



FY 26-27 Budget Request

# Attendees

Jamie Shuster Godfrey – Senior Healthcare Policy Advisor, Office of the Governor

Robert Bank, MD – Office Director, Office of Mental Health

Sara Goldsby – Office Director, Office of Substance Use Services

Constance Holloway – Office Director, Office of Intellectual and Developmental Disabilities

Robin Crawford – Director of Governmental Affairs, BHDD

# FY 26-27 Budget Requests



# Budget Requests

## BHDD Fiscal Year 2026-27 Budget Request

Priority	Description	Office	Recurring Requests	Nonrecurring Requests	Total Requests
1	OIDD Operations Sustainability	OIDD	\$21,000,000	-	\$21,000,000
2	Sustaining Inpatient Services	OMH	\$15,576,202	-	\$15,576,202
3	Community Programs Support	OMH	\$4,723,089	-	\$4,723,089
4	Expanding Recovery Community Organizations and Outreach Programs	OSUS	\$5,845,000	-	\$5,845,000
5 & 6	Information Technology and Cybersecurity Enhancements	BHDD – All	\$10,000,000	\$14,100,000	\$24,100,000
7	Addiction Treatment Services and Prevention Expansion	OSUS	\$4,275,000	-	\$4,275,000
8	Law Enforcement and Jail Support Programs	OMH	\$3,450,000	-	\$3,450,000
9	Unclaimed Lottery Prize Money for Compulsive Gambling Addiction	OSUS	-	\$250,000	\$250,000
10	Community Owned Homes (Proviso 36.6)	OIDD	-	\$4,000,000	\$4,000,000
11 & 12	Unified Care Platform Technology	BHDD – All	\$39,000,000	\$63,000,000	\$102,000,000
13	Greenwood Genetics	OIDD	-	\$2,150,000	\$2,150,000
<b>Total FY 2026-2027 Budget Request</b>			<b>\$103,869,291</b>	<b>\$83,500,000</b>	<b>\$187,369,291</b>

# OIDD Operations Sustainability – Priority 1

## Total Request - \$21,000,000 (Recurring)

- **Office of Intellectual and Developmental Disabilities (OIDD) Operational Capacity - \$10,000,000**

This request allows OIDD to maintain service capacity and ensure access to quality support services for eligible individuals as it faces increased service demands, rising workforce costs, and rising provider costs. This request would allow OIDD to ensure operations remain stable, provider networks are strengthened, and essential services are sustained for South Carolinians with intellectual, developmental, and other disabilities.
- **State Match Requirement for Intermediate Care Facilities (ICF) - \$4,500,000**

OIDD has worked with SCDHHS to be able to increase its state plan fee-for-service rate in FY26-27. This request would allow the state to account for its match portion of federal funds of these proposed rate increases. The funding is based on a 30% state share for a 70% federal share.
- **Increase in Funded Direct Support Professional (DSP) Positions for OIDD Regional Centers - \$6,500,000**

This request allows OIDD to increase the number of DSP positions at its 5 Regional Centers. Staff recruitment and retention has been challenging during and after the COVID pandemic and as a result, Centers have utilized employee overtime and contract staff. In consultation with a contracted external consulting firm, OIDD has identified the need for 203 new DSP positions at Regional Centers across the state, ensuring adequate staffing levels necessary for quality care and reducing the strain on the existing workforce.

# Sustaining Inpatient Services – Priority 2

## **Total Request - \$15,576,202 (Recurring)**

- **Forensic Inpatient Services - \$5,690,004**

OMH provides forensic inpatient services for adults and juveniles including evaluations for competency to stand trial, competency restoration, treatment of individuals found not competent and not restorable, treatment of individuals found not guilty by reason of insanity (NGRI), and other services. Demand and costs for forensic evaluations and treatment continues to increase. OMH has been under court monitoring for forensic delays for over two decades and has been challenged to meet the increase in demand. This request allows for 9 additional forensic inpatient beds, expanded competency restoration services statewide, long-acting injectable medications to support inmate treatment in detention centers that choose to collaborate with OMH on the administration of these medications, and reduced wait times for competency restoration treatment from 8 months to 4 months within a year. These funds would allow more individuals to be served overall, while also diverting up to 50% of individuals from jails and the forensic hospital and into alternative treatment.

