



South Carolina
Department of Mental Health

DMH

SCDMH Budget Request

FY 2025 - 2026



Agency Attendees

- Robert Bank, M.D.** - Acting State Director
- Chad Pollock, M.D.** - Deputy Director, Division of Medical Affairs
- Deborah Blalock** - Deputy Director, Division of Community Mental Health Services
- Deborah Calcote** - Deputy Director, Division of Administrative Services
- Lee Bodie** - Budget Director
- Robin Crawford** - Director of Governmental Affairs
- Mark Binkley** - Executive Projects



SCDMH Overview

The South Carolina Department of Mental Health's mission is to support the recovery of people with mental illnesses.

- In FY '24, the department provided over **one million clinical services** to approximately **100,000 patients**, over **32,000 of whom were children**.
- As South Carolina's public mental health system, SCDMH provides outpatient mental health care through a network of **16 community mental health centers and associated clinics which serve all 46 counties**.
- SCDMH provides inpatient treatment services in **the state's psychiatric hospitals**, one of which treats substance use disorders.
- SCDMH also provides services through telepsychiatry, mobile crisis, housing programs, a 988 call center, employment programs, jail-based services, a forensic evaluation/restoration program, and school mental health services.



FY 25-26 Budget Request

Total Budget Request: **\$51,686,000**



State Mandated Programs

\$20,762,000



Olmstead Efforts

\$3,054,000



Inpatient Services

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\$12,400,000



Community Support

\$4,800,000



Capital Needs

\$10,670,000

Priority 1: State Mandated Programs

State of South Carolina's Forensic Programming

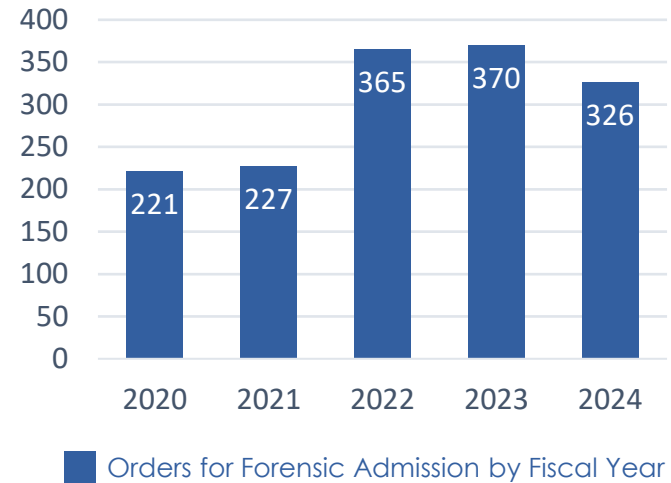
Forensic programming includes the following: adults and juveniles ordered for competency to stand trial evaluations and/or ordered for competency restoration; treatment of individuals civilly committed after being found not competent to stand trial and not restorable; treatment of individuals found not guilty by reason of insanity (NGRI) and civilly committed to SCDMH; and statewide monitoring of compliance with release orders for NGRI individuals.

Funds Requested: \$13,762,000

Need: Consistent with national trends, SCDMH has seen an increase in demand for forensic assessments post-pandemic. This has resulted in a 40% increase in South Carolina. The waiting list and wait times have increased as well. Costs have increased over 20% in 5 years.

Solution: Funding to increase bed capacity, expand jail-based restoration services, and cover staffing costs and costs of care to meet the growing demand.

Impact
if Not
Funded: Ability to provide essential mandated services in a timely manner would be compromised and other clinical programs would be cut.



