Legislative Oversight Committee

South Carolina House of Representatives Post Office Box 11867 Columbia, South Carolina 29211

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Program Evaluation Report Extension Request Guidelines

PLEASE NOTE:

The information included in the agency's report will appear online for all legislators and the public to view.

Agency Name: South Carolina Department of Mental Health

Date Request Submitted: September 10, 2018

Background

Committee Standard Practices 10.1.3 - 10.1.5

Extensions for PER

- 10.1.3 The Chairman may, for reasons he determines as good cause, provide an agency an extension and new deadline to submit its Program Evaluation Report ("New Deadline").
- 10.1.4. Before the Chairman will consider granting an extension, the Chairman may require the agency to provide a written letter, which may be sent via U.S. mail or included as an attachment to an email, explaining the reason the agency is requesting the extension and the number of days it is requesting, not to exceed thirty.
- 10.1.5 Until the agency receives a response, it should continue to complete the report to the best of its ability as if it is due on the original deadline.

Note this Extension Request Form will be published online.

Agency	South Carolina Department of Mental Health
Date of Submission	10-Sep-18

<u>Instructions</u>: Please complete this Extension Request Form. The completed form should be submitted electronically to the House Legislative Oversight Committee (HCommLegOv@schouse.gov) in both the original format (Excel) and saved as a PDF for online reporting. Please direct any questions about this process to Jennifer Dobson (jenniferdobson@schouse.gov), Charles Appleby (charlesappleby@schouse.gov), Carmen Simon (carmensimon@schouse.gov), or Kendra Wilkerson (kendrawilkerson@schouse.gov).

Extension Request State the date the agency originally received the report guidelines: 7/17/2018 1 2 State the date the agency submitted this request for an extension: 9/10/2018 3 State the original deadline for the report: 9/19/2018 61 (60 days results in the PER being due on a Sunday) 4 State the number of additional days the agency is requesting: 5 State the new deadline if the additional days are granted: 11/19/2018 11. History of Extensions 1 List the years in which the agency previously requested an extension, putting the None years the extension was granted in bold: Ш. Good Cause 1 Please state good cause as to why the Committee should grant the extension SCDMH is working diligently to complete the Program Evaluation Report. During the period September 1 to December 1, 2018, SCDMH has seven (7) submissions due including the requested by the agency. Please limit the response to 1,000 words or less. Program Evaluation Report. Several of these submissions require a cross-reference with the Program Evaluation Report, including the FY2018 Accountability Report, FY2020 Budget Requests, and the Mental Health Block Grant (MHBG) Behavioral Health Report. The staff preparing the Program Evaluation Report are those who also have integral roles in the other submissions. In order to ensure that the submissions are accurate, responsive, and provide sufficient detail to provide a comprehensive overview of the agency, SCDMH is requesting an extension for the submission of the Program Evaluation Report. IV. Verification 1 Please state the name of the agency head, or person designated and authorized Mark Binkley, Deputy Director, Division of Administrative Services, South Carolina Department by the agency head to do so, that has approved and reviewed the information of Mental Health provided in this Extension Request form. 2 Does the agency head, or designated person by the agency head, affirm that the Yes information contained in this form from the agency is complete and accurate to the extent of his or her knowledge. Leave this section blank. ٧. Committee Response 9/11/2018 1 Date extension was granted: 2 Number of additional days granted: As requested - 61 3 New deadline for agency response: As requested - 11/19/2018