

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP): COVER SHEET

AGENCY NUMBER: J12 NAME: Department of Mental Health

1. CPIP SUBMISSION AUTHORIZATION ON AVAILABILITY OF FUNDS

This submission presents this agency's Comprehensive Permanent Improvement Plan (CPIP) for fiscal years 2015-16, 2016-17, and for the following three fiscal years (2017-18, 2018-19, 2019-20). The plan includes all permanent improvements (as defined in the Budget and Control Board's Part I Manual and in Code Section 2-47-50) which are projected and proposed for those years by this agency as of the date this document is signed.

The submission of this Comprehensive Plan is authorized by the undersigned who certifies that the information presented is true and correct.

Signature: 

 Typed Name: Ken Roey

 Title: Director, Physical Plant Services

 Date: 3/9/2015

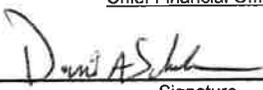
2. CERTIFICATION THAT ALL FUNDS AVAILABLE HAVE BEEN APPLIED IN PLAN

We certify that all funds available to this agency from its own sources or capabilities for financing permanent improvements have been applied to projects proposed in this Plan. For 2015-16, we certify that the funds projected for expenditure are, or with reasonable certainty will be, available to this agency.

Agency Head


 Signature
 John H. Magill, State Director

 Typed Name and Title

Chief Financial Officer


 Signature
 Dave Schaefer, Financial Services Dir

 Typed Name and Title

3. AGENCY CONTACT PERSON(S) ON THIS CPIP ARE:

Name: Ken Roey Phone: 803-935-5655
 Name: _____ Phone: _____

2014 CPIP: TABLE OF CONTENTS

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PART II Supporting Documentation:

- | | | |
|-----|-------|-------|
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |
| 13. | _____ | _____ |

SUBMIT ORIGINAL (UNBOUND) TO:

CAPITAL BUDGETING UNIT
 EXECUTIVE BUDGET OFFICE
 1205 PENDLETON STREET, SUITE 529
 COLUMBIA, SOUTH CAROLINA 29201

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP): NARRATIVE SUMMARY OF THE FIVE-YEAR PLAN

AGENCY NUMBER: J12 NAME: Department of Mental Health

1. What is the condition and adequacy of your existing facilities? Demand trends? What is the total amount of your agency's maintenance needs?

DMH existing facilities range from 5 to 104 years old. Renovations have been completed within the last 12 years at Morris Village and Bryan Hospital, reducing the maintenance needs at these campuses; however several Bryan buildings have existing mechanical and electrical systems over 35 years old. Much of Harris Hospital's mechanical system is 30 years old. A Phase 1 project is underway and construction funds will be added in Year 1 of this Plan. Campbell VA Nursing Home has maintenance issues mainly in the kitchen that need to be addressed. Tucker Center Long Term Care has maintenance issues that have been deferred. Some are being addressed now with projects at Stone and Roddey Nursing Homes. Several of our Community Mental Health facilities are discussed in section 3 below. Community HVAC maintenance needs are growing, now that these facilities are getting older. The Department's maintenance backlog is in excess of \$40 Million.

2. What is your approach to maintaining existing facilities in acceptable condition? How are maintenance needs addressed? If your agency has an account dedicated to maintenance needs, what is the name of that account and what is its uncommitted balance?

The Department is attempting to ensure buildings are properly maintained through sound, daily in-house maintenance operations and through permanent improvement projects. The annual operating maintenance budget is in excess of \$6 million. The Department has established an account for deferred maintenance, capital projects, and ordinary repair and maintenance. It is referred to as Capital Improvements, Repair and Maintenance Fund. Funds from legal settlements, operating revenue, land sales, etc., are deposited in this interest bearing account to address maintenance needs. The funds are used to address the priority maintenance needs. The agency does not have the ability to self-fund all of its current needs. DMH will continue to include its significant priority maintenance requests in its Capital Budget Request. The current uncommitted balance in the Capital Improvements, Repair and Maintenance Fund is \$10,983,096.

3. What are your facility replacement and addition needs?

The Department's facility replacement priorities are mainly in three Community Mental Health Centers and in our Sexually Violent Predator (SVP) operation. Community Mental Health Centers in Sumter, Anderson, and Rock Hill are all in urgent need of replacement due to age (38 years old), size, extensive deferred maintenance issues, etc. A project has been established to start the land acquisition process for Santee Wateree. A project has been included in Year 1 for constructing a new facility for Santee Wateree. The other two Centers are included in Year 2 of our Plan. The State desperately needs a solution for the overcrowding and inadequate treatment space for the SVP Program currently located at Broad River Correctional Institute.

4. What is the theme of your five-year CPIP? How does it address these questions?

The Department's limited dollars are being used to address the most critical needs in our patient care buildings. Maintenance actions are being performed in an attempt to curb increasing deferred maintenance issues and to extend the life of buildings and building systems. The Capital Improvements, Repair and Maintenance Fund established in 2013 to address maintenance issues will help, but additions to that fund are limited.

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP): FINANCIAL SUMMARY OF THE FIVE-YEAR PLAN

AGENCY NUMBER: J12 NAME: Department of Mental Health

Page 3

(1)	(2) Plan Year 1 2015-16	(3) Plan Year 2 2016-17	(4) Plan Year 3 2017-18	(5) Plan Year 4 2018-19	(6) Plan Year 5 2019-20	(7) Grand Total Years 1-5
1. NUMBER OF PROPOSED PROJECTS (from Forms C2)	5.00	7.00	15.00	15.00	15.00	57
2. ESTIMATED COSTS AND PROPOSED FUND SOURCES						
0 Capital Improvement Bonds						
1 Departmental CIB						
2 Institution (Tuition) Bonds						
3 Revenue Bonds						
4 Excess Debt Service						
5 Capital Reserve Fund						
6 Appropriated State		39,483,500.00	52,545,000.00	30,389,000.00	25,719,000.00	148,136,500.00
7 Federal		1,787,500.00	72,000,000.00			73,787,500.00
8 Athletic						
9 Other (Capital Improvement and Maint Funds)	19,253,084.00					19,253,084.00
TOTAL	19,253,084.00	41,271,000.00	124,545,000.00	30,389,000.00	25,719,000.00	241,177,084.00