Priority 1: State Mandated Programs

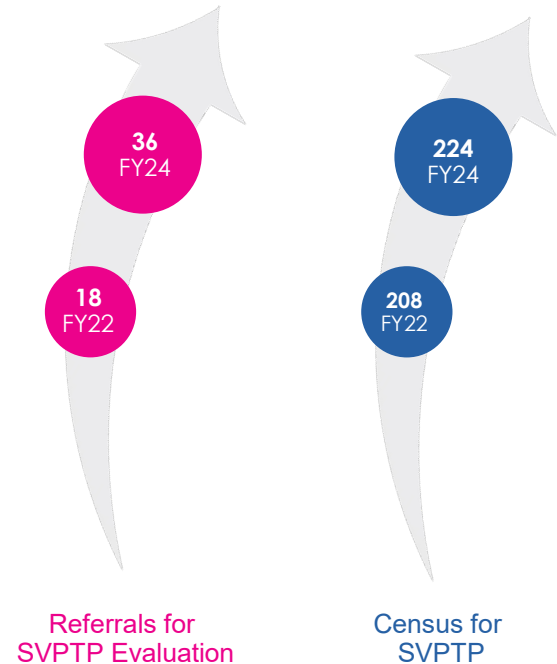
Sexually Violent Predator Treatment Program

Funds Requested: \$2,000,000

Need: Persons committed under the Sexually Violent Predator (SVP) Act in the SC Code of Laws are confined to SCDMH's custody. Referrals for SVPTP evaluation for potential commitment to the program have more than doubled from FY22 to FY23.

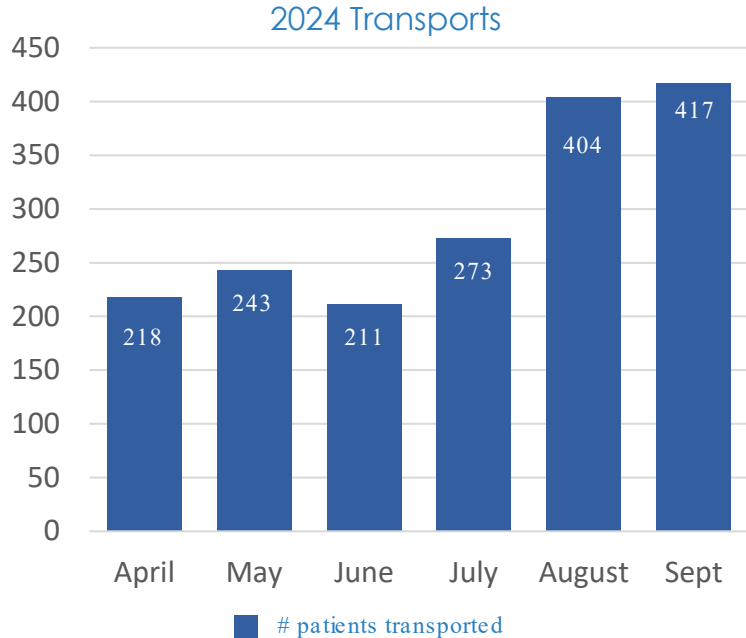
Solution: The annualization represented in this request is the amount associated with the continued operation and growth of this program.

Impact if Not Funded: These are legally mandated services, and there are no options for reducing capacity. There are strict evaluation timelines that must be met per the statute, or SCDMH could face contempt of court.



Priority 1: State Mandated Programs

Statewide Alternative Transportation Program



* **October 2024** on track to exceed 500 transports.

Funds Requested: **\$4,500,000**

Need: Secure recurring funds for the state's alternative transport program for non-violent, adult mental health patients who are the subject of an involuntary psychiatric emergency admissions, alleviating law enforcement and provide appropriate transport for these patients who have committed no crime.

Solution: SCDMH was provided nonrecurring funding via proviso from the General Assembly in FY24-25. Recurring funding would allow the program to continue in its increasing capacity and support ongoing operating expenses.

Impact if Not Funded: The program would discontinue.

Priority 1: State Mandated Programs

State of South Carolina's Psychiatric Residential Treatment Facility (PRTF)

Funds Requested: \$500,000

Need: Scheduled for completion by late 2025, the facility will have capacity for up to 24 youth needing safe, secure treatment. This is South Carolina's effort to create capacity for these youth, often committed to the Department of Juvenile Justice, who have been determined to have a mental illness requiring treatment in a PRTF but whose needs cannot be met in a private facility.

