

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



**Fiscal Year 2024-25  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS  
(FORM B1)**

<b>For FY 2024-25, my agency is (mark "X"):</b>	
<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
<input type="checkbox"/>	Requesting Federal/Other Authorization.
<input type="checkbox"/>	Not requesting any changes.

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

<b>For FY 2024-25, my agency is (mark "X"):</b>	
<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
<input type="checkbox"/>	Not requesting any changes.

**CAPITAL  
REQUESTS  
(FORM C)**

<b>For FY 2024-25, my agency is (mark "X"):</b>	
<input checked="" type="checkbox"/>	Requesting funding for Capital Projects.
<input type="checkbox"/>	Not requesting any changes.


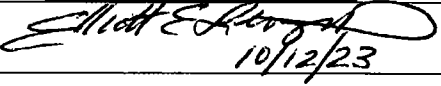
**PROVISOS  
(FORM D)**

<b>For FY 2024-25, my agency is (mark "X"):</b>	
<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
<input type="checkbox"/>	Not requesting any proviso changes.

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

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
<b>PRIMARY CONTACT:</b>	Robert Bank, MD	803-898-8339	Robert.Bank@scdmh.org
<b>SECONDARY CONTACT:</b>	Lee Bodie	803-210-0918	Robert.Bodie@scdmh.org

I have reviewed and approved the enclosed FY 2024-25 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<i>Agency Director</i>	<i>Board or Commission Chair</i>
<b>SIGN/DATE:</b>		 10/12/23
<b>TYPE/PRINT NAME:</b>	Robert Bank, MD	Elliott Levy

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

### Fiscal Year 2024-2025 Executive Summary

<b>Agency Code:</b>	J120
<b>Agency Name:</b>	Department Of Mental Health
<b>Section:</b>	35

Agency Priority	Request Type	Title	General Dollars	Federal Dollars	Earmarked Dollars	Restricted Dollars	Total Dollars	General FTEs	Federal FTEs	Earmarked FTEs	Restricted FTEs	Total FTEs
1	B1 - Recurring	Continued Operation and Expansion of Forensic Bed Capacity	\$22,020,000	\$0	\$0	\$0	\$22,020,000	0.00	0.00	0.00	0.00	0.00
2	B2 - Non-Recurring	SMI Youth Treatment at William S. Hall	\$6,351,000	\$0	\$0	\$0	\$6,351,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Contracted Community Beds	\$8,000,000	\$0	\$0	\$0	\$8,000,000	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	Patient Fee Balance - S399	\$2,924,000	\$0	\$0	\$0	\$2,924,000	0.00	0.00	0.00	0.00	0.00
5	B1 - Recurring	Transition Specialists Program	\$894,000	\$0	\$0	\$0	\$894,000	4.00	-4.00	0.00	0.00	0.00
6	B1 - Recurring	Assertive Community Treatment (ACT) Teams	\$1,056,000	\$0	\$0	\$0	\$1,056,000	0.00	0.00	0.00	0.00	0.00
7	B1 - Recurring	Child and Adolescent Precrisis Intervention Support (CAPS) Team	\$2,600,000	\$0	\$0	\$0	\$2,600,000	0.00	0.00	0.00	0.00	0.00
8	B1 - Recurring	Law Enforcement Embedded Clinicians	\$863,000	\$0	\$0	\$0	\$863,000	0.00	0.00	0.00	0.00	0.00
9	B1 - Recurring	Alternative Transportation Program	\$4,000,000	\$0	\$0	\$0	\$4,000,000	0.00	0.00	0.00	0.00	0.00
10	B1 - Recurring	Capitol Complex Embedded Clinician	\$100,000	\$0	\$0	\$0	\$100,000	0.00	0.00	0.00	0.00	0.00
11	B1 - Recurring	Sexually Violent Predator Treatment Program	\$2,000,000	\$0	\$0	\$0	\$2,000,000	0.00	0.00	0.00	0.00	0.00
12	B1 - Recurring	Increase Federal FTEs by Transferring Earmark FTEs	\$0	\$0	\$0	\$0	\$0	0.00	28.00	-28.00	0.00	0.00
13	C - Capital	Stone VA Nursing Home - Piping Replacement	\$5,000,000	\$0	\$0	\$0	\$5,000,000	0.00	0.00	0.00	0.00	0.00
14	C - Capital	Stone VA Nursing Home - Whole Building Generator	\$1,000,000	\$0	\$0	\$0	\$1,000,000	0.00	0.00	0.00	0.00	0.00
15	C - Capital	Stone VA Nursing Home - Hot Water System Modifications	\$1,000,000	\$0	\$0	\$0	\$1,000,000	0.00	0.00	0.00	0.00	0.00
16	C - Capital	Stone VA Nursing Home - HVAC Replacement/ Modifications	\$750,000	\$0	\$0	\$0	\$750,000	0.00	0.00	0.00	0.00	0.00
17	C - Capital	Stone VA Nursing Home - Flooring Replacement	\$250,000	\$0	\$0	\$0	\$250,000	0.00	0.00	0.00	0.00	0.00
18	C - Capital	Stone VA Nursing Home - Security Fencing	\$250,000	\$0	\$0	\$0	\$250,000	0.00	0.00	0.00	0.00	0.00
19	C - Capital	CFSH - Campus Electrical Distribution System	\$1,700,000	\$0	\$0	\$0	\$1,700,000	0.00	0.00	0.00	0.00	0.00
20	C - Capital	Harris - Anti-Ligature Renovations	\$3,500,000	\$0	\$0	\$0	\$3,500,000	0.00	0.00	0.00	0.00	0.00
21	C - Capital	Morris Village - Sidewalks and Drainage	\$500,000	\$0	\$0	\$0	\$500,000	0.00	0.00	0.00	0.00	0.00
22	C - Capital	Harris - Pavement and Exterior Lighting Renovations	\$600,000	\$0	\$0	\$0	\$600,000	0.00	0.00	0.00	0.00	0.00
23	C - Capital	Harris - Walk-in Coolers Repair and Upgrade	\$300,000	\$0	\$0	\$0	\$300,000	0.00	0.00	0.00	0.00	0.00
24	C - Capital	Harris - Kitchen Hood Replacement	\$450,000	\$0	\$0	\$0	\$450,000	0.00	0.00	0.00	0.00	0.00
25	C - Capital	Harris - Nurse Station Conversion	\$900,000	\$0	\$0	\$0	\$900,000	0.00	0.00	0.00	0.00	0.00
26	C - Capital	Morris Village - Underground Chilled Water Piping	\$1,100,000	\$0	\$0	\$0	\$1,100,000	0.00	0.00	0.00	0.00	0.00
27	C - Capital	CFSH - Bldg 29 Makeup Air Unit Replacement	\$1,500,000	\$0	\$0	\$0	\$1,500,000	0.00	0.00	0.00	0.00	0.00
28	C - Capital	CFSH - Bryan Psychiatric Hospital Sidewalk Repairs	\$350,000	\$0	\$0	\$0	\$350,000	0.00	0.00	0.00	0.00	0.00

Agency Priority	Request Type	Title	General Dollars	Federal Dollars	Earmarked Dollars	Restricted Dollars	Total Dollars	General FTEs	Federal FTEs	Earmarked FTEs	Restricted FTEs	Total FTEs
29	C - Capital	CFSH - Campus Building 3 Roof Replacement	\$750,000	\$0	\$0	\$0	\$750,000	0.00	0.00	0.00	0.00	0.00
<b>Subtotal:</b>			<b>\$70,708,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$70,708,000</b>	<b>4.00</b>	<b>24.00</b>	<b>-28.00</b>	<b>0.00</b>	<b>0.00</b>