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: J12 NAME: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 <input checked="" type="checkbox"/>	2: 2016-17 <input type="checkbox"/>	3: 2017-18 <input type="checkbox"/>	4: 2018-19 <input type="checkbox"/>	5: 2019-20 <input type="checkbox"/>
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PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Santee Wateree Mental Health Center Land Acquisition	270,000.00	Capital Improvement & Maintenance Funds
2	Morris Village/Bryan Dam Renovations	450,000.00	Capital Improvement & Maintenance Funds
3	Harris Hospital HVAC & Fire Sprinkler Renovations	8,100,000.00	Capital Improvement & Maintenance Funds
4	Santee Wateree Mental Health Center Construction	10,083,084.00	Capital Improvement & Maintenance Funds
5	Bryan/MV Energy Plant Cooling Tower Replacement	350,000.00	Capital Improvement & Maintenance Funds
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
TOTAL		19,253,084.00	

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: J12 Name: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 X 2: 2016-17

1. Project Name: Santee Wateree Mental Health Center Land Acquisition

3. Project Type: Other - Land Acquisition 100 %

2. Project Priority: 1 of 5 in Plan Year

4. Facility Type: Land Purchase 100 %

5. What is the project?

An increase is needed to Project J12-9738 for the acquisition of land for the eventual construction of the Santee Wateree Mental Health Center. Project J12-9738 was established in January 2015 for the purpose of conducting investigative studies required to adequately evaluate property prior to purchase. This action would be to add funds for the purchase of the property and associated closing costs.

The total projected cost of this project is \$270,000.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

1.	<u>240,000.00</u>	Land Purchase	Land	<u>6 plus</u>	Acres
2.		Building Purchase	Floor Space:		Gross Square Feet
3.		Professional Services Fees			
4.		Equipment and/or Materials	Information Technology	\$	
5.		Site Development			
6.		New Construction	Floor Space:		Gross Square Feet
7.		Renovations - Building Interior	Floor Space:		Gross Square Feet
8.		Renovations - Utilities			
9.		Roofing			Roof Age
10.		Renovations - Building Exterior			
11.		Other Permanent Improvements			
12.		Landscaping			
13.		Builders Risk Insurance			
14.		Other Capital Outlay			
15.		Labor Costs			
16.		Bond Issue Costs			
17.	<u>30,000.00</u>	Other			Investigative studies, appraisal, etc
18.		Contingency			
	<u>\$ 270,000.00</u>	TOTAL PROJECT BUDGET			

6. Why is the project needed?

Project is needed to purchase land for the construction of the Santee Wateree MHC in Sumter. The current facility, constructed in 1972, is 13,318 SF & located on a 2 acre tract. It is overcrowded and needs a variety of deferred maintenance work to include a new roof and mechanical system.

9. Proposed Source of Funds

0.		Capital Improvement Bonds		
1.		Departmental CIB		
2.		Institution (Tuition) Bonds		
3.		Revenue Bonds		
4.		Excess Debt Service* ()		
5.		Capital Reserve Fund		
6.		Appropriated State		
7.		Federal		
8.		Athletic		
9.	<u>270,000.00</u>	Other* (Cap Improvement & Maint Funds)		
	<u>\$ 270,000.00</u>	TOTAL		

**10. Project Schedule
(for 2015-16 only)**

A. Estimated Start Date:	<u>July 2015</u>
B. Estimated Completion Date:	<u>October 2015</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>270,000.00</u>
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ <u>270,000.00</u>

7. What alternatives to this project were considered?

The alternative is to continue to work in inefficient/costly facilities and leases and make the necessary deferred maintenance repairs to existing buildings.

* Specify Type

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: J12 Name: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 2: 2016-17

1. Project Name: Morris Village/Bryan Dam Renovations

3. Project Type: Repair/Renovate Existing Systems 100 %

2. Project Priority: 2 of 5 in Plan Year

4. Facility Type: Recreational/Health Care 50/50 %

5. What is the project?

This project is to make repairs and renovations to the Morris Village/Bryan Dam. The lake and dam were constructed in the 70s adjacent to Morris Village Alcohol and Drug Addiction Treatment Center and Bryan Psychiatric Hospital. Seepage on the back side of the dam was noted in 2014 during an inspection by the Department. The Department contacted DHEC Bureau of Water. DHEC engineers visited the site and recommended a dam consultant evaluate the dam. That evaluation has been completed and the recommendation is to make repairs and renovations to the dam to address the seepage, to replace the deteriorating corrugated metal piping with a siphon system, install additional drainage piping on the back side of the dam, and to address new dam construction design requirements.

The total projected cost of this project is \$450,000.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

1. _____	Land Purchase	Land	_____	Acres
2. _____	Building Purchase	Floor Space:	_____	Gross Square Feet
3. <u>40,000.00</u>	Professional Services Fees			
4. _____	Equipment and/or Materials	Information Technology	\$ _____	
5. <u>350,000.00</u>	Site Development			
6. _____	New Construction	Floor Space:	_____	Gross Square Feet
7. _____	Renovations - Building Interior	Floor Space:	_____	Gross Square Feet
8. _____	Renovations - Utilities			
9. _____	Roofing	_____	Roof Age	
10. _____	Renovations - Building Exterior			
11. _____	Other Permanent Improvements			
12. _____	Landscaping			
13. _____	Builders Risk Insurance			
14. _____	Other Capital Outlay			
15. _____	Labor Costs			
16. _____	Bond Issue Costs			
17. _____	Other	Investigative studies, appraisal, etc		
18. <u>60,000.00</u>	Contingency			
	<u>\$ 450,000.00</u>	TOTAL PROJECT BUDGET		

6. Why is the project needed?

The dam is classified as a High Hazard (Class 1) structure by DHEC. Failure of the dam could cause significant damage and loss of life and property. These repairs are needed to ensure the dam doesn't fail.

