



FY 2024-2025 Budget Request

The South Carolina Department of Mental Health's mission is to support the recovery of people with mental illnesses. The Department provides clinical services to approximately 100,000 patients each year, about 30,000 of whom are 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, and inpatient treatment services in the state's psychiatric hospitals, one of which treats substance use disorders. SCDMH is a leader in crisis services, telepsychiatry, and school mental health. This year, SCDMH's budget request focuses on increasing forensic psychiatric services capacity, youth, and increasing community resources for people with serious mental illnesses. SCDMH is collaborating with SCDJJ and with SCDSS to prevent psychiatric crises. SCDMH is also collaborating with SCDVA to transfer responsibility for the state's Veterans' Nursing Homes to their agency.



Key Officials

Dr. Robert Bank – Acting State Director

Dr. Versie Bellamy – Deputy Director, Division of Inpatient Services

Deborah Blalock – Deputy Director, Division of Community Mental Health Services

Deborah Calcote – Deputy Director, Division of Administrative Services

Lee Bodie – Budget Director

Robin Crawford – Legislative Liaison

FY-25 Budget Request

State Recurring General Funds	\$44,457,000
State Nonrecurring General Funds	\$6,351,000
State Capital Projects	\$19,900,000
 Total Budget Request	 \$70,708,000

1. Continued Operation & Expansion of Forensic Bed Capacity - \$22,020,000

Recurring

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 increased admissions and expanded jail restorations but has been challenged to meet the 40% increase in demand for forensic admissions since the pandemic. To address these increased demands, SCDMH proposes to expand forensic capacity by increasing jail-based competency restoration programming and by adding 34 additional beds for forensic inpatient commitments.

2. Williams S. Hall Capacity - Lodge D - \$6,351,000

Nonrecurring

Among South Carolina's 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 SC Department of Juvenile Justice (SCDJJ) by a family court, but who are determined to have a serious mental illness, are admitted to SCDMH to meet their treatment needs. Through interagency collaboration with SCDJJ and the SC Department of Children's Advocacy, SCDMH has identified the need for hospital and residential treatment to address the continuum of needs for such youth. To meet the psychiatric inpatient hospital treatment needs of those youth, SCDMH has completed specialty renovations to Lodge D in the Hall Child and Adolescent division of Bryan Psychiatric Hospital in Columbia. SCDMH will be utilizing a contractor to provide services to these youth during their placement at Hall. The Lodge D renovations will allow SCDMH to address the needs for this population while awaiting the selected contractor to design, build, and operate the state's psychiatric residential treatment facility.

3. Contracted Community Beds - \$8,000,000

Recurring

The requested funds are used to contract with community and private hospitals 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 emergency departments statewide where patients are often held awaiting acceptance into an available psychiatric hospital bed. The funding directly benefits patients in a psychiatric crisis by enabling them to get needed care in a timelier manner, and directly aids South Carolina's hospital emergency departments by reducing the length of stay of behavioral health patients. Last fiscal year SCDMH funded over 1,800 admissions with nonrecurring funds.

4. Patient Fee Balance (S.399) - \$2,924,000

Recurring

The current application of proviso 35.1 is inclusive of the Veterans' Nursing Home patient fee revenue into the contributions to the deferred maintenance fund and legislative requirements set for SCDMH. The passage of S.399 requires transition of the Veterans' Nursing Homes to the Department of Veterans Affairs (SCDVA). This will alter SCDMH's formula for the contributions to the patient fee revenue, but expenses will remain the same.

5. Transition Specialists Program - \$894,000

Recurring

The Transition Specialists Program assists patients in SCDMH's psychiatric hospitals move back to the community, including forensic patients. The program links patients to housing, psychiatric care, vocational rehabilitation, medical and dental care, and social benefit supports. The Transitions program staff have assisted with discharging over 500 patients out of SCDMH hospitals and back into the community. With these comprehensive services, 96% have been able to successfully stay in the community. The average length of stay for discharged patients has decreased from 2 years, 6 months to 1 year, 8 months due to the success of the program in assisting patients no longer in need of hospitalization achieve a timely discharge. SCDMH proposes to expand the Transition Specialists Program to create even more bed capacity within the state's psychiatric hospitals by assisting appropriate patients successfully transition from the hospital into the community.

6. Assertive Community Treatment (ACT) - \$1,056,000

Recurring

ACT is an evidence-based model that serves adults (18+) living with the most debilitating mental illnesses who need the most intensive in-home services. The model consists of a multidisciplinary team who share the caseloads and serves each patient multiple times per week in their homes. SCDMH currently operates one formerly grant-funded ACT team in Greenville. ACT teams are valuable at preventing patients who are most at risk from needing treatment in emergency departments and hospitals statewide and reduce the probability that such patients become involved in the criminal justice system. SCDMH proposes the creation of 13 ACT teams stationed at community health centers around the state.