- **Psychiatric Residential Treatment Facility (PRTF)- \$7,466,151**

BHDD provides oversight to Recovery Solutions, which is contracted to operate and maintain the state's PRTF. This facility was primarily designed to treat juveniles committed to DJJ who have been determined to have a mental illness and require treatment in a safe and secure environment. This request accounts for recurring operational expenses based on vendor contracted rates, a scaled plan to reach full occupancy, and projected revenue. The facility will have 24 beds in total and will be staffed and ready to admit up to 12 on its first day. The PRTF is awaiting certification and is expected to open in March 2026.

- **Sexually Violent Predator Treatment Program - \$2,420,047**

Persons committed under the Sexually Violent Predator (SVP) Act are confined to the BHDD Office of Mental Health (OMH). The program census continues to grow, with a 35% growth in census over the last ten years, a net gain of 8 to 9 individuals annually. As of last week, the census was 242 individuals. This growth requires additional statutorily required evaluations to be performed, with strict evaluation timelines required. Due to a growing and aging population of individuals in the program, costs for evaluation and care continue to rise. This request is part of the contractual agreement that OMH has with Recovery Solutions, which operates the program, and would allow OMH to meet the increase in demand for assessments and commitments.

# Community Programs Support – Priority 3

## Total Request - \$4,723,089 (Recurring)

- **988 Lifeline - \$3,595,089**

The 988 Suicide and Crisis Lifeline is a 24/7 nationwide line that people can contact if they are in a behavioral health crisis. South Carolina's goal is to answer 90% of calls originating in the state due to South Carolina call takers' knowledge of local resources, and their ability to connect callers to those resources. The call volume in South Carolina has increased around 20% over the last calendar year and the in-state answer rate for December 2025 was 84.8%. Currently the 988 Lifeline is funded by a combination of state appropriations and federal grant funds that end in September. The federal grant funds were given to states to build 988 infrastructure with the goal of each state self-sustaining the program. The amount requested provides sustainability for 988 in South Carolina at its current operational level. It also allows for the expansion of in-state text and chat response capability by providing for the addition of 12 contact responders. Research shows that callers 25 and under prefer to use the text and chat features rather than the call feature.

- **Americans with Disabilities Act (ADA) Compliance Agreement - \$1,128,000**

In December 2024, the US Department of Justice (DOJ) sued the state based on allegations that the state was unnecessarily segregating adults with severe mental illness. The state signed a settlement agreement with the DOJ and agreed that BHDD would request funds for additional community support services. This request represents the cost for part of those additional community support services, with additional requests that fulfill the DOJ agreement to be put forward next fiscal year. These additional community support services include \$696,000 this fiscal year for eight additional mobile crisis staff who will be placed at the Waccamaw, Catawba, Coastal, and Santee Wateree mental health centers which serve Horry, Georgetown, Williamsburg, York, Chester, Lancaster, Beaufort, Jasper, Allendale, Hampton, Colleton, Sumter, Lee, Clarendon, and Kershaw counties; \$232,000 this fiscal year for four additional certified peer support specialists to be located Waccamaw, Orangeburg, Charleston and Berkeley mental health centers which serve Horry, Georgetown, Williamsburg, Orangeburg, Charleston, Dorchester, and Berkeley counties; and \$200,000 this fiscal year in rental assistance for permanent supportive housing for seriously mentally ill patients statewide.