9. Proposed Source of Funds

0. _____	Capital Improvement Bonds	
1. _____	Departmental CIB	
2. _____	Institution (Tuition) Bonds	
3. _____	Revenue Bonds	
4. _____	Excess Debt Service* ()
5. _____	Capital Reserve Fund	
6. _____	Appropriated State	
7. _____	Federal	
8. _____	Athletic	
9. <u>450,000.00</u>	Other* (Cap Improvement & Maint Funds)
	<u>\$ 450,000.00</u>	TOTAL

* Specify Type

**10. Project Schedule
(for 2015-16 only)**

A. Estimated Start Date:	<u>July 2015</u>
B. Estimated Completion Date:	<u>Dec-16</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>350,000.00</u>
(2) After 2015-2016 Year	\$ <u>100,000.00</u>
(3) Total Project Cost	\$ <u>450,000.00</u>

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT**

1. AGENCY

Code J12 Name Department of Mental Health

2. PROJECT

No. Name Morris Village/Bryan Dam Renovations

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 X 2: 2016-17

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.

(Check whether reporting cost or savings.)

COSTS SAVINGS NO CHANGE

4.

TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	General Funds	Federal	Other	Total
1)				\$
2)				\$
3)				\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? YES NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

<u>COST FACTORS</u>	<u>AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	_____

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

Date

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: J12 Name: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 2: 2016-17

1. Project Name: Harris Hospital HVAC and Fire Sprinkler Renovations

3. Project Type: Repair/Renovate Existing Facilities 100 %

2. Project Priority: 3 of 5 in Plan Year

4. Facility Type: Health Care/Medical 100 %

5. What is the project?

Project J12-9736 was established in December 2014 for Phase I predesign services to address the replacement of the 27 year old heating and air conditioning and fire sprinkler system at Harris Hospital. A new more energy efficient mechanical system will be installed to replace the aging system. A new control system will be installed. The existing system has exceeded its life expectancy and is not reliable. The sprinkler system piping has starting leaking in many areas. This project request is to add full design and construction funds.

The total projected cost of this project is \$ 8,100,000.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

1. _____	Land Purchase	Land	_____	Acres
2. _____	Building Purchase	Floor Space:	_____	Gross Square Feet
3. <u>440,000.00</u>	Professional Services Fees	Information Technology	\$ _____	
4. _____	Equipment and/or Materials			
5. _____	Site Development			
6. _____	New Construction	Floor Space:	_____	Gross Square Feet
7. <u>400,000.00</u>	Renovations - Building Interior	Floor Space:	<u>162,000</u>	Gross Square Feet
8. <u>6,494,000.00</u>	Renovations - Utilities			
9. _____	Roofing _____	Roof Age		
10. _____	Renovations - Building Exterior			
11. _____	Other Permanent Improvements			
12. _____	Landscaping			
13. _____	Builders Risk Insurance			
14. _____	Other Capital Outlay			
15. _____	Labor Costs			
16. _____	Bond Issue Costs			
17. _____	Other			
18. <u>766,000.00</u>	Contingency			
	<u>\$ 8,100,000.00</u>	TOTAL PROJECT BUDGET		

6. Why is the project needed?

This work is to ensure the buildings are maintained in an adequate condition to ensure a satisfactory environment of care exists for our patients and staff.

9. Proposed Source of Funds

0. _____	Capital Improvement Bonds	
1. _____	Departmental CIB	
2. _____	Institution (Tuition) Bonds	
3. _____	Revenue Bonds	
4. _____	Excess Debt Service* (_____)	
5. _____	Capital Reserve Fund	
6. _____	Appropriated State	
7. _____	Federal	
8. _____	Athletic	
9. <u>8,100,000.00</u>	Other* (Cap Improvement & Maint Funds)	
	<u>\$ 8,100,000.00</u>	TOTAL

* Specify Type

**10. Project Schedule
(for 2015-16 only)**

A. Estimated Start Date:	<u>Jul-15</u>
B. Estimated Completion Date:	<u>Jul-17</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>3,000,000.00</u>
(2) After 2015-2016 Year	\$ <u>5,100,000.00</u>
(3) Total Project Cost	\$ <u>8,100,000.00</u>

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: J12 Name: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 2: 2016-17

1. Project Name: Santee Wateree Mental Health Center Construction

3. Project Type: Construct Additional Facility 100 %

2. Project Priority: 4 of 5 in Plan Year

4. Facility Type: Health Care/Medical 100 %

5. What is the project?

Construct a 40,000 SF facility in the Sumter area for service to clients in Sumter County. This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible. The building will include space for Adult Outpatient Services; Assertive Community Treatment; Elder Services; Crisis Services; Child, Adolescent and Family Services; Rehabilitation Psychosocial Services; Employment Services; Day Treatment; and Administration, Training and Facility Support. This facility will consolidate all the programs housed in leased facilities in the Sumter area. Placing the various programs in one consolidated facility will aid in efficiency of service delivery. The construction would include parking for approximately 140 vehicles and landscaping improvements.

The total projected cost of this project is **\$10,083,084.**

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

1.	Land Purchase	Land	Acres
2.	Building Purchase	Floor Space:	Gross Square Feet
3.	<u>736,440.00</u> Professional Services Fees	Information Technology	\$ <u>80,000.00</u>
4.	<u>830,000.00</u> Equipment and/or Materials		
5.	Site Development		
6.	<u>7,600,000.00</u> New Construction	Floor Space:	<u>40,000</u> Gross Square Feet
7.	Renovations - Building Interior	Floor Space:	Gross Square Feet
8.	Renovations - Utilities		
9.	Roofing	Roof Age	
10.	Renovations - Building Exterior		
11.	Other Permanent Improvements		
12.	Landscaping		
13.	Builders Risk Insurance		
14.	Other Capital Outlay		
15.	Labor Costs		
16.	Bond Issue Costs		
17.	Other		
18.	<u>916,644.00</u> Contingency		
	<u>\$ 10,083,084.00</u> TOTAL PROJECT BUDGET		

6. Why is the project needed?

The current facility, constructed in 1972, is 13,318 SF & located on a 2 acre tract. It is overcrowded and needs a variety of deferred maintenance work to include a new roof and HVAC system. The new facility would allow for a more seamless transition between various programs for our clients, as well as provide more security & safety.

7. What alternatives to this project were considered?

The alternative is to continue to work in inefficient/costly facilities and leases and make the necessary deferred maintenance repairs.