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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>1</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Continued Operation and Expansion of Forensic Bed Capacity</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$22,020,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$22,020,000</b></p>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<ul style="list-style-type: none"> <li>• 1.1.6 &amp; 1.1.7</li> </ul> <p>Continued operation of our forensic capacity and the expansion of our capacity to meet the growing needs. The evaluation of this would be through the increase in bed day capacity measured year over year.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>SCDMH gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The agency is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are expended by the Department for the benefit of individual patients by providing needed mental health services.</p> <p>The overall recipients of the funds allocated will be FTEs through salaries and fringe, as well as contractors and vendors the agency works with to provide services to our patients.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**Background:**

SC Department of Mental Health (SCDMH) is statutorily mandated to provide the State of South Carolina’s forensic services including:

- Evaluations of adults and juveniles for competency to stand trial
- Evaluations of adults and juveniles for criminal responsibility and capacity to conform
- Treatment of adults and juveniles found not competent to stand trial and ordered for competency restoration by the circuit or family courts, to be provided either in a secured inpatient setting, jail-based program, or outpatient setting
- Treatment of individuals in a secured setting who are deemed not guilty by reason of insanity (NGRI) and are civilly committed to SCDMH’s forensic hospital
- Statewide monitoring of compliance with release orders for NGRI individuals in the community who have been discharged from SCDMH inpatient hospitals for the time period consistent with the maximum penalty considered for their crime
- Treatment for individuals civilly committed who are not competent and not restorable by the probate courts as referred from the circuit courts

In addition to these statewide forensic service mandates, the SCDMH forensics program also accepts psychiatric emergency admissions from jails in all 46 counties. Recently, the statute regarding fitness to stand trial was changed, giving SCDMH the flexibility to provide restoration treatment within jail settings and outpatient settings, in addition to the traditional inpatient hospital competency restoration, however no specific funding has been allocated for these initiatives. Consistent with nationwide trends, demand for statutorily mandated forensic services in South Carolina continues to increase, resulting in a growing delay in admissions. Other states are facing costly litigation over forensic treatment delays. SCDMH has been under court monitoring of its forensic delays in admission for over 20 years and has been particularly challenged to meet the 40% increase in demand for forensic assessments since the pandemic. To meet these increased demands, SCDMH proposes to expand forensic capacity by increasing jail-based competency restoration programming and additional beds for forensic inpatient commitments.

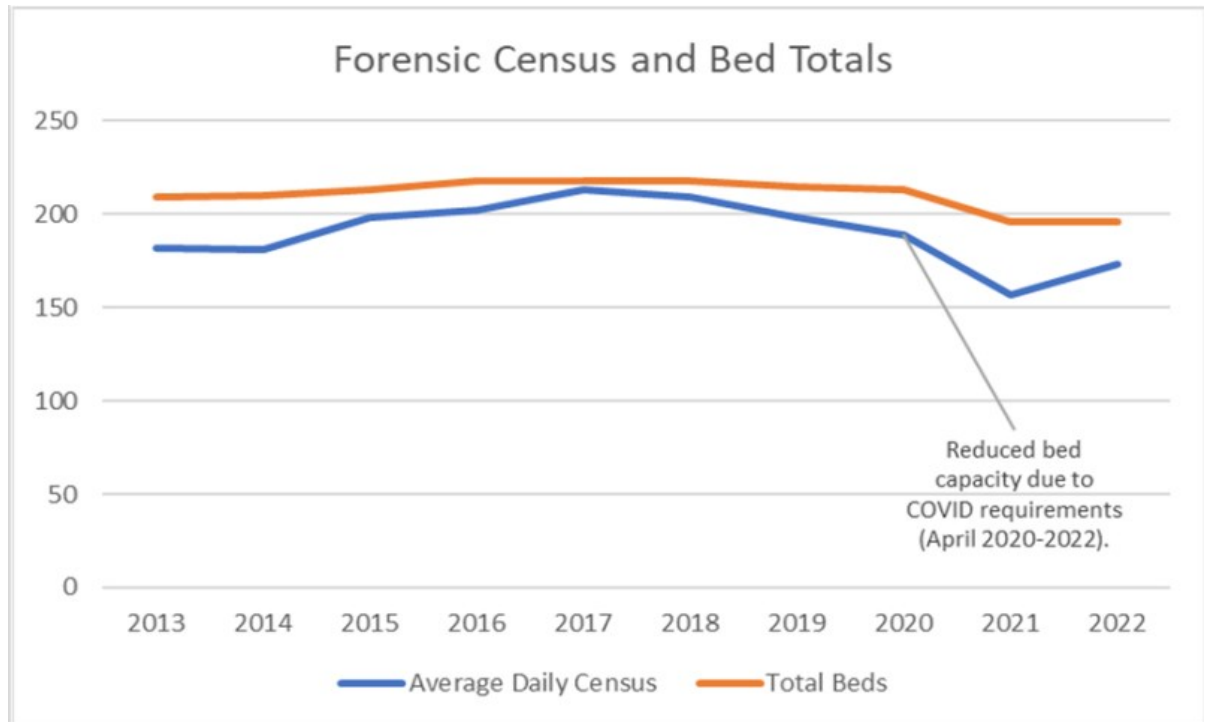
**Issue:**

The demand by the state’s circuit and family courts for SCDMH forensic services continues to increase year over year yet bed capacity has remained the same, increasing the length of stay in community jails statewide.

- Demand for competency restoration has increased year over year and the number of increased orders has continued to grow, resulting in reduced capacity to meet the needs. This reduced capacity results in individuals spending longer periods in local jails statewide and potential worsening of their psychiatric conditions.

**Statistics:**

- Historical bed capacity:



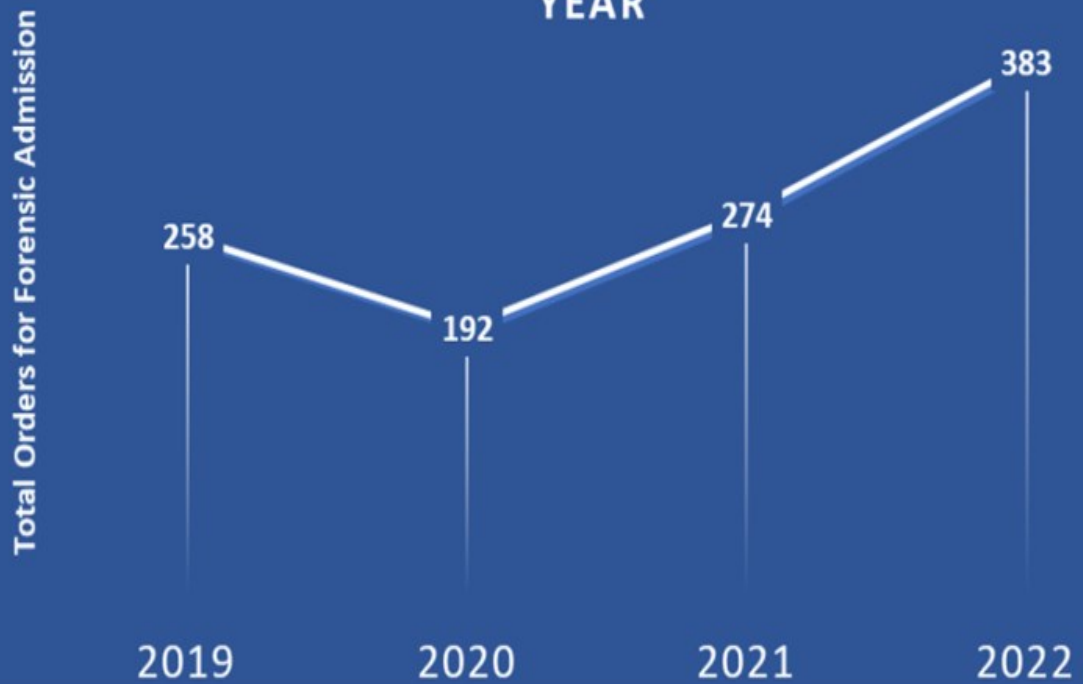
*Current capacity*

- As of October 6, 2023, census since reallocating 17 beds back to regular use (no longer being used for COVID isolation/treatment) sits at 199 with 213 being the functional bed capacity. The projection is to be at 200 by the end of FY24 and 209 by FY25.
- A reserved capacity of beds must be assigned for emergent readmissions of NGRI acquittees on conditional release orders in the community. (i.e., the difference between the 209 and 213 beds)
- Plus 45 jail-based restoration program slots, currently supported by one-time funds.