# Expanding Recovery Community Organizations and Outreach Programs – Priority 4

## Total Request - \$5,845,000 (Recurring)

- **Sustaining and Expanding Recovery Community Organizations and Outreach Programs - \$2,000,000**

Recovery community organizations provide outreach and engagement services to individuals and families currently struggling with alcohol and drug use who are often underserved without access to healthcare. They also provide services for those who are in recovery from substance use disorders working to build coping skills and resilience through peer and community connections such as coaching and mutual aid support. Data shows that one-time federal funds allowed the Office of Substance Use Services to support 957 Family Recovery Groups; 3,024 Substance Use Recovery Groups; 2,317 Family Recovery Coaching Session; 14,280 Substance Use Recovery Coaching Sessions; 2,882 referrals to social service supports; 771 referrals to substance use treatment; 52 Peer Support Certification trainings which certified 280 individuals; engagement in 1,293 outreach and educational events; and guided 767 individuals in safe and affordable recovery housing. In total 24,166 individuals were served statewide. Long-term funding is essential to ensuring access to these necessary services.

- **Residential Treatment and Withdrawal Management Access - \$3,845,000**

These programs offer short-term medical addiction stabilization and residential care for high-acuity patients who are uninsured and indigent. This request represents the annual amount necessary to maintain medical withdrawal management services, transitional beds, and inpatient services to capacity at the county alcohol and drug authorities with those programs. Funds will help cover the increasing cost of operations including attracting and retaining qualified medical and clinical staff; support essentials such as security, food, and linens; and ensuring bed accessibility for patients regardless of their ability to pay. In FY25 the programs served 2,526 patients, 1,339 of whom were uninsured and unable to pay for the services they received. Combined with grants and fee-for-service reimbursement, this request would ensure operability and accessibility of 40 withdrawal management beds, 63 residential beds, and 16 transitional beds. If funds are not received, programs will have to close bed availability.

# Information Technology and Cybersecurity Enhancement – Priority 5 & 6



**Total Request - \$24,100,000 (Recurring and Nonrecurring)**

**Recurring Request: \$10,000,000; Nonrecurring Request: \$14,100,000**

The current BHDD network is comprised of a patchwork of network equipment that is difficult to support and does not provide the stable, secure connectivity critical to delivery of quality services statewide. Replacing this network equipment and moving network support to the Department of Administration (DOA)'s IT Shared Services will provide sustainable, secure connectivity for all BHDD Offices and improve technology support. Prior to the establishment of BHDD, OIDD and OMH had their own data centers and independent desktop environments, creating an environment with limited observability that culminated in many security vulnerabilities. DOA has initiated the migration of the Office's stand-alone servers, storage appliances, and desktop to the Shared Services platforms, providing redundancy and security supported by highly specialized staff. This initiative provides standardization such as integration of the three Office's environments (email, Teams, network drives, etc.) into one single BHDD environment. The process of migration is highly technical and complex, and the DOA will utilize state contract vendors to aid in the process, ensuring rapid results while minimizing risk for the Department and the citizens it serves.

# Addiction Treatment Services and Prevention Expansion – Priority 7



## Total Request - \$4,275,000 (Recurring)

- **Addiction Treatment Services for Uninsured and Indigent - \$3,000,000**

This request would support fee-for-service payment for clinical outpatient care, inpatient treatment, withdrawal management, case management, and methadone services. It aligns with the SC Department of Health and Human Services increase in Medicaid reimbursement rates, as the Office of Substance Use Services strives to align payment for the uninsured with the Medicaid fee schedule. This request also represents \$200,000 that supports reimbursement of the costs of transportation patients with no other means to clinical care.