9. Proposed Source of Funds

0.	Capital Improvement Bonds	
1.	Departmental CIB	
2.	Institution (Tuition) Bonds	
3.	Revenue Bonds	
4.	Excess Debt Service* ()	
5.	Capital Reserve Fund	
6.	Appropriated State	
7.	Federal	
8.	Athletic	
9.	<u>10,083,084.00</u> Other* (Cap Improvement & Maint Funds)	
	<u>\$ 10,083,084.00</u> TOTAL	

* Specify Type

**10. Project Schedule
(for 2015-16 only)**

A. Estimated Start Date:	<u>Oct-15</u>
B. Estimated Completion Date:	<u>Dec-17</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>500,000.00</u>
(2) After 2015-2016 Year	\$ <u>9,583,084.00</u>
(3) Total Project Cost	<u>\$ 10,083,084.00</u>

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT**

1. AGENCY

Code J12 Name Department of Mental Health

2. PROJECT

No. Name Santee Wateree MHC Construction

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 2: 2016-17

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.

(Check whether reporting cost or savings.)

COSTS SAVINGS NO CHANGE

4.

TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	General Funds	Federal	Other	Total
1)				\$
2)				\$
3)				\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? YES NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

<u>COST FACTORS</u>	<u>AMOUNT</u>	
1. _____	_____	
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	
6. _____	_____	
7. _____	_____	
8. _____	_____	
TOTAL		_____

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

Date

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: J12 Name: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 2: 2016-17

1. Project Name: Bryan/MV Energy Plant Cooling Tower Replacement

3. Project Type: Repair/Renovate Existing Facilities 100 %

2. Project Priority: 5 of 5 in Plan Year

4. Facility Type: Health Care/Medical 100 %

5. What is the project?

Bryan Hospital/Morris Village Energy Center provides chilled water for comfort cooling to both campuses. There are two 1200 ton chillers in the energy plant with one being primary and the second as backup in case of primary failure. The chillers also alternate as primary and secondary. Two cooling towers provide condenser cooling water to the chillers. Large unit is 1200 tons and has ample capacity to provide condenser cooling to either chiller. Second cooling tower is only 750 tons and cannot provide required condenser cooling capacity at temperatures above 80 degrees. If the 1200 ton cooling tower fails while the outside temperature is above 80 degrees Fahrenheit, then the second cooling tower will significantly reduce chiller capacity and temperatures inside buildings on both campuses will become unbearable to patients and employees. This project replaces the 750 cooling tower at the Bryan/Morris Village Energy Plant with a 1200 ton unit.

The total projected cost of this project is \$350,000.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

1. _____	Land Purchase	Land	_____	Acres
2. _____	Building Purchase	Floor Space:	_____	Gross Square Feet
3. <u>30,000.00</u>	Professional Services Fees	Information Technology	\$ _____	
4. _____	Equipment and/or Materials			
5. _____	Site Development			
6. _____	New Construction	Floor Space:	_____	Gross Square Feet
7. _____	Renovations - Building Interior	Floor Space:	_____	Gross Square Feet
8. <u>300,000.00</u>	Renovations - Utilities			
9. _____	Roofing	Roof Age		
10. _____	Renovations - Building Exterior			
11. _____	Other Permanent Improvements			
12. _____	Landscaping			
13. _____	Builders Risk Insurance			
14. _____	Other Capital Outlay			
15. _____	Labor Costs			
16. _____	Bond Issue Costs			
17. _____	Other			
18. <u>20,000.00</u>	Contingency			
	<u>\$ 350,000.00</u>	TOTAL PROJECT BUDGET		

6. Why is the project needed?

Provide backup to existing 1200 ton cooling tower in case of failure. Existing 1200 ton chiller will only operate at approximately 60% of its capacity with the existing 750 ton cooling tower and temperatures on both Bryan and Morris Village campuses would be unbearable for patients and staff if outside temperature is above 80 degrees.

9. Proposed Source of Funds

0. _____	Capital Improvement Bonds	
1. _____	Departmental CIB	
2. _____	Institution (Tuition) Bonds	
3. _____	Revenue Bonds	
4. _____	Excess Debt Service* ()	
5. _____	Capital Reserve Fund	
6. _____	Appropriated State	
7. _____	Federal	
8. _____	Athletic	
9. <u>350,000.00</u>	Other* (Cap Improvement & Maint Funds)	
	<u>\$ 350,000.00</u>	TOTAL

* Specify Type

10. Project Schedule
(for 2015-16 only)

A. Estimated Start Date:	<u>Oct-15</u>
B. Estimated Completion Date:	<u>Dec-16</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>200,000.00</u>
(2) After 2015-2016 Year	\$ <u>150,000.00</u>
(3) Total Project Cost	\$ <u>350,000.00</u>

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT**

1. AGENCY

Code J12 Name Department of Mental Health

2. PROJECT

No. Name Bryan/MV EP Cooling Tower Replacement

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 X 2: 2016-17

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.

(Check whether reporting cost or savings.)

COSTS SAVINGS NO CHANGE

4.

TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	General Funds	Federal	Other	Total
1)				\$
2)				\$
3)				\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? YES NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

<u>COST FACTORS</u>	<u>AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

Date

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: J12 NAME: Department of Mental Health

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PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 <input type="checkbox"/>	2: 2016-17 <input checked="" type="checkbox"/>	3: 2017-18 <input type="checkbox"/>	4: 2018-19 <input type="checkbox"/>	5: 2019-20 <input type="checkbox"/>
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PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Anderson-Oconee-Pickens Mental Health Center Construction	9,592,000.00	Appropriated State
2	Catawba Mental Health Center Construction	10,580,000.00	Appropriated State
3	Community Buildings Deferred Maintenance	4,221,000.00	Appropriated State
4	Inpatient & Support Buildings Deferred Maintenance	3,638,000.00	Appropriated State
5	Columbia Area Mental Health Center Phase III Construction	7,590,000.00	Appropriated State
6	Campbell VA Nursing Home Renovations	2,750,000.00	\$962,500 Appropriated State/\$1,787,500 Fed
7	NE Campus Electrical Distribution System Renovations	2,900,000.00	Appropriated State
8			
9			
10			
11			
12			
13			
14			
15			
TOTAL		41,271,000.00	

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: J12 Name: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 ___ 2: 2016-17 X

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

3. Project Type: Construct Additional Facility 100 %

2. Project Priority: 1 of 7 in Plan Year

4. Facility Type: Health Care/Medical 100 %

5. What is the project?

Construct a 40,000 SF facility on five acres of land currently owned by Anderson County. This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible. Anderson County council has voted and approved the donation of the five acres in a prime county business park location. The current estimated value of the property is \$600,000. The building will include space for Adult Outpatient Services; Child, Adolescent and Family Services; and Administration, Training and Facility Support. This facility will consolidate programs housed in leased facilities in the Anderson area and reduce lease costs by \$120,000/year. Placing the various programs in one consolidated facility will aid in efficiency of service delivery.