*Projected capacity*

- 213 current forensic inpatient beds + 65 jail-based program slots + 34 civil beds for forensic admissions + 10 new forensic inpatient beds = 322 total

## ORDERS FOR FORENSIC ADMISSION PER YEAR



### Solution:

SCDMH has utilized non-recurring funding to artificially increase the capacity to meet as much demand as possible through the restoration programs in the community. To meet these increased demands, SCDMH would like to expand forensic capacity by opening additional civil beds for forensic civil commitments, expanding the secure bed capacity, and continuing/expanding the jail-based restoration programs created.

### Impact of Not Receiving Funding:

- The State of South Carolina is at high risk of litigation from state and federal jurisdictions for failure to meet the constitutional and statutory requirements that protect its citizens.
- Because SCDMH's provision of forensic services is required by state statute, failure to receive adequate funding puts at risk all of SCDMH's other programs not required by statute, including civil psychiatric hospital and other inpatient services for adults and children, and community mental health services for adults and children.

### Method of Calculations:

Continuation of operations at current capacity = \$9,330,000

- driven by contract rate increase and higher costs associated with staffing.

Increase of Census to 209 beds = \$1,700,000

- contracted bed day rate evaluation

34 Civil beds used for forensics = \$7,170,000

- additional staffing and operating expenses associated.
- a full staffing model is available

Community jail-based restoration programs = \$1,700,000

- facilitates the restoration with the community jails and diverts the need for up to 65 inpatient treatment beds.

Additional 10 high acuity care unit within secure facility = \$2,120,000

- contracted bed rate calculation.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>3</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	<p><b>General: \$8,000,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$8,000,000</b></p>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.3, 6.1.1, and 6.1.2.</p> <p>The department tracks every community bed day procured and has an established procedure in place to ensure compliance with policies. The department has an established qualified provider list (QPL) and closely monitors with which contractor is utilizing funding. Each request is reviewed by mental health professionals to ensure they meet criteria for admission.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>The requested funds would be used to meet the Department's contractual obligations related to outside vendors and patients of the Department of Mental Health.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

## JUSTIFICATION OF REQUEST

### **Background:**

SCDMH pays for indigent patients' psychiatric bed days in community hospitals. This gives acute psychiatric patients the ability to stay in their community while alleviating stress in emergency departments and increasing their capacity to serve other patients. It also provides more rapid access to treatment and more appropriate care for psychiatric patients.

The requested funds are used to contract with community and private hospitals statewide to pay for indigent patients' psychiatric hospital admissions. The funding has been very beneficial in enabling community and private hospitals to increase the number of indigent patients they are admitting, benefiting both the patients and the hospital emergency departments around the State where such patients are often held awaiting the acceptance into an available psychiatric hospital bed.

### **Statistics:**

SCDMH's total expenditure of funds for contracted community bed days for the following fiscal years was:

- FY 21 (fourth quarter only) – approximately \$3 million non-recurring for a total of 5,100 bed days
- FY 22 – approximately \$7.5 million non-recurring for a total of 12,500 bed days
- FY 23 – approximately \$8.7 million non-recurring for a total of 14,500 bed days

### **Solution:**

This funding directly benefits patients in a psychiatric crisis by enabling them to get needed care in a timelier manner, and indirectly aids South Carolina's hospital emergency rooms by reducing the length of stay of behavioral health patients. This initiative has been historically funded with non-recurring funds but recurring funds are necessary for continuation of service.

### **Impact of not receiving the funding:**

As non-recurring funds deplete, the current operation of the program will cease to function and the community hospitals will bear the full financial burden of their acute psychiatric patients. Additionally, the patients will not receive timely and appropriate care at their point of need, thus resulting in undue stress on emergency departments statewide.

### **Method of Calculation:**

The department's average spending over the previous years demonstrates the capacity in the community to accommodate approximately 13,500 bed days at a rate of \$600 per day.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*



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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>4</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Patient Fee Balance - \$399</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$2,924,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$2,924,000</b>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>
	<input type="checkbox"/> Education, Training, and Human Development
	<input checked="" type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
	<input type="checkbox"/> Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.3. 1.1.4, 1.1.5, 1.1.7, 4.1.1, &amp; 6.1.1</p> <p>The funding directly contributes to the operation of all inpatient facilities within the Division of Inpatient Service. The allocation of these funds provides the needed support to continue the capacity of all hospitals in the system.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>Recipients will be the contributing hospitals of the Patient Fee generating fund.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

## JUSTIFICATION OF REQUEST

### Background:

35.1. (DMH: Patient Fee Account) The Department of Mental Health is hereby authorized to retain and expend its Patient Fee Account funds. In addition to funds collected for the maintenance and medical care for patients, Medicare funds collected by the department from patients Medicare benefits and funds collected by the department from its veteran facilities shall be considered as patient fees. The department is authorized to expend these funds for departmental operations, for capital improvements and debt service under the provisions of Act 1276 of 1970, and for the cost of patients Medicare Part B premiums. The department shall remit \$290,963 to the General Fund, \$400,000 to the Continuum of Care, \$50,000 to the Alliance for the Mentally Ill, and \$250,000 to S.C. Share Self Help Association Regarding Emotions.

In fiscal year 2014, the General Assembly allocated DMH \$3.5 million in recurring state allocations to offset the deferred maintenance requirements from the patient fee fund. The state allocations were assigned to the facilities that contributed from their patient fee revenue. The total contributions from the Patient Fee Account equate to \$4,490,963.

### Issue:

The current application of proviso 35.1 is inclusive of the Veterans' Nursing Homes patient fee revenue into the contributions to the deferred maintenance and legislative requirements set forth for the Department of Mental Health (DMH). With the passage of S.399 and the transition of the Veterans' Nursing Homes to the Department of Veterans Affairs (DVA), this will alter the formula for the contributions to the patient fee revenue, but the expenses will remain the same.

When the Veterans' Nursing Homes complete their transfer to the DVA, the patient fee fund will no longer generate enough revenue to support the current requirements of the proviso.

### Solution:

The request to the General Assembly is to offset the cost to the loss of revenue to the Patient Fee Fund from the Veterans' Nursing Home transition.

