

Agency Certification and Transmittal Sheet

Code:

J12

Name:

Dept of Mental Health

Mission Statement: To support the recovery of people with mental illnesses.

To the Office of State Budget

This, and accompanying statements, schedules, and explanatory sheets consisting of 141 pages constitute the operating budget estimates of this agency for all proposed expenditures for the 2012-2013 fiscal year.

All statements and explanations contained in the estimates submitted herewith are true and correct to the best of my knowledge.

Signed:


(Agency Head)

Date:

9-30-11

FISCAL YEAR 2012-13 BUDGET PLAN

I. EXECUTIVE SUMMARY

A. **Agency Section/Code/Name:**
23/J12/ Dept of Mental Health

B. **Summary Description of Strategic or Long-Term Goals:**

The State Plan for the South Carolina Department of Mental Health includes 14 Priority State Planning Activities and approximately 50 subordinate objectives with associated strategies and performance indicators. The budget plan included herein supports the infrastructure upon which each of these Activities is built. As the majority of the Priority State Planning Activities are related to the service delivery model with the overarching principle that each client is entitled to a quality, recovery-oriented system of care, and as this overarching principle wholly represents the core of the Department's mission this budget plan is an integral component of the Department's goals and action plans.

The 14 Priority State Planning Activities are listed below.

Self-Directed Recovery: The intent is to increase participant choice, control, and flexibility in selecting services to be rendered on the client's behalf. Through empowerment, and the ability to match perceived needs and desires with services received, clients are engaged and recovery is facilitated.

Prevention and Promotion: It is the intent to facilitate the promotion of positive mental health to reduce the impact of mental illnesses on American communities. This will occur by creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness.

Collaboration: The intent is to seek partnerships among like-minded organizations to evaluate opportunities for enhancing services for such efforts as co-occurring disorders, physical health, employment, peer workforce, homelessness, returning veterans, youth in transition, reducing disparities, older adults, and employing and deploying technology. Through its myriad of partnerships, the South Carolina Department of Mental Health will evaluate the needs, resources, gaps, and solutions of the mental health continuum of care.

Integrating Primary Care and Behavioral Health Care: The intent is to place mental health and substance abuse services in primary care settings, and place primary care services in mental health and substance abuse settings. The South Carolina Department of Mental Health has experimented in the past with these concepts and currently has a grant to explore these partnerships in the present.

Strengthen Agency Position as State Mental Health Authority: The intent is to emphasize and exercise the primary role the South Carolina Department of Mental Health plays in the delivery of mental health services within the mental health continuum of care.

Control Expenditures and/or Increase Efficiency of Operations: The intent is to evaluate the current operational environment of the South Carolina Department of Mental Health in order to identify areas of increased efficiency with the purpose of maximizing the return on investment of limited resources.

Expand Funding/Revenue Opportunities: The intent is to evaluate the current revenue and funding streams of the South Carolina Department of Mental Health in order to identify areas of increased reimbursement with the purpose of maximizing the use of limited resources to achieve the greatest benefit for clients.

Improve Access to Care for Targeted Populations: The intent is to evaluate the current access to care for clients and potential clients of the South Carolina Department of Mental Health in order to identify areas of need, and corresponding gaps in access, with the purpose of maximizing the use of limited resources so that the Department can continue to impact the prevalence rate of mental illness in the State.

Enhance Efficiency of Clinical Service Delivery: The intent is to evaluate the current clinical service delivery model of the South Carolina Department of Mental Health in order to identify areas of increased efficiency with the purpose of maximizing the use of limited resources. This may be achieved through enhancement of the Department's internally-developed electronic medical record, addressing barriers to treatment, or deployment of other evidenced efficiencies.

Enhance Treatment Effectiveness: The intent is to evaluate the current treatment effectiveness of the South Carolina Department of Mental Health in order to refine treatment services with the purpose of supporting the recovery of people with mental illnesses.

Budget Preservation: The intent is to prevent the further degradation of funding for the South Carolina Department of Mental Health so that it will be able to continue to address the demand for mental health services across the State of South Carolina.

Recruitment and Retention: The intent is to address the shortage of clinical staff across the provider spectrum of the South Carolina Department of Mental Health and to ameliorate the significant disparities in compensation between the public and private sectors.

Accreditation: The intent is to maintain the high-quality level and types of services provided by the South Carolina Department of Mental Health as evidenced by the standards set forth by the accrediting bodies with which the Department is affiliated, and by which all of its Community Mental Health Centers and Inpatient Facilities are accredited.

Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders: The intent is to ensure that the issues and concerns raised by participants in feedback processes, such as the Community Forums, are reviewed, and, when appropriate, acted upon in order to affect positive change, and ensure a dynamic environment, for behavioral health services in the State of South Carolina.

C. 2011-2012 Agency Recurring Base Appropriation:

State	\$131,596,677
Federal	22,957,742
Other	223,395,158

D. Number of Budget Categories:

15

E. Agency-wide Vacant FTEs

Vacant FTEs as of July 31, 2011: 643.162
% Vacant: 13.871%

F. Efficiency Measures:

SCDMH has existed since 1828, and has served over 3.5 million South Carolinians during that period. We are proud to continue to meet the behavioral health needs of our citizens. Despite reductions in state funding, the department continues its effort to maintain quality services and evidenced-based best practices. In support of our mission, the State Director, John H. Magill and other members of the leadership team embarked on a statewide behavior healthcare forum tour to reinforce the department's partnership with the community. These efforts were a continuation of the department's goal of highlighting the great work the local community mental health centers and facilities perform within their respective communities.

In support of its mission, the State Director completed a successful round of twenty-five community forums that were held at each of the Department's seventeen community mental health centers, four hospitals and four nursing homes. The goals of the community forums were enhancement of community relations and raising the awareness of mental health issues.

The forums were attended by approximately 1,500 people who affect or are affected by mental health services. They focused on mental health and long-term care issues, and provided opportunities to identify available services within the community. Areas of excellence and areas in need of improvement, as well as unmet needs in the community, were discussed; frequently, ideas and offers of collaboration and sharing of resources were developed. It was apparent that the leadership and staff of these centers and facilities have the close working relationships within their community that make it possible to accomplish the Department's mission to support the recovery of people with mental illness.

Each forum addressed both local and state-wide issues. State-wide issues typically included crowded emergency rooms, the need for more training for law enforcement, meeting veterans' needs, providing school-based services, the budget crisis, and the need for more active advocacy. An action plan was developed at the conclusion of each forum to follow up on the issues raised in the community. Tangible results of the forums have far exceeded expectations.

The Department's Human Resources Services Department accomplished a major change to its Human Resources Information System (HRIS) with the conversion of its HRIS to the State of South Carolina's new standard South Carolina Enterprise Information System (SCEIS). This massive HR task also involved the efforts of the Division of Information Technology (DoIT) under the direction of the state SCEIS technology personnel who guided state agencies through the conversion of all the individual state agency HR data to the new system. The complexity of the SCDMH payroll system required numerous adjustments and accommodations to SCEIS involving significant amounts

of time. The payroll function became more closely integrated with HR in the conversion and was transferred to the Human Resources Services Department. The conversion required a major communication and training process to ensure all department payroll personnel and SCDMH employees understood the requirements and benefits of the new system. As of this date the system is still undergoing growth in functionality and report capability. Groups of employees are gaining the ability to enter their own time and leave requests with the approval forwarded to the supervisor for finalization. An automated EPMS reporting system has been rolled out and is now in use.

Because of our limited ability to hire new staff, or to replace seasoned managers who have retired, the department implemented an Executive Leadership Development Program in 2008 to groom new leadership candidates. In the first year, five participants completed the course. The 2011 Executive Leadership Development Program will focus on the agency's physicians as leaders in behavioral healthcare. It is our hope that we glean a wealth of information and innovative approaches to the system of care. As in years past, these chosen few, will participate and meet for seven sessions over four months and each one will present on an area in which they have expertise and knowledge from which others can benefit. We will continue to use a manual that was developed containing all the presentations and supporting documents. This manual will be made available for the agency's future leaders for their reference and use. Despite significant budget reductions, our school-based mental health counselors served nearly 12,000 children in 397 schools in South Carolina.

We continued to help people with mental illnesses find jobs and places to live. For example, our supported employment program for adults with serious mental illnesses continued to garner national acclaim. Working with our partner, the South Carolina Vocational Rehabilitation Department, we now have over fifty percent of our clients in the program gainfully employed.

In addition, the SCDMH Housing and Homeless Program has now funded over 1,600 housing units, including some units for clients in the Towards Local Care (TLC) program. Due to agency budget reductions, the FY2011 housing production goal was not met, however several positives can be gleaned from this past fiscal year:

- Program continued to administer eight HUD Shelter Plus Care grants that fund nine programs located in 14 counties. One additional program that SCDMH supports with matching funds is administered by the Myrtle Beach Housing Authority. These programs provide permanent supportive housing to almost 300 formerly homeless clients and their family members.
- Program continued to administer the HHS PATH (Projects for Assistance in Transition from Homelessness) Formula Grant Program. The current PATH program allocation is \$568,000. The PATH Program provides funding for outreach and clinical services for persons with serious mental illnesses and co-occurring disorders who are homeless. South Carolina currently has five PATH providers--Columbia Area MHC, Waccamaw MHC, Greenville MHC, Spartanburg Area MHC, and Crisis Ministries in Charleston.
- Implemented a SOAR (SSI/SSDI Outreach, Access and Recovery) Initiative in South Carolina with three pilot sites--Charleston, Columbia, and Greenville. The purpose of SOAR is to provide states the 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. SOAR is collaboration with Social Security Administration and SC Disability Determination Services.

TLC Programs continue to serve the "back door" and "front door" portals of SCDMH Inpatient Psychiatric Facilities by spurring development of community programs capable of serving difficult inpatients and those who over-utilize hospitals with frequent admissions. This collection of services have served a total of two thousand nine hundred and sixty clients since 1991. There were 228 clients admitted to TLC in FY 2010 with a total capacity of 1,010. Data reflects an overall reduction in hospital utilization for admissions of 72% and reduction in hospital days of 77% for TLC participants. All seventeen Community Mental Health Centers continue to have a TLC program with capacity ranges from 2-130. Listed below are pertinent points about the TLC program:

- 2,105 of this number have entered the program from a hospital setting
- 228 clients were admitted to TLC in FY10
- Vacancy rate, for TLC programs, is 2% per month, which is between five to twelve vacancies throughout the state
- The predominant age of the clients is between 35 and 64 years old
- 93 percent have a major mental illness (psychotic and/or mood disorders)

The Deaf Services Program continues to be a national model and has been used as an example by other states in trying to meet the needs of this population. Deaf Services has continued to provide consumers who are Deaf and Hard of Hearing with access to needed mental health services. Despite increasing budgetary pressures the Department has worked hard to ensure that Deaf clients still have access to services and that the Deaf Services program is not disproportionately impacted by reductions in funding.

DMH served 275 deaf and hard of hearing clients last year, a slight decrease but an indication of our focus on primarily serving those with a severe mental illness. The Deaf Services Program believes strongly in the need for collaboration to improve the lives for individuals in the Deaf community. To that end, we have participated in several meetings and conferences to address issues which impact mental health needs. This has included conferences on disaster response, educational needs, mental health, and rehabilitation services.

The SCDMH Multicultural Council focuses on the importance of cultural competency in the mental health system of care. The Department considers cultural competency as part of its mission, believing that cultural competency is driven by leadership and information and should be client and staff oriented. The Department leadership believes that multiculturalism should be imbedded in all the agency's organizational units. The Department makes continuous efforts to recruit, retain, and develop a culturally diverse workforce. The SCDMH Multicultural Council is charged with the responsibility to advise and guide the agency leadership in the creation of a linguistically and culturally competent workforce. The Department is focused on ensuring that the workforce is reflective of the diversity of the populations served in the local communities.

At the close of FY2011, the Bull Street Property was under contract to Hughes Development Corporation (Hughes) of Greenville, SC for a minimum of \$15,000,000. Both a Circuit Court and the State Budget and Control Board have approved the Agreement. The sale currently remains contingent on Hughes reaching agreement with the City of Columbia concerning a re-zoning of the property and assistance with some of the future infrastructure needs related to re-development of the campus.

SCDMH continues to make final plans for the relocation of the offices and services remaining on the property. The Department has decided to retain the William S. Hall Psychiatric Institute, the agency's inpatient child and adolescent hospital, rather than construct a new hospital. Hall Institute, which comprises approximately 18 acres, or roughly 10% of the Bull Street campus, was excluded from the sale. Instead the hospital will be renovated, to include the addition of an energy plant. Such decision means that the last significant relocation issues are in the process of being resolved.

The Forensic Inpatient Service is located at what was formerly the McClendon Building of the Crafts-Farrow Campus. Previously the beds were licensed by Just Care. This past year Just Care was bought by GEO and the license was given to the Department in order for Forensics to become part of G. Weber Bryan Psychiatric Hospital. GEO Care provides security, plant operations, and nursing services to support the mission of the Forensic Inpatient Service.

There is strong emphasis on community-based care for children and on family preservation. In addition, training on evidence-based practices and delivery of services through a school-based model helps to reduce acknowledged deficits in access and workforce issues for rural areas.

There is strong interagency cooperation among the Department and the social services and juvenile justice systems - cooperation that enhances early intervention, prevention, and continuity of care for children and youth and families.

An area of unmet need expressed in the area of children's mental health is additional services for adolescents who have SED and who are transitioning to adulthood. South Carolina has a large number of persons, especially children, who are living in poverty; almost one-fourth of the State's population qualifies for Medicaid, and a large number of individuals have no health insurance coverage.

The SCDMH continually monitors waiting lists for mental health and substance abuse services. The Department measures wait times at referring hospitals on a quarterly basis and measures waiting lists for its facilities on a weekly basis. The Telepsychiatry Consultation Program funded by The Duke Endowment is functioning in twenty-two hospitals across the State, and additional hospitals are slated to be brought online in the future. The Telepsychiatry Consultation Program allows the Department to address unmet needs for services by expanding the ability to reach individuals who live in rural and remote areas. This is especially helpful in dealing with behavioral health crisis situations where people arrive in local hospital emergency departments.

The SCDMH has a commitment to staff training. Online learning systems in place allow staff to take trainings that are required by regulatory and accrediting agencies. One hundred-one training modules are offered online. Of these, twenty-nine are mandatory and are offered on an annual basis to meet Commission on Accreditation of Rehabilitation Facilities and Occupational Safety and Health Administration standards. If the trainings were not offered online, staff would have to travel to Columbia and attend the trainings in classroom settings. These online trainings allow staff to take them at their offices. The SCDMH has estimated that the cost savings for the online learning modules for FY 2010 were more than \$5.5 million in training expenses.

In the area of grants management, the Office of Grants Administration was created in July 2008 to manage grants and to continually look at grant opportunities to bring new funding dollars into the SCDMH. The Grants Administration not only manages the requirements of the Center for Mental Health Services (CMHS) Block Grant, but also manages thirty-one Federal grants and five non-Federal grants with a total portfolio value of over \$22 million.

The State has a Co-Occurring State Infrastructure Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for \$3.7 million. This grant was awarded to improve the capacity of SCDMH and the Department of Alcohol and Other Drug Abuse Services and the South Carolina Department of Vocational Rehabilitation to serve individuals with co-occurring mental health and substance abuse disorders.

The SCDMH has eleven programs included as “Blue Ribbon” Programs. Seven of these programs have a direct impact on children and families. The Blue Ribbon Programs include telepsychiatry, Deaf Services, Multi-Systemic Therapy for youth, school-based services, housing and homeless services, and the Assessment and Resource Center (ARC). The ARC is a Children’s Advocacy Center accredited through the National Children’s Alliance in Washington, DC. Towards Local Care is a program to assist patients transitioning from inpatient institutions to community-based care. Dialectical Behavior Therapy is offered in seven Community Mental Health Centers (CMHCs) to offer treatment for people with borderline personality disorders.

The Department continues to offer Peer Support Certification Classes and uses Peer Support Specialists throughout the State mental health system. South Carolina was the second State to negotiate a reimbursable rate for Peer Support services from the Centers for Medicare and Medicaid Services.

The SCDMH has affiliations with thirty-nine educational institutions in the State and with five other States. The Department has a contract with the University of South Carolina to support resident and faculty services.

The South Carolina Mental Health State Planning Council members are active and involved in their role of advocating for the mental health system. The Council membership reflects the stakeholder community. The Council includes adult consumers, family members of children, representatives from advocacy organizations, and representatives from all the required State agencies. The adult and child monitors had the opportunity to meet with five Council members by teleconference. The Council members expressed their concern about the significant budget cuts and the impact the cuts have had on many areas of the system. Over the past several years, housing services and Peer Support services have grown, but there is a need for more of these services throughout the State. Given the current budget situation, it will take years to see needed services expanded.

This past year SCDMH saw the completion of its goal to implement the Electronic Medical Record (EMR) in all of our community mental health centers. The EMR is a significant piece in an enterprise-wide plan to improve patient care through advanced technology. Using the technology will improve services to clients and to enable staff to work more efficiently.

Another accomplishment occurred last year as the thirty-five staff of the SC Department of Alcohol and Other Drug Abuse Services (DAODAS) completed their move into vacant space within the SCDMH Central Administration building. Like many agencies, the SCDMH has downsized over the past several years, resulting in available office space in its Central Administration building. Utilizing this space will result in an estimated taxpayer savings of \$700,000, over the next four years for DAODAS needs. In the upcoming legislative session the State General Assembly may also debate a proposed bill to restructure SCDMH, DAODAS and the Continuum of Care into one agency. This would place the department within the cabinet of the Governor’s Office.