The total projected cost of this project is \$9,592,000.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

1.	Land Purchase	Land	Acres
2.	Building Purchase	Floor Space:	Gross Square Feet
3.	<u>690,000.00</u> Professional Services Fees	Information Technology	\$ <u>80,000.00</u>
4.	<u>830,000.00</u> Equipment and/or Materials		
5.	Site Development		
6.	<u>7,200,000.00</u> New Construction	Floor Space:	<u>40,000</u> Gross Square Feet
7.	Renovations - Building Interior	Floor Space:	Gross Square Feet
8.	Renovations - Utilities		
9.	Roofing	Roof Age	
10.	Renovations - Building Exterior		
11.	Other Permanent Improvements		
12.	Landscaping		
13.	Builders Risk Insurance		
14.	Other Capital Outlay		
15.	Labor Costs		
16.	Bond Issue Costs		
17.	Other		
18.	<u>872,000.00</u> Contingency		
	<u>\$ 9,592,000.00</u> TOTAL PROJECT BUDGET		

6. Why is the project needed?

The current facility is located on leased county land, constructed in the 60s and is 17,800 SF. The current lease will expire in 2016. It is overcrowded and needs a variety of deferred maintenance work. The new facility would allow for a more seamless transition between various programs, as well as provide more security & safety and reduce lease costs

9. Proposed Source of Funds

0.	Capital Improvement Bonds	
1.	Departmental CIB	
2.	Institution (Tuition) Bonds	
3.	Revenue Bonds	
4.	Excess Debt Service* ()	
5.	Capital Reserve Fund	
6.	<u>9,592,000.00</u> Appropriated State	
7.	Federal	
8.	Athletic	
9.	Other* (0)	
	<u>\$ 9,592,000.00</u> TOTAL	

* Specify Type

**10. Project Schedule
(for 2015-16 only)**

A. Estimated Start Date:	_____
B. Estimated Completion Date:	_____
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ _____
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ _____

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT**

1. AGENCY

Code J12 Name Department of Mental Health

2. PROJECT

No. Name A-O-P Mental Health Center Construction

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 2: 2016-17 X

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.

(Check whether reporting cost or savings.)

COSTS SAVINGS NO CHANGE

4.

TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	General Funds	Federal	Other	Total
1)				\$
2)				\$
3)				\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? YES NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

COST FACTORS	AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	_____

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

Date

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT**

1. AGENCY

Code J12 Name Department of Mental Health

2. PROJECT

No. Name Catawba MHC Construction

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 2: 2016-17 X

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.
(Check whether reporting cost or savings.)

COSTS SAVINGS NO CHANGE

4.

TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	General Funds	Federal	Other	Total
1)				\$
2)				\$
3)				\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? YES NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

<u>COST FACTORS</u>	<u>AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	_____

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

Date

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: J12 Name: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 2: 2016-17

1. Project Name: Community Buildings Deferred Maintenance

3. Project Type: Repair/Renovate Existing Facilities 100 %

2. Project Priority: 3 of 7 in Plan Year

4. Facility Type: Health Care/Medical 100 %

5. What is the project?

This project is to address deferred maintenance issues in our community mental health facilities. DMH has deferred maintenance issues totaling over \$40 million. This request is to address the most urgent building needs and examples include heating and air conditioning system repairs at Aiken-Barnwell, Berkeley, Tri-County, Coastal Empire, Charleston/Dorchester, Orangeburg, Pee Dee, Santee-Wateree, Tri-County, and Waccamaw Mental Health Center buildings; interior and exterior repairs at Piedmont, Orangeburg and Tri-County, and Fire Sprinkler repairs at Coastal Empire. The Department has established an identified fund for deferred maintenance pursuant to Proviso 35.14; however, the agency does not have the ability to self-fund all of its current deferred needs. DMH will continue to include its significant priority deferred maintenance requests in its Capital Budget Request submitted to the General Assembly.

The total projected cost of this project is \$ 4,221,000.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

1. _____	Land Purchase	Land	_____	Acres
2. _____	Building Purchase	Floor Space:	_____	Gross Square Feet
3. <u>350,000.00</u>	Professional Services Fees			
4. _____	Equipment and/or Materials	Information Technology	\$ _____	
5. <u>100,000.00</u>	Site Development			
6. _____	New Construction	Floor Space:	_____	Gross Square Feet
7. <u>420,000.00</u>	Renovations - Building Interior	Floor Space:	_____	Gross Square Feet
8. <u>3,301,000.00</u>	Renovations - Utilities			
9. _____	Roofing	_____	Roof Age	
10. <u>50,000.00</u>	Renovations - Building Exterior			
11. _____	Other Permanent Improvements			
12. _____	Landscaping			
13. _____	Builders Risk Insurance			
14. _____	Other Capital Outlay			
15. _____	Labor Costs			
16. _____	Bond Issue Costs			
17. _____	Other			
18. _____	Contingency			
	\$ <u>4,221,000.00</u> TOTAL PROJECT BUDGET			

6. Why is the project needed?

This work is needed to ensure the buildings are maintained in an adequate condition to enable the staff to carry out their missions. Correcting these deferred maintenance issues will help extend the useful life of the buildings. If not addressed, these issues could result in reduced productivity, more costly repairs, and life safety issues.

7. What alternatives to this project were considered?

Continue to address the most critical maintenance issues and reacting to emergencies as they arise.

9. Proposed Source of Funds

0. _____	Capital Improvement Bonds		
1. _____	Departmental CIB		
2. _____	Institution (Tuition) Bonds		
3. _____	Revenue Bonds		
4. _____	Excess Debt Service* ()	
5. _____	Capital Reserve Fund		
6. <u>4,221,000.00</u>	Appropriated State		
7. _____	Federal		
8. _____	Athletic		
9. _____	Other* (0)
	\$ <u>4,221,000.00</u> TOTAL		

* Specify Type

**10. Project Schedule
(for 2015-16 only)**

A. Estimated Start Date:	_____
B. Estimated Completion Date:	_____
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ _____
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ _____

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT**

1. AGENCY

Code J12 Name Department of Mental Health

2. PROJECT

No. Name Community Buildings Deferred Maintenance

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 2: 2016-17 X

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.