### Method of Calculation:

Location	Contribution to Fund
Stone	\$ 219,000.00
Campbell	\$ 928,000.00
Victory House	\$ 842,000.00
Veteran Village	\$ 410,000.00
Palmetto Patriot	\$ 525,000.00
<b>Total</b>	<b>\$ 2,924,000.00</b>

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

Agency Name:	Department Of Mental Health		
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## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>5</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	<p><b>General: \$894,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$894,000</b></p>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.3, 1.1.4, 1.1.5, 1.1.6, 1.2.2, 1.3.1, 6.1.1, &amp; 6.1.2</p> <p>The Transitions Program touches several areas across the spectrum of the department’s array of services. The program’s primary focus is to create capacity within the inpatient facilities and connect patients with community resources to decrease the recidivism rate. The goal of the program is to ensure the patient is successful in their treatment and adapts well in the community.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>SCDMH gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The agency is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. The requested funds are expended by the department for the benefit of individual patients by providing needed mental health services.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

## JUSTIFICATION OF REQUEST

### Background:

The Transition Specialists Program was created in 2019 as a recommendation of the Disability Rights Olmstead Plan to assist with transitioning patients with extended length of stays in SCDMH's psychiatric hospitals back to the community, which includes forensic patients. The program is specially designed to assist patients transitioning to a lower level of care from Bryan and Harris Psychiatric and Forensic Hospitals, and Morris Village Drug and Alcohol Treatment Hospital. On average, the Transition Specialists Team assists with 85% of the hospitals' discharges. The Transitions Specialists Program uses Master's prepared Mental Health Professionals (MHP) who link patients to housing, psychiatric care, vocational rehabilitation, medical and dental care, and social supports like churches and other community involvement.

The goal of the Transition Specialist is to work with the patients to determine their recovery needs, their preference to where they want to live in the community, and collaborate with stakeholders to develop the patients' transition plans. The transition plan utilizes a strength-based and person-centered approach, emphasizing collaboration between all disciplines to assist patients transitioning to the community.

### Statistics:

The Transition Specialists Programs has assisted with transitioning over 500 patients out of the hospitals and back into the community either living with their families, living independently, or in other living arrangements. Of the over 500 patients who have transitioned, 96% have been able to successfully stay in the community indefinitely. The average length of stay prior to creation of the program was 2 years 6 months with the current length of stay reduced to 1 year 8 months. The Transition Specialists also follow all patients for 45 days post discharge to ensure patients are adherent to mental health appointments, as well as all other community appointments.

### Issue:

There is a statewide demand for psychiatric hospital beds and the Transition Specialists Program has demonstrated its effectiveness in transitioning patients from the hospital into the community, creating bed capacity and creating a better quality of life for the patients. There are currently no reimbursement options for this service and the program has no opportunity to generate revenue.

### Solution:

SCDMH proposes to expand the Transition Specialists Program to create bed capacity within the state's psychiatric hospitals by moving patients into the community.

### Impact of Not Receiving Funds:

The inpatient bed capacity becomes stagnant, thus straining emergency departments and local hospitals statewide. Patients will continue to be held at a higher level of care than appropriate for their treatment.

### Method of Calculations:

Four FTEs converted from Grant to State funding - \$441,000

- Four Transitions Services Mental Health Professional I (GA55)
- The grant funding will be exhausted prior to the beginning of fiscal year 2025.
- These grant funded positions have become necessary to facilitate operations in the Transitions program. Funding is necessary for these positions, and by moving this to State funding permanently this will allow for recurring funding.

Funding for six vacancy FTE positions - \$453,000

- Facilitate the increase in needs by the Transitions Program
- Five Mental Health Professionals (GA55)
- One Entitlement Specialist (AA75)
- GA55 and AA75 costs were calculated using average salary for each class code under Transitions. Fringe costs were calculated using the agency's average fringe rate of 44%.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>6</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Assertive Community Treatment (ACT) Teams</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$1,056,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$1,056,000</b>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.2, 1.2.1, 1.2.2, 1.3.1, &amp; 6.1.1</p> <p>ACT teams are valuable at preventing patients from needing treatment in emergency departments and hospitals statewide. They also reduce the probability that patients may become involved with the criminal justice system. The evaluation factors will be based on the reductions seen in patients waiting for beds at inpatient facilities and the increase in patients' treatment being managed in the community settings.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>The funds will be used to support the personnel cost of the staff associated with the program expansion.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

## JUSTIFICATION OF REQUEST

### **Background:**

ACT is an evidenced model that serves adults (18+) living with the most debilitating mental illnesses including schizophrenia, schizoaffective disorder, bipolar disorder, and other psychotic disorders, who need the most intensive in-home services. The model consists of a multidisciplinary team that includes a nurse, a psychiatrist, peer support staff, an administrative assistant, a substance use disorder counselor, an employment specialist, a master's prepared psychologist, at least one master's prepared counselor, and a Team Leader who share the caseloads and must serve each patient multiple times per week in their homes.

SCDMH currently operates one formerly grant-funded ACT team in Greenville. SCDMH also previously operated ACT teams throughout the state, but they were costly and ended as a result of recessionary budget reductions. As a cost savings measure, SCDMH created Intensive Community Treatment Teams (ICT). ICT teams, while focused on community based, individualized treatment, do not meet the same evidenced based standards as ACT Teams.

ACT teams are valuable at preventing patients from needing treatment in emergency departments and hospitals statewide. They also reduce the probability that patients may become involved with the criminal justice system. The ACT program offers treatment, rehabilitation, and support services using a person-centered, recovery-based approach to individuals who have been diagnosed with severe and persistent mental illness.

### **Statistics:**

In observational studies completed by the National Institute of Health (NIH), ACT patients experienced a 104% further reduction in homelessness and a 62% further reduction in symptom severity compared with pretreatment comparison patients.

### **Issue:**

ACT teams require a 1:10 staff to patient ratio, 24-hour availability, for as long as the patient needs the services. The staffing ratio increases the personnel cost associated with delivering services to the patients passed what is currently available for the ICT model.

### **Solution:**

SCDMH proposes the creation of 13 ACT teams stationed at the community mental health centers that currently have a patient population large enough to allow for it. The funding request does not equate to the cost of the entire team, but one mental health professional (MHP) at each of the specified centers. The MHP will augment the currently existing ICT teams that will be converted to meet the requirements of the ACT model.

ACT teams are effective at preventing patients from needing treatment in emergency departments and hospitals statewide. ACT teams also reduce the probability that patients may become involved with the criminal justice system. SC DHHS has a newly established daily reimbursement rate for ACT programs for adults providing an opportunity for SCDMH to build ACT teams from the ICT Team structure. This reimbursement methodology and rate are conducive to sustaining programs.

### **Impact of Not Receiving Funding:**

Evidenced based ACT programs demonstrate reductions in hospitalization, emergency room visits and encounters with law enforcement among the patients served beyond that of traditional service delivery models.

The State of South Carolina's DHHS and DMH are named in a Department of Justice investigation for an Olmstead violation of federal ADA legislation. The establishment of ACT teams throughout the state is listed among the actions to prevent DOJ litigation against South Carolina.

### **Method of Calculations:**

13 vacancies to be filled - \$1,056,000

- The average salary for GA55 (Mental Health Professional I) across SCDMH was utilized for this calculation.
- Operating expenses outside of the personnel cost will be absorbed by the mental health center the staff are stationed at.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>7</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Child and Adolescent Precrisis Intervention Support (CAPS) Team</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$2,600,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$2,600,000</b></p>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.1 &amp; 4.3.1</p> <p>The funds will be utilized to ensure children and their families are seen prior to the need for emergent reaction from other community partners. The evaluation would be a reduction in the deployment of emergency services, Mobile Crisis Teams, admissions for children in crisis, reduction of children removed from families by DSS, and the reduction of disruption of children in DSS foster care families.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>SCDMH gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. The agency is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of services possible. The requested funds are expended by the Department for the benefit of individual patients by providing needed mental health services.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

## JUSTIFICATION OF REQUEST

### **Background:**

SCDMH proposes to create CAPS teams, consisting of two Mental Health Professionals (MHP) per mental health center, to address precrisis situations that affect children ages 0-17 and their families statewide, but do not rise to the level of an emergency requiring a Mobile Crisis Team response. These families often seek help for their children in an emergency department in the absence of this type of service. CAPS teams would respond to the home to address the immediate needs of the families and their children involved before their situation escalates to a crisis. The teams are available to respond 24-7 to the home and do not require a co-response with law enforcement. SCDSS and SCDMH leadership designed this program in response to the needs of South Carolina's children.

