construct a 40,000 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 \$120,000/year. Placing the various programs in one consolidated facility will aid in efficiency of service delivery.</p> <p>Total Project Cost: \$10,592,000.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of a capital project. It appears as Year 2 on the 2016 CPIP.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>No funding alternatives.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>Not applicable. This project has been previously submitted as a budget request item, but has not been submitted to the JBRC because funding was not provided.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10304</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Catawba Mental Health Center Construction</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$10,580,000</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	<b>II.A.1 Community Mental Health</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # Year 2, Pri #2 ____
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>Purchase 6 acres of land and construct a 39,000 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 two leased facilities located in Rock Hill and one DMH facility - lease costs for these two facilities is over \$224,000/year. Placing the various programs in one consolidated facility will aid in efficiency of service delivery.</p> <p>Total Project Cost: \$10,580,000.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of a capital project. It appears Year 2 on the 2016 CPIP.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>No funding alternatives.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>Not applicable. This project has been previously submitted as a budget request item, but has not been submitted to the JBRC because funding was not provided.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10307</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Community Buildings Deferred Maintenance</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$3,000,000</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	<b>II.A.1 Community Mental Health</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # Year 1, Pri 3 ____
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>This project is to address multiple deferred maintenance issues in our community mental health facilities. DMH 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 Aiken-Barnwell, Berkeley, Tri-County, Coastal Empire, Charleston/Dorchester, Orangeburg, Pee Dee, Santee-Wateree, Tri-County, 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. DMH will continue to include its significant priority deferred maintenance requests in its Capital Budget Request submitted to the General Assembly.</p> <p>Total Project Cost: \$3,000,000.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of a capital project. It appears as Year 1 on the 2016 CPIP.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>No matching funds</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>The Department has established a Deferred Maintenance Account to address the deferred maintenance backlog. Available balances will be used in conjunction with amounts requested to address maintenance needs.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>Not applicable. This project has been previously submitted as a budget request item, but has not been submitted to the JBRC because funding was not provided.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10310</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Inpatient and Support Buildings Deferred Maintenance</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,500,000</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	I. Gen Admin; II.B.2 Bryan Hosp; II.D.1 Admin Svcs; II.D.2 Public Safety; II.E. Long-Term Care
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # _Year 1, Pri #4__
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>This project is to address deferred maintenance issues in our in-patient buildings. This request is to address the most urgent building needs, focusing on those items identified by the Joint Commission which may jeopardize our hospital accreditation if not corrected. Examples include upgrading hardware and fixtures at Bryan to meet current anti-ligature standards; repair and replacement of fire dampers and associated fire protection and alarm system equipment, and items relating to environment of care at both Bryan and Tucker Center. This includes flooring replacement, laundry renovations and other miscellaneous deferred maintenance issues.</p> <p>Total Project Cost: \$1,500,000.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of a capital project. It appears as Year 1 on the 2016 CPIP.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>The Department has established a Deferred Maintenance Account to address the deferred maintenance backlog. Available balances will be used in conjunction with amounts requested to address maintenance needs.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>Not applicable. This project has been previously submitted as a budget request item, but has not been submitted to the JBRC because funding was not provided.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10316</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Columbia Area Mental Health Center Phase III Construction</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$3,500,000</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	<b>II.A.1 Community Mental Health</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # Year 2, Pri #4 ____
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>This project is to construct a 30,000 square foot facility on land currently owned by the Department. Columbia Area Mental Health Center's Child &amp; Adolescent (C&amp;A) Program has outgrown its current space in the Phase I Building. The new facility will accommodate the C&amp;A Program, the Assessment Resource Center and several associated support services. Placing these child-based programs in the same facility will aid in efficiency of service delivery. The building would also enable Columbia Area MHC to relocate programs from a temporary location and consolidate its programming on one campus.</p> <p>Total Project Cost: \$7,590,000.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of a capital project. It appears as Year 2 on the 2016 CPIP.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>It is anticipated that Richland County will contribute funds to be used toward the construction of this building. Any residual balance remaining after the use of Richland County's funds and the funds requested in this decision package will be the obligation of the Department of Mental Health and will be paid for with non-recurring funds available.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>No funding alternatives.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>Not applicable. This project has been previously submitted as a budget request item, but has not been submitted to the JBRC because funding was not provided.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10319</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Campbell Veterans Nursing Home Renovations</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,379,000</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	<b>II.E.2. Campbell Veterans Home</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # Year 2, Pri #5__