As is true nationally, people with mental illnesses and substance abuse disorders continued to come to local hospital emergency rooms for treatment. The Department took steps to help alleviate this on-going problem in South Carolina. For example, funds are available to contract for inpatient psychiatric beds in the community to decrease number of individuals waiting in emergency rooms and, when necessary, the length of time for admission. These funds have served 1,711 citizens of South Carolina and diverted 1,276 individuals from emergency rooms. In addition, the Department’s mental health centers received funds for several projects geared towards providing crisis and other services in the community, ranging from providing on-call staff after hours to placing staff in local emergency rooms.

The newest approach was the provision of services through a recreational vehicle (RV). The Duke Endowment provided three years worth of funding for staff and Crisis Services funds paying the cost of the vehicle. *Highway to Hope RV Project*, is designed as a full service “mental health clinic on wheels” to serve those clients having difficulty accessing mental health treatment. This approach has been met with great success in the first eight months serving ninety-nine citizens of South Carolina of which 67% were not previously known to SCDMH. Overall, these crisis funds have served 11,665 citizens of South Carolina and diverted 9,064 from emergency rooms.

As another step towards easing the emergency room problem, the SCDMH Telepsychiatry Consultation Program provided the first live consultation on March 27, 2009. Since that date, SCDMH has placed telemedicine equipment in twenty-two local hospital emergency departments and completed over 7,200 behavioral health consultations. Five full-time and two part-time psychiatrists dedicated solely to this program provide daytime, evening, and weekend coverage. This program was made possible by a Grant from The Duke Endowment. Preliminary data indicates that one-third of those persons receiving these consultations could be released the same day as the consult. Also, the average length of stay state-wide was reduced by fifty percent.

On February 13, 2011 a lawsuit brought against SCDMH by the United States Department of Justice (DoJ) was dismissed by the U.S. District Court in Columbia. The lawsuit stemmed from an investigation of the agency's C.M. Tucker Nursing Care Center begun by the Justice Department in 2006. Despite the extra burdens and periodic disruptions caused by the DoJ investigation and monitoring, Tucker Center staff maintained their focus on providing compassionate care to the residents of Tucker Center. Ironically, despite DoJ's written allegations, DoJ's own consultants verbally remarked on Tucker staff's obvious caring and concern for the residents at the conclusion of every visit. The Mental Health Commission and SCDMH management recognized the Tucker Center staff for their hard work and dedication to providing excellent nursing care at an event following the dismissal of the lawsuit.

In January, 2011 SCDMH implemented a Nursing Assistant Training Program, which has been certified by the SC Department of Health and Human Services, at the CM Tucker Nursing Care Center. The program is 120 hours in length and provides classroom instruction and supervised hands on clinical experiences on the Nursing Units. Between January and April 2011, the program graduated 21 Certified Nursing Assistants. The program has reduced dependency on outside staffing agencies, thereby reducing costs and saving monies for Tucker Center.

"The Art of Recovery," which recognizes the talent of people who live with mental illnesses, celebrated its tenth anniversary this year. This was the seventh year that the Art of Recovery exhibited at the Columbia Museum of Art. It continued to reach further into the community to educate and raise public awareness of mental health issues by having exhibits in Sumter, Hartsville, and Darlington. During this fiscal year, thirty seven artists sold artwork for a total of \$1,809.00. All proceeds go to the artists.

Finally, the Department continues to become more efficient and effective at every opportunity. In addition to the RV "Mental Health Clinic on Wheels," in Charleston, and state-wide telepsychiatry consultation, the following initiatives have been implemented:

- In two instances, administrative leadership has been shared across two CMHCs. The Tri-County and Waccamaw MHCs and the Lexington and Aiken-Barnwell CMHCs are sharing Executive Directors and other key personnel. Not only is this a cost-saving in salaries but has allowed cross-pollination and sharing of ideas across geographic areas. As an example, staff in Lexington, who have received specialized training in an advanced "Best-practice," are now also serving clients in neighboring Aiken and Barnwell counties.
- Lexington and Aiken-Barnwell CMHCs may pair with Beckman CMHC to share a location in Leesville-Batesburg. In addition to serving clients from Aiken, Barnwell, and Lexington counties, Saluda county clients may also be served. The Saluda clinic currently serves only 139 clients. The goal is to better serve those clients more efficiently.
- Charleston Dorchester Mental Health Center is implementing a Parent Child Interaction Therapy (PCIT). A certified in-house trainer will allow initiating this project without significant start-up costs for staff education. PCIT is recognized as an evidenced based best practice.
- Berkeley CMHC has also initiated PCIT in addition to staff being trained in an evidence based model to address sexual behavior problems in children ages 6 -12. This model's use is limited to only a handful of locations across the US.
- Columbia Area CMHC operates a diagnostic and treatment clinic for children with developmental disorders. Families from the entire state receive services from this site.

G. Number of Provisos:
3 Changes to Provisos

IIA. OPERATING BUDGET PROGRAMS

Agency Section/Code/Name:

SUMMARY OF OPERATING BUDGET PROGRAMS FOR FY 2012-13

OPERATING BUDGET PROGRAMS			FUNDING					FTEs			
Title	Activity Name	Activity No.	Non-Recurring State	Recurring State	Federal	Other	Total	State	Federal	Other	Total
Sexually Violent Predator Program	Sexually Violent Predator Program	1009	0	7,280,841	0	0	7,280,841				0.00
Sustainability	All Activities except Sexually Violent Predator Program	All except 1009	0	7,000,000	0	0	7,000,000				0.00
Recruitment & Retention	All Activities except Administration, Pass-Through Funds, Telepsychiatry & ETR	All except 1010, 1011, New	0	1,230,761	0	0	1,230,761				0.00
Uncompensated Patient Care	Long Term Inpatient Psych, Acute Psych & Inpatient Forensics	1002, 1003, 1005	0	750,000	0	0	750,000				0.00
							0				0.00
							0				0.00
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TOTAL OF ALL OPERATING BUDGET PROGRAMS			0	16,261,602	0	0	16,261,602	0.00	0.00	0.00	0.00

IIB. CAPITAL BUDGET/NON-RECURRING REQUESTS FOR FY 2012-13

Agency Section/Code/Name:

SUMMARY OF CAPITAL BUDGET/NON-RECURRING REQUESTS FOR FY 2012-13

CAPITAL BUDGET/NON-RECURRING REQUESTS				Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Project No.*	Project Name	Activity Name	Activity No.				
	Electronic Medical Record for the Division of Inpatient Services	LT Inpatient Psych	1002				
		Acute Psych	1003				
		Inpatient Psych for Child	1004				
		Inpatient Forensics	1005				
		Inpatient Alcohol & Drug	1006				
		Nursing Home	1007				
		Veterans Nursing Home	1008				
		Sexually Violent Predator	1009	4,905,000			4,905,000
	Automated Medication Dispensing Equipment	LT Inpatient Psych	1002				
		Acute Psych	1003				
		Inpatient Psych for Child	1004				
		Inpatient Forensics	1005				
		Inpatient Alcohol & Drug	1006				
		Nursing Home	1007				
		Veterans Nursing Home	1008				
		Sexually Violent Predator	1009	1,000,000			1,000,000
	Replacement of Vehicles for Public Safety Office	Administration	1010	126,005			126,005
	Inpatient and Support Buildings Deferred Maintenance	LT Inpatient Psych	1002				
		Acute Psych	1003				
		Inpatient Forensics	1005				
		Inpatient Alcohol & Drug	1006				
		Nursing Home	1007				
		Veterans Nursing Home	1008				
			Administration	1010	10,173,000		

	Community Buildings Deferred Maintenance	School-Based Services Intensive Family Services Assertive Comm Treatmnt Comm Res (Hsg) Support Day Treatment Outpatient Services Community Admin Psychosocial Recovery Mental Health Court Outstationed Behavioral Baby Net Multi-Systemic Therapy Medical Management	997 1000 1588 1590 1591 1592 New New New New New New New	3,333,630			3,333,630
	Columbia Area MHC Carter Street Campus Renovations	Outpatient Services Community Admin Day Treatment Res (Hsg) Support	1592 New 1591 1590	2,500,000			2,500,000
	Roddey Nursing Home FRTW Roof Replacement	Nursing Home	1007	3,700,000			3,700,000
	Harris Hospital Heating and Air Conditioning Renovations	LT Inpatient Psych Acute Psych	1002 1003	7,100,000			7,100,000
	Santee Wateree Mental Health Center Construction	School-Based Services Intensive Family Services Assertive Comm Treatmnt Comm Res (Hsg) Support Day Treatment Outpatient Services Community Admin Psychosocial Recovery Mental Health Court Outstationed Behavioral Baby Net Multi-Systemic Therapy Medical Management	997 1000 1588 1590 1591 1592 New New New New New New New	9,500,000			9,500,000

	Anderson-Oconee-Pickens Mental Health Center Construction	School-Based Services Intensive Family Services Assertive Comm Treatmnt Comm Res (Hsg) Support Day Treatment Outpatient Services Community Admin Psychosocial Recovery Mental Health Court Outstationed Behavioral Baby Net Multi-Systemic Therapy Medical Management	997 1000 1588 1590 1591 1592 New New New New New New New	12,000,000			12,000,000
	Catawba Mental Health Center Construction	School-Based Services Intensive Family Services Assertive Comm Treatmnt Comm Res (Hsg) Support Day Treatment Outpatient Services Community Admin Psychosocial Recovery Mental Health Court Outstationed Behavioral Baby Net Multi-Systemic Therapy Medical Management	997 1000 1588 1590 1591 1592 New New New New New New New	9,500,000			9,500,000
	Replacement of Vehicles for Patient-Related Services	Administration	1010	599,148			599,148
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TOTAL OF ALL CAPITAL BUDGET/NON-RECURRING REQUESTS				64,436,783	0	0	64,436,783

*if applicable

III. Budget Category Justification Sheet	Agency Code	Agency Name
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A. Summary description of programs and how they relate to the mission of the agency:

Administration includes central office (the Commission and executive leadership) and the portions of the Division of Administrative Services that relate to human resources and financial services. Section 44-9-10 et. seq.

B. Budget Program Number and Name:

- I. General Administration
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1010	Administration	0	3,360,692	0	940,323	4,301,015

D. Performance Measures:

Ensure that the provision of services is executed within the bounds of all applicable laws.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

F. Change Management:

The scope and focus of this program has continued to emphasize the Department’s mission to support the recovery of people with mental illnesses

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		44.63	0.00	11.50	56.13
Personal Service	\$0	2,164,337	\$0	277,110	2,441,447
Employer Contributions	\$0	812,150	\$0	124,850	937,000
Program/Case Services	\$0	24,669	\$0	105,405	130,074
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	359,536	\$0	432,958	792,494
Total	\$ 0	3,360,692	\$ 0	940,323	4,301,015

* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.

Is this budget category or program associated with a Capital Budget Priority? Yes

If yes, state Capital Budget Priority Number and Project Name:

III. Budget Category Justification Sheet	Agency Code	Agency Name
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#1: Inpatient & Support Building Deferred Maintenance

Please List proviso numbers that relate to this budget category or programs funded by this category.

23.2
23.3
23.13
89.13
89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	3,102,618	0	1,312,154
2012-2013 Act	0	3,360,692	0	940,323
Difference	0	258,074	0	-371,831
% Difference	0	8.32%	0	-28.34%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	3,235,808				
10010006	General Fund – Rural Initiative	124,884				
37640002	Non-Recurring Earmarked			844,703		
37790000	Paying Patient Account			95,620		

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH

III. Budget Category Justification Sheet	Agency Code	Agency Name
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when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time-limited
2012-2013 (A)	44.63	11.50	0.00	56.13	0.00
2011-2012 (A)	44.63	11.50	0.00	56.13	0.00
2010-2011 (F)	34.00	10.50	0.00	44.50	0.00
2010-2011 (A)	52.63	11.00	4.50	68.13	0.00
2009-2010 (F)	47.50	1.00	4.00	52.50	4.00
2009-2010 (A)	61.00	2.00	1.00	64.00	0.00
2008-2009 (F)	43.50	8.00	4.00	55.50	6.00
2008-2009 (A)	61.00	2.00	1.00	64.00	0.00
2007-2008 (F)	50.50	5.00	6.00	61.50	7.00
2007-2008 (A)	61.00	2.00	1.00	64.00	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

III. Budget Category Justification Sheet	Agency Code	Agency Name
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	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

The Mental Health Centers program includes multiple activities including school-based services; employment services; crisis stabilization; intensive family services (family preservation); assertive community treatment; community-based rehabilitation; community residential (housing) support; day treatment; and outpatient services.

School-Based Services: Services, such as counseling and case management, delivered to school children with mental illness by mental health professionals within the walls of the school system 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 DMH work together with other agencies in the system to "support children in a manner that enables them to function in a community setting". Also, these are services which help DMH accomplish its duties as described in Section 44-9-90.

Employment Services: Services delivered by community mental centers that support consumers with serious and persistent mental illness in gaining and maintaining competitive employment as a means of achieving therapeutic goals, such as attaining feelings of belonging and self-worth. This includes Individual Placement Services (IPS) services, an evidence-based practice, at 6 community mental health centers. Section 44-9-10 et. seq.

Crisis Stabilization: Evaluation and treatment services delivered by the community mental health centers that stabilize consumers whose symptoms, e.g. suicidal behavior, extremely confused behavior, hallucinations/hearing voices, etc., have resulted in a crisis situation (who may be identified in the emergency rooms). These are services which help DMH accomplish its duties as described in Section 44-9-90. Preadmission screening and evaluation in psychiatric emergencies are mandated by Section 44-17-450.

Intensive Family Services (Family Preservation): Intensive services delivered by the community mental health centers targeted to children who have been identified as being at high risk for out-of-home placement, due to manifestation of psychiatric symptoms such as sudden aggressive outbursts, self-destructive activities, or oppositional-defiant behavior. The program works closely with the Department of Juvenile Justice (DJJ) and the Department of Social Services (DSS) to prevent removal of children from the home. This includes Multi-Systemic Therapy (MST), an evidence-based intensive family-and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. MST targets chronic, violent, or substance abusing juvenile offenders at high risk of out-of-home placement and their families. 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. Also, these are services which help SCDMH accomplish its duties as described in Section 44-9-90.

Assertive Community Treatment: Multi-disciplinary outpatient team directly provides all behavioral health needs for an individual with severe and persistent mental illness who often have co-occurring problems such as substance abuse or are homeless or involved with the judicial system. Section 44-9-10 et. seq.

Community-Based Rehabilitation: Outpatient rehabilitation services intended to manage psychiatric symptoms and re-learn personal, social, and vocational skills which may have been lost almost completely during the extremely long stays in a psychiatric hospital that were more typical in the past. Services are generally offered in a group setting such as a psychosocial clubhouse, a drop-in center, an activity center, a day program, or a consumer-run day program. These are services which help DMH accomplish its duties as described in Section 44-9-90.

Community Residential (Housing) Support: Services which assist individuals with behavioral disabilities who may need extra help with obtaining shelter or learning to live in a community after experiencing such conditions as domestic violence, family disruption, or homelessness. These are services which help SCDMH accomplish its duties as described in Section 44-9-90.

Day Treatment: Time-limited series of face-to-face therapeutic sessions offered 4+ days per week, at least 3 hours per day for those individuals experiencing serious psychiatric symptoms (delusions, uncontrollable compulsions, etc.) whose medication needs to be monitored and who need a structured behavioral health setting for daytime activities. These services function as a step-down or alternative to inpatient care. They are more intensive than typical outpatient treatment. These are services which help SCDMH accomplish its duties as described in Section 44-9-90.

Outpatient Services: Individual, group, and family outpatient counseling and psycho education delivered in outpatient community settings. Services are targeted towards those with serious and persistent mental illness, who may experience significant disruptive symptoms such as paranoia or confused and disorganized speech; nevertheless symptoms are able to be controlled enough for the individual to be maintained in the community and out of the hospital. These are services which help DMH accomplish its duties as described in Section 44-9-90.

III. Budget Category Justification Sheet	Agency Code	Agency Name
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B. Budget Program Number and Name:

- II. Programs & Services
 - A. Community Mental Health Centers
 - 1. Mental Health Centers
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
997	School-Based Services		3,788,681	733,032	8,106,944	12,628,657
1000	Intensive Family Services (Family Preservation)		1,228,462	511,029	1,350,020	3,089,511
1588	Assertive Community Treatment		3,520,701	365,614	1,664,166	5,550,481
1590	Community Residential (Housing) Support		4,361,210	1,476,662	8,689,582	14,527,454
1591	Day Treatment		897,954	126,950	1,396,026	2,420,930
1592	Outpatient Services		22,185,659	5,957,122	31,935,357	60,078,138
NEW	Community Services <i>(Formerly Outpatient Services)</i>		13,966,682	4,182,146	28,721,858	46,870,686
NEW	Psychosocial Recovery Centers (Clubhouses) <i>(Formerly Outpatient Services)</i>		2,370,879	397,336	4,844,032	7,612,247
NEW	Mental Health Court <i>(Formerly Outpatient Services)</i>		150,465	233	324,031	474,729
NEW	Out stationed Behavioral Treatment <i>(Formerly Outpatient Services)</i>		1,098,666	844,514	1,947,097	3,890,277
NEW	Baby Net <i>(Formerly Outpatient Services)</i>		46,257	60	143,597	189,914
NEW	Multi-Systemic Therapy <i>(Formerly Outpatient Services)</i>		403,716	558,510	353,181	1,315,407
NEW	Medical Management <i>(Formerly Outpatient Services)</i>		955,324	154,228	2,574,237	3,683,789

D. Performance Measures:

School-Based Services: Improve functioning of the consumer and improve satisfaction of the consumer, family, and school system.