- **Prevention Services Expansion - \$1,275,000**

This request represents \$465,000 in funds to support the community-based prevention specialists in counties that are currently without these positions such as Oconee, Kershaw, Orangeburg, Allendale, Edgefield, Saluda, and others. With these funds, every county in the state would have a prevention specialist to engage in community prevention strategies and drug-free community coalition building. It also represents \$810,000 to support the increase in resources for all 31 county alcohol and drug authorities to purchase needed supplies and materials to implement effective primary prevention strategies. Investing in primary prevention programs that address higher-risk behaviors and work to prevent negative outcomes before they occur can lessen the cost burden to public safety, the criminal justice system, education, and healthcare long term. Additional resources will increase the human capital needed to implement effective prevention programs and strategies statewide.

# Law Enforcement and Jail Support Programs– Priority 8

## Total Request - \$3,450,000 (Recurring)

- **Berkeley and Orangeburg County Jail Programs - \$800,000**

This request replaces the nonrecurring funds received over the past several fiscal years used to support the programs between the Berkeley Community Mental Health Center and the Berkeley County Sheriff's Department Hill-Finklea Detention Center, and the Orangeburg Area Mental Health Center and the Orangeburg-Calhoun Regional Detention Center. Mental health clinicians and psychiatrists are embedded in the detention centers and provide services such as therapy and medication management to inmates who are referred to the program. The program demonstrates that increased access to care decreases safety concerns and recidivism post-release from the detention center. This request supports the continuation of the pilot program in Berkeley County and expansion of the program in Orangeburg County. In FY25, 2,699 services were provided to inmates in this program in Berkeley County. Since implementation in 2025, 248 services have been provided to inmates in Orangeburg County.

- **Alternative Transportation Program - \$2,650,000**

OMH received funding from the General Assembly to create the Alternative Transportation Program to transport involuntarily committed, nonviolent, adult psychiatric patients. Transport is provided by a private contractor, Allied Universal, that utilizes specially equipped unmarked vehicles and drivers with specialized training. This recurring request replaces nonrecurring funds received last fiscal year. Since January 2024, over 6,800 transports from over 60 hospitals around the state have been completed. The program does not replace the need for law enforcement to provide some patient transports; however, the program significantly reduces their involvement. Alternative transportation is often a more appropriate option and offers patients human dignity.

# Unclaimed Lottery Prize Money for Compulsive Gambling Services – Priority 9



## Total Request - \$250,000 (Nonrecurring)

- **Unclaimed Lottery Prize Money for Compulsive Gambling Services - \$250,000**

Section 59150230 (I) of the South Carolina Education Lottery Act directs that a portion of unclaimed prize money, to be determined through the annual appropriations process, be appropriated to the Office of Substance Use Services for the prevention and treatment of compulsive gambling and educational programs related to gambling disorders. This is to include a resource to call for problem gambling, prevention programming, the implementation of public education efforts, and availability of behavioral health services for compulsive gambling disorder. OSUS contracts with the county alcohol and drug authorities to provide gambling treatment services. Without funds, direct services for problem gambling will not be available for individuals who have no means to pay for care.

# Community Owned Homes (Proviso 36.6) – Priority 10

## Total Request - \$4,000,000 (Nonrecurring, Capital)

- **OIDD Community Owned Homes - \$4,000,000**

To increase residential capacity in the community, OIDD purchased buildings for local providers to operate. A November 2017 Senate Oversight Committee report recommended that OIDD divest itself of properties within the community by transitioning the OIDD owned properties to the providers that operate them. Significant deferred maintenance must be addressed prior to conveyance as outlined in Proviso 36.6. OIDD solicited and received assessments for maintenance and improvements by providers and surveyed their willingness to consider a property transfer. Based on the results of this survey, OIDD estimates that providers will accept approximately 45 buildings if deferred maintenance is performed. This request for nonrecurring funding for deferred maintenance needs would allow OIDD to restore 22 of the 45 properties in year one of a multi-year plan.