(Check whether reporting cost or savings.)

COSTS SAVINGS NO CHANGE

4.

TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	General Funds	Federal	Other	Total
1)				\$
2)				\$
3)				\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? YES NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

COST FACTORS	AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	_____

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

Date

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: J12 Name: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 ___ 2: 2016-17 X

1. Project Name: In-Patient & Support Buildings Deferred Maintenance

3. Project Type: Repair/Renovate Existing Facilities 100 %

2. Project Priority: 4 of 7 in Plan Year

4. Facility Type: Health Care/Medical 100 %

5. What is the project?

This project is to address deferred maintenance issues in our in-patient and support buildings. SCDMH has deferred maintenance totaling over \$40 million. This request is to address the most urgent building needs. Examples include mechanical system equipment replacements at Bryan, Tucker Center, Public Safety, Crafts Farrow Buildings 16, 22 & 29; fire alarm replacements at several Crafts Farrow buildings and our Administration Building; Morris Village storm drainage repairs and renovations; pavement repairs at Campbell; interior renovations at Morris Village; Tucker Center laundry renovations; exterior lighting renovations at Bryan ; elevator upgrades at various facilities; and miscellaneous deferred maintenance issues in other buildings.

The total projected cost of this project is \$ 3,638,000.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

1.	Land Purchase	Land	Acres
2.	Building Purchase	Floor Space:	Gross Square Feet
3.	<u>350,000.00</u> Professional Services Fees		
4.	Equipment and/or Materials	Information Technology	\$ _____
5.	<u>200,000.00</u> Site Development		
6.	New Construction	Floor Space:	Gross Square Feet
7.	<u>200,000.00</u> Renovations - Building Interior	Floor Space:	Gross Square Feet
8.	<u>2,388,000.00</u> Renovations - Utilities		
9.	<u>150,000.00</u> Roofing _____	Roof Age	
10.	Renovations - Building Exterior		
11.	Other Permanent Improvements		
12.	Landscaping		
13.	Builders Risk Insurance		
14.	Other Capital Outlay		
15.	Labor Costs		
16.	Bond Issue Costs		
17.	Other		
18.	<u>350,000.00</u> Contingency		
	<u>\$ 3,638,000.00</u> TOTAL PROJECT BUDGET		

6. Why is the project needed?

This work is needed to ensure the buildings are maintained in an adequate condition to enable the staff to carry out their missions. Correcting these deferred maintenance issues will extend the useful life of the buildings. If not addressed these issues could result in reduced productivity, more costly repairs, and life safety issues.

9. Proposed Source of Funds

0.	Capital Improvement Bonds	
1.	Departmental CIB	
2.	Institution (Tuition) Bonds	
3.	Revenue Bonds	
4.	Excess Debt Service* (_____)	
5.	Capital Reserve Fund	
6.	<u>3,638,000.00</u> Appropriated State	
7.	Federal	
8.	Athletic	
9.	Other* (_____ 0)	
	<u>\$ 3,638,000.00</u> TOTAL	

* Specify Type

**10. Project Schedule
(for 2015-16 only)**

A. Estimated Start Date:	_____
B. Estimated Completion Date:	_____
C. Estimated Total Expenditures (1) In 2015-2016 Year	\$ _____
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ _____

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT**

1. AGENCY

Code J12 Name Department of Mental Health

2. PROJECT

No. _____ Name In-patient & Support Bldg Def Maintenance

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 2: 2016-17

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.

(Check whether reporting cost or savings.)

COSTS SAVINGS NO CHANGE

4.

TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	General Funds	Federal	Other	Total
1)				\$
2)				\$
3)				\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? YES NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

<u>COST FACTORS</u>	<u>AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	_____

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

Date

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: J12 Name: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 2: 2016-17

1. Project Name: Columbia Area Mental Health Center Phase III Construction

3. Project Type: Construct Additional Facilities 100 %

2. Project Priority: 5 of 7 in Plan Year

4. Facility Type: Health Care/Medical 100 %

5. What is the project?

This project is to construct a 30,000 square foot facility on land currently owned by the Department. Columbia Area Mental Health Center's Child & Adolescent (C&A) Program has outgrown its current space in the Phase I Building. The new facility will accommodate the C&A Program, the Assessment Resource Center and several associated support services. Placing these child-based programs in the same facility will aid in efficiency of service delivery. The building would also enable Columbia Area MHC to relocate programs from a temporary location and consolidate its programming on one campus.

The total projected cost of this project is \$ 7,590,000.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

1. _____	Land Purchase	Land	_____	Acres
2. _____	Building Purchase	Floor Space:	_____	Gross Square Feet
3. <u>690,000.00</u>	Professional Services Fees	Information Technology	\$ <u>80,000.00</u>	
4. <u>830,000.00</u>	Equipment and/or Materials			
5. _____	Site Development			
6. <u>5,400,000.00</u>	New Construction	Floor Space:	<u>30,000</u>	Gross Square Feet
7. _____	Renovations - Building Interior	Floor Space:	_____	Gross Square Feet
8. _____	Renovations - Utilities			
9. _____	Roofing	_____	Roof Age	
10. _____	Renovations - Building Exterior			
11. _____	Other Permanent Improvements			
12. _____	Landscaping			
13. _____	Builders Risk Insurance			
14. _____	Other Capital Outlay			
15. _____	Labor Costs			
16. _____	Bond Issue Costs			
17. _____	Other			
18. <u>670,000.00</u>	Contingency			
	\$ <u>7,590,000.00</u> TOTAL PROJECT BUDGET			

6. Why is the project needed?

The project is needed to consolidate services to one central location to better serve the clients and for efficiency of operations.

9. Proposed Source of Funds

0. _____	Capital Improvement Bonds	
1. _____	Departmental CIB	
2. _____	Institution (Tuition) Bonds	
3. _____	Revenue Bonds	
4. _____	Excess Debt Service* ()
5. _____	Capital Reserve Fund	
6. <u>7,590,000.00</u>	Appropriated State	
7. _____	Federal	
8. _____	Athletic	
9. _____	Other* (Cap Impr & Maintenance)
	\$ <u>7,590,000.00</u> TOTAL	

* Specify Type

**10. Project Schedule
(for 2015-16 only)**

A. Estimated Start Date:	_____
B. Estimated Completion Date:	_____
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ _____
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ _____

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT**

1. AGENCY

Code J12 Name Department of Mental Health

2. PROJECT

No. Name Columbia Area MHC Phase III Construction

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 2: 2016-17 X

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.