Employment Services: Increase the number of SCDMH consumers with serious and persistent mental illness who are competitively employed.

Crisis Stabilization: Increase number of consumers in crisis diverted from admission to inpatient programs and decrease number of consumers in crisis waiting in the emergency rooms.

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Intensive Family Services (Family Preservation): Improve functioning of children at high risk for incarceration and increase consumer satisfaction.

Assertive Community Treatment: Decrease hospitalization rate and improve functioning of the consumer and increase consumer satisfaction.

Community-Based Rehabilitation: Decrease hospitalization rate and improve functioning of the consumer and increase consumer satisfaction.

Community Residential (Housing) Support: Decrease hospitalization rate and improve functioning of the consumer and increase consumer satisfaction.

Day Treatment: Decrease hospitalization rate and improve functioning of the consumer and increase consumer satisfaction.

Outpatient Services: Decrease hospitalization rate and improve functioning of the consumer and increase consumer satisfaction.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

Certain components of the above-referenced program are mandated for the South Carolina Department of Mental Health.

F. Change Management:

The scope and focus of this program has continued to emphasize the Department's mission to support the recovery of people with mental illnesses.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		1029.55	68.00	1214.05	2311.60
Personal Service	\$0	34,083,024	3,998,570	45,423,766	83,505,360
Employer Contributions	\$0	12,891,411	1,319,528	17,290,602	31,501,541
Program/Case Services	\$0	3,662,901	150,000	6,225,429	10,038,330
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	4,337,320	9,839,338	23,110,331	37,286,989
Total	\$ 0	54,974,656	15,307,436	92,050,128	162,332,220

* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.

Is this budget category or program associated with a Capital Budget Priority? Yes
 If yes, state Capital Budget Priority Number and Project Name:

#2: Community Buildings Deferred Maintenance

#3: Columbia Area Mental Health Center Carter Street Campus Renovations

III. Budget Category Justification Sheet	Agency Code	Agency Name
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- #6: Santee-Wateree Mental Health Center Construction
- #7: Anderson-Oconee-Pickens Mental Health Center Construction
- #8: Catawba Mental Health Center Construction

Please List proviso numbers that relate to this budget category or programs funded by this category.

- 23.1
- 23.3
- 23.7
- 23.8
- 23.9
- 23.10
- 23.13
- 23.14
- 89.13
- 89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	51,585,563	14,803,845	95,446,314
2012-2013 Act	0	54,974,656	15,307,436	92,050,128
Difference	0	3,389,093	503,591	-3,396,186
% Difference	0	6.57%	3.40%	-3.56%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency’s other employees.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	48,298,738				
10010001	General Fund – Crisis Intervention	2,589,269				
10010003	General Fund – ACT Programs	1,181,493				
10010004	General Fund	1,928,072				

III. Budget Category Justification Sheet	Agency Code	Agency Name
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	- Crisis Stabilization					
10010005	General Fund - Rural Initiative School Based	220,091				
10010006	General Fund - Rural Initiative - Other	756,993				
30370004	Donations			1,463		
30370009	Special Deposits - Pee Dee MHC			141,033		
30370031	Special Deposits			534,516		
30370040	Substance Abuse			105,000		
34660000	Operation of Clinics			12,280,481		
34660001	County Appropriations			3,870,794		
37640000	Medicaid Assistance			53,311,403		
37640002	Non-Recurring			21,805,438		
50000000	Federal Funds					15,307,436

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-	Federal	Total	Temporary,
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III. Budget Category Justification Sheet	Agency Code	Agency Name
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		Earmarked or Restricted			Temporary Grant, Time -limited
2012-2013 (A)	1029.55	1214.05	68.00	2311.60	0.00
2011-2012 (A)	1029.55	1218.41	63.64	2311.60	0.00
2010-2011 (F)	888.45	972.05	68.00	1928.50	114.00
2010-2011 (A)	1308.42	1367.25	94.68	2770.35	0.00
2009-2010 (F)	858.11	1057.57	46.85	1962.53	125.00
2009-2010 (A)	1366.22	1583.48	91.30	3041.00	0.00
2008-2009 (F)	1062.12	917.17	54.85	2034.14	144.00
2008-2009 (A)	1367.22	1583.48	91.30	3042.00	0.00
2007-2008 (F)	1366.51	812.40	73.00	2251.91	188.00
2007-2008 (A)	1367.22	1583.48	91.30	3042.00	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

The Mental Health Centers program includes multiple activities including school-based services; community residential (housing) support; and outpatient services.

School-Based Services: Services, such as counseling and case management, delivered to school children with mental illness by mental health professionals within the walls of the school system 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 DMH work together with other agencies in the system to "support children in a manner that enables them to function in a community setting". Also, these are services which help DMH accomplish its duties as described in Section 44-9-90.

Community Residential (Housing) Support: Services which assist individuals with behavioral disabilities who may need extra help with obtaining shelter or learning to live in a community after experiencing such conditions as domestic violence, family disruption, or homelessness. These are services which help SCDMH accomplish its duties as described in Section 44-9-90.

Outpatient Services: Individual, group, and family outpatient counseling and psycho education delivered in outpatient community settings. Services are targeted towards those with serious and persistent mental illness, who may experience significant disruptive symptoms such as paranoia or confused and disorganized speech; nevertheless symptoms are able to be controlled enough for the individual to be maintained in the community and out of the hospital. These are services which help DMH accomplish its duties as described in Section 44-9-90

Telepsychiatry: This service is a cutting-edge statewide service delivery model that provides remote access for EDs in rural areas of South Carolina to psychiatrists whenever psychiatric consultation services are required. And it is the first of its kind nationally. These are services which help DMH accomplish its duties as described in Section 44-9-90.

B. Budget Program Number and Name:

- II. Programs & Services
 - A. Community Mental Health Centers
 - 2. Projects & Grants
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
997	School-Based Services	0	33,505	2	64	33,571
1590	Community Residential (Housing) Support	0	1,034,685	2,369,276	6,485	3,410,446
1592	Outpatient Services	0	19,851	1,028,822	8,079	1,056,752
NEW	Community Services <i>(Formerly Outpatient Services)</i>	0	1,618,511	1,058,682	572,542	3,249,735
NEW	Multi-Systemic Therapy <i>(Formerly Outpatient Services)</i>	0	15	259,396	122	259,533
1011	Pass-Through Funds	0	0	0	300,000	300,000
NEW	Telepsychiatry	0	200,000	0	4,428,097	4,628,097

D. Performance Measures:

School-Based Services: Improve functioning of the consumer and improve satisfaction of the consumer, family, and school system.

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Community Residential (Housing) Support: Decrease hospitalization rate and improve functioning of the consumer and increase consumer satisfaction.

Outpatient Services: Decrease hospitalization rate and improve functioning of the consumer and increase consumer satisfaction.

Telepsychiatry: Increase the quality, triage, assessment, and initial treatment of patients and decrease the number of individuals and length of stay in emergency departments.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

Certain components of the above-referenced program are mandated for the South Carolina Department of Mental Health.

F. Change Management:

The scope and focus of this program has continued to emphasize the Department’s mission to support the recovery of people with mental illnesses.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		6.25	5.00	10.84	22.09
Personal Service	\$0	218,469	290,000	1,676,440	2,184,909
Employer Contributions	\$0	70,386	101,500	587,120	759,006
Program/Case Services	\$0	595,000	\$0	\$0	595,000
Pass-Through Funds	\$0	\$0	\$0	300,000	300,000
Other Operating Expenses	\$0	2,022,712	4,324,678	2,751,829	9,099,219
Total	\$ 0	2,906,567	4,716,178	5,315,389	12,938,134
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

Is this budget category or program associated with a Capital Budget Priority? No
 If yes, state Capital Budget Priority Number and Project Name:.

Please List proviso numbers that relate to this budget category or programs funded by this category.

23.3
 23.13
 89.13
 89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	2,552,124	4,874,899	3,419,807
2012-2013 Act	0	2,906,567	4,716,178	5,315,389
Difference	0	354,443	-158,721	1,895,582
% Difference	0	13.89%	-3.26%	55.43%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency's other employees.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	2,882,195				
10010003	General Fund – ACT Programs	24,372				
30370031	Special Deposits – Grants			4,428,097		
30370040	Substance Abuse			125,060		
37570001	Institutional Revenue			5,224		
37640000	Medicaid Assistance			57,008		
37790000	Paying Patient Account			700,000		
50000000	Federal Funds					4,716,178

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

III. Budget Category Justification Sheet	Agency Code	Agency Name
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In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	6.25	10.84	5.00	22.09	0.00
2011-2012 (A)	6.25	10.84	5.00	22.09	0.00
2010-2011 (F)	4.00	10.00	3.50	17.50	5.00
2010-2011 (A)	13.25	9.84	8.00	31.09	0.00
2009-2010 (F)	4.00	9.00	5.00	18.00	5.00
2009-2010 (A)	30.83	0.00	19.30	50.13	0.00
2008-2009 (F)	4.00	0.00	7.00	11.00	5.00
2008-2009 (A)	30.83	0.00	19.30	50.13	0.00
2007-2008 (F)	6.00	0.00	8.00	14.00	5.00
2007-2008 (A)	30.83	0.00	19.30	50.13	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

III. Budget Category Justification Sheet	Agency Code	Agency Name
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A. Summary description of programs and how they relate to the mission of the agency:

Services delivered in a hospital setting for adult consumers whose conditions are of such severity that they are not able to be treated in the community and are not expected to return to the community quickly. Mandated by Section 44-11-10.

B. Budget Program Number and Name:

- II. Programs & Services
 - B. Inpatient Behavioral Health
 - 1. Psychiatric Rehab
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1002	Long Term Inpatient Psych	0	1,757,249	0	2,383,361	4,140,610

D. Performance Measures:

Increase the number of long-term psychiatrically disabled consumers who are moved out of long-term hospital care into community care.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

F. Change Management:

The scope and focus of this program has continued to emphasize the Department’s mission to support the recovery of people with mental illnesses.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		36.33	0.00	19.30	55.63
Personal Service	\$0	1,247,082	\$0	909,473	2,156,555
Employer Contributions	\$0	408,593	\$0	256,820	665,413
Program/Case Services	\$0	3,793	\$0	20,207	24,000
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	97,781	\$0	1,196,861	1,294,642
Total	\$ 0	1,757,249	\$ 0	2,383,361	4,140,610

* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Is this budget category or program associated with a Capital Budget Priority? Yes
 If yes, state Capital Budget Priority Number and Project Name:

#1: Inpatient & Support Buildings Deferred Maintenance

Please List proviso numbers that relate to this budget category or programs funded by this category.

- 23.1
- 23.2
- 23.3
- 23.5
- 23.11
- 23.13
- 21.44
- 89.13
- 89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	1,632,425	0	2,810,381
2012-2013 Act	0	1,757,249	0	2,383,361
Difference	0	124,824	0	-427,020
% Difference	0	7.65%	0	-15.19%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency’s other employees.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	1,757,249				
30370003	Ensor Trust			6,450		
37570001	Institutional Revenue			4,177		
37640000	Medicaid Assistance			5,000		
37640002	Non-			933,984		

III. Budget Category Justification Sheet	Agency Code	Agency Name
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	Recurring					
37790000	Paying Patient Account			1,433,750		

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time-limited
2012-2013 (A)	36.33	19.30	0.00	55.63	0.00
2011-2012 (A)	36.33	19.30	0.00	55.63	0.00
2010-2011 (F)	32.15	12.12	0.00	44.27	3.00
2010-2011 (A)	55.33	28.30	0.00	83.63	0.00
2009-2010 (F)	31.00	10.00	0.00	41.00	8.00
2009-2010 (A)	30.00	16.00	0.00	46.00	0.00
2008-2009 (F)	35.00	11.80	0.00	46.80	9.00
2008-2009 (A)	30.00	16.00	0.00	46.00	0.00
2007-2008 (F)	41.00	12.80	0.00	53.80	10.00
2007-2008 (A)	30.00	16.00	0.00	46.00	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
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III. Budget Category Justification Sheet	Agency Code	Agency Name
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Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

The Bryan Psychiatric Hospital program includes multiple activities including long-term inpatient psych; acute psych; and inpatient forensics.

Long-Term Inpatient Psych: Services delivered in a hospital setting for adult consumers whose conditions are of such severity that they are not able to be treated in the community and are not expected to return to the community quickly. Mandated by Section 44-11-10.

Acute Psych: Services delivered in a hospital setting for adult consumers whose conditions are temporarily severe enough that they are not able to be treated in the community. Mandated by Section 44-11-10.

Inpatient Forensics: Inpatient treatment of the populations of individuals committed to the Department through the legal system (those that have been found 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. Mandated by Sections 44-23-410 to -460 and Section 17-24-40.

B. Budget Program Number and Name:

- II. Programs & Services
 - B. Inpatient Behavioral Health
 - 2. Bryan Psychiatric Hospital
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1002	Long Term Inpatient Psych	0	7,745,224	0	11,430,918	19,176,142
1003	Acute Psych	0	3,171,429	0	4,646,323	7,817,752
1005	Inpatient Forensics	0	7,506,572	0	13,740,104	21,246,676

D. Performance Measures:

Long-Term Inpatient Psych: Increase the number of long-term psychiatrically disabled consumers who are moved out of long-term hospital care into community care.

Acute Psych: Decrease the number of consumers who stay in acute hospital care for longer than 90 days and decrease the number of consumers who have to return to a hospital-setting for treatment and improve functioning of the consumer and increase the satisfaction of the consumer.

Inpatient Forensics: Provide forensic evaluation services within the statutory mandated timeframes. Decrease the number of individuals on the wait list for forensic hospital admissions. Provide a secure treatment setting for committed individuals.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Certain components of the above-referenced program are mandated for the South Carolina Department of Mental Health.

F. Change Management:

The scope and focus of this program has continued to emphasize the Department’s mission to support the recovery of people with mental illnesses.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		417.80	0.00	146.13	563.93
Personal Service	\$0	12,571,524	\$0	10,151,905	22,723,429
Employer Contributions	\$0	4,109,310	\$0	3,170,032	7,279,342
Program/Case Services	\$0	750,000	\$0	822,324	1,572,324
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	992,391	\$0	15,673,084	16,665,475
Total	\$ 0	18,423,225	\$ 0	29,817,345	48,240,570
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

Is this budget category or program associated with a Capital Budget Priority? Yes

If yes, state Capital Budget Priority Number and Project Name:

#1: Inpatient & Support Buildings Deferred Maintenance

Please List proviso numbers that relate to this budget category or programs funded by this category.

- 23.1
- 23.2
- 23.3
- 23.5
- 23.11
- 23.13
- 21.44
- 89.13
- 89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	18,395,660	0	31,233,683
2012-2013 Act	0	18,423,225	0	29,817,345
Difference	0	27,565	0	-1,416,338
% Difference	0	0.15%	0	-4.53%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

III. Budget Category Justification Sheet	Agency Code	Agency Name
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The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency's other employees.

The Department currently has a contract with Palmetto Health to provide care to our patients in need of medical care. The agency has never received funding for this and we have been using non-recurring revenue to cover these costs.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	18,423,225				
30370004	Donations			1,967		
37430000	Uncompensated Patient Care			301,017		
37570001	Institutional Revenue			13,903		
37570003	Veterans Administration			167,022		
37640000	Medicaid Assistance			250,000		
37640001	Disproportionate Share Medicaid			25,121,986		
37640002	Non-Recurring			3,420,354		
37790000	Paying Patient Account			541,096		

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	417.80	146.13	0.00	563.93	0.00
2011-2012 (A)	422.71	146.13	0.00	568.84	0.00
2010-2011 (F)	375.46	131.14	0.00	506.60	80.00
2010-2011 (A)	602.71	85.13	2.10	689.94	0.00
2009-2010 (F)	324.80	112.18	0.00	436.98	61.00
2009-2010 (A)	397.94	82.51	0.00	480.45	0.00
2008-2009 (F)	416.58	50.00	0.00	466.58	71.00
2008-2009 (A)	397.94	82.51	0.00	480.45	0.00
2007-2008 (F)	429.78	53.00	0.00	482.78	73.00
2007-2008 (A)	397.94	82.51	0.00	480.45	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

The Hall Psychiatric Institute program includes multiple activities including inpatient psychiatric services for children; administration; and outpatient services.

Inpatient Psychiatric Services for Children: Services delivered in a hospital setting for those children whose conditions are of such severity that they cannot be treated in the community; also treatment for children in the custody of the Department of Juvenile Justice who have a diagnosis of mental illness. Mandated by Section 44-11-10; in addition, family court-ordered evaluations of children are mandated by Section 44-24-150.

Administration: Administration includes the offices of Education, Training and Research. Section 44-9-10 et. seq.

Outpatient Services: Individual, group, and family outpatient counseling and psycho education delivered in outpatient community settings. Services are targeted towards those with serious and persistent mental illness, who may experience significant disruptive symptoms such as paranoia or confused and disorganized speech; nevertheless symptoms are able to be controlled enough for the individual to be maintained in the community and out of the hospital. These are services which help DMH accomplish its duties as described in Section 44-9-90.