### **Statistics:**

"Even before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the US with a reported mental, emotional, developmental, or behavioral disorder. In 2016, of the 7.7 million children with treatable mental health disorder, about half did not receive adequate treatment. Unfortunately, in recent years, national surveys of youth have shown major increases in certain mental health symptoms, including depressive symptoms and suicidal ideation.

From 2009 to 2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%; the share seriously considering attempting suicide increased by 36%; and the share creating a suicide plan increased by 44%. Between 2011 and 2015, youth psychiatric visits to emergency departments for depression, anxiety, and behavioral challenges increased by 28%. Between 2007 and 2018, suicide rates among youth ages 10-24 in the US increased by 57%. Early estimates from the National Center for Health Statistics suggest there were tragically more than 6,600 deaths by suicide among the 10-24 age group in 2020."

Protecting Youth Mental Health: The U.S. Surgeon General's Advisory issued in December of 2021

### **Issue:**

Because these teams will respond to any family in South Carolina, reimbursement opportunities are extremely limited for this service, and the program will have little to no opportunity to generate any revenue.

### **Solution:**

SCDMH proposes to create CAPS teams, a service which currently does not exist in South Carolina, for which there is a need. A proactive approach will negate the unnecessary use of resources from other systems which are forced to become involved when situations escalate.

### **Impact of Not Receiving Funding:**

SCDSS, SCDJJ, other child-serving state agencies, emergency departments, law enforcement, and school systems will continue to work reactively with families and their children, to the detriment of their own organizational missions and use of resources.

### **Method of Calculations:**

32 vacancies to be filled - \$2,600,000

- The average salary for GA55 (Mental Health Professional I) across SCDMH was utilized for this calculation.
- Operating expenses outside of the personnel cost will be absorbed by the mental health center the staff are stationed at.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*



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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>8</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Law Enforcement Embedded Clinicians</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$863,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$863,000</b>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.1, 1.1.2, 1.3.1, &amp; 6.1.1</p> <p>The evaluation factors will be based on the reductions seen in patients seen at inpatient facilities and the increase in patients' treatment being managed in the community settings. These clinicians will be able to assist in the diversion from hospital emergency rooms and community detention facilities.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>The funds will be used to support the personnel cost of the staff associated with the program expansion.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

## JUSTIFICATION OF REQUEST

### **Background:**

Law Enforcement Embedded Clinicians strengthen collaboration between mental health and law enforcement agencies (LEAs) through skill development for officers and establishment of service pathways for citizens.

These clinicians are master's prepared mental health professionals (MHP) that provide Crisis Intervention Training (CIT) with LEAs. Crisis Intervention Training (CIT) is an innovative, community-based approach focused on improving the outcomes of mental health crises through the development of communication skills and practical application for law enforcement officers, with the added benefit of reducing the stigma around mental health issues.

LEAs responding to criminal incidents often encounter trauma among the victims of crime - families, children, and communities. MHPs on scene provide their clinical expertise to victims, allowing officers to focus on safety and investigation. Immediate mental health interventions result in de-escalation of crises, diversions from jail, and access to needed services. Collaboration with Victim Advocates post-incident serves to identify additional adults and children in need of services and creates links to services.

### **Issue:**

In South Carolina, often citizens experiencing a mental health crisis will call 9-1-1 for emergency services, resulting in law enforcement officers serving as first responders to most mental health crises. Law enforcement officers specialize in many areas, yet their primary role is not defusing mental health crises but to protect citizens and their property by enforcing the law.

On scene, law enforcement officers encounter alleged perpetrators, victims, witnesses, and by-standers. These citizens experience varying degrees of emotional and behavioral trauma that officers are not equipped to address and that may detract from focus on securing and investigating functions.

### **Solution:**

SCDMH seeks to hire 10 additional masters-prepared mental health professionals to embed in law enforcement agencies around the state to meet their growing demand.

### **Impact of Not Receiving Funding:**

Patients in need of mental health intervention or treatment will continue to struggle against local law enforcement as they try to fulfill their duties. Law enforcement departments will continue to operate within the scopes of their department policies but will be without the needed guidance in these difficult situations.

### **Method of Calculations:**

10 vacancies to be filled - \$863,000

- The average salary for GA55 (Mental Health Professional I) across SCDMH was utilized for this calculation.
- The staff in these positions will earn special assignment pay of \$5,000 approved specifically for this position through the Department of Administration.
- Operating expenses outside of the personnel cost will be absorbed by the mental health center the staff are stationed at.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>9</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	<b>General: \$4,000,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$4,000,000</b>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	1.1.1 and 1.1.2 Services will be provided safely and with minimal stigma.
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	The requested funds would be used to meet the Department's contractual obligations related to outside vendors and patients of the Department of Mental Health.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

## JUSTIFICATION OF REQUEST

### **Background:**

SCDMH was provided \$4 million in one-time funding in FY23-24 from the General Assembly to expand the pilot program to transport non-violent adults who are the subject of an involuntary psychiatric emergency admission statewide. Transports are provided by a private contractor utilizing specially equipped unmarked vehicles and drivers with extensive mental health training wearing professional civilian attire.

The program does not replace the need for law enforcement to provide some patient transports. However, the program has proven to significantly reduce the number of law enforcement transports, and provides a more appropriate means of transportation that alleviates the stigma and reduces patient anxiety and stress for those non-violent patients who have committed no crime.

### **Statistics:**

To date, approximately 1,000 transports have been completed utilizing this program. The program has demonstrated through its pilot program and state wide expansion that psychiatric patients can be safely and securely transported without the use of law enforcement resources.

### **Solution:**

SCDMH is requesting recurring funds to continue the current program and to support ongoing operating expenses. As of January 2024, the program will provide services to all 46 counties.

### **Impact of Not Receiving Funding:**

The current operation of the program will cease to function, and the obligation to transport patients will fall back onto local law enforcement agencies which exacerbates issues with law enforcement resources and funds in order to meet patient transportation guidelines and policies across the state.

### **Method of Calculation:**

Calculations are based on contract expenses associated with the complete expansion to all 46 counties for the entirety of the fiscal year and the projected utilization rates by those counties.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>10</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Capitol Complex Embedded Clinician</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$100,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$100,000</b>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.1 &amp; 1.1.2</p> <p>These funds will be used to increase access to citizens needing services.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>The funds will be utilized to support personnel cost associated with the state FTE fulfilling the duties involved.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF  
REQUEST**

**Background/Issue:**

On a daily basis, individuals experiencing mental illnesses come onto the grounds of the South Carolina statehouse and surrounding buildings (the Capital Complex). These individuals are often in crisis, and sometimes are experiencing delusions or acting in ways that may cause harm to themselves or to other people. Typically, these individuals interact with staff at the Ombudsman’s office or the Public Safety office.

**Solution:**

SCDMH is currently in the process of hiring a full-time Mental Health Professional (MHP) who will provide services to these individuals. This staff member will be embedded in the SC Capital Complex. The MHP will provide clinical assessments and therapeutic interventions for children, adults, and families who have an identified mental health diagnosis, or who display a reasonable need for mental health services. Using clinical skills, the MHP will provide screenings, crisis intervention services, assessments, and coordination of care for individuals who have reached out for assistance at the Capital Complex.