(Check whether reporting cost or savings.)

COSTS SAVINGS NO CHANGE

4.

TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	General Funds	Federal	Other	Total
1)				\$
2)				\$
3)				\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? YES NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

<u>COST FACTORS</u>	<u>AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	_____

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

Date

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: J12 Name: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 ___ 2: 2016-17 X

1. Project Name: Campbell Veterans Nursing Home Renovations

3. Project Type: Repair/Renovate Existing Facilities 100 %

2. Project Priority: 6 of 7 in Plan Year

4. Facility Type: Health Care/Medical 100 %

5. What is the project?

This project is to address deferred maintenance issues at Campbell VA Nursing Home in Anderson. The work includes renovations to the kitchen to include new equipment; replacing dryers in the laundry; replacing water heaters; shower renovations to provide more privacy; replacing flooring finishes; replacing existing front entry doors and lobby door for better security; installation of covered shelters in the courtyards for shade; and HVAC control upgrades for better temperature control.

The total projected cost of this project is \$2,750,000.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

1.	Land Purchase	Land	Acres
2.	Building Purchase	Floor Space:	Gross Square Feet
3.	<u>230,000.00</u> Professional Services Fees		
4.	Equipment and/or Materials	Information Technology	\$
5.	Site Development		
6.	<u>80,000.00</u> New Construction	Floor Space:	<u>1,120</u> Gross Square Feet
7.	<u>1,742,000.00</u> Renovations - Building Interior	Floor Space:	<u>92,210</u> Gross Square Feet
8.	<u>440,000.00</u> Renovations - Utilities		
9.	Roofing		Roof Age
10.	Renovations - Building Exterior		
11.	Other Permanent Improvements		
12.	Landscaping		
13.	Builders Risk Insurance		
14.	Other Capital Outlay		
15.	Labor Costs		
16.	Bond Issue Costs		
17.	Other		
18.	<u>258,000.00</u> Contingency		
	<u>\$ 2,750,000.00</u> TOTAL PROJECT BUDGET		

6. Why is the project needed?

The project is needed for enhanced security and to ensure the kitchen facility is capable of providing the necessary meals for the 220 veterans. The work will enable the residents to have a more comfortable home and provide amenities that will make living and dining better.

9. Proposed Source of Funds

0.	Capital Improvement Bonds		
1.	Departmental CIB		
2.	Institution (Tuition) Bonds		
3.	Revenue Bonds		
4.	Excess Debt Service* ()	
5.	Capital Reserve Fund		
6.	<u>962,500.00</u> Appropriated State		
7.	<u>1,787,500.00</u> Federal		
8.	Athletic		
9.	Other* (0)
	<u>\$ 2,750,000.00</u> TOTAL		

* Specify Type

**10. Project Schedule
(for 2015-16 only)**

A. Estimated Start Date:	
B. Estimated Completion Date:	
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$
(2) After 2015-2016 Year	\$
(3) Total Project Cost	\$

7. What alternatives to this project were considered?

Continue to address the most critical maintenance issues and react to emergencies as they arise.

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT**

1. AGENCY

Code J12 Name Department of Mental Health

2. PROJECT

No. Name Campbell Vet Nursing Home Renovations

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 2: 2016-17 X

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.

(Check whether reporting cost or savings.)

COSTS SAVINGS NO CHANGE

4.

TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	General Funds	Federal	Other	Total
1)				\$
2)				\$
3)				\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? YES NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

<u>COST FACTORS</u>	<u>AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	_____

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

Date

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: J12 Name: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 2: 2016-17

1. Project Name: NE Campus Electrical Distribution System Renovations

3. Project Type: Repair/Renovate Existing Facilities 100 %

2. Project Priority: 7 of 7 in Plan Year

4. Facility Type: Health Care/Medical 100 %

5. What is the project?

This project is to upgrade the NE Campus electrical distribution systems. The work includes replacing most of the overhead distribution system (poles, cable, cross-arms, switches, etc) on Crafts Farrow Campus, the underground electrical cables feeding Bryan and Morris Village, and the switching structure/gear adjacent to the SCE&G sub-station. A study was completed by an Electrical Engineer and the above recommendations were made due to the existing condition of the systems.

The total projected cost of this project is \$2,900,000.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

1. _____	Land Purchase	Land	_____	Acres
2. _____	Building Purchase	Floor Space:	_____	Gross Square Feet
3. <u>220,000.00</u>	Professional Services Fees			
4. _____	Equipment and/or Materials	Information Technology	\$ _____	
5. _____	Site Development			
6. _____	New Construction	Floor Space:	_____	Gross Square Feet
7. _____	Renovations - Building Interior	Floor Space:	_____	Gross Square Feet
8. <u>2,153,000.00</u>	Renovations - Utilities			
9. _____	Roofing	_____	Roof Age	
10. _____	Renovations - Building Exterior			
11. _____	Other Permanent Improvements			
12. _____	Landscaping			
13. _____	Builders Risk Insurance			
14. _____	Other Capital Outlay			
15. _____	Labor Costs			
16. _____	Bond Issue Costs			
17. _____	Other	Investigative studies, appraisal, etc		
18. <u>527,000.00</u>	Contingency			
	<u>\$ 2,900,000.00</u>	TOTAL PROJECT BUDGET		

6. Why is the project needed?

The electrical distribution system at the NE campuses is in poor condition. Much is over 40 years old. Failure will result in major power outages at many of our hospitals, to include Bryan, Morris Village, and Crafts Farrow.

9. Proposed Source of Funds

0. _____	Capital Improvement Bonds		
1. _____	Departmental CIB		
2. _____	Institution (Tuition) Bonds		
3. _____	Revenue Bonds		
4. _____	Excess Debt Service* ()	
5. _____	Capital Reserve Fund		
6. <u>2,900,000.00</u>	Appropriated State		
7. _____	Federal		
8. _____	Athletic		
9. _____	Other* (Cap Improvement & Maint Funds)
	<u>\$ 2,900,000.00</u>	TOTAL	

* Specify Type

**10. Project Schedule
(for 2015-16 only)**

A. Estimated Start Date:	_____
B. Estimated Completion Date:	_____
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ _____
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ _____

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT**

1. AGENCY

Code _____ J12 Name Department of Mental Health

2. PROJECT

No. _____ Name NE Campul Electrical Dist. Sys. Renovations

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 2: 2016-17

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.