B. Budget Program Number and Name:

- II. Programs & Services
 - B. Inpatient Behavioral Health
 - 3. Hall Psychiatric Institute
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1004	Inpatient Psych for Children	0	3,445,916	0	10,582,520	14,028,436
NEW	ETR <i>(Formerly Administration)</i>	0	2,064,441	664,967	104,938	2,834,346
1592	Outpatient Services	0	326,923	0	109,013	435,936

D. Performance Measures:

Improve functioning of the children to the point that they are able to return to community care as quickly as possible.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

Certain components of the above-referenced program are mandated for the South Carolina Department of Mental Health.

F. Change Management:

The scope and focus of this program has continued to emphasize the Department’s mission to support the recovery of people with mental illnesses.

G. Detailed Funding Information:

III. Budget Category Justification Sheet	Agency Code	Agency Name
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FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		143.05	0.00	113.67	256.72
Personal Service	\$0	3,013,158	252,000	6,075,650	9,340,808
Employer Contributions	\$0	930,429	83,160	1,870,048	2,883,637
Program/Case Services	\$0	\$0	\$0	46,534	46,534
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	1,893,693	329,807	2,804,239	5,027,739
Total	\$ 0	5,837,280	664,967	10,796,471	17,298,718
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

Is this budget category or program associated with a Capital Budget Priority? Yes
 If yes, state Capital Budget Priority Number and Project Name:

#1: Inpatient & Support Buildings Deferred Maintenance

Please List proviso numbers that relate to this budget category or programs funded by this category.

- 23.1
- 23.2
- 23.3
- 23.5
- 23.11
- 23.13
- 21.44
- 89.13
- 89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non- Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	5,824,169	442,380	11,633,401
2012-2013 Act	0	5,837,280	664,967	10,796,471
Difference	0	13,111	225,587	-836,930
% Difference	0	0.23%	50.32%	-7.19%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency's other employees.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	5,837,280				
30370004	Donations			4,123		
37570001	Institutional Revenue			67,270		
37640000	Medicaid Assistance			4,924,080		
37640001	Disproportionate Share Medicaid			3,437,393		
37640002	Non-Recurring			1,684,204		
37790000	Paying Patient Account			679,401		
50000000	Federal Funds					664,967

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time-limited

III. Budget Category Justification Sheet	Agency Code	Agency Name
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2012-2013	(A)	143.05	113.67	0.00	256.72	0.00
2011-2012	(A)	143.05	86.58	0.00	229.63	0.00
2010-2011	(F)	100.00	113.67	0.00	213.67	38.00
2010-2011	(A)	204.05	86.58	1.00	291.63	0.00
2009-2010	(F)	260.30	95.60	0.00	355.90	41.00
2009-2010	(A)	263.35	78.65	3.00	345.00	0.00
2008-2009	(F)	302.85	56.53	0.00	359.38	44.00
2008-2009	(A)	263.35	78.65	3.00	345.00	0.00
2007-2008	(F)	286.35	53.51	0.00	339.86	48.00
2007-2008	(A)	263.35	78.65	3.00	345.00	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

Treatment services delivered in an inpatient setting to individuals whose primary diagnosis is a substance abuse disorder of a severity necessitating removal from the community. Generally court-ordered treatment but there is a waiting list for those who are voluntarily trying to be admitted. Mandated by Section 44-11-10.

B. Budget Program Number and Name:

- II. Programs & Services
 - B. Inpatient Behavioral Health
 - 4. Morris Village
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1006	Inpatient Alcohol & Drug	0	7,114,842	176,540	3,634,155	10,925,537

D. Performance Measures:

Increase the number of consumers who do not relapse into substance abuse and improve satisfaction of the consumer and family.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

F. Change Management:

The scope and focus of this program has continued to emphasize the Department's mission to support the recovery of people with mental illnesses.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		162.67	0.25	41.95	204.87
Personal Service	\$0	5,584,277	29,000	1,909,979	7,523,256
Employer Contributions	\$0	1,420,257	9,570	433,405	1,863,232
Program/Case Services	\$0	\$0	\$0	20,000	20,000
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	110,308	137,970	1,270,771	1,519,049

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Total	\$ 0	7,114,842	176,540	3,634,155	10,925,537
* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.					

Is this budget category or program associated with a Capital Budget Priority? Yes
 If yes, state Capital Budget Priority Number and Project Name:

#1: Inpatient & Support Buildings Deferred Maintenance

Please List proviso numbers that relate to this budget category or programs funded by this category.

- 23.1
- 23.2
- 23.3
- 23.5
- 23.11
- 23.13
- 21.44
- 89.13
- 89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	7,318,591	176,618	4,119,869
2012-2013 Act	0	7,114,842	176,540	3,634,155
Difference	0	-203,749	-78	-485,714
% Difference	0	-2.78%	-0.00%	11.79%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency’s other employees.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	7,114,842				
34670000	Drug Addicts			1,691,384		

III. Budget Category Justification Sheet	Agency Code	Agency Name
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	Treatment					
37570001	Institutional Revenue			15,577		
37640002	Non-Recurring			1,464,893		
37790000	Paying Patient Account			462,301		
50000000	Federal Funds					176,540

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time-limited
2012-2013 (A)	162.67	41.95	0.25	204.87	0.00
2011-2012 (A)	162.67	28.70	0.10	191.47	0.00
2010-2011 (F)	115.69	41.95	0.25	157.89	15.00
2010-2011 (A)	180.67	16.70	0.10	197.47	0.00
2009-2010 (F)	138.40	24.75	0.00	163.15	16.00
2009-2010 (A)	172.50	6.50	0.00	179.00	0.00
2008-2009 (F)	172.75	0.00	0.00	172.75	17.00
2008-2009 (A)	172.50	6.50	0.00	179.00	0.00
2007-2008 (F)	184.40	0.00	0.00	184.40	20.00
2007-2008 (A)	172.50	6.50	0.00	179.00	0.00

K. Detailed Justification for FTEs:

- (1) Justification for New FTEs
 - (a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

The Harris Psychiatric Hospital program includes multiple activities including long-term inpatient psych and acute psych.

Long-Term Inpatient Psych: Services delivered in a hospital setting for adult consumers whose conditions are of such severity that they are not able to be treated in the community and are not expected to return to the community quickly. Mandated by Section 44-11-10.

Acute Psych: Services delivered in a hospital setting for adult consumers whose conditions are temporarily severe enough that they are not able to be treated in the community. Mandated by Section 44-11-10.

B. Budget Program Number and Name:

- II. Programs & Services
 - B. Inpatient Behavioral Health
 - 5. Harris Psychiatric Hospital
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1002	Long Term Inpatient Psych		4,863,517	0	7,016,043	11,879,560
1003	Acute Psych		3,552,611	0	5,185,770	8,738,381

D. Performance Measures:

Long-Term Inpatient Psych: Increase the number of long-term psychiatrically disabled consumers who are moved out of long-term hospital care into community care.

Acute Psych: Decrease the number of consumers who stay in acute hospital care for longer than 90 days and decrease the number of consumers who have to return to a hospital-setting for treatment and improve functioning of the consumer and increase the satisfaction of the consumer.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

F. Change Management:

The scope and focus of this program has continued to emphasize the Department’s mission to support the recovery of people with mental illnesses.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		183.84	0.00	126.79	310.63

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Personal Service	\$0	4,470,440	\$0	6,867,461	11,337,901
Employer Contributions	\$0	1,975,096	\$0	1,913,290	3,888,386
Program/Case Services	\$0	\$0	\$0	370,220	370,220
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	1,970,592	\$0	3,050,842	5,021,434
Total	\$ 0	8,416,128	\$ 0	12,201,813	20,617,941
* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.					

Is this budget category or program associated with a Capital Budget Priority? Yes
 If yes, state Capital Budget Priority Number and Project Name:

- #1: Inpatient & Support Buildings Deferred Maintenance
- #5: Harris Hospital Health & Air Conditioning Renovations

Please List proviso numbers that relate to this budget category or programs funded by this category.

- 23.1
- 23.2
- 23.3
- 23.5
- 23.11
- 23.13
- 21.44
- 89.13
- 89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	5,685,702	0	13,256,727
2012-2013 Act	0	8,416,128	0	12,201,813
Difference	0	2,730,426	0	-1,054,914
% Difference	0	48.02%	0	-7.96%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency's other employees.

III. Budget Category Justification Sheet	Agency Code	Agency Name
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I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	8,416,128				
30370004	Donations			2,752		
37570001	Institutional Revenue			8,755		
37640000	Medicaid Assistance			166,047		
37640001	Disproportionate Share			7,355,123		
37640002	Non-Recurring			2,962,073		
37790000	Paying Patient Account			1,707,063		

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	183.84	126.79	0.00	310.63	0.00
2011-2012 (A)	183.84	126.79	0.00	310.63	0.00
2010-2011 (F)	168.90	125.00	0.00	293.90	16.00
2010-2011 (A)	225.84	126.79	0.70	353.33	0.00
2009-2010 (F)	162.00	103.50	0.00	265.50	12.00
2009-2010 (A)	259.67	95.33	0.00	355.00	0.00

III. Budget Category Justification Sheet	Agency Code	Agency Name
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2008-2009 (F)	251.11	59.56	0.00	310.67	22.00
2008-2009 (A)	259.67	95.33	0.00	355.00	0.00
2007-2008 (F)	271.05	59.00	0.00	330.05	25.00
2007-2008 (A)	259.67	95.33	0.00	355.00	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

III. Budget Category Justification Sheet	Agency Code	Agency Name
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A. Summary description of programs and how they relate to the mission of the agency:

Tucker Center provides intermediate and skilled nursing care for elderly persons who are mentally and physically handicapped to the extent that their needs cannot be met in other facilities either public or private. This mainly geriatric population is unlikely to be accepted at other nursing care facilities due to the resident's medical fragility and special behavioral needs. Mandated by Section 44-11-10.

B. Budget Program Number and Name:

- II. Programs & Services
 - C. Tucker/Dowdy-Gardner
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1007	Nursing Home	0	3,702,312	0	17,910,964	21,613,276

D. Performance Measures:

To provide excellence in resident care in an environment of concern and compassion that is respectful of others, adaptive to change, and accountable for outcomes.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

F. Change Management:

The scope and focus of this program is indirectly related to the mission of the Department of Mental Health. The operation of the nursing homes is not a core component of the original mission of the Department, but has been incorporated into the mission as the scope and scale of the mission has expanded.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		70.79	0.00	209.54	280.33
Personal Service	\$0	2,010,067	\$0	8,515,322	10,525,389
Employer Contributions	\$0	595,090	\$0	2,308,756	2,903,846
Program/Case Services	\$0	\$0	\$0	255,000	255,000
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	1,097,155	\$0	6,831,886	7,929,041

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Total	\$ 0	3,702,312	\$ 0	17,910,964	21,613,276
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

Is this budget category or program associated with a Capital Budget Priority? Yes
 If yes, state Capital Budget Priority Number and Project Name:

- #1: Inpatient & Support Buildings Deferred Maintenance
- #4: Roddey Nursing Home FRTW Roof Replacement

Please List proviso numbers that relate to this budget category or programs funded by this category.

- 23.1
- 23.2
- 23.3
- 23.5
- 23.6
- 23.11
- 23.13
- 21.44
- 89.13
- 89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	4,200,586	0	18,786,691
2012-2013 Act	0	3,702,312	0	17,910,964
Difference	0	-498,274	0	-875,727
% Difference	0	-11.86%	0	-4.66%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency’s other employees.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	3,702,312				

III. Budget Category Justification Sheet	Agency Code	Agency Name
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30370004	Donations			6,342		
30370005	Donations Restricted			1,000		
37570001	Institutional Revenue			1,138,538		
37640000	Medicaid Assistance			11,804,078		
37640002	Non- Recurring			3,615,104		
37790000	Paying Patient Account			1,345,902		

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other- Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	70.79	209.54	0.00	280.33	0.00
2011-2012 (A)	70.79	265.53	0.00	336.32	0.00
2010-2011 (F)	47.56	205.60	0.00	253.16	57.67
2010-2011 (A)	109.79	315.53	3.50	428.82	0.00
2009-2010 (F)	52.80	227.30	0.00	280.10	28.00
2009-2010 (A)	223.10	188.38	0.00	411.48	0.00
2008-2009 (F)	119.70	214.65	0.00	334.35	28.00
2008-2009 (A)	223.10	188.38	0.00	411.48	0.00
2007-2008 (F)	156.25	219.35	0.00	375.60	23.00
2007-2008 (A)	223.10	188.38	0.00	411.48	0.00

K. Detailed Justification for FTEs:

III. Budget Category Justification Sheet	Agency Code	Agency Name
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(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

Administration includes portions of the Division of Administrative Services that relate to nutritional services and other core support functions. Section 44-9-10 et. seq.

B. Budget Program Number and Name:

- II. Programs & Services
 - D. Support Services
 - 1. Administrative Services
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1010	Administration	0	19,304,421	0	8,730,405	28,034,826

D. Performance Measures:

Ensure that the provision of services is executed within the bounds of all applicable laws.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

Certain components of the above-referenced program are required for the South Carolina Department of Mental Health.

F. Change Management:

The scope and focus of this program has continued to emphasize the Department’s mission to support the recovery of people with mental illnesses.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		292.60	0.00	43.50	336.10
Personal Service	\$0	12,058,046	\$0	497,986	12,556,032
Employer Contributions	\$0	3,700,192	\$0	119,470	3,819,662
Program/Case Services	\$0	\$0	\$0	5,000	5,000
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	3,546,183	\$0	8,107,949	11,654,132
Total	\$ 0	19,304,421	\$ 0	8,730,405	28,034,826

III. Budget Category Justification Sheet Agency Code Agency Name

** If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.*

Is this budget category or program associated with a Capital Budget Priority? Yes

If yes, state Capital Budget Priority Number and Project Name:

#1: Inpatient & Support Buildings Deferred Maintenance

Please List proviso numbers that relate to this budget category or programs funded by this category.

23.3
23.13
89.13
89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	16,628,382	0	9,666,583
2012-2013 Act	0	19,304,421	0	8,730,405
Difference	0	2,676,039	0	-936,178
% Difference	0	16.09%	0	-9.68%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	19,304,421				
30370004	Donations			5,000		
30370039	Energy Grant			49,024		
37570001	Institutional Revenue			2,206,110		
37640002	Non-Recurring			6,457,348		
39580000	Sale of Assets			12,923		

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

III. Budget Category Justification Sheet	Agency Code	Agency Name
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DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	292.60	43.50	0.00	336.10	0.00
2011-2012 (A)	292.60	40.00	0.00	332.60	0.00
2010-2011 (F)	262.00	43.50	0.00	305.50	44.00
2010-2011 (A)	378.60	10.73	0.02	389.35	0.00
2009-2010 (F)	327.99	0.00	0.00	327.99	38.00
2009-2010 (A)	337.00	1.00	0.00	338.00	0.00
2008-2009 (F)	324.82	0.00	0.00	324.82	38.00
2008-2009 (A)	337.00	1.00	0.00	338.00	0.00
2007-2008 (F)	349.47	0.00	0.00	349.47	32.00
2007-2008 (A)	337.00	1.00	0.00	338.00	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

III. Budget Category Justification Sheet	Agency Code	Agency Name
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A. Summary description of programs and how they relate to the mission of the agency:

Administration includes support services such as the Division of Public Safety. Section 44-9-10 et. seq.

B. Budget Program Number and Name:

- II. Programs & Services
 - D. Support Services
 - 2. Public Safety Division
 - Classified Positions
 - Other Personal Services
 - Other Operating Expenses

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1010	Administration	0	1,084,999	0	528,487	1,613,486

D. Performance Measures:

Ensure that the provision of services is executed within the bounds of all applicable laws.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

Certain components of the above-referenced program are required for the South Carolina Department of Mental Health.

F. Change Management:

The scope and focus of this program has continued to emphasize the Department’s mission to support the recovery of people with mental illnesses.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		25.00	0.00	16.00	41.00
Personal Service	\$0	686,373	\$0	219,152	905,525
Employer Contributions	\$0	270,875	\$0	84,525	355,400
Program/Case Services	\$0	\$0	\$0	\$0	\$ 0
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	127,751	\$0	224,810	352,561
Total	\$ 0	1,084,999	\$ 0	528,487	1,613,486
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

Is this budget category or program associated with a Capital Budget Priority? Yes

III. Budget Category Justification Sheet	Agency Code	Agency Name
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If yes, state Capital Budget Priority Number and Project Name:

#1: Inpatient & Support Buildings Deferred Maintenance

Please List proviso numbers that relate to this budget category or programs funded by this category.