The MHP will provide comprehensive and advanced level mental health assessments for the purpose of initiating a service plan for individuals that will include, but is not limited to, the following: determining provisional diagnosis, identifying the level of service addressing patient needs / goals, barriers to treatment, safety planning, providing evidence-based clinical interventions, and speedy disposition.

This newly created position will help ensure that people with mental illnesses or who are in crisis will be provided with appropriate and timely mental health services. The services provided by the MHP will help reduce the number of law enforcement interventions with people experiencing mental illness; this new position will reduce the burden on Public Safety officers and improve the quality of crisis services for those in need.

**Method of Calculation:**

1 FTE filled GA56 – Mental Health Professional II - \$100,000

- Average salary and fringe across community mental health used for the corresponding class code.
- Operating expenses will be absorbed by Columbia Area Mental Health Center.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>11</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	<p><b>General: \$2,000,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$2,000,000</b></p>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.7</p> <p>Services will be received by residents that require them.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

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

## JUSTIFICATION OF REQUEST

### Background:

Sexually Violent Predator Treatment Program (SVPTP) is a statutorily mandated service, with increased demands for evaluation and treatment every year.

### Statistics:

There's been a dramatic increase in referrals for SVPTP evaluation for potential commitment to the program (more than doubled from FY22 to FY23). SVPTP Multidisciplinary Team (MDT) referrals for evaluation have dramatically increased as demonstrated below.

- FY21 – 6%
- FY22 – 13%
- FY23 – 13%

Similarly, the number of court orders for SCDMH to complete SVPTP initial evaluations for commitment more than doubled for FY23 over FY22

- FY22 - 18
- FY23 - 47

Currently, 10 commitment trials are pending and 12 commitment evaluations are in progress.

Census at SVTP is projected as depicted below:

- FY23 – 215
- FY24 – 229
- FY25 – 242

### Issue:

Demand for evaluation and admission continues to increase, increasing overall program census and associated daily costs. Additional evaluator time is also required to meet that increase in referral rate and the associated statutorily required forensic evaluations that must be completed within statutory timelines.

### Solution:

Increase in staffing and contracted services to meet the increased demand.

### Impact of Not Receiving Funding:

Individuals committed by circuit courts as sexually violent predators must receive care and treatment in a secured facility by the Department of Mental Health. These are legally mandated services and there are no options for reducing capacity. There are strict evaluation timelines that must be met or else the agency could face contempt of court.

### Method of Calculations:

Increases in contractor costs associated with increase in census - \$1,448,000

- Census projected to increase from 226 to 242.
- Cost is calculated based on a "bed day" rate.

Addition of four (4) GA90 Psychologist II FTE positions - \$552,000

- The average salary across SVPTP was utilized for calculations.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*



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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>12</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Increase Federal FTEs by Transferring Earmark FTEs</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$0</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$0</b>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	N/A
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

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

**JUSTIFICATION OF  
REQUEST**

The request to increase Federal FTEs is due to the receipt of new grants and expansion of current ones. DMH is asking to increase federal FTEs by transferring 28 Earmark FTEs for the following programs:

**988 Hope4SC**

Classified: 16

**Zero Suicide Initiative (new FY24 award)**

Classified: 2

**Pee Dee Roads to Independence**

Classified: 8

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

Classified: 1 Unclassified: 1

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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

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

<b>AGENCY PRIORITY</b>	2
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	SMI Youth Treatment at William S. Hall
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$6,351,000
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.1, 1.1.3, &amp; 6.1.1</p> <p>The expansion of our capacity to meet growing needs. The evaluation of this would be through the increase in bed day capacity measured year over year at William S Hall.</p> <p><i>What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?</i></p>
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<b>RECIPIENTS OF FUNDS</b>	<p>The primary recipients of the allocated funds will be the contractor utilized for the services.</p> <p><i>What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?</i></p>
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<b>Background:</b>	<p>Among the SC youth facing mental health crises are some who have entered the juvenile justice system. Pursuant to State law and policy, youth who have been committed to the South Carolina Department of Juvenile Justice (SCDJJ) by a Family Court but who are determined to have a serious mental illness (SMI) are to be transferred to SCDMH to meet their treatment needs. Interagency collaboration with SCDJJ and the Department of Children's Advocacy identified the need for</p>
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inpatient hospital and residential treatments to address the continuum of needs for such youth.

**Issue:**

Inpatient hospitals and residential treatment facilities are operated by private providers in the state. Gaining acceptance from such providers to accept those SMI youth with a history of undesirable behaviors, such as assaultive or destructive behaviors had been difficult. Consequently, some SMI youths have remained confined in secure SCDJJ facilities, to their detriment and the detriment of other confined youth and SCDJJ staff.

**Solution:**

In order to meet the immediate psychiatric inpatient hospital treatment needs of those SMI youth, DMH is completing renovations to Lodge D in the Hall Child and Adolescent division of Bryan Psychiatric Hospital in Columbia. Given the characteristics of the justice involved adolescents which will be treated in this Lodge, the resident areas will have specialty hardened wall coverings and be equipped with correctional grade doors and locks and fixtures.

SCDMH will be utilizing a contractor to provide services to the youth during their placement at William S Hall.

South Carolina's need for a psychiatric residential treatment facility for this population is simultaneously being addressed via the construction of a new PRFT facility - currently under award as a contractor design, build, and operate project. William S. Hall will serve as a temporary solution until the PRFT facility is built in an expected 2 years or less.

**Method of Calculations:**

Contract Bed Day Rate = \$1,450

Projected patients = 12

Total Projected expense =  $(1,450 \times 12) \times 365 \text{ days} = \$6,351,000$

**JUSTIFICATION  
OF REQUEST**

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	13
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Stone VA Nursing Home - Piping Replacement
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$5,000,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	N/A
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC and SFAA approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>The Chilled Water (CW) piping, domestic water piping, and sprinkler lines overhead are becoming an increasing problem with leaks. The CW lines are close to 20 years old and with poor water treatment in the past, the pipes have started to fail earlier than expected. The sprinkler lines have Victaulic coupling where the bolts are rusting and failing causing leaks in the system. The domestic water lines are copper and are original to the 52-year-old building and have outlived their lifespan. The copper lines have multiple repairs on each run as a leak is detected.</p> <p>To keep the building safe for the Residents and Staff who live and work in the building this project will ensure the next 40-50 years of leak-free operation barring damage or poor maintenance of the system. This project will also address dead-end lines where legionella can grow and create an unsafe environment for the residents and staff.</p> <p>The alternative would be to continue to patch and repair the lines as leaks occur.</p>
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## SUMMARY

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	14
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Stone VA Nursing Home - Whole Building Generator
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$1,000,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	N/A
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC and SFAA approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>This project would provide 100% generator backup for the Stone VA Nursing Home.</p> <p>The Stone VA Nursing Home has an emergency generator that currently provides emergency power to life safety and required circuits in the building. This generator does not provide power to run the entire building. By installing a generator large enough to power the entire building, lighting, HVAC, and emergency equipment could continue to operate in the event of a power outage keeping the staff and residents safe.</p> <p>The alternative would be to continue to operate the facility with portable rental emergency generators and HVAC systems to attempt to keep the residents safe during a power loss event.</p>
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## SUMMARY

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



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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	15
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Stone VA Nursing Home - Hot Water System Modifications
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$1,000,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	N/A
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC and SFAA approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>This project would address the issues with the building's domestic hot water system. This project would address the water heaters, temperature mixing valves, strainers, and valves.</p> <p>Doing this should help with flow and reaching the end of the hot water runs. It would also address dead-end lines where legionella could grow and cause a hazard. This project will ensure a safe hot water temperature for the residents that live in the Home. Failure to do this project could impact the facility's licensing to operate.</p> <p>The alternative would be to continue to operate as is and respond to calls of too-cool or too-hot water temperatures causing a safety concern for the residents in the Home.</p>
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## SUMMARY