Solution: Funding for recurring operating expenses based on costs in contractor operator rates, a scaled plan to reach full occupancy, and projected revenue for operations in FY 25-26.

Impact if Not Funded: Lack of funds would hinder the ability to staff the PRTF at full capacity.



Priority 2: Olmstead Efforts

Funds Requested: **\$3,054,000**

- In January 2022, the US Department of Justice (DOJ) notified South Carolina that it was investigating an allegation that the state violated the Americans with Disabilities Act (ADA) by unnecessarily housing patients in facilities.
- The state, including SCDMH and SCDHHS, cooperated with the DOJ's investigation and in July 2023, the DOJ issued a report finding evidence that South Carolina was in violation of the ADA.
- SCDMH disputes the findings, however the DOJ's report provided SCDMH with an opportunity to improve patient care and avoid costly litigation. Settlement negotiations were attempted but ultimately failed when the DOJ filed suit against South Carolina in early December 2024. In spite of the lawsuit, SCDMH will continue its efforts to assist patients in moving to the most integrated community settings in which they would like to live.
- SCDMH supports increasing services for patients to assist in increased independent living in the community. (Housing, Peer Support, Assertive Community Treatment)

Priority 2: Olmstead Efforts

Funds Requested: **\$3,054,000**



Assertive Community Treatment (ACT)



\$1,100,000

Need: An intensive mental health service that facilitates independence, community living, and recovery through a multi-disciplinary and team-based approach.

Solution: Additional staffing to support individuals across the state.



Second Mobile Crisis Teams Statewide



\$817,000

Need: Over the course of three years, every mental health center in South Carolina must have a second Mobile Crisis Team to respond to psychiatric crises.

Solution: The program requires redundancy to address simultaneous psychiatric emergencies. This is the first of three recurring requests.

Impact If Not Funded:

Risk of patients not living in or being treated in the least restrictive settings

Priority 2: Olmstead Efforts

Funds Requested: **\$3,054,000**



Housing Coordinators

Need: SCDMH must have a dedicated housing coordinator at every mental health center to assist with finding affordable housing in the least restrictive setting.



Solution: Hire staff to ensure patients live in the least restrictive residential setting..

\$557,000



Peer Support Staff

Need: SCDMH must have two Certified Peer Support Specialists (CPSS) at every mental health center, in addition to the specialists on the ACT teams.



Solution: Clinical staff heavily rely upon CPSSs to engage folks who otherwise may never adhere to treatment recommendations.

\$400,000



Second Peer Support Living Room

Need: The Living Room Model is designed to deescalate mental health crises in a house-like facility staffed with mental health professionals and peer specialists.



Solution: Create an environment to serve patients in the least restrictive setting.

\$180,000

Impact If Not Funded:

Risk of patients not living in or being treated in the least restrictive settings.

Priority 3: Inpatient Services

Funds Requested: **\$12,400,000**

Patrick B. Harris Psychiatric Hospital & G. Weber Bryan Psychiatric Hospital

Need: SCDMH provides inpatient psychiatric services and forensic treatment/evaluation services to adults, and psychiatric/substance use treatment to children/adolescents. Inpatient facilities are licensed by the SC Department of Public Health, accredited by the Joint Commission, and certified by Centers for Medicare and Medicaid Services.

Solution: Ongoing funding to support the critical forensic, psychiatric, and substance abuse needs of children, adolescents, and adults.

Impact
if Not
Funded: Bed reduction for most seriously ill South Carolinians.



Priority 4: Community Support

Funds Requested: **\$4,800,000**



Community Hospital Bed Days



\$2,000,000

Need: This option 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.

Solution: Additional recurring funds to pay for indigent patients' psychiatric bed days in private community hospitals.



Columbia Crisis Stabilization Unit



\$1,000,000

Need: Crisis Stabilization Units (CSUs) are short-term residential psychiatric programs where nonviolent persons in a behavioral crisis can be cared for and safely assessed, generally as a more appropriate and less expensive alternative to an emergency department or inpatient psychiatric hospital unit.