23.3
23.13
89.13
89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	979,553	0	424,521
2012-2013 Act	0	1,084,999	0	528,487
Difference	0	105,446	0	103,966
% Difference	0	10.76%	0	24.49%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	1,084,999				
37570001	Institutional Revenue			122,010		
37640002	Non-Recurring			406,477		

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost

III. Budget Category Justification Sheet	Agency Code	Agency Name
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settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long –term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE’s filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other- Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	25.00	16.00	0.00	41.00	0.00
2011-2012 (A)	25.00	4.00	0.00	29.00	0.00
2010-2011 (F)	11.00	16.00	0.00	27.00	0.00
2010-2011 (A)	27.00	2.00	0.00	29.00	0.00
2009-2010 (F)	28.00	0.00	0.00	28.00	0.00
2009-2010 (A)	47.00	2.00	0.00	49.00	0.00
2008-2009 (F)	22.00	2.00	0.00	24.00	0.00
2008-2009 (A)	47.00	2.00	0.00	49.00	0.00
2007-2008 (F)	24.00	2.00	0.00	26.00	0.00
2007-2008 (A)	47.00	2.00	0.00	49.00	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

III. Budget Category Justification Sheet

Agency Code

Agency Name

III. Budget Category Justification Sheet	Agency Code	Agency Name
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A. Summary description of programs and how they relate to the mission of the agency:

The three State Veterans Homes provide intermediate and skilled nursing care for South Carolina veterans who are mentally ill or whose physical condition requires long-term nursing care. Authorized by 44-11-30.

B. Budget Program Number and Name:

- II. Programs & Services
 - E. Veterans Services
 - 1. Stone Pavilion
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1008	Veterans Nursing Homes	0	2,757,859	0	5,052,626	7,810,485

D. Performance Measures:

Each resident of the Campbell Veterans Home, the Veterans' Victory house and the Stone Pavilion is provided with the medical and nursing services deemed necessary by a physician for the benefit of the resident. Services are goal directed to ensure a safe, comfortable, and contented daily living for the residents.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

F. Change Management:

The scope and focus of this program is indirectly related to the mission of the Department of Mental Health. The operation of the nursing homes is not a core component of the original mission of the Department, but has been incorporated into the mission as the scope and scale of the mission has expanded.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		45.22	0.00	48.00	93.22
Personal Service	\$0	1,952,027	\$0	1,833,075	3,785,102
Employer Contributions	\$0	586,396	\$0	497,575	1,083,971
Program/Case Services	\$0	\$0	\$0	17,753	17,753
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	219,436	\$0	2,704,223	2,923,659

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Total	\$ 0	2,757,859	\$ 0	5,052,626	7,810,485
* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.					

Is this budget category or program associated with a Capital Budget Priority? No
 If yes, state Capital Budget Priority Number and Project Name:

Please List proviso numbers that relate to this budget category or programs funded by this category.

- 23.1
- 23.2
- 23.3
- 23.5
- 23.11
- 23.13
- 21.44
- 89.13
- 89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	2,505,063	2,660,000	4,845,188
2012-2013 Act	0	2,757,859	0	5,052,626
Difference	0	252,796	0	207,438
% Difference	0	10.09%	-100%	4.28%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency’s other employees.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	2,757,859				
30370004	Donations			1,000		
37570001	Institutional Revenue			74		
37570003	Veterans Administration			3,323,799		

III. Budget Category Justification Sheet	Agency Code	Agency Name
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37640000	Medicaid Assistance			138,037		
37640002	Non-Recurring Earmarked			937,566		
37790000	Paying Patient Account			652,150		

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time-limited
2012-2013 (A)	45.22	48.00	0.00	93.22	0.00
2011-2012 (A)	45.22	48.00	0.00	93.22	0.00
2010-2011 (F)	37.40	40.70	0.00	78.10	13.33
2010-2011 (A)	75.22	47.00	0.00	122.22	0.00
2009-2010 (F)	50.80	33.80	0.00	84.60	4.00
2009-2010 (A)	75.40	57.00	0.00	132.40	0.00
2008-2009 (F)	59.55	34.75	0.00	94.30	0.00
2008-2009 (A)	75.40	57.00	0.00	132.40	0.00
2007-2008 (F)	55.80	44.00	0.00	99.80	5.00
2007-2008 (A)	74.40	57.00	0.00	131.40	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

III. Budget Category Justification Sheet	Agency Code	Agency Name
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A. Summary description of programs and how they relate to the mission of the agency:

The three State Veterans Homes provide intermediate and skilled nursing care for South Carolina veterans who are mentally ill or whose physical condition requires long-term nursing care. Authorized by 44-11-30.

B. Budget Program Number and Name:

- II. Programs & Services
 - E. Veterans Services
 - 2. Campbell Veterans Home
 - Classified Positions
 - Other Personal Services
 - Other Operating Expenses

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1008	Veterans Nursing Homes	0	3,160,339	0	12,309,665	15,470,004

D. Performance Measures:

Each resident of the Campbell Veterans Home, the Veterans' Victory house and the Stone Pavilion is provided with the medical and nursing services deemed necessary by a physician for the benefit of the resident. Services are goal directed to ensure a safe, comfortable, and contented daily living for the residents.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

F. Change Management:

The scope and focus of this program is indirectly related to the mission of the Department of Mental Health. The operation of the nursing homes is not a core component of the original mission of the Department, but has been incorporated into the mission as the scope and scale of the mission has expanded.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		0.00	0.00	4.00	4.00
Personal Service	\$0	\$0	\$0	196,981	196,981
Employer Contributions	\$0	1,677	\$0	79,097	80,774
Program/Case Services	\$0	\$0	\$0	\$0	\$ 0
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	3,158,662	\$0	12,033,587	15,192,249
Total	\$ 0	3,160,339	\$ 0	12,309,665	15,470,004

III. Budget Category Justification Sheet	Agency Code	Agency Name
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* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.

Is this budget category or program associated with a Capital Budget Priority? Yes

If yes, state Capital Budget Priority Number and Project Name:

#1: Inpatient & Support Buildings Deferred Maintenance

Please List proviso numbers that relate to this budget category or programs funded by this category.

23.1
23.2
23.3
23.5
23.11
23.12
23.13
21.44
89.13
89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	2,550,369	0	12,870,982
2012-2013 Act	0	3,160,339	0	12,309,665
Difference	0	609,970	0	-561,317
% Difference	0	23.92%	0	-4.36%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency's other employees.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	3,160,339				
37570001	Institutional Revenue			5,751		
37570003	Veterans			7,532,443		

III. Budget Category Justification Sheet	Agency Code	Agency Name
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	Administration				
37640000	Medicaid Assistance			545,532	
37640002	Non-Recurring			2,599,002	
37790000	Paying Patient Account			1,626,937	

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time-limited
2012-2013 (A)	0.00	4.00	0.00	4.00	0.00
2011-2012 (A)	0.00	4.00	0.00	4.00	0.00
2010-2011 (F)	0.00	4.00	0.00	4.00	0.00
2010-2011 (A)	0.00	4.00	0.00	4.00	0.00
2009-2010 (F)	0.00	3.00	0.00	3.00	0.00
2009-2010 (A)	0.00	2.00	0.00	2.00	0.00
2008-2009 (F)	0.00	4.00	0.00	4.00	0.00
2008-2009 (A)	0.00	2.00	0.00	2.00	0.00
2007-2008 (F)	0.00	4.00	0.00	4.00	0.00
2007-2008 (A)	1.00	2.00	0.00	3.00	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

III. Budget Category Justification Sheet	Agency Code	Agency Name
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A. Summary description of programs and how they relate to the mission of the agency:

The three State Veterans Homes provide intermediate and skilled nursing care for South Carolina veterans who are mentally ill or whose physical condition requires long-term nursing care. Authorized by 44-11-30.

B. Budget Program Number and Name:

- II. Programs & Services
 - E. Veterans Services
 - 3. Veterans' Victory House
 - Classified Positions
 - Other Operating Expenses

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1008	Veterans Nursing Homes	0	4,074,415	0	11,418,688	15,493,103

D. Performance Measures:

Each resident of the Campbell Veterans Home, the Veterans' Victory house and the Stone Pavilion is provided with the medical and nursing services deemed necessary by a physician for the benefit of the resident. Services are goal directed to ensure a safe, comfortable, and contented daily living for the residents.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

Certain components of the above-referenced program are required for the South Carolina Department of Mental Health

F. Change Management:

The scope and focus of this program is indirectly related to the mission of the Department of Mental Health. The operation of the nursing homes is not a core component of the original mission of the Department, but has been incorporated into the mission as the scope and scale of the mission has expanded.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		0.00	0.00	2.00	2.00
Personal Service	\$0	\$0	\$0	91,130	91,130
Employer Contributions	\$0	433	\$0	32,415	32,848
Program/Case Services	\$0	\$0	\$0	\$0	\$ 0
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	4,073,982	\$0	11,295,143	15,369,125

III. Budget Category Justification Sheet	Agency Code	Agency Name
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Total	\$ 0	4,074,415	\$ 0	11,418,688	15,493,103
* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.					

Is this budget category or program associated with a Capital Budget Priority? No
 If yes, state Capital Budget Priority Number and Project Name:

Please List proviso numbers that relate to this budget category or programs funded by this category.

- 23.1
- 23.2
- 23.3
- 23.5
- 23.11
- 23.12
- 23.13
- 21.44
- 89.13
- 89.18

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	3,628,337	0	10,664,466
2012-2013 Act	0	4,074,415	0	11,418,688
Difference	0	446,078	0	754,222
% Difference	0	12.29%	0	7.07%

Explanation of Changes:

Changes include approved and estimated changes in budget authority based on current revenue and expenditure projections.

The Department has been working with DHHS to bring cost settlements for reimbursement of services provided to the mentally ill current. We have been successful, but will have exhausted the receipt of multi-year cost settlements in fiscal year 2014. These funds have been used to cover operating expenses in order to avoid further reduction in services. To avoid further erosion of services to the mentally ill, the intent is to request \$7 million for the next 3 years to sustain service levels at the current fiscal year. This amount has been allocated across all programs. This request will also ensure the Department is able to draw down the 3:1 match provided by Medicaid. The agency is reimbursed 70% of the services billed for Medicaid.

Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency's other employees.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	4,074,415				
37570001	Institutional Revenue			11,387		
37570003	Veterans Administration			7,829,546		

III. Budget Category Justification Sheet	Agency Code	Agency Name
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37640000	Medicaid Assistance			297,161		
37640002	Non-Recurring			1,904,071		
37790000	Paying Patient Account			1,376,523		

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time-limited
2012-2013 (A)	0.00	2.00	0.00	2.00	0.00
2011-2012 (A)	0.00	2.00	0.00	2.00	0.00
2010-2011 (F)	0.00	2.00	0.00	2.00	0.00
2010-2011 (A)	0.00	2.00	0.00	2.00	0.00
2009-2010 (F)	0.00	2.00	0.00	2.00	0.00
2009-2010 (A)	0.00	1.00	0.00	0.00	0.00
2008-2009 (F)	0.00	1.00	0.00	1.00	0.00
2008-2009 (A)	0.00	1.00	0.00	1.00	0.00
2007-2008 (F)	0.00	1.00	0.00	1.00	0.00
2007-2008 (A)	0.00	1.00	0.00	1.00	0.00

K. Detailed Justification for FTEs:

- (1) Justification for New FTEs
 - (a) Justification:

- (b) Future Impact on Operating Expenses or Facility Requirements:

- (2) **Position Details:**

III. Budget Category Justification Sheet	Agency Code	Agency Name
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	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

Treatment for civilly-committed individuals found by the courts to be sexually violent predators. Mandated by the Sexually Violent Predator Act, Section 44-48-10 et al.

B. Budget Program Number and Name:

- II. Programs & Services
 - F. Sexual Predator Treatment
 - Classified Positions
 - Unclassified Positions
 - Other Personal Services
 - Other Operating Expenses
 - Case Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1009	Sexually Violent Predator Program	0	12,342,595	0	0	12,342,595

D. Performance Measures:

Provide a secure treatment setting for committed individuals.

See FY2011 Accountability Report for performance measurements and outcomes.

E. Program Interaction:

The existence of the above-referenced program directly impacts the health, safety, and welfare of the clients of the South Carolina Department of Mental Health. The services provided under this program 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 this program 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 support functions, so that the Department can maintain the infrastructure that provides for the effective delivery of said mandated services.

Certain components of the above-referenced program are mandated for the South Carolina Department of Mental Health.

F. Change Management:

The mission and focus of this program is outside of the scope of the Department’s established mission to support the recovery of people with mental illnesses.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		79.41	0.00	19.00	98.41
Personal Service	\$0	6,697,265	\$0	\$0	6,697,265
Employer Contributions	\$0	2,835,738	\$0	\$0	2,835,738
Program/Case Services	\$0	356,335	\$0	\$0	356,335
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	2,453,257	\$0	\$0	2,453,257
Total	\$ 0	12,342,595	\$ 0	\$ 0	12,342,595

III. Budget Category Justification Sheet	Agency Code	Agency Name
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* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.

Is this budget category or program associated with a Capital Budget Priority? No
 If yes, state Capital Budget Priority Number and Project Name:

Please List proviso numbers that relate to this budget category or programs funded by this category.

23.1
 23.2
 23.3
 23.5
 23.11
 2313
 21.44
 89.13
 89.18
 89.76

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act	0	5,007,535	0	2,904,393
2012-2013 Act	0	12,342,595	0	0
Difference	0	7,335,060	0	-2,904,393
% Difference	0	146.48%	0	-100.00%

Explanation of Changes:

Changes would provide 100% state funding for the Sexually Violent Predator Program that earns no other revenue. The Department is currently subsidizing the program with reimbursements received for services provided to the mentally ill. The Sexually Violent Predator Program is experiencing unprecedented growth and the Department is working with the SC Department of Corrections to expand the Broad River facility. This is a program that DMH is mandated to operate and we have no control over admissions or releases from the program. This request covers expected growth through fiscal year 2013.

Since 2006, the Department has expressed its need to pay our clinical staff a higher salary. The inability to hire and retain staff results in higher contract costs and can impact the quality of care. We propose requesting funds for a 5% increase for our LPNs and Mental Health Specialists. These are our lowest paid staff that works very closely with our patients. Over the next couple of years we will request funds for the agency's other employees.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single Subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	General Fund	12,342,595				

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

DMH contracts with DHHS to provide Medicaid services. DMH is reimbursed throughout the year at a contractual rate. An annual cost report is submitted to DHHS comparing the contractual rate to actual cost. A cost settlement is due to DMH

III. Budget Category Justification Sheet	Agency Code	Agency Name
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when actual cost is greater than the contracted amount paid. DMH has been coordinating with DHHS to bring all prior year cost settlements current.

The timing of the receipt of the prior year cost settlements will dictate whether the funding will be budgeted from a cash reserve or as estimated revenue in current or future year. DMH will be utilizing approximately \$30 Million in prior year cost settlements in both FY12 and FY13. We anticipate all prior year cost settlements will become current in FY13 so no prior year cost settlement funding will be available in FY14.

Long-term sustainability is dependent on DMH receiving \$30 Million in state appropriations by FY14.

In addition, DHHS has notified state agencies of their intent of discontinuing cost settlements beginning FY13. At this time DHHS has not provided information concerning the rebasing of existing rates to compensate for the loss of cost settlement funding. The average amount of the last four cost settlements is \$18.6 Million. This amount would also be needed in state appropriations if rates are not adjusted.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

Please see above.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time-limited
2012-2013 (A)	79.41	19.00	0.00	98.41	0.00
2011-2012 (A)	74.50	19.00	0.00	93.50	0.00
2010-2011 (F)	79.41	17.00	0.00	96.41	8.00
2010-2011 (A)	93.50	3.00	0.00	96.50	0.00
2009-2010 (F)	86.00	0.00	0.00	86.00	8.00
2009-2010 (A)	63.00	0.00	0.00	63.00	0.00
2008-2009 (F)	87.00	0.00	0.00	87.00	10.00
2008-2009 (A)	63.00	0.00	0.00	63.00	63.00
2007-2008 (F)	86.00	0.00	0.00	86.00	5.00
2007-2008 (A)	63.00	0.00	0.00	63.00	0.00

K. Detailed Justification for FTEs:

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

III. Budget Category Justification Sheet	Agency Code	Agency Name
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	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Project Name: Inpatient & Support Buildings Deferred Maintenance

B. Project Approval: This project meets the definition of a “project” requiring B&CB approval.

C. Statement of Need: 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 DMH buildings are maintained in an adequate condition to enable the staff to carry out their missions. Correcting these deferred maintenance issues will help extend the useful life of the buildings. If not addressed soon, these issues could result in reduced or lost productivity, much more costly repairs/renovations, and life safety issues. If the Department does not get this funding, it will have to continue to only address the most critical maintenance issues and react to emergencies as they arise. This request replaces parts of existing facilities, existing facilities infrastructure, and existing facilities utility systems.

D. Agency Activity Number and Name:

Note: If more than one activity maps to this project provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring Funds	State Recurring Funds	Federal Funds	Other Funds	Total Funds
1002	Long Term Inpat Psych	\$2,262,000				\$2,262,000
1003	Acute Psych	\$2,499,500				\$2,499,500
1005	Inpatient Forensics	\$1,045,000				\$1,045,000
1006	Inpatient Alcohol & Drug	\$683,500				\$683,500
1007	Nursing Home	\$889,000				\$889,000
1008	Veterans Nursing Homes	\$550,000				\$550,000
1010	Admininstration	\$2,244,000				\$2,244,000

E. Project Description:

Note: In addition to a basic description, include whether or not this is a capital or non-capital project. If non-capital, explain how this non-recurring appropriation will be spent on non-recurring activities.