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	16
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Stone VA Nursing Home - HVAC Replacement/Modifications
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$750,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2024, 37 of 96  This project was first on the 2021 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

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

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	17
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Stone VA Nursing Home - Flooring Replacement
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$250,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2024, 36 of 96 This project was first on the 2023 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>The project will replace the sheet vinyl flooring in the Stone VA Nursing Homes 3 Wards. The building is approximately 45,684 sqft. Each Ward is approximately 10,278 sqft. The old flooring would be removed, and new seamless sheet vinyl flooring would be placed back in its place.</p> <p>Because of its intense use with wheelchairs, beds, and rolling carts, the flooring has outlived its 10-year lifespan and is beginning to show signs of wear. Replacing the flooring will help keep the facility from getting cited for deficiencies and help ensure that the facility will remain licensed to operate.</p> <p>The alternative would be to continue to patch and repair damaged areas and risk being cited for deficiencies during inspections.</p>
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## SUMMARY

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	18
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Stone VA Nursing Home - Security Fencing
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$250,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2024, 37 of 96  This project was first on the 2023 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>This project will add a decorative security fence preventing the Residents from eloping and enclose a portion of the 122-124 courtyard to create a large indoor recreation area for residents who are wanderers to give an opportunity to do so in safe confines. We are looking at possibly a 20 x 30 addition near the canteen area of the 122 courtyard.</p> <p>We would like to increase the space for our dementia/wandering residents to ambulate and explore.</p> <p>An alternative would be to add additional concrete pads to the area for wandering and exploring outside with a privacy fence to enclose the area for safety.</p>
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## SUMMARY

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



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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	19
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	\$1,700,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2023, 1 of 96  This project was first on the 2015 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC and SFAA approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>This is a three-phase project to have Dominion take over and refeed the primary power to each campus, eliminating the switchgear that is over 50 years old and is a single point of failure for three medical facilities and a large support facility. The phases will address the secondary power for the Bryan/Hall/Morris Village, Crafts Farrow State Hospital, and the McLendon building to be fed directly from the new Dominion power lines and transformers, eliminating the dependence on a 50-year-old switchgear.</p> <p>These buildings are medical treatment facilities and support buildings that treat Psychiatric and Drug and Alcohol Addiction patients. The stability of the power grid to these facilities is critical due to the nature of the treatment. The patients reside on these campuses 24/7/365 to receive the treatment they need. Loss of power would result in loss of environmental control, security, lights, and communications. This could result in loss of life.</p> <p>While the campus has generators for lights and security, it is not sustainable for long periods. Should the switchgear fail, it could be days before primary power could be re-established to the facilities.</p>
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## SUMMARY

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	20
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Harris - Anti-Ligature Renovations
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$3,500,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2023, 2 of 96  This project was first on the 2020 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC and SFAA approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>This will be a phased project completed over several years as funding allows. Renovations in Lodges A, J, and K to meet Joint Commission ligature-resistant standards. Includes replacement of all trim and hardware that contain potential attachment points, including sinks, showers, toilets, and door hardware.</p> <p>The 2015 Joint Commission for Hospital Accreditation report cited Harris Psychiatric Hospital for multiple ligature risks in Lodges A, J, and K. To eliminate these risks, it will require the change out of hinges, lights, locks, sinks in the bathrooms, and other potential attachment points on bedroom doors. The Lodges are all occupied and require work to be completed utilizing a phased approach. This project would fund renovations to the Acute Pods in five Lodges, totaling 12 bathrooms and over 50 doors. The Hospital Risk Management staff has approved a prototype bathroom, and funding has been identified to complete the work.</p> <p>Continued risk to patient safety and loss of accreditation.</p>
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## SUMMARY

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	21
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Morris Village - Sidewalks and Drainage
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$500,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2024, 43 of 96  This project was first on the 2021 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>The Morris Village campus was built in 1977. Over the years, drains have been crushed and repaired, and the sidewalks have settled. This project will address all drainage and safety concerns for the campus sidewalk system, including improved drainage and reduction of trip hazards.</p> <p>Morris Village has 100 patients and 120 staff that use the sidewalks daily. When it rains, several pools of water accumulate, causing possible slip or trip hazards. The goal is to provide a safe therapeutic place for patients to recover from their addictions.</p>
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## SUMMARY

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	22
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Harris - Pavement and Exterior Lighting Renovations
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$600,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2024, 45 of 96  This project was first on the 2014 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	The Cracks in the asphalt continue to grow and worsen. Recently, an employee's shoe got caught in one of the large 2"-3" wide cracks in the back parking area and caused her to trip and fall into the bumper of a parked car. The parking lot is approximately 400' x 400'. The existing asphalt must be removed, the subbase repaired, and a new layer of asphalt applied. Previous patches and resealing of the parking lot have not been sufficient to keep the situation from worsening. Improved exterior lighting will also increase safety and possibly prevent accidents.
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## SUMMARY

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



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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	23
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Harris - Walk-in Coolers Repair and Upgrade
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$300,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2024, 46 of 96 This project was first on the 2023 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>This project consists of demolishing 3 existing walk-in coolers and replacing walls, insulation, doors, and refrigeration units.</p> <p>The walk-in coolers are original to the building from 1985, and the cooling units have ongoing mechanical issues and leaks that require us to replace the freon twice a year. Now, due to industry changes in refrigerants and freon, it has become increasingly more difficult and expensive to obtain our current blend of freon, necessitating a change in equipment. Additionally, the insulation in the cooler walls has lost efficiency over the years and will need replacing.</p> <p>The first option is to replace each cooler independently with three new cooling units, walls, and insulation. This will enable us to continue operations without changing where things are stored. The second alternative is to combine the three coolers into one larger unit by removing the shared interior walls of the cooler and using a single larger cooling unit. The second approach would be less costly and still meet all DHEC requirements.</p>
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## SUMMARY

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	24
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Harris - Kitchen Hood Replacement
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$450,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2024, 47 of 96  This project was first on the 2023 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>Remove the existing hood, exhaust fans, and ductwork in the kitchen and replace them with a new system.</p> <p>Following the completion of the HVAC project, we have been unable to balance the make-up air with the exhaust air. This has resulted in unacceptable humidity levels in the kitchen, causing mildew growth on the walls, floors, and air ducts. Additionally, debris from an unknown source falls onto cooking equipment underneath the hood.</p> <p>The first choice would be to repair the current system. Unfortunately, every vendor we have had to look at the system believes it is too old and worn out to make repairs viable. The other choice would be to replace the system. We have not received a quote for replacement, but based on our conversations with repair vendors, we expect the cost to be around \$450,000.</p>
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## SUMMARY

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	25
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Harris - Nurse Station Conversion
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$900,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2024, 49 of 96  This project was first on the 2023 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>Return the Lodge Medrooms to their original locations. Create a secure distribution window from the medroom to the locked pod and from the medroom to the main dayroom for the rest of the patients to use. Ensure proper cooling in the area to maintain medicine temperatures of 70 degrees according to manufacturers' recommendations.</p> <p>When the Pyxis medication system was introduced in 2019, our lodge medrooms were too small to accommodate the equipment. Until a long-term solution could be found, we moved the medication rooms to the Patient Kitchen area on each lodge. However, this repurposing of the room has taken away one of the few dedicated patient spaces available to them for storing snacks and drinks on the lodge. The configuration of the room has also been identified by our Safety/Risk management committee as a potential risk for our staff due to its single point of entry and exit that could be blocked or breached by an aggressive patient. Moreover, this room does not have a dedicated climate control system to help maintain the medication temperatures as recommended by the manufacturers. The long-term solution is to reconfigure the original medroom to accommodate the new equipment and let the patients have their kitchen area back.</p> <p>The other alternative we explored was to add Mini-Split AC systems to the patient kitchens to maintain the temperature in that area. This alternative is less expensive but still leaves the long-term problems of the patients not having a kitchen area in each lodge and exposing our staff to potential harm during medication administration.</p>
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## SUMMARY