Solution: Recurring funding for the operational costs associated with the Columbia CSU developed utilizing nonrecurring appropriated funds.

Impact If Not Funded:

Increased unnecessary Emergency Department and hospital usage, and programs will be closed.

Priority 4: Community Support

Funds Requested: **\$4,800,000**



Out of Home Placements

Need: Children removed from their home often need placement in a treatment setting prior to unification or alternative placement.

Solution: Recurring funding for residential placement of children with psychiatric illness.



\$1,000,000



Berkeley and Orangeburg Counties Jail-Based Programs

Need: Some incarcerated individuals have a diagnosable mental illness. The jail-based programs demonstrate increased access to care, and decreases safety concerns and recidivism post-release from detention centers.

Solution: Recurring funds to replace the nonrecurring funds received over the past fiscal years used to support the pilot program between the Berkeley Community Mental Health Center and the Berkeley County Sheriff's Department Hill-Finklea Detention Center and replicate the program in the Orangeburg – Calhoun County Regional detention center.



\$800,000

Impact If Not Funded:

Increased unnecessary Emergency Department and hospital usage, and programs will be closed.

Capital Needs

Funds Requested: **\$10,670,000**

1. Harris Anti-Ligature Bathroom Renovations	\$3,600,000
2. Crafts Farrow Campus Electrical Distribution System	\$1,200,000
3. Crafts Farrow Building 29 Makeup Air	\$1,500,000
4. Morris Village Underground Chilling Water Piping	\$1,650,000
5. Morris Village Sidewalks and Drainage	\$500,000
6. Roddey Piping and Flooring Replacement Ward 134	\$2,200,000

Proviso Requests

The agency has two proviso requests, one being an addition that will allow the agency to utilize funds already appropriated and the other being a deletion of a paragraph from an existing proviso.

117.144 – Behavioral Health Capacity – Revision Request

- Proviso 177.144 (Behavioral Health Capacity) was first enacted in the FY 22-23 Appropriations Act. Paragraph G, directing SCDMH to seek additional sources of reimbursement for its treatment of indigent patients, pursue greater efficiencies in its billing and business practices and comply with federal transparency requirements for its hospital charges, is no longer needed. During the past four years, SCDMH initiated and recently completed a major restructuring of its state hospital and nursing home budget practices, enabling it to now monitor and report accurate and current expenditures by facility by expenditure category, as well as to track current billing and revenue. SCDMH also completed a multi million-dollar solicitation for a new commercial electronic health record (EHR) to replace its previous outdated version. A major feature of the new EHR is its ability to accurately capture clinical billable hours and efficiently generate claims for reimbursement. The agency's system of monitoring and incentivizing individual clinician's productivity is reviewed periodically for improvement opportunities. SCDMH continues to be very active in seeking available grant funding to improve its clinical services, although its federal grants prohibit using grand funds to supplant State funding. As previously reported, absent the State's expansion of Medicaid or Congress's repeal of the IMD exclusion, there are no other available recurring sources of funding for the mental health services the Agency provides to its uninsured and underinsured patients. SCDMH also complies with all applicable State and federal laws, including the hospital price transparency rules in 45 C.F.R. Part 180, and has an Office of Quality Management, Regulatory and Compliance Services which, among other functions, monitors the agency's compliance with billing requirements and investigates complaints of noncompliance.

NEW – Out of Home Placement

- \$900,000 of nonrecurring state funding was appropriated to SCDMH in FY24 under proviso 118.19 to be utilized for a 'state operated group home'. SCDMH has been unsuccessful in identifying any group home to contract with the state for services. The agency requests to utilize this funding to provide out of home placement referrals for the same patient population. An out of home placement refers to a situation where a child or adolescent is removed from their home and placed in a foster care or treatment setting. For SCDMH, this includes Therapeutic Group Homes for youth with severe behavioral health issues that, because of their family or legal circumstances, cannot be treated on an outpatient basis.



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