

**Hidden Earmarks Transparency Survey  
FY 2019-20 Appropriations**

**Agency Name:** Department of Mental Health

**Hidden Earmarked Item:** Remittance back to the General Fund

**1. Part IA, Line Item Name and Funding, if applicable:**

**Associated Proviso if applicable:** Proviso 35.1

**2. Part IB, Proviso Number, Item Number and Funding, if applicable:**

**3. New Item for FY 2019-20:** Yes  No

**4. Agency statutory authority that supports earmarked item:** None

**5. Describe how item supports agency mission and goals:**

There is no direct support to either the agency mission or goals.

**6. Was item included in agency budget request?** Yes  No

**7. Recipient Name(s):** The State of South Carolina General Fund

**8. Status of recipient receiving funds:** Public  Non-Profit  Private

**9. Methodology used in disbursing funds (Provide a brief description and include a copy of written guidelines):**

Per Proviso 35.1: "The Department shall remit \$290,963 to the General Fund." Funds are dispersed via a cash transfer.

**10. List of each grant or contract recipient with amount of funds awarded:**

South Carolina General Fund	\$290,963
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**Hidden Earmarks Transparency Survey  
FY 2019-20 Appropriations**

**Agency Name:** Department of Mental Health

**Hidden Earmarked Item:** Continuum of Care

**1. Part IA, Line Item Name and Funding, if applicable:**

**Associated Proviso if applicable:** Proviso 35.1

**2. Part IB, Proviso Number, Item Number and Funding, if applicable:**

**3. New Item for FY 2019-20:** Yes  No

**4. Agency statutory authority that supports earmarked item:** 44-9-90

**5. Describe how item supports agency mission and goals:**

This contributes to the Department's statutory requirement to provide a statewide system for the delivery of mental health services to treat, care for, reduce, and prevent mental illness and provide mental health services for citizens of this State, whether or not in a hospital. The system must include services to prevent or postpone the commitment or recommitment of citizens to hospitals.

**6. Was item included in agency budget request?** Yes  No

**7. Recipient Name(s):** Continuum of Care

**8. Status of recipient receiving funds:** Public  Non-Profit  Private

**9. Methodology used in disbursing funds (Provide a brief description and include a copy of written guidelines):**

Funds are disbursed in one lump sum upon receipt by the Department of a letter from The Department of Administration, Continuum of Care, requesting said disbursement.

**10. List of each grant or contract recipient with amount of funds awarded:**

Continuum of Care \$400,000

**Hidden Earmarks Transparency Survey  
FY 2019-20 Appropriations**

**Agency Name:** Department of Mental Health

**Hidden Earmarked Item:** Alliance for the Mentally Ill

**1. Part IA, Line Item Name and Funding, if applicable:**

**Associated Proviso if applicable:** Proviso 35.1

**2. Part IB, Proviso Number, Item Number and Funding, if applicable:**

**3. New Item for FY 2019-20:** Yes  No

**4. Agency statutory authority that supports earmarked item:** 44-9-90

**5. Describe how item supports agency mission and goals:**

This contributes to the Department's statutory requirement to provide a statewide system for the delivery of mental health services to treat, care for, reduce, and prevent mental illness and provide mental health services for citizens of this State, whether or not in a hospital. The system must include services to prevent or postpone the commitment or recommitment of citizens to hospitals.

**6. Was item included in agency budget request?** Yes  No

**7. Recipient Name(s):** Alliance for the Mentally Ill

**8. Status of recipient receiving funds:** Public  Non-Profit  Private

**9. Methodology used in disbursing funds (Provide a brief description and include a copy of written guidelines):**

Per Proviso 35.1: "The department shall remit... \$50,000 to the Alliance for the Mentally Ill..." Funds are disbursed quarterly upon receipt by the Department of a letter from the recipient requesting said disbursement.

**10. List of each grant or contract recipient with amount of funds awarded:**

National Alliance on Mental Illness                      \$50,000

**Hidden Earmarks Transparency Survey  
FY 2019-20 Appropriations**

**Agency Name:** Department of Mental Health

**Hidden Earmarked Item:** SC SHARE

**1. Part IA, Line Item Name and Funding, if applicable:**

**Associated Proviso if applicable:** Proviso 35.1

**2. Part IB, Proviso Number, Item Number and Funding, if applicable:**

**3. New Item for FY 2019-20:** Yes  No

**4. Agency statutory authority that supports earmarked item:** 44-9-90

**5. Describe how item supports agency mission and goals:**

This contributes to the Department's statutory requirement to provide a statewide system for the delivery of mental health services to treat, care for, reduce, and prevent mental illness and provide mental health services for citizens of this State, whether or not in a hospital. The system must include services to prevent or postpone the commitment or recommitment of citizens to hospitals.