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	26
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Morris Village - Underground Chilled Water Piping
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$1,100,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2024, 50 of 96  This project was first on the 2023 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC and SFAA approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	<p>This project will replace the existing underground Chilled Water line feeding from the Bryan Energy Center to the Morris Village campus loop.</p> <p>The Morris Village Underground Chilled Water line was installed in 1975. Over the years, the water treatment has not been consistent, causing issues with the campus's underground piping. While this line has not experienced issues, a high-water table in the location where the pipe runs has caused issues in other lines of similar age supported by the Bryan Energy facility.</p> <p>A rupture of this line would disrupt all of Morris Village until the break could be located and repaired.</p>
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## SUMMARY

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



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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	27
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	CFSH - Bldg 29 Makeup Air Unit Replacement
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$1,500,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2024, 54 of 96  This project was first on the 2023 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC and SFAA approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	Building 29 of the CFSH campus is the central kitchen for the Columbia DMH Hospitals, Nursing Homes, a Treatment Center, and other agencies' food service. There are 3 hoods with makeup air attached. When the hoods are running without the makeup air, the building becomes extremely negatively pressured. The existing makeup air system is not conditioned. When the temperatures outside are extreme, the way the existing exhaust hood is designed will dump hot or cold air into the building, depending on the season. By conditioning the makeup air, it will provide a cleaner, safer, and more comfortable place to work.
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## SUMMARY

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	28
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	CFSH - Bryan Psychiatric Hospital Sidewalk Repairs
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$350,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, FY 25, 83 of 96  This project has first on the 2015 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	Bryan Psychiatric Hospital campus has many sidewalks in poor condition and are in need of repair. Many sections of the campus sidewalks are cracked or are uneven. These sidewalks accommodate individuals who are handicapped, or wheelchair bound. Not all of the sidewalks are covered at Bryan. Covering the sidewalks would help protect patients, staff and visitors from inclement weather as they walk between patient buildings.
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## SUMMARY

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

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

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	29
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	CFSH - Campus Building 3 Roof Replacement
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$750,000
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*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	2023 CPIP, Plan Year 2025, 93 of 96  This project was first on the 2022 CPIP
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC approval is required for this project
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	There will be an expected savings impact on the Operating fund, including maintenance and utility costs.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	FY 2024 the 20-year warranty for the CFSH Bldg 3 roof will expire. Recently DMH has had to address several roof issues on Building 3, like drain leaks and some other water penetration. This roof has had several warranty claims over the years, and this coming FY would be a good time to replace the roof. The building houses the IT Backup Disaster Recovery servers, Divisions of Inpatient Services and Public Safety, and the offices for Education and Training Resources. This is a support building for all of DMH functions.
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## SUMMARY

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

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

## **FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	117.51
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*Cite the proviso according to the renumbered list (or mark "NEW").*

<b>TITLE</b>	GP: ISCEDC Funding Transfer
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*Provide the title from the renumbered list or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	II. Programs and Services, A. Community Mental Health, 2. Projects and Grants
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*Identify the associated budget program(s) by name and budget section.*

<b>RELATED BUDGET REQUEST</b>	Not applicable
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*Is this request associated with a budget request you have submitted for FY 2024-2025? If so, cite it here.*

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

<b>OTHER AGENCIES AFFECTED</b>	Department of Social Services
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY &amp; EXPLANATION</b>	<p>DMH requests to permanently transfer \$595,000 in recurring appropriations to the Department of Social Services and eliminate reference to the Department of Mental Health within Proviso 117.51.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

**FISCAL IMPACT**

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

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

**PROPOSED  
PROVISO TEXT**

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

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



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

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

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
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<b>AMOUNT</b>	\$9,568,046
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*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

<b>ASSOCIATED FTE REDUCTIONS</b>	Dependent on individual action plans for each location.
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	Varying programs and activities would be impacted across the agency depending on the actions put in place.
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	Currently the Agency has a reserve cash balance sufficient to weather a 3% General Fund reduction for at least one full fiscal year. The Agency would use the year to detail a strategic action plan resulting in operating expenditure decreases throughout the entire agency, commensurate with the reduction in the General Fund. The strategic plan would include possible reductions within non-mandated programs throughout. Following the implementation of the reduction plan the Agency would closely monitor all measures and ensure compliance.
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

**AGENCY COST  
SAVINGS PLANS**

See Form F – Reducing Cost and Burden to Businesses and Citizens

*What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?*

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

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

<b>TITLE</b>	Greater Efficiency and Savings in Processes
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	Variable based on study findings
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*What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
		Repeal or revision of regulations.
		Reduction of agency fees or fines to businesses or citizens.
	<b>X</b>	Greater efficiency in agency services or reduction in compliance burden.
		Other

<b>METHOD OF CALCULATION</b>	Variable based on study findings
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*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	N/A
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*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

<b>REDUCTION OF REGULATION</b>	N/A
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*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

<b>SUMMARY</b>	<p>Among the many measures the Department undertakes to reduce costs to taxpayers and demonstrate how funds are being reinvested within the agency to better serve the citizens of South Carolina, SCDMH offers the following as examples:</p> <p>The agency has expanded its community access through the use of modified recreational vehicles to serve as mobile offices in rural areas of South Carolina. In addition to providing assessments, case management, individual and family therapy and medication management, they are also available to support crisis or disaster response. As each RV contains two individual office spaces, other caregivers such as substance misuse counselors or primary medical care can accompany mental health staff. The RVs are currently stationed in the Spartanburg, Charleston-Dorchester, Columbia Area, Santee-Wateree, Pee-Dee, Aiken-Barnwell, Berkeley, Waccamaw, Tri-county and Beckman Community Mental Health Centers. Funds through the COVID Relief Grant are available for the purchase of two additional RVs which will allow each CMHC to have a vehicle available for mobile services. This program creates access and increases the efficiency of the delivery of services to South Carolinians in rural areas throughout the state.</p> <p>Telepsychiatry (See Accountability Report, Strategy 3.1.1 and 3.1.2)</p> <p>The Emergency Department Telepsychiatry Program results demonstrate higher follow-up and retention of patients seen with the telepsychiatry group compared to controls in an outpatient setting; shorter lengths of stay; fewer inpatient admissions; and total charges at encounter level for the index emergency department visit including subsequent inpatient admission that were significantly lower for the telepsychiatry group. The financial impacts include reduced costs to participating hospitals and to the mental health system.</p> <p>The Community Telepsychiatry Program started because of the need for full spectrum community mental health services in rural areas across the state. Built on the success of the SCDMH Emergency Department Telepsychiatry Program, SCDMH has equipped its community mental health centers and mental health clinics to provide psychiatric treatment services to its patients via Telepsychiatry.</p> <p>The Deaf Services Telepsychiatry Program and the Emergency Management Services (EMS) Telehealth Pilot Project have also demonstrated positive clinical and/or financial impacts. The estimated cost savings for the healthcare system in the first 13 months (cost of ambulance transport and a basic emergency department visit) of the EMS Pilot Project was approximately \$1,153,738.</p>
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*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*