This project is to address deferred maintenance issues in our inpatient and support facilities. DMH has deferred maintenance totaling over \$50,000,000. This request is to address the most urgent inpatient & support buildings needs and examples include roof replacement at Crafts Farrow Bldg 17 and building mechanical system replacements at CFSH Buildings #1, 6, 16, 17, 22; building mechanical system, exterior finishes, and pavement replacement at our Tucker Center nursing homes; mechanical system and roof replacement at the DMH Administrative building; mechanical system & roof replacement at Physical Medicine Building; Morris Village & Bryan energy plant chiller replacements; Bryan Hospital mechanical system & roof replacements; mechanical system controls replacement at Campbell VA Home; emergency generator replacements at Bryan Hospital; water heater replacements at Harris Hospital; electrical sub-station repairs that service our northeast campus facilities; fire alarm replacements at several buildings; and miscellaneous deferred maintenance issues in other buildings, etc. This is a capital project.

F. Funding

Total New Request: \$10,173,000 Previously Approved Funds: _____ Expenditures to Date: _____

Identify the source(s) of funds for this appropriation (general fund, surplus, federal funding, local match, etc.):

General fund

G. Justification for additional future operating costs:

Will additional annual operating costs be absorbed into your existing budget? If so, what resources will lose funding to facilitate this? No

If not, will additional funds be needed in the future? No. There are no additional operating costs associated with this request. This is for deferred maintenance only.

Identify the source of additional funds:

Detail the lifecycle cost of the funded project below

A. Project Name: Community Buildings Deferred Maintenance

B. Project Approval: This project meets the definition of a “project” requiring B&CB approval.

C. Statement of Need: 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. This work is needed to ensure the DMH buildings are maintained in an adequate condition to enable the staff to carry out their missions. Correcting these deferred maintenance issues will help extend the useful life of the buildings. If not addressed soon, these issues could result in reduced or lost productivity, much more costly repairs/renovations, and life safety issues. Without the funding, the Department will have to continue to only address the most critical maintenance issues and reacting to emergencies as they arise. This request replaces part of existing facilities and existing facilities utility systems.

D. Agency Activity Number and Name:

Note: If more than one activity maps to this project provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring Funds	State Recurring Funds	Federal Funds	Other Funds	Total Funds
997	School Based Services	\$256,433				\$256,433
1000	Intensive Fam Services	\$256,433				\$256,433
1588	Assertive Comm Trmt	\$256,433				\$256,433
1590	Comm Res (Hsg) Support	\$256,433				\$256,433
1591	Day Treatment	\$256,433				\$256,433
1592	Outpatient Services	\$256,433				\$256,433
New	Community Admin	\$256,433				\$256,433
New	Psych Recovery Centers	\$256,433				\$256,433
New	Mental Health Court	\$256,433				\$256,433
New	Outstationed Behav. Trmt	\$256,433				\$256,433
New	Baby Net	\$256,433				\$256,433
New	Multi-systemic Therapy	\$256,433				\$256,433
New	Medical Management	\$256,434				\$256,434

E. Project Description:

Note: In addition to a basic description, include whether or not this is a capital or non-capital project. If non-capital, explain how this non-recurring appropriation will be spent on non-recurring activities.

This project is to address deferred maintenance issues in our community mental health facilities. DMH has deferred maintenance issues totaling over \$50,000,000. This request is to address the most urgent building needs in our Community buildings and examples include heating and air conditioning system repairs at Berkeley, Tri-County, Coastal Empire, Charleston/Dorchester, Orangeburg, PeeDee, Santee-Wateree, and Waccamaw Mental Health Center buildings; Santee-Wateree Roof Replacement; and miscellaneous other deferred maintenance issues in community buildings around the state. This is a capital project.

F. Funding

Total New Request: \$3,333,630 Previously Approved Funds: _____ Expenditures to Date: _____

Identify the source(s) of funds for this appropriation (general fund, surplus, federal funding, local match, etc.):

General fund

G. Justification for additional future operating costs:

Will additional annual operating costs be absorbed into your existing budget? If so, what resources will lose funding to facilitate this? No.

If not, will additional funds be needed in the future? No. There are no additional operating costs associated with this request. This is for deferred maintenance only.

Identify the source of additional funds:

A. Project Name: Santee-Wateree Mental Health Center Construction

B. Project Approval: This project meets the definition of a “project” requiring B&CB approval.

C. Statement of Need: 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 current facility is of 1972 vintage and is overcrowded and needs a variety of deferred maintenance work including a new roof to replace the old flat roof that leaks. Also there are currently five programs that are housed in leases. Placing the various programs in one consolidated facility will aid in efficiency of service delivery. The alternative is to continue to work in inefficient/costly leases and patch the roof in the Magnolia Street facility. This request replaces an entire facility.

D. Agency Activity Number and Name:

Note: If more than one activity maps to this project provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring Funds	State Recurring Funds	Federal Funds	Other Funds	Total Funds
997	School Based Services	\$730,770				\$730,770
1000	Intensive Fam Services	\$730,770				\$730,770
1588	Assertive Comm Trmt	\$730,770				\$730,770
1590	Comm Res (Hsg) Support	\$730,770				\$730,770
1591	Day Treatment	\$730,770				\$730,770
1592	Outpatient Services	\$730,770				\$730,770
New	Community Admin	\$730,770				\$730,770
New	Psych Recovery Centers	\$730,770				\$730,770
New	Mental Health Court	\$730,770				\$730,770
New	Outstationed Behav. Trmt	\$730,770				\$730,770
New	Baby Net	\$730,770				\$730,770
New	Multi-systemic Therapy	\$730,770				\$730,770
New	Medical Management	\$730,760				\$730,760

E. Project Description:

Note: In addition to a basic description, include whether or not this is a capital or non-capital project. If non-capital, explain how this non-recurring appropriation will be spent on non-recurring activities.

Purchase 6 acres of land and construction a 40,000 square foot facility in the Sumter area for service to clients in Sumter County. This is a capital project.

F. Funding

Total New Request: \$9,500,000 Previously Approved Funds: _____ Expenditures to Date: _____

Identify the source(s) of funds for this appropriation (general fund, surplus, federal funding, local match, etc.):

General fund

G. Justification for additional future operating costs:

Will additional annual operating costs be absorbed into your existing budget? If so, what resources will lose funding to facilitate this? No

If not, will additional funds be needed in the future? No - There are no operating costs associated with this priority. This priority is moving from a leased building to a building that is owned by the agency.

Identify the source of additional funds:

Detail the lifecycle cost of the funded project below

A. **Project Name:** Anderson-Oconee-Pickens Mental Health Center Construction

B. **Project Approval:** This project meets the definition of a “project” requiring B&CB approval.

C. **Statement of Need:** 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. Currently the main clinic is housed in a leased county building. The lease expires in 2020 and the county has expressed a need for the current space. The county is willing to donate 5 acres to foster the needed new construction. The alternative is to continue to operate in the county owned building in crowded conditions and continue to lease for other programs. This request replaces an entire facility.

D. **Agency Activity Number and Name:**

Note: If more than one activity maps to this project provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring Funds	State Recurring Funds	Federal Funds	Other Funds	Total Funds
997	School Based Services	\$923,076				\$923,076
1000	Intensive Fam Services	\$923,076				\$923,076
1588	Assertive Comm Trmt	\$923,076				\$923,076
1590	Comm Res (Hsg) Support	\$923,076				\$923,076
1591	Day Treatment	\$923,076				\$923,076
1592	Outpatient Services	\$923,076				\$923,076
New	Community Admin	\$923,076				\$923,076
New	Psych Recovery Centers	\$923,076				\$923,076
New	Mental Health Court	\$923,076				\$923,076
New	Outstationed Behav. Trmt	\$923,076				\$923,076
New	Baby Net	\$923,076				\$923,076
New	Multi-systemic Therapy	\$923,076				\$923,076
New	Medical Management	\$923,088				\$923,088

E. **Project Description:**

Note: In addition to a basic description, include whether or not this is a capital or non-capital project. If non-capital, explain how this non-recurring appropriation will be spent on non-recurring activities.

To construct a 50,000 square foot facility on five acres of land currently owned by Anderson County. 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 this property is \$600,000. Some limited evaluation of the proposed site indicates that it is buildable. This is a capital project.

F. **Funding**

Total New Request: \$12,000,000 Previously Approved Funds: _____ Expenditures to Date: _____

Identify the source(s) of funds for this appropriation (general fund, surplus, federal funding, local match, etc.):

General fund

G. **Justification for additional future operating costs:**

Will additional annual operating costs be absorbed into your existing budget? If so, what resources will lose funding to facilitate this? No

If not, will additional funds be needed in the future? No - There are no operating costs associated with this priority. This priority is moving from a leased building to a building that is owned by the agency.

Identify the source of additional funds:

Detail the lifecycle cost of the funded project below

A. Project Name: Catawba Mental Health Center Construction

B. Project Approval: This project meets the definition of a “project” requiring B&CB approval.

C. Statement of Need: 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 center consists of one owned building of 1974/1975 vintage that is in bad repair and several leases. Several of the leases are in bad neighborhoods and have experienced break-ins and vandalism. The alternative is to continue to make repairs to deferred maintenance issues and lease unsatisfactory facilities for Mental Health programs. This request replaces an entire facility.

D. Agency Activity Number and Name:

Note: If more than one activity maps to this project provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring Funds	State Recurring Funds	Federal Funds	Other Funds	Total Funds
997	School Based Services	\$730,770				\$730,770
1000	Intensive Fam Services	\$730,770				\$730,770
1588	Assertive Comm Trmt	\$730,770				\$730,770
1590	Comm Res (Hsg) Support	\$730,770				\$730,770
1591	Day Treatment	\$730,770				\$730,770
1592	Outpatient Services	\$730,770				\$730,770
New	Community Admin	\$730,770				\$730,770
New	Psych Recovery Centers	\$730,770				\$730,770
New	Mental Health Court	\$730,770				\$730,770
New	Outstationed Behav. Trmt	\$730,770				\$730,770
New	Baby Net	\$730,770				\$730,770
New	Multi-systemic Therapy	\$730,770				\$730,770
New	Medical Management	\$730,760				\$730,760

E. Project Description:

Note: In addition to a basic description, include whether or not this is a capital or non-capital project. If non-capital, explain how this non-recurring appropriation will be spent on non-recurring activities.

Purchase 6 acres of land and construct a 39,000 square foot facility in the Rock Hill area to provide Mental Health Services for residents of York County. This is a capital project.

F. Funding

Total New Request: \$9,500,000 Previously Approved Funds: _____ Expenditures to Date: _____

Identify the source(s) of funds for this appropriation (general fund, surplus, federal funding, local match, etc.):

General fund

G. Justification for additional future operating costs:

Will additional annual operating costs be absorbed into your existing budget? If so, what resources will lose funding to facilitate this? No

If not, will additional funds be needed in the future? No - There are no operating costs associated with this priority. This priority is moving from a leased building to a building that is owned by the agency.

Identify the source of additional funds:

Detail the lifecycle cost of the funded project below

A. Project Name: Automated Medication Dispensing Equipment

B. Project Approval: This project does not meet the definition of a “project” requiring B&CB approval.

C. Statement of Need: This request is related to the Department's goal to adequately safeguard the dispensation of medication to patients. These point-of-care dispensing cabinets control medication access by non-authorized personnel, reduce time spent by nursing personnel in inventorying controlled substances, provide for more efficient and timely re-supply of medications on the patient care unit, increase medication security and controlled substance accountability, and provide for quick access to first doses for stat medication orders.

D. Agency Activity Number and Name:

Note: If more than one activity maps to this project provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring Funds	State Recurring Funds	Federal Funds	Other Funds	Total Funds
1002	Long Term Inpatient Psych	\$142,857				\$142,857
1003	Acute Psych	\$142,857				\$142,857
1004	Inpatient Psych for Child	\$142,857				\$142,857
1005	Inpatient Forensics	\$142,857				\$142,857
1006	Inpatient Alcohol & Drug	\$142,857				\$142,857
1007	Nursing Home	\$142,857				\$142,857
1009	Sexually Violent Predator	\$142,858				\$142,858

E. Project Description:

Note: In addition to a basic description, include whether or not this is a capital or non-capital project. If non-capital, explain how this non-recurring appropriation will be spent on non-recurring activities.

Purchase of an automated medication dispensing system for the Division of Inpatient Services. This is a capital project.

F. Funding

Total New Request: \$1,000,000 Previously Approved Funds: _____ Expenditures to Date: _____

Identify the source(s) of funds for this appropriation (general fund, surplus, federal funding, local match, etc.):

General fund

G. Justification for additional future operating costs:

Will additional annual operating costs be absorbed into your existing budget? If so, what resources will lose funding to facilitate this? No

If not, will additional funds be needed in the future? No - There are no operating costs associated with this priority. This priority is moving from a leased building to a building that is owned by the agency.

Identify the source of additional funds:

Detail the lifecycle cost of the funded project below

A. Project Name: Electronic Medical Record for the Division of Inpatient Services

B. Project Approval: This project does not meet the definition of a “project” requiring B&CB approval.

C. Statement of Need: This request is related to the Department's goal to provide technologically-appropriate resources for the efficient and effective provision of care for patients receiving inpatient services. Electronic Medical Records reduce required storage space for physical storage media (i.e. paper records), assimilate various components of a patient’s medical record into a single access point, reduce the cost of record transference, improve overall operating efficiency, increase portability and accessibility of health information, reduce medical errors, provide for ease of updating to current technologies including coding, and will transition the Department into compliance with Medicare and Medicaid preferred technologies.

D. Agency Activity Number and Name:

Note: If more than one activity maps to this project provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring Funds	State Recurring Funds	Federal Funds	Other Funds	Total Funds
1002	Long Term Inpatient Psych	\$613,125				\$613,125
1003	Acute Psych	\$613,125				\$613,125
1004	Inpatient Psych for Child	\$613,125				\$613,125
1005	Inpatient Forensics	\$613,125				\$613,125
1006	Inpatient Alcohol & Drug	\$613,125				\$613,125
1007	Nursing Home	\$613,125				\$613,125
1008	Veterans Nursing Homes	\$613,125				\$613,125
1009	Sexually Violent Predator	\$613,125				\$613,125

E. Project Description:

Note: In addition to a basic description, include whether or not this is a capital or non-capital project. If non-capital, explain how this non-recurring appropriation will be spent on non-recurring activities.

Purchase of Electronic Medical Record software application and other related resources for implementation within the Division of Inpatient Services. Expenses include: Software (approximately \$3,050,000); Network Infrastructure Upgrade (approximately \$745,000); Additional Annual Software Maintenance (approximately \$610,000); Additional SAN/Hardware (approximately \$300,000); and Additional Hardware Maintenance (approximately \$200,000). This is a capital project.

F. Funding

Total New Request: \$4,905,000 Previously Approved Funds: _____ Expenditures to Date: _____

Identify the source(s) of funds for this appropriation (general fund, surplus, federal funding, local match, etc.):
 General fund

G. Justification for additional future operating costs:

Will additional annual operating costs be absorbed into your existing budget? If so, what resources will lose funding to facilitate this? No

If not, will additional funds be needed in the future? No - There are no operating costs associated with this priority. This priority is moving from a leased building to a building that is owned by the agency.

Identify the source of additional funds:

Detail the lifecycle cost of the funded project below

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.1

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

A. 1. – Community Mental Health Centers

II. B. 1. – Psychiatric Rehab

II. B. 2. – Bryan Psychiatric Hospital

II. B. 3. – Hall Psychiatric Hospital

II. B. 4. – Morris Village

II. B. 5. – Harris Psychiatric Hospital

II. C. – Tucker/Dowdy-Gardner

II. E. 1. – Stone Pavilion

II. E. 2. – Campbell Veterans Home

II. E. 3. – Veterans' Victory House

II. F. – Sexual Predator Treatment

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Medicare Revenue

F. Summary

Summary of Existing or New Proviso:

Requires DMH to remit \$290,963 to the General Fund on an annual basis to support the administrative cost for the collection of Medicare benefits.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary.

As directed by the General Assembly, it requires the Department of Mental Health to transfer \$290,963 to the General Fund.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected. The amount required for submission could be modified or eliminated in the future.

This is a requirement of the General Assembly and is subject to annual consideration.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

V. Proviso Justification Form

Agency
Code

Agency Name

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.2

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

- I. – General Administration
- II. B. 1. – Psychiatric Rehab
- II. B. 2. – Bryan Psychiatric Hospital
- II. B. 3. – Hall Psychiatric Hospital
- II. B. 4. – Morris Village
- II. B. 5. – Harris Psychiatric Hospital
- II. C. – Tucker/Dowdy-Gardner
- II. E. 1. – Stone Pavilion
- II. E. 2. – Campbell Veterans Home
- II. E. 3. – Veterans' Victory House
- II. F. – Sexual Predator Treatment

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Patient Fee Account

F. Summary

Summary of Existing or New Proviso:

From revenue earned and collected from various sources, the Department is authorized to expend \$6,214,911 for operations. This proviso further requires the agency transfer from these revenues \$400,000 for the Continuum of Care, \$50,000 for the Alliance for the Mentally Ill, \$250,000 for S.C. Share.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

As directed by the General Assembly, the Department of Mental Health is authorized to expend \$6,214,911 for operations and is directed to transfer funds to the Continuum of Care, Alliance for the Mentally Ill, and S.C. Share.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This is a requirement of the General Assembly and is subject to annual consideration.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.3

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

- I. – General Administration
- II. A. 1. – Community Mental Health Centers
- II. A. 2. – Projects & Grants
- II. B. 1. – Psychiatric Rehab
- II. B. 2. – Bryan Psychiatric Hospital
- II. B. 3. – Hall Psychiatric Hospital
- II. B. 4. – Morris Village
- II. B. 5. – Harris Psychiatric Hospital
- II. C. – Tucker/Dowdy-Gardner
- II. D. 1. – Support Services
- II. D. 2. – Public Safety
- II. E. 1. – Stone Pavilion
- II. E. 2. – Campbell Veterans Home
- II. E. 3. – Veterans' Victory House
- II. F. – Sexual Predator Treatment

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Institution Generated Funds

F. Summary

Summary of Existing or New Proviso:

The Department is authorized to retain and expend institution generated funds which are budgeted.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

As directed by the General Assembly, the Department of Mental Health is authorized to retain and expend institution generated funds.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This is a requirement of the General Assembly and is subject to annual consideration.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.4

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

N/A

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Delete

E. Title

Descriptive Proviso Title:

Transfer of Patients to DDSN

F. Summary

Summary of Existing or New Proviso:

The Department is authorized to transfer state appropriations to DDSN to cover the state match related to expenditures as a result of the transfer of patients from DMH to DDSN. The Department is authorized to utilize up to \$500,000 from the Patient Fee Account to help defray costs of these transferees.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

This proviso is obsolete.