**6. Was item included in agency budget request?** Yes  No

**7. Recipient Name(s):** SC SHARE

**8. Status of recipient receiving funds:** Public  Non-Profit  Private

**9. Methodology used in disbursing funds (Provide a brief description and include a copy of written guidelines):**

Per Proviso 35.1: "The department shall remit... \$250,000 to S.C. Share Self Help Association Regarding Emotions." Funds are disbursed quarterly upon receipt by the Department of a letter from the recipient requesting said disbursement.

**10. List of each grant or contract recipient with amount of funds awarded:**

SC Share          \$250,000

**Hidden Earmarks Transparency Survey  
FY 2019-20 Appropriations**

**Agency Name:** Department of Mental Health

**Hidden Earmarked Item:** Alzheimer's Association

**1. Part IA, Line Item Name and Funding, if applicable:**

**Associated Proviso if applicable:** Proviso 35.3

**2. Part IB, Proviso Number, Item Number and Funding, if applicable:**

**3. New Item for FY 2019-20:** Yes  No

**4. Agency statutory authority that supports earmarked item:** None

**5. Describe how item supports agency mission and goals:**

There is no direct support to either the agency mission or goals.

**6. Was item included in agency budget request?** Yes  No

**7. Recipient Name(s):** Alzheimer's Association

**8. Status of recipient receiving funds:** Public  Non-Profit  Private

**9. Methodology used in disbursing funds (Provide a brief description and include a copy of written guidelines):**

Per contract, "SCDMH will pay Contractor for the required services in the amount of \$900,000. Payment will be made in four equal quarterly installments of \$225,000 beginning as soon as practicable after the start date of the contract and subject to the receipt of the reports noted in section 1.0 above."

**10. List of each grant or contract recipient with amount of funds awarded:**

South Carolina Chapter of the Alzheimer's Association \$900,000

**Hidden Earmarks Transparency Survey  
FY 2019-20 Appropriations**

Agency Name: Department of Mental Health

Hidden Earmarked Item: NAMI

**1. Part IA, Line Item Name and Funding, if applicable:**

Associated Proviso if applicable: Proviso 35.4

**2. Part IB, Proviso Number, Item Number and Funding, if applicable:**

**3. New Item for FY 2019-20:** Yes  No

**4. Agency statutory authority that supports earmarked item:** 44-9-90

**5. Describe how item supports agency mission and goals:**

This contributes to the Department's statutory requirement to provide a statewide system for the delivery of mental health services to treat, care for, reduce, and prevent mental illness and provide mental health services for citizens of this State, whether or not in a hospital. The system must include services to prevent or postpone the commitment or recommitment of citizens to hospitals.

**6. Was item included in agency budget request?** Yes  No

**7. Recipient Name(s):** NAMI

**8. Status of recipient receiving funds:** Public  Non-Profit  Private

**9. Methodology used in disbursing funds (Provide a brief description and include a copy of written guidelines):**

Per contract, "SCDMH shall pay Contractor \$275,000 as received by the Appropriations Act of FY2018-2019. Payment shall be made in two (2) installments: \$137,500 as soon after the beginning of the applicable fiscal year as appropriate; and \$137,500 in January 2019." "This contract shall be effective on July 1, 2018 or when all parties have signed, whichever is later, and will terminate on June 30, 2019. Therefore, the contract will automatically extend for four (4) additional one-year terms, contingent upon the Appropriations Act, or unless either party shall terminate the contract as provided herein. At the end of each contract year, the parties agree to meet to review the contract. Maximum termination date is June 30, 2022."

**10. List of each grant or contract recipient with amount of funds awarded:**

National Alliance on Mental Illness                      \$275,000

**Hidden Earmarks Transparency Survey  
FY 2019-20 Appropriations**

**Agency Name:** Department of Mental Health

**Hidden Earmarked Item:** Gateway House

**1. Part IA, Line Item Name and Funding, if applicable:** Gateway House, State Appropriations  
**Associated Proviso if applicable:**

**2. Part IB, Proviso Number, Item Number and Funding, if applicable:**

**3. New Item for FY 2019-20:** Yes  No

**4. Agency statutory authority that supports earmarked item:** 44-9-90

**5. Describe how item supports agency mission and goals:**

Contractor provides Rehabilitative Psychosocial Services and employment services to SCDMH clients who are not Medicaid-eligible and who have no other resources with which to pay for said services; activities on weekends and holidays for SCDMH clients who are not Medicaid-eligible and who have no other resources with which to pay for said activities; tutoring and other educational related services specifically designed to assist SCDMH clients who are not Medicaid-eligible and who have no other resource with which to pay for said services to pass the GED (General Education Development) examination and be awarded a South Carolina High School Equivalency Diploma; and transportation to and from Contractor's premises, and to and from other medical and social services appointments, for client with no personal transportation and no other means to secure such transportation.