(Check whether reporting cost or savings.)

COSTS SAVINGS NO CHANGE

4.

TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	General Funds	Federal	Other	Total
1)				\$
2)				\$
3)				\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? YES NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

<u>COST FACTORS</u>	<u>AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	_____

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

Date

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: J12 NAME: Department of Mental Health

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PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 <input type="checkbox"/>	2: 2016-17 <input type="checkbox"/>	3: 2017-18 <input checked="" type="checkbox"/>	4: 2018-19 <input type="checkbox"/>	5: 2019-20 <input type="checkbox"/>
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PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Bryan Non-FRTW Bldgs Roofs & HVAC Replacements	\$2,200,000.00	Appropriated State
2	Harris Hospital Interior & Acoustical Renovations	\$920,000.00	Appropriated State
3	Bryan Door Replacements	300,000.00	Appropriated State
4	Orangeburg MHC & Clinics Repaving and Sidewalk Construction	\$175,000.00	Appropriated State
5	Bryan/MV Sidewalk Construction, Repair, and Covers	\$300,000.00	Appropriated State
6	Tucker Center (Roddey, Stone & Supp Bldg) Renovations	4,455,000.00	Appropriated State
7	Tucker Center Storage Building Construction	1,120,000.00	Appropriated State
8	Physical Medicine Bldg A/C & Roof Replacement	350,000.00	Appropriated State
9	Columbia Area Phase I Building Renovations	175,000.00	Appropriated State
10	Bryan Emergency Generators Replacement	850,000.00	Appropriated State
11	Crafts Farrow Building 16 Renovations	2,500,000.00	Appropriated State
12	State Veteran's Home Construction Central Region	37,000,000.00	\$13M Approp State/\$24M Federal
13	State Veteran's Home Construction Northeast Region	37,000,000.00	\$13M Approp State/\$24M Federal
14	State Veteran's Home Construction Northwest Region	37,000,000.00	\$13M Approp State/\$24M Federal
15	Morris Village Hall Restroom ADA Renovations	200,000.00	Appropriated State
TOTAL		124,545,000.00	

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: J12 NAME: Department of Mental Health

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PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 <input type="checkbox"/>	2: 2016-17 <input type="checkbox"/>	3: 2017-18 <input type="checkbox"/>	4: 2018-19 <input checked="" type="checkbox"/>	5: 2019-20 <input type="checkbox"/>
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PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Edgefield Clinic Construction (6,000 SF) & Land Purchase	1,592,000.00	Appropriated State
2	Charleston MHC Second Floor Addition (8,000 SF)	1,900,000.00	Appropriated State
3	Harris Hospital Sanitary Sewer System Evaluation & Renovations	600,000.00	Appropriated State
4	Harris Hospital Activity Shelters (2 ea) Construction	150,000.00	Appropriated State
5	Harris Hospital Bathroom Renovations Lodges G, H, J, K and A	125,000.00	Appropriated State
6	Lexington MHC Adult Clinic & Emer Srvs Constr (40,000 SF) & Land Purchase	10,500,000.00	Appropriated State
7	Columbia Area Mental Health Center Carter Street Renovations	3,000,000.00	Appropriated State
8	Morris Village Modular & Classroom Bldgs Replacements	1,200,000.00	Appropriated State
9	MV, Bryan, and CF Pavement Repairs	1,030,000.00	Appropriated State
10	Kershaw County Clinic Expansion (12000sf) and Roof Repl	3,042,000.00	Appropriated State
11	Cherokee MHC Clinic Construction (12,000 SF)	3,000,000.00	Appropriated State
12	Crafts Farrow, Bldg 17, Public Safety Renovations	750,000.00	Appropriated State
13	Crafts Farrow Building 6 Renovations	2,200,000.00	Appropriated State
14	Bryan/MV Patient Safety & Security Camera Installations	1,000,000.00	Appropriated State
15	MV Cottage Renovations for Janitor Closets and Nurse Stations	300,000.00	Appropriated State
TOTAL		30,389,000.00	

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: J12 NAME: Department of Mental Health

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 <input type="checkbox"/>	2: 2016-17 <input type="checkbox"/>	3: 2017-18 <input type="checkbox"/>	4: 2018-19 <input type="checkbox"/>	5: 2019-20 <input checked="" type="checkbox"/>
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PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Pickens Clinic Construction (10,000 SF) & Land Purchase	3,000,000.00	Appropriated State
2	North Augusta Hartzog Construction (5500 SF) & Land Purchase	1,100,000.00	Appropriated State
3	McCormick Clinic Construction (6,000 SF) & Land Purchase	1,192,000.00	Appropriated State
4	Crafts Farrow Bldg 29, Food Services Renovations	1,300,000.00	Appropriated State
5	Demolition of six (6) Bldgs	880,000.00	Appropriated State
6	Harris Hospital Pavement & Exterior Lighting Renovations	600,000.00	Appropriated State
7	Harris Hospital Renovation & Expansion of A&D and Public Safety	990,000.00	Appropriated State
8	Brook Pine CRCF and Gaston Clinic Constr (12,000 SF) & Land Purchase	2,900,000.00	Appropriated State
9	Lexington MHC Administration Bldg Constr (8,000 SF)	1,900,000.00	Appropriated State
10	Bishopville Clinic Construction (8,000 SF) & Land Purchase	2,000,000.00	Appropriated State
11	Clarendon Clinic Addition (5,000 SF)	1,265,000.00	Appropriated State
12	Union MHC Clinic Construction (12,000 SF)	3,000,000.00	Appropriated State
13	Abbeville Clinic Construction (6,000 SF) & Land Purchase	1,592,000.00	Appropriated State
14	Lexington CAF Clinic Construction (12,000 SF)	2,900,000.00	Appropriated State
15	DIS Pharmacy Construction (6000sf)	1,100,000.00	Appropriated State
TOTAL		25,719,000.00	