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>This project is to address deferred maintenance issues at Campbell VA Nursing Home in Anderson. The work includes renovations to the kitchen to include new equipment; replacing dryers in the laundry; replacing water heaters; shower renovations to provide more privacy; replacing flooring finishes; replacing existing front entry doors and lobby door for better security; installation of covered shelters in the courtyards for shade; and re-configuration of resident bathrooms to allow access for patient lifts and replacement of existing free standing wardrobe type closets. 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>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of a capital project. It appears as Year 2 on the 2016 CPIP. .</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>The request of \$1,379,000 in one-time state appropriations would be used to leverage matching federal funds of \$2,561,000 from a Veterans Affairs grant for which SCDMH would then apply. The total project estimate is \$3,940,000.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>No funding alternatives.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>There are no additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>No approvals have already been obtained. An application will have to be submitted to the VA for the federal grant funds.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	10268
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Certification of State Match – VA State Homes State Veterans' Nursing Home Construction Northwest Region (45-010)
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$5,000,000
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	II.E. Long-Term Care
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____ Year 3 _____
<input checked="" type="checkbox"/> Non-recurring request for funding	
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>Project Description: This project is to construct a 108-bed State Veterans Home in Cherokee County. The Department is currently analyzing various sites within this region. The VA Design Guide for State Homes is based on community living centers with neighborhoods composed of smaller homes, community centers, more activity and outside garden areas instead of a conventional institutional nursing home design. The architect who is designing the prototype facility will adapt the Central Region design to the Northeast and Northwest South Carolina Region sites once these projects are approved.</p> <p>The project is #69 on the FY16 Veterans Affairs priority funding list (Group 1). SCDMH is requesting \$5,000,000 in Year 1 of a multi-year request totaling \$14,397,571, to be used to leverage matching federal funds from the Veterans Affairs grant. The \$14,397,571 in one-time funding had to be certified as available in order for the VA to consider awarding federal matching funds for the project. SCDMH is requesting restoration of these funds over multiple years.</p> <p>Total Project Cost: \$41,135,915.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of a capital project. It appears as Year 3 on the 2016 CPIP.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>The request of \$14,397,571 in one-time funds would be used to leverage matching federal funds from a Veterans Affairs grant. SCDMH is requesting \$5,000,000 in Year 1 of a multi-year request. The \$14,397,571 in one-time funding had to be certified as available in order for the VA to consider awarding federal matching funds for the project. SCDMH is requesting restoration of these funds over multiple years.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>No funding alternatives.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>The total cost of this project is \$41,135,915. The South Carolina Department of Mental Health is requesting \$5,000,000 in Year 1 of a multi-year request to eventually accumulate the entire match amount of \$14,397,571.</p> <p>There will be additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>The project has been approved for consideration by the VA and is part of the FY16 VA priority funding list (Group 1). The JBRC and BCB approved the project for Phase I design in March 2015.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10274</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Certification of State Match – VA State Homes State Veterans' Nursing Home Northeast Region (45-008)</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$5,000,000</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	<b>II.E. Long-Term Care</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # ___ Year 3 _____
<input checked="" type="checkbox"/> Non-recurring request for funding	
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>Project Description: This project is to construct a 108-bed State Veterans Home in Florence. The Department is currently analyzing various sites within this region. The VA Design Guide for State Homes is based on community living centers with neighborhoods composed of smaller homes, community centers, more activity and outside garden areas instead of a conventional institutional nursing home design. The architect who is designing the prototype facility will adapt the Central Region design to the Northeast and Northwest South Carolina Region sites once these projects are approved.</p> <p>The project is #67 on the FY16 Veterans Affairs priority funding list (Group 1). SCDMH is requesting \$5,000,000 in Year 1 of a multi-year request totaling \$13,970,221, to be used to leverage matching federal funds from the Veterans Affairs grant. The \$13,970,221 in one-time funding had to be certified as available in order for the VA to consider awarding federal matching funds for the project. SCDMH is requesting restoration of these funds over multiple years.</p> <p>Total Project Cost: \$39,914,915.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of a capital project. It appears as Year 3 on the 2016 CPIP.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>MATCHING FUNDS</b>	<p>The request of \$13,970,221 in one-time funds would be used to leverage matching federal funds from a Veterans Affairs grant. SCDMH is requesting \$5,000,000 in Year 1 of a multi-year request. The \$13,970,221 in one-time funding had to be certified as available in order for the VA to consider awarding federal matching funds for the project. SCDMH is requesting restoration of these funds over multiple years.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>No funding alternatives.</p>
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>The total cost of this project is \$39,915,915. The South Carolina Department of Mental Health is requesting \$5,000,000 in Year 1 of a multi-year request to eventually accumulate the entire match amount of \$13,970,221.</p> <p>There will be additional operating costs associated with this request.</p>
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*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?*