7. Child and Adolescent Precrisis Support (CAPS) Teams - \$2,600,000

Recurring

SCDMH proposes to create CAPS teams, consisting of two Mental Health Professionals per mental health center, to address precrisis situations that affect children ages 0-17 and their families statewide, but who 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 families and 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. SC Department of Social Services (SCDSS) and SCDMH leadership designed this program in response to the needs of South Carolina's children.

8. Law Enforcement Embedded Clinicians - \$863,000

Recurring

Law enforcement embedded clinicians strengthen collaboration between mental health and law enforcement agencies through skill development for officers and establishment of service pathways for citizens. The clinicians are master's prepared Mental Health Professionals (MHPs) that provide Crisis Intervention Training (CIT) with agencies. MHPs on crime scenes provide their clinical expertise to victims, who often encounter trauma, allowing officers to focus on safety and investigation. Immediate mental health interventions result in de-escalation of crisis, diversions from jails, and access to needed services. SCDMH proposes to hire 10 additional Masters-prepared mental health professionals to embed in law enforcement agencies around the state to meet their growing demand.

9. Alternative Transportation Program - \$4,000,000

Recurring

SCDMH was provided \$4 million in one-time funding in FY 23-24 from the General Assembly to expand a pilot program statewide to transport non-violent, adult mental health patients who are the subject of an involuntary psychiatric emergency admission. 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 significantly reduces the number of law enforcement transports. It also provides a more appropriate means of transportation that alleviates the stigma and reduces patient anxiety for non-violent patients who have committed no crime. SCDMH is requesting recurring funds to continue the current program and to support ongoing operating expenses. To date, the program has transported just under 1,000 patients.

10. Capitol Complex Embedded Clinician - \$100,000

Recurring

On a daily basis, individuals experiencing mental illnesses call or come onto the grounds of the South Carolina Statehouse and surrounding buildings (the Capitol Complex). These individuals are often in crisis and typically interact with the Governor's Ombudsman's office of public safety officers. SCDMH has hired a full-time Mental Health Professional (MHP) who will provide services to these individuals. The staff member will be embedded in the SC Capital Complex and will provide clinical assessments and therapeutic interventions who display a reasonable need for mental health services. A communication protocol is in development for all bodies and agencies housed at the Capitol Complex to utilize the services of the mental health clinician as appropriate. The position is funded with nonrecurring money through July 1, 2024.

11. Sexually Violent Predator Treatment Program - \$2,000,000

Recurring

Demand for evaluation and admission continues to climb, 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 strict timelines.

State Capital Project Requests



Stone Veterans Nursing Home

Piping replacement	\$5,000,000
Flooring Replacement	\$250,000
Hot Water System Modifications	\$1,000,000
HVAC Replacement/Modifications	\$750,000
Security Fencing	\$250,000
Whole Building Generator	\$1,000,000
Total:	\$8,250,000

Harris Psychiatric Hospital

Pavement and Exterior Lighting Renovations	\$600,000
Walk-in Coolers Repair/Upgrade	\$300,000
Kitchen Hood Replacement	\$450,000
Nursing Station Conversion	\$900,000
Anti-Ligature Renovations	\$3,500,000
Total:	\$5,750,000

Morris Village Alcohol and Drug Addiction Treatment Center

Sidewalks and Drainage	\$500,000
Underground Chilled Water Piping	\$1,100,000
Total:	\$1,600,000

Crafts-Farrow Campus

Campus Electrical Distribution System	\$1,700,000
Campus Building 29 Air Unit Replacement	\$1,500,000
Campus Building 3 Roof Replacement	\$750,000
Total:	\$3,950,000

Bryan Psychiatric Hospital

Bryan Psychiatric Hospital Sidewalk Repairs	\$350,000
Total:	\$350,000

Grand Total Capital Projects: **\$19,900,000**

FY-25 Proviso Request

117.51 – GP: ISCEDC Funding Transfer

The departments of Mental Health, Disabilities and Special Needs, and Juvenile Justice 27 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 28 System for Caring for Emotionally Disturbed Children. Funding transfers shall be in the following amounts: Department of Mental 29 Health - \$595,000, Department of Disabilities and Special Needs - \$379,456, and Department of Juvenile Justice - \$225,000. The 30 transfer of funds shall be accomplished by September thirtieth of the current fiscal year.

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 to increase efficiency so that the distribution for funding does not have to be transferred every fiscal year.