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary.

N/A

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso is no longer in use.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

~~—23.4. (DMH: Transfer of Patients to DDSN) DMH is authorized to transfer to the Department of Disabilities and Special Needs, state appropriations to cover the state match related to expenditures initiated as a result of the transfer of appropriate patients from DMH to the Department of Disabilities and Special Needs. In addition to other payments as authorized in this act, DMH is also authorized to utilize up to \$500,000 from the Patient Fee Account to help defray costs of these transferees.~~

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.5

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

II. B. 1. – Psychiatric Rehab
II. B. 2. – Bryan Psychiatric Hospital
II. B. 3. – Hall Psychiatric Hospital
II. B. 4. – Morris Village
II. B. 5. – Harris Psychiatric Hospital
II. C. – Tucker/Dowdy-Gardner
II. E. 1. – Stone Pavilion
II. E. 2. – Campbell Veterans Home
II. E. 3. – Veterans' Victory House
II. F. – Sexual Predator Treatment

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Practice Plan

F. Summary

Summary of Existing or New Proviso:

Employees of the Department affiliated with USC School of Medicine, who hold faculty appointments in the School, may participate in the School's Practice Plan provided that participation not take place during regular working hours. Funds generated by such participants shall be handled in accordance with University policies governing Practice Plan funds.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

There are DMH physicians who participate in the USC School of Medicine Practice Plan.

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

N/A

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

There are DMH physicians who participate in the USC School of Medicine Practice Plan.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.6

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

II. C. – Tucker/Dowdy-Gardner

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Huntington's Disease

F. Summary

Summary of Existing or New Proviso:

Of funds appropriated, the Department shall designate \$150,000 for administrative and personnel costs for Huntington's Disease clinical services within the Department.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

As directed by the General Assembly, the Department is required to designate \$150,000 for administrative and personnel costs as appropriate.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This is a requirement of the General Assembly and is subject to annual consideration.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.7

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

II. A. 1. – Community Mental Health Centers

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Amend

E. Title

Descriptive Proviso Title:

Alzheimer's funding

F. Summary

Summary of Existing or New Proviso:

Of the funds appropriated to the Department for Community Mental Health Centers, \$778,706 must be used for contractual services to provide respite care and diagnostic services to those who qualify as determined by the Alzheimer's Disease and Related Disorders Association.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

Funds appropriated for the Alzheimer's Association have been adjusted in accordance with the agency's base budget reductions.

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

As directed by the General Assembly, it requires the Department of Mental Health to pass through \$731,984 to the Alzheimer's Association.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

Funds appropriated for the Alzheimer's Association have been adjusted in accordance with the agency's base budget reductions.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

23.7. (DMH: Alzheimer's Funding) Of the funds appropriated to the Department of Mental Health for Community Mental Health Centers, ~~\$778,706~~ 731,984 must be used for contractual services to provide respite care and diagnostic services to

those who qualify as determined by the Alzheimer's Disease and Related Disorders Association. The department must maximize, to the extent feasible, federal matching dollars. On or before September thirtieth of each year, the Alzheimer's Disease and Related Disorders Association must submit to the department, Governor, Senate Finance Committee, and House Ways and Means Committee an annual financial statement and outcomes measures attained for the fiscal year just ended. These funds may not be expended or transferred during the current fiscal year until the required reports have been received by the department, Governor, Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee. In addition, when instructed by the Budget and Control Board or the General Assembly to reduce funds by a certain percentage, the department may not reduce the funds transferred to the Alzheimer's Disease and Related Disorders Association greater than such stipulated percentage.

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.8

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

II. A. 1. – Community Mental Health Centers

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Crisis Stabilization

F. Summary

Summary of Existing or New Proviso:

During the current fiscal year, the Department must expend for crisis stabilization program not less than \$2 million. Funds expended by the Department for crisis stabilization must be used to implement and maintain a crisis stabilization program, or to provide access to a crisis stabilization program through the purchase of local psychiatric beds, in each community mental health center catchment area.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

The proviso requires that DMH expend a minimum of \$2 million toward crisis stabilization program in each community mental health center catchment area.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This is a requirement of the General Assembly and is subject to annual consideration.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.9

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

II. A. 1. – Community Mental Health Centers

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

McCormick Satellite Clinic

F. Summary

Summary of Existing or New Proviso:

The \$750,000 appropriated by Proviso 73.17 of Act 397 of 2006 for the Williams Building Cooperative Ministries Homeless Shelter Renovation & Operation shall be redirected as follows: \$250,000 shall be used for a satellite community mental health clinic in McCormick County. Unexpended funds may be carried forward into the current fiscal year and expended for the same purpose.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso requires that \$250,000 be used for a satellite community mental health clinic in McCormick County.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This is a requirement of the General Assembly and is subject to annual consideration.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.10

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

II. A. 1. – Community Mental Health Centers

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Crisis Intervention Training

F. Summary

Summary of Existing or New Proviso:

Of the funds appropriated to the Department, \$85,500 shall be utilized for the National Alliance on Mental Illness (NAMI) SC for Crisis Intervention Training (CIT).

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

As directed by the General Assembly, it requires the Department of Mental Health to pass through \$85,500 to NAMI SC for Crisis Intervention Training.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This is a requirement of the General Assembly and is subject to annual consideration.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.11

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

II. B. 1. – Psychiatric Rehab
II. B. 2. – Bryan Psychiatric Hospital
II. B. 3. – Hall Psychiatric Hospital
II. B. 4. – Morris Village
II. B. 5. – Harris Psychiatric Hospital
II. C. – Tucker/Dowdy-Gardner
II. E. 1. – Stone Pavilion
II. E. 2. – Campbell Veterans Home
II. E. 3. – Veterans' Victory House
II. F. – Sexual Predator Treatment

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Uncompensated Patient Medical Care

F. Summary

Summary of Existing or New Proviso:

The Uncompensated Patient Medical Care Fund is to be used by the Department for medical costs incurred for patients that must be transferred to a private hospital for services. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

The Department is authorized to carry forward from the prior fiscal year unexpended funds to be used for the same purpose.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso provides carry forward authority for funds remaining at the end of the fiscal year. This proviso could be codified.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

V. Proviso Justification Form

Agency
Code

Agency Name

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.12

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

II. E. 2. – Campbell Veterans Home

II. E. 3. – Veterans' Victory House

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Veterans' Nursing Home Death Investigation

F. Summary

Summary of Existing or New Proviso:

In the event that a coroner rules that the death of an individual in a veterans' nursing home under the authority of the Department results from natural causes, then the State Law Enforcement Division is not required to conduct an investigation.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

N/A

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso impacts SLED directly. DMH is not opposed to this proviso and feels that it could be codified.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.13

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

- I. – General Administration
- II. A. 1. – Community Mental Health Centers
- II. A. 2. – Projects & Grants
- II. B. 1. – Psychiatric Rehab
- II. B. 2. – Bryan Psychiatric Hospital
- II. B. 3. – Hall Psychiatric Hospital
- II. B. 4. – Morris Village
- II. B. 5. – Harris Psychiatric Hospital
- II. C. – Tucker/Dowdy-Gardner
- II. D. 1. – Support Services
- II. D. 2. – Public Safety
- II. E. 1. – Stone Pavilion
- II. E. 2. – Campbell Veterans Home
- II. E. 3. – Veterans' Victory House
- II. F. – Sexual Predator Treatment

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Meals in Emergency Operations

F. Summary

Summary of Existing or New Proviso:

The cost of meals may be provided to state employees who are required to work during actual emergencies and emergency simulation exercises when they are not permitted to leave their stations.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso authorizes the Department to expend appropriations for the cost of meals to state employees who are required to work during emergency situations.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso could be codified.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

23.14

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

II. A. 1. – Community Mental Health Centers

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is an agency-specific proviso.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Medicaid Beneficiary Choice

F. Summary

Summary of Existing or New Proviso:

For Medicaid covered community based paraprofessional rehabilitative behavioral health services for which the Department of Mental Health provides state identified matching funds, the Department must allow a Medicaid beneficiary to receive medically necessary community based paraprofessional rehabilitative behavioral health services from any qualified Medicaid provider enrolled by DHHS as of July 1, 2011.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso requires the Department to provide state matching funds for paraprofessional rehabilitative and behavioral health services provided by a qualified Medicaid provider.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

DMH is required by CMS to allow Medicaid recipient choice of providers when requested and when the services have been determined to be medically necessary.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

21.44

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

II. B. 1. – Psychiatric Rehab
II. B. 2. – Bryan Psychiatric Hospital
II. B. 3. – Hall Psychiatric Hospital
II. B. 4. – Morris Village
II. B. 5. – Harris Psychiatric Hospital
II. C. – Tucker/Dowdy-Gardner
II. E. 1. – Stone Pavilion
II. E. 2. – Campbell Veterans Home
II. E. 3. – Veterans' Victory House
II. F. – Sexual Predator Treatment

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is a Department of Health & Human Services proviso that affects DMH.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Disproportionate Share -DMH

F. Summary

Summary of Existing or New Proviso:

For the current year, DHHS is directed to transfer funds to DMH to make up any shortfall in disproportionate share funding due to rule changes from the Centers for Medicare and Medicaid Services from the latest federal fiscal year amount. DHHS must also take any necessary action, including the submission of an amendment to the State Medicaid Plan, to minimize the impact of disproportionate share funding redistribution to DMH in future years.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

As directed by the General Assembly, DHHS is directed to transfer funds to DMH to minimize the impact of DSH funding redistribution to DMH.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This is a requirement of the General Assembly and is subject to annual consideration.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

89.76

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

II. F. – Sexual Predator Treatment

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is a general proviso that affects DMH.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Sexually Violent Predator Program

F. Summary

Summary of Existing or New Proviso:

The Department of Corrections may utilize inmate labor to perform any portion of the construction of an addition to the Edisto Unit at the Broad River Correctional Institution, which houses the Department of Mental Health's Sexually Violent Predator Treatment Program, such addition to be used for additional treatment space and staff offices. For purposes of this project, the Department of Corrections may exceed the \$350,000 limit on projects for which it may use inmate labor.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

As directed by the General Assembly, this proviso authorizes the Department of Corrections to expend up to \$350,000 on inmate labor for the construction of additional space DMH SVPP program.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

SCDC and DMH are currently working together to provide space at the Congaree Unit at the Broad River Institute for the Sexually Violent Predator program. Depending upon agreements reached, this proviso could be used.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

89.18

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

- I. – General Administration
- II. A. 1. – Community Mental Health Centers
- II. A. 2. – Projects & Grants
- II. B. 1. – Psychiatric Rehab
- II. B. 2. – Bryan Psychiatric Hospital
- II. B. 3. – Hall Psychiatric Hospital
- II. B. 4. – Morris Village
- II. B. 5. – Harris Psychiatric Hospital
- II. C. – Tucker/Dowdy-Gardner
- II. D. 1. – Support Services
- II. D. 2. – Public Safety
- II. E. 1. – Stone Pavilion
- II. E. 2. – Campbell Veterans Home
- II. E. 3. – Veterans' Victory House
- II. F. – Sexual Predator Treatment

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is a general proviso that affects DMH.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Replacement of Personal Property

F. Summary

Summary of Existing or New Proviso:

This proviso allows DMH to replace personal property of an employee that has been destroyed by a patient while in custody of the agency.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso allows DMH to expend up to \$250 per incident for replacement of personal property of an employee that has been destroyed by a patient while in custody of the agency.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

Keep but this proviso could be codified.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

89.16

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

I. – General Administration

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is a general proviso that affects DMH.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Amend

E. Title

Descriptive Proviso Title:

Allowance for Residences & Compensation Restrictions

F. Summary

Summary of Existing or New Proviso:

This proviso provides housing allowances for various public officials.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

Amend. This is no longer applicable to the DMH employees.

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

N/A

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

The department no longer has available housing for employees.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

89.16. (GP: Allowance for Residences & Compensation Restrictions) That salaries paid to officers and employees of the State, including its several boards, commissions, and institutions shall be in full for all services rendered, and no perquisites of office or of employment shall be allowed in addition thereto, but such perquisites, commodities, services or other benefits shall be charged for at the prevailing local value and without the purpose or effect of increasing the compensation of said officer or employee. The charge for these items may be payroll deducted at the discretion of the Comptroller General or the chief financial officer at each agency maintaining its own payroll system. This shall not apply to the Governor's Mansion; ~~nor for department owned housing used for recruitment and training of Mental Health Professionals~~, nor to guards at any of

the state's penal institutions and nurses and attendants at the ~~Department of Mental Health, and the~~ Department of Disabilities and Special Needs, and registered nurses providing clinical care at the MUSC Medical Center, nor to the Superintendent and staff of John de la Howe School, nor to the cottage parents and staff of Wil Lou Gray Opportunity School, nor to full-time or part-time staff who work after regular working hours in the SLED Communications Center or Maintenance Area, nor to adult staff at the Governor's School for Science and Mathematics who are required to stay on campus by the institution because of job requirements or program participation. The presidents of those state institutions of higher learning authorized to provide on-campus residential facilities for students may be permitted to occupy residences on the grounds of such institutions without charge.

Any state institution of higher learning may provide a housing allowance to the president in lieu of a residential facility, the amount to be approved by the Budget and Control Board.

That the following may be permitted to occupy residences owned by the respective departments without charge: ~~the Director of the Department of Mental Health~~; the Farm Director, Farm Managers, and Specialists employed at the Wateree River Correctional Institution; the South Carolina State Commission of Forestry fire tower operators, forestry aides, and caretaker at central headquarters; the Department of Natural Resources' Game Management Personnel, Fish Hatchery Superintendents, Lake Superintendent, and Fort Johnson Superintendent; the Department of Parks, Recreation and Tourism field personnel in the State Parks Division; Director of Wil Lou Gray Opportunity School; President of the School for the Deaf and the Blind; houseparents for the Commission for the Blind; South Carolina Department of Health and Environmental Control personnel at the State Park Health Facility and Camp Burnt Gin; Residence Life Coordinators at Lander University; Residence Life Directors, temporary and transition employees, student interns, and emergency personnel at Winthrop University; Farm Superintendent at Winthrop University; Residence Hall Directors at the College of Charleston; Clemson University's Head Football Coach; the Department of Disabilities and Special Needs' physicians and other professionals at Whitten Center, Clemson University Off-Campus Agricultural Staff and Housing Area Coordinators; and University of South Carolina's Manager of Bell Camp Facility, Housing Maintenance Night Supervisors, Residence Life Directors, temporary and transition employees, and emergency medical personnel; TriCounty Technical College's Bridge to Clemson Resident and Area Directors. Except in the case of elected officials, the fair market rental value of any residence furnished to a state employee shall be reported by the state agency furnishing the residence to the Agency Head Salary Commission, and the Division of Budget and Analyses by October first, of each fiscal year.

All salaries paid by departments and institutions shall be in accord with a uniform classification and compensation plan, approved by the Budget and Control Board, applicable to all personnel of the State Government whose compensation is not specifically fixed in this act. Such plan shall include all employees regardless of the source of funds from which payment for personal service is drawn. The Division of Budget and Analyses of the Budget and Control Board is authorized to approve temporary salary adjustments for classified and unclassified employees who perform temporary duties which are limited by time and/or funds. When approved, a temporary salary adjustment shall not be added to an employee's base salary and shall end when the duties are completed and/or the funds expire. Academic personnel of the institutions of higher learning and other individual or group of positions that cannot practically be covered by the plan may be excluded therefrom but their compensations as approved by the Division of Budget and Analyses shall, nevertheless, be subject to review by the Budget and Control Board. Salary appropriations for employees fixed in this act shall be in full for all services rendered, and no supplements from other sources shall be permitted or approved by the Budget and Control Board. With the exception of travel and subsistence, legislative study committees shall not compensate any person who is otherwise employed as a full-time state employee. Salaries of the heads of all agencies of the State Government shall be specifically fixed in this act and no salary shall be paid any agency head whose salary is not so fixed. Commuter mileage on non-exempt state vehicles shall be considered as income and reported by the Comptroller General in accordance with IRS regulations. As long as there is no impact on appropriated funds, state agencies and institutions shall be allowed to spend public funds and/or other funds for designated employee award programs which shall have written criteria approved by the agency governing board or commission. For purposes of this section, monetary awards, if any, shall not be considered a part of an employee's base salary, a salary supplement, or a perquisite of employment. The names of all employees receiving monetary awards and the amounts received shall be reported annually to the South Carolina Division of Budget and Analyses.