<b>OTHER APPROVALS</b>	<p>The project has been approved for consideration by the VA and is part of the FY16 VA priority funding list (Group 1). The JBRC and BCB approved the project for Phase I design in March 2015.</p>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	35.7
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*Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").*

<b>TITLE</b>	(DMH: Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance)
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*Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	Various
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	Not Applicable
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*Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.*

<b>REQUESTED ACTION</b>	Amend
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	None
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	The Department of Mental Health is authorized to establish an interest bearing fund with the State Treasurer to deposit funds appropriated for deferred maintenance and other one-time funds from any source.
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>EXPLANATION</b>	<p>The current proviso would be amended to allow the Department of Mental Health to retain funds, including those from the sale of excess real property owned by, under the control of, or assigned to the Department, for the purpose of expending said funds for deferred maintenance, capital projects, and ordinary repair and maintenance.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>No fiscal impact.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<p><b>PROPOSED PROVISO TEXT</b></p>	<p>The Department of Mental Health is authorized to establish an interest bearing fund with the State Treasurer to deposit funds <del>appropriated</del> for deferred maintenance and other one-time funds from any source. <b><u>The Department is also authorized to retain and deposit into the fund proceeds from the sale of excess real property owned by, under the control of, or assigned to the Department.</u></b> After receiving any required approvals, the department is authorized to expend these funds for the purpose of deferred maintenance, capital projects, and ordinary repair and maintenance. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.</p>
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*Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

### **FORM E – 3% GENERAL FUND REDUCTION**

<b>DECISION PACKAGE</b>	<b>9986</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Agency General Fund Reduction Analysis</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>-\$6,693,947</b>
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*What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package’s total in PBF.*

<b>METHOD OF CALCULATION</b>	Inpatient Clinical and Medical Services: \$3,000,000 (Based on clinical service delivery) Long-Term Care Services: \$2,000,000 (Based on program service delivery) Community Mental Health Services: \$1,601,503 (Based on program service delivery) Reduction in Pass-Through Funds: \$92,444 (Three (3) percent reduction)
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*Describe the method of calculation for determining the reduction in General Funds.*

<b>ASSOCIATED FTE REDUCTIONS</b>	Inpatient Clinical and Medical Services: approximately 33 FTE reduction Long-Term Care Services: approximately 90 FTE reduction Community Mental Health Services: No FTE reduction as funds are unallocated Reduction in Pass-Through Funds: Not applicable
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM/ACTIVITY IMPACT</b>	The following programs would be impacted by the general fund reductions: Inpatient Clinical and Medical Services (Morris Village), Long-Term Care Services (Stone Pavilion – Veterans Nursing Home), and Community Mental Health Services (Crisis Stabilization Unit, and Housing).  The following pass-through funding recipients would each be reduced by three (3) percent: Remittance to the General Fund (Proviso 35.1), Continuum of Care (Proviso 35.1), Alliance for the Mentally Ill (Proviso 35.1), SC Share (Proviso 35.1), Alzheimer’s Association (Proviso 35.3), NAMI (Proviso 35.4), ISCEDC Funding Transfer (Proviso 117.54), Gateway House (Budget Line Item), and CASA Family Systems (Budget Line Item).
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*What programs or activities are supported by the General Funds identified?*

<b>AGENCY NAME:</b>	<b>Department of Mental Health</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>35</b>

<b>SUMMARY</b>	<p>Inpatient Clinical and Medical Services: \$3,000,000 – This reduction necessitates the closure of two (2) 13-bed lodges at Morris Village.</p> <p>Long-Term Care Services: \$2,000,000 – This reduction is the estimated savings if SCDMH were to outsource the operations of Stone Pavilion to a contractor.</p> <p>Community Mental Health Services: \$1,601,503 – This reduction necessitates the elimination of certain crisis stabilization services.</p> <p>Reduction in Pass-Through Funds: \$92,444 – This reduction is a three (3) percent decrease in the total funding for each of the following pass-through funding recipients as listed below:</p> <ul style="list-style-type: none"> <li>Remittance to the General Fund (Proviso 35.1) - \$8,729</li> <li>Continuum of Care (Proviso 35.1) - \$12,000</li> <li>Alliance for the Mentally Ill (Proviso 35.1) - \$1,500</li> <li>SC Share (Proviso 35.1) - \$7,500</li> <li>Alzheimer’s Association (Proviso 35.3) - \$27,000</li> <li>NAMI (Proviso 35.4) - \$5,115</li> <li>ISCEDC Funding Transfer (Proviso 117.54) - \$17,850</li> <li>Gateway House (Budget Line Item) - \$7,500</li> <li>CASA Family Systems (Budget Line Item) - \$5,250</li> </ul>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*