# Unified Care Platform Technology – Priority 11 & 12

## Total Request - \$102,000,000 (Recurring and Nonrecurring)

**Recurring Request: \$39,000,000; Nonrecurring Request: \$63,000,000**

The Department requests state funding to implement a Unified Care Platform that modernizes and integrates the state’s behavioral health and developmental disability information systems, enabling collaboration and accountability as outlined in BHDD’s enacting legislation. The platform will replace outdated, disconnected technologies with a single, secure system that supports coordinated care, combines the patient’s health record with case management records into a single holistic record, enhances accountability, and improves outcomes for individuals served across South Carolina across all of BHDD. Demand for behavioral health and disability services continues to rise statewide, while existing systems remain fragmented and inefficient. Providers, families, and regional offices rely on multiple legacy programs that cannot share information. A unified platform is necessary to: improve continuity of care through real-time information sharing among authorized users; provide constituents with a single digital entry point for all interactions; reduce administrative burden by consolidating assessments, reporting, and case management functions; support stronger oversight using standardized outcomes data and improved fiscal tracking; and enhance service access for individuals and families. Without modernization, the Department’s ability to meet state and federal reporting requirements, respond to growing service demand, and manage resources effectively will remain limited. The Unified Care Platform will position the Department and the state to make data-driven decisions, improve service quality, and ensure the responsible stewardship of state funds.

Technology Component	Non-Recurring Estimate	Recurring Estimate	Total Estimated Cost
Unified patient record on a single data platform	\$42M	\$21M	\$63M
Integrated communication and digital front door	\$21M	\$18M	\$39M
Total	\$63M	\$39M	\$102M

# Greenwood Genetics – Priority 13

## Total Request - \$2,150,000 (Nonrecurring)

- **Physical and Cybersecurity Enhancements**

This request represents passthrough funds to the Greenwood Genetics Center. These funds would strengthen the physical and cybersecurity systems safeguarding DNA and RNA samples from almost 500,000 patients collected over five decades. This critical data is used in genetic and genomic research.

- **Continuation of Caroll A. Campbell, Jr. Alzheimer's Initiative**

This request supports continuation of the Campbell Alzheimer's Initiative. In FY24, a \$2m nonrecurring state appropriation was given to pursue innovative cellular therapies for the treatment of Alzheimer's and other neurodegenerative diseases and disorders. Through this initiative, Greenwood Genetic Center and its partners have made significant progress to establish the necessary research infrastructure for this project, including laboratory renovations and the acquisition of specialized instrumentation allowing for the production of cellular therapies for testing in cell and animal models.

# FY 2026-27 Proviso Requests



# Proviso Requests



## **ADD:**

The following Full-time Equivalent (FTE) positions authorized and for which funds are appropriated in Part IA of this act serve in an at-will capacity and are exempt from the provisions of Article 5, Chapter 17 of Title 8 of the S.C. Code of Laws:

- 1) Any position, regardless of title or the organizational reporting structure for that position, functioning as the director or administrative head of an Office or Division of the Department of Behavioral Health and Developmental Disabilities.
- 2) Any position that reports directly to a position functioning as the director or administrative head of an Office or Division of the Department of Behavioral Health and Developmental Disabilities.
- 3) Any position, regardless of title or organizational reporting structure, functioning as the director or administrative head of (a) financial operations, (b) human resources, or (c) legal affairs for the Department of Behavioral Health and Developmental Disabilities.

The exemptions established by this proviso are in addition to and should be read in conjunction with any permanent law regarding the at-will status of any other FTE position within the Department of Behavioral Health and Developmental Disabilities.

## **AMEND:**

35.10 (BHDD: Orangeburg Supportive Housing) The Office of Mental Health, through its Orangeburg Area Mental Health Center, is authorized to utilize up to two million dollars of its available one-time funds to collaborate with a housing complex/landlord in Orangeburg County to create a supportive housing program. The department shall provide a report on the status of its efforts to the Chairman of the Senate Finance Committee, the Chairman of the Senate Medical Affairs Committee, the Chairman of the House Ways and Means Committee, and the Chairman of the Medical, Military, Public, and Municipal Affairs Committee by January 10, 2027.