In the case of lodging furnished by certain higher education institutions to employees, the prevailing local rate does not apply if the institution meets the exceptions for inadequate rent described in the current Internal Revenue Code Section 119(d)(2). To meet the exception, rental rates must equal the lesser of five percent of the appraised value of the qualified campus lodging, or the average of the rentals paid by individuals (other than employees or students of the educational institution) during the calendar year for lodging provided by the educational institution which is comparable to the qualified campus lodging provided to the employee, over the rent paid by the employee for the qualified campus lodging during the calendar year. The appraised value shall be determined as of the close of the calendar year in which the taxable year begins, or, in the case of a rental period not greater than one year, at any time during the calendar year in which the period begins.

A. Proviso Number

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

89.74

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

- I. – General Administration
- II. A. 1. – Community Mental Health Centers
- II. A. 2. – Projects & Grants
- II. B. 1. – Psychiatric Rehab
- II. B. 2. – Bryan Psychiatric Hospital
- II. B. 3. – Hall Psychiatric Hospital
- II. B. 4. – Morris Village
- II. B. 5. – Harris Psychiatric Hospital
- II. C. – Tucker/Dowdy-Gardner
- II. D. 1. – Support Services
- II. D. 2. – Public Safety
- II. E. 1. – Stone Pavilion
- II. E. 2. – Campbell Veterans Home
- II. E. 3. – Veterans' Victory House
- II. F. – Sexual Predator Treatment

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

This is a general proviso that affects DMH.

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Healthcare Employee Recruitment and Retention

F. Summary

Summary of Existing or New Proviso:

This proviso provides incentives for recruitment and retention for healthcare workers in critical needs jobs.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

N/A

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso allows DMH to expend funds for incentives for recruitment and retention for critical needs healthcare workers.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso could be codified.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

N/A

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

N/A

Federal Aid Justification

SC0024-C-4E-02-08-02 SC0047-C-4E-02-09-01 SC0009C4E011003 SC0019C4E011003 SC0024C4E021003 SC0047C4E021002
SC0025C4E021003 SC16C502001 SC16C504001 SC16C602001

Summary

Award Title	Shelter Plus Care		
CFDA Number/Title	(XX.XXX) Other CFDA	→ If "Other", identify:	14.238 Shelter Plus Care
Award Number (Federal)	SC0024-C-4E-02-08-02 SC0047-C-4E-02-09-01 SC0009C4E011003 SC0019C4E011003 SC0024C4E021003 SC0047C4E021002 SC0025C4E021003 SC16C502001 SC16C504001 SC16C602001	Start Date	07/01/2011 10/01/2010 07/01/2011 04/01/2011 09/01/2011 10/01/2011 07/01/2011 05/01/2008 06/07/2008
		Federal Agency	Department of Housing and Urban Development (86)
Award Number (State)	N/A	End Date	08/31/2011 09/30/2011 06/30/2012 03/31/2012 08/31/2012 09/30/2012 06/30/2012 09/30/2012 05/31/2012
		Federal Subagency	
Award Period	Continuing	→ If "Other", explain:	

Financial

Total Award Amount	\$ 2,354,532.00	Amount Available in FY 2012-13	\$ 1,283,281.00
State Match Required?	No	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	

Federal Aid Justification

SC0024-C-4E-02-08-02 SC0047-C-4E-02-09-01 SC0009C4E011003 SC0019C4E011003 SC0024C4E021003 SC0047C4E021002
SC0025C4E021003 SC16C502001 SC16C504001 SC16C602001

Assistance Type

Other Assistance

If "Other", explain

Supportive Housing

Is administrative and/or indirect cost recovery permitted? If so, explain:

N/A

Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?

Funds are passed through to Non-profits via Sub-Recipient Agreements

Federal Aid Justification

SC0024-C-4E-02-08-02 SC0047-C-4E-02-09-01 SC0009C4E011003 SC0019C4E011003 SC0024C4E021003 SC0047C4E021002
SC0025C4E021003 SC16C502001 SC16C504001 SC16C602001

Questions

How is the use of these funds essential to your agency's mission?

The Shelter Plus Care program provides permanent supportive housing for persons with mental illnesses and co-occurring disorders and their families who are homeless.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

Compliance is based on the number of clients to be assisted per the application. Each grant is based on the # of units per grant at the fair market value. The SCDMH is obligated to provide permanent supportive housing for persons with

What outcome and/or performance measures will you track and/or report on in association with this award?

To provide services and reduce the number of persons who are homeless and have mental illnesses and co-occurring disorders.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Geoff Mason, Deputy State Director

Federal Aid Justification

2B09SM010048-11, 2B09SM010048-12, 2B09SM010048-13 (Not Yet Awarded) 2B09SM010048-14 (Not Yet Awarded)

Summary

Award Title	Community Mental Health Services Block Grant		
CFDA Number/Title	(XX.XXX) Other CFDA	→ If "Other", identify:	93.958 Block Grants for Community Mental Health Services
Award Number (Federal)	2B09SM010048-11, 2B09SM010048-12, 2B09SM010048-13 (Not Yet Awarded) 2B09SM010048- 14 (Not Yet Awarded)	Start Date	10/01/2009 10/01/2010 10/01/2011 10/01/2012
		Federal Agency	Department of Health and Human Services (75)
Award Number (State)	N/A	End Date	9/30/2011 09/30/2012 09/30/2013 09/30/2014
		Federal Subagency	Substance Abuse and Mental Health Services Administration (7522)
Award Period	Continuing	→ If "Other", explain:	

Financial

Total Award Amount	\$ 23,531,225.00	Amount Available in FY 2012-13	\$ 11,765,608.00
State Match Required?	No	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	
Assistance Type	Block Grant	If "Other", explain	
Is administrative and/or indirect cost recovery permitted? If so, explain:	Indirect Cost Rate is 7.7% based on salary and fringe		
Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?	Yes, through a contractual agreement with non-profits to serve the needs of the mentally ill.		

Federal Aid Justification

2B09SM010048-11, 2B09SM010048-12, 2B09SM010048-13 (Not Yet Awarded) 2B09SM010048-14 (Not Yet Awarded)

Questions

How is the use of these funds essential to your agency's mission?

The mission of the South Carolina Department of Mental Health is to support the recovery of people with mental illnesses. Its priority is serving adults and children affected by serious mental illnesses and significant emotional disorders.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

Each year the SC Department of Mental Health is required to maintain aggregate State expenditures for authorized activities at a level that is not less than the average level of expenditures by SCDMH for the two year period. The MOE

What outcome and/or performance measures will you track and/or report on in association with this award?

Outpatient Services, Day Treatment, Community-Based Rehabilitation, Assertive Community Treatment, Crisis Stabilization, Employment Services, School-Based Services.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Geoff Mason, Deputy State Director

Federal Aid Justification

5R010A025616-02

U10 DA013727

Summary

Award Title	Stage II Research on Outpatient Treatment for Adolescents with Comorbidity			Clinical Trials Network	
CFDA Number/Title	(XX.XXX) Other CFDA		→ If "Other", identify:	93.279 Drug Abuse and Addiction Research Programs	
Award Number (Federal)	5R010A025616-02 U10 DA013727	Start Date	7/1/2010 09/01/2011	Federal Agency	Department of Health and Human Services (75)
Award Number (State)	MUSC 09-076 MUSC 10-073	End Date	06/30/2012 08/31/2012	Federal Subagency	National Institutes of Health (7529)
Award Period	Continuing		→ If "Other", explain:		

Financial

Total Award Amount	\$ 468,251.00	Amount Available in FY 2012-13	\$ 164,777.00
State Match Required?	No	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	
Assistance Type	Project Grant	If "Other", explain	
Is administrative and/or indirect cost recovery permitted? If so, explain:	Indirect Cost Rate is 7.7% based on salary and fringe		
Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?	No		

Federal Aid Justification

5R010A025616-02

U10 DA013727

Questions

How is the use of these funds essential to your agency's mission?

SCDMH expresses a "commitment to quality" and a pursuit to provide interventions scientifically proven to promote recovery.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

These awards contain grant specific restrictions and are governed by the Office of Management Budget A-133. NIH/NIDA requires approval from the Institutional Review Board, (IRB) for programmatic restrictions pertaining to the

What outcome and/or performance measures will you track and/or report on in association with this award?

Clinical data examining the use of exercise as a treatment in nicotine and alcohol use suggest that exercise may be a beneficial treatment for substance use disorders and is likely to result in a decreased use and craving reduction.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Geoff Mason, Deputy State Director

Federal Aid Justification

2011-MO-BX-0037

Summary

Award Title	Charleston Mental Health Center, Juvenile Justice Services Expansion		
CFDA Number/Title	(XX.XXX) Other CFDA	→ If "Other", identify:	16.745 Criminal and Juvenile Justice and Mental Health Collaboration Program
Award Number (Federal)	2011-MO-BX-0037	Start Date	10/01/11
		Federal Agency	Department of Justice (15)
Award Number (State)	N/A	End Date	09/30/13
		Federal Subagency	Department of Justice (1500)
Award Period	One-Time	→ If "Other", explain:	

Financial

Total Award Amount	\$ 141,520.00	Amount Available in FY 2012-13	\$ 70,760.00
State Match Required?	No	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	
Assistance Type	Project Grant	If "Other", explain	
Is administrative and/or indirect cost recovery permitted? If so, explain:	Indirect Cost Rate is 7.7% based on salary and fringe		
Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?	No		

Federal Aid Justification

2011-MO-BX-0037

Questions

How is the use of these funds essential to your agency's mission?

The SCDMH is committed to community corrections versus incarceration/detention is dedicated to community treatment involving juveniles.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

SCDMH is required to adhere to all regulations as outlined in OMB A-133. The grant is restricted to a detail budget and program to expand the services and is aimed at increasing quality and quantity of services available for justice

What outcome and/or performance measures will you track and/or report on in association with this award?

Expand quantity of Mental Health Services available to Juveniles on probation. Collect data to demonstrate effectiveness of specialized case load/treatment in reducing recidivism for Juveniles on probation.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Geoff Mason, Deputy State Director

Federal Aid Justification

N/A

Summary

Award Title	VOCA-Victim Advocate and Psychiatry Support		
CFDA Number/Title	(XX.XXX) Other CFDA	→ If "Other", identify:	16.575 Crime Victim Assistance
Award Number (Federal)	N/A	Start Date	01/01/11
		Federal Agency	Department of Justice (15)
Award Number (State)	1V11081	End Date	06/30/12
		Federal Subagency	Department of Justice (1500)
Award Period	Continuing	→ If "Other", explain:	

Financial

Total Award Amount	\$ 49,993.00	Amount Available in FY 2012-13	\$ -
State Match Required?	Yes	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	In-Kind using volunteers
Local Match Required?	No	If "Yes", describe	
Assistance Type	Project Grant	If "Other", explain	
Is administrative and/or indirect cost recovery permitted? If so, explain:	Indirect Cost Rate is 7.7% based on salary and fringe		
Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?	No		

Federal Aid Justification

N/A

Questions

How is the use of these funds essential to your agency's mission?

The program is a child-focused program which through service, multidisciplinary coordination, training and research ensures that children suspected of being maltreated receive the highest level of professional care.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

SCDMH is required to adhere to all regulations as outlined in OMB A-133. and A-87. The grant is restricted to both a detail budget and programmatic outcomes. This award does not obligate SCDMH past the project period.

What outcome and/or performance measures will you track and/or report on in association with this award?

To reduce trauma to children as a result of uncoordinated intervention. Improve accurate identification of true child abuse victims, and improve outcomes for children, their families and society through effective and appropriate service

What is the name and title of the individual in your agency who is responsible for the success of this program?

Versie J. Bellamy, Deputy Director, Division of Inpatient Services

Federal Aid Justification

2X06SM060041-10 2X06SM060041-11

Summary

Award Title	PATH		
CFDA Number/Title	(XX.XXX) Other CFDA	→ If "Other", identify:	93.150 Projects for Assistance in Transition from Homelessness
Award Number (Federal)	2X06SM060041-10 2X06SM060041-11	Start Date	9/1/2009 09/01/2011
		Federal Agency	Department of Health and Human Services (75)
Award Number (State)	N/A	End Date	08/31/2012 08/31/2013
		Federal Subagency	Substance Abuse and Mental Health Services Administration (7522)
Award Period	Continuing	→ If "Other", explain:	

Financial

Total Award Amount	\$ 1,134,000.00	Amount Available in FY 2012-13	\$ 643,168.00
State Match Required?	No	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	
Assistance Type	Project Grant	If "Other", explain	
Is administrative and/or indirect cost recovery permitted? If so, explain:	Grant #2X06SM060041-10 permits 4% indirect costs based on salary and fringe. Grant #2S06SM060041-11 does not permit indirect costs.		
Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?	No		

Federal Aid Justification

2X06SM060041-10 2X06SM060041-11

Questions

How is the use of these funds essential to your agency's mission?

The PATH Program provides outreach and clinical services to persons who are homeless and have mental illnesses and co-occurring disorders.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

SCDMH is required to adhere to all regulations as outlined in OMB A-133. and A-87. The grant is restricted to both a detail budget and programmatic outcomes and continued support is required by a sustainability plan.

What outcome and/or performance measures will you track and/or report on in association with this award?

To provide services and reduce the number of persons who are homeless and have mental illnesses and co-occurring disorders.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Geoff Mason, Deputy State Director

Federal Aid Justification

1R01MH086239-01 1R01MH081941-01A2

Summary

Award Title	Clinical and Policy Implications of a Statewide Emergency Telepsychiatry Program			Strengthening the Quality of School Mental Health Services	
CFDA Number/Title	(XX.XXX) Other CFDA		→ If "Other", identify:	93.242 Mental Health Research Grants	
Award Number (Federal)	1R01MH086239-01 1R01MH081941-01A2	Start Date	08/15/2009 08/25/2010	Federal Agency	Department of Health and Human Services (75)
Award Number (State)	10-1738 11-1852	End Date	05/31/2012 05/31/2014	Federal Subagency	National Institutes of Health (7529)
Award Period	Continuing		→ If "Other", explain:		

Financial

Total Award Amount	\$ 242,149.00	Amount Available in FY 2012-13	\$ 122,188.00
State Match Required?	No	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	
Assistance Type	Project Grant	If "Other", explain	
Is administrative and/or indirect cost recovery permitted? If so, explain:	Indirect Cost Rate is 7.7% based on salary and fringe		
Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?	No		

Federal Aid Justification

1R01MH086239-01 1R01MH081941-01A2

Questions

How is the use of these funds essential to your agency's mission?

To support research and research training to understand the biological, psychological, and functional changes that are involved in the causes and course of mental illness.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

These awards contain grant specific restrictions and are governed by the Office of Management Budget A-133. NIH/NIDA requires approval from the Institutional Review Board, (IRB) for programmatic restrictions pertaining to the

What outcome and/or performance measures will you track and/or report on in association with this award?

To provide the department with data regarding the clients that have used DMH services and are under the Department's care.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Robert Bank, M.D., Medical Director

Federal Aid Justification

5KD1T1018389-04 5HR1SM059984-02 1HR1SM059984-01 1H79SM059570-01 1H79SM059570-02

Summary

Award Title	Co-Occurring State Incentive Grants - SC Data Infrastructure Grant for Quality Improvement - Primary & Behavioral Health Care Integration				
CFDA Number/Title	(XX.XXX) Other CFDA	→	If "Other", identify:	93.243 Substance Abuse and Mental Health Services_Projects of Regional and National Significance	
Award Number (Federal)	5KD1T1018389-04 5HR1SM059984-02 1HR1SM059984-01 1H79SM059570-01 1H79SM059570-02	Start Date	09/30/2010 09/30/2011 09/30/2010 09/30/2010 09/30/2011	Federal Agency	Department of Health and Human Services (75)
Award Number (State)	N/A	End Date	06/30/2012 09/29/2012 09/29/2011 09/29/2011 09/29/2012	Federal Subagency	Substance Abuse and Mental Health Services Administration (7522)
Award Period	Continuing	→	If "Other", explain:		

Financial

Total Award Amount	\$ 1,715,317.00	Amount Available in FY 2012-13	\$ 1,316,350.00
State Match Required?	No	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	
Assistance Type	Project Grant	If "Other", explain	
Is administrative and/or indirect cost recovery permitted? If so, explain:	Indirect Cost Rate is 7.7% based on salary and fringe		
Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?	SC Vocational Rehabilitation and SC Department of Alcohol and Other Drug Abuse Services receive funds through a Sub-Recipient agreement.		

Federal Aid Justification

5KD1T1018389-04 5HR1SM059984-02 1HR1SM059984-01 1H79SM059570-01 1H79SM059570-02

Questions

How is the use of these funds essential to your agency's mission?

To support the recovery of people with mental illnesses. One priority is serving adults and children affected by serious mental illness and significant emotional disorders. Further, the agency is committed to eliminating stigma, promoting

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

SCDMH is required to adhere to all regulations as outlined in OMB A-133. The grant is restricted to a detail budget and program and is aimed at reducing the number of mentally ill with Co-Occuring disorders. The grant will not obligate

What outcome and/or performance measures will you track and/or report on in association with this award?

To reduce the number of mentally ill with Co-Occuring disorders. Implement an on-site comprehensive screening program for chronic disease risk factors for all clients of TCCMHC. Develop and implement a wellness program for all

What is the name and title of the individual in your agency who is responsible for the success of this program?

Geoff Mason, Deputy State Director