**6. Was item included in agency budget request?** Yes  No

**7. Recipient Name(s):** Gateway House

**8. Status of recipient receiving funds:** Public  Non-Profit  Private

**9. Methodology used in disbursing funds (Provide a brief description and include a copy of written guidelines):**

Per contract, "SCDMH will compensate Contractor for professional services during the term of the contract in the amount of \$250,000. Payment will be made in monthly installments contingent upon satisfactory completion of required services and submission of a detailed invoice listing services rendered."

**10. List of each grant or contract recipient with amount of funds awarded:**

Gateway House, Inc. \$250,000

**Hidden Earmarks Transparency Survey  
FY 2019-20 Appropriations**

**Agency Name:** Department of Mental Health

**Hidden Earmarked Item:** CASA-Family Systems

**1. Part IA, Line Item Name and Funding, if applicable:** CASA-Family Systems, State Appropriations

**Associated Proviso if applicable:**

**2. Part IB, Proviso Number, Item Number and Funding, if applicable:**

**3. New Item for FY 2019-20:** Yes  No

**4. Agency statutory authority that supports earmarked item:** 44-9-90

**5. Describe how item supports agency mission and goals:**

Contractor provides a staffed 24/7 emergency shelter for individuals who have been victimized by family violence, meeting all requirements of applicable law; trauma-focused treatment for children that are victims of sexual and other violence; participation in case staffing as requested by Orangeburg Area Mental Health Center (OAMHC) staff; multi-disciplinary case management as needed for children who have been traumatized by sexual and/or physical abuse; psycho-educational group counseling to perpetrators of family violence; acceptance of OAMHC referrals for outpatient support services meeting CASA/Family Systems acceptance criteria and as appropriate to the referred individual's particular circumstances; assertion that contractor providers meet all applicable licensing, certification or other professional and/or facility requirements; and opportunities as deemed appropriate for OAMHC staff to engage in training sponsored by CASA/Family Systems.

**6. Was item included in agency budget request?** Yes  No

**7. Recipient Name(s):** CASA-Family Systems

**8. Status of recipient receiving funds:** Public  Non-Profit  Private

**9. Methodology used in disbursing funds (Provide a brief description and include a copy of written guidelines):** Per contract, "SCDMH will compensate Contractor for professional services during the term of the contract in the amount of \$200,000 as received by the Appropriations Act of FY 2017-2018. Payment will be made in four (4) equal quarterly installments of \$50,000.00 beginning October 1, 2017, contingent upon satisfactory completion of required services and Submission of a detailed invoice listing services rendered."

**10. List of each grant or contract recipient with amount of funds awarded:**

CASA/Family Systems \$200,000

**Hidden Earmarks Transparency Survey  
FY 2019-20 Appropriations**

Agency Name: Department of Mental Health

Hidden Earmarked Item: ISCEDC Funding Transfer

**1. Part IA, Line Item Name and Funding, if applicable:**

Associated Proviso if applicable: Proviso 117.53

**2. Part IB, Proviso Number, Item Number and Funding, if applicable:**

**3. New Item for FY 2019-20: Yes  No**

**4. Agency statutory authority that supports earmarked item: 44-9-90**

**5. Describe how item supports agency mission and goals:**

This contributes to the Department's statutory requirement to provide a statewide system for the delivery of mental health services to treat, care for, reduce, and prevent mental illness and provide mental health services for citizens of this State, whether or not in a hospital. The system must include services to prevent or postpone the commitment or recommitment of citizens to hospitals.

**6. Was item included in agency budget request? Yes  No**

**7. Recipient Name(s):** Department of Social Services

**8. Status of recipient receiving funds: Public  Non-Profit  Private**

**9. Methodology used in disbursing funds (Provide a brief description and include a copy of written guidelines):** Per Proviso 117.54, "The transfer of funds shall be accomplished by September thirtieth of the current fiscal year."

**10. List of each grant or contract recipient with amount of funds awarded:**

SC Department of Social Services                      \$595,000