



**Fiscal Year 2023 – 2024**

**Budget Request**

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## Introduction

The recurring operational funding requests of the Department of Mental Health, listed below, fall under the categories of **Community Mental Health; Inpatient Services; Veterans Nursing Homes/Long Term Care; and Sexually Violent Predator Treatment Program (SVPTP)**.

It's important to highlight that while the budget requests are arranged in separate categories, Community Mental Health and Inpatient Mental Health are closely interrelated. The needed number of inpatient psychiatric beds – the most restrictive and expensive level of care for persons in need of mental health treatment – correlates to the volume and types of available community mental health services. The more robust and comprehensive a state's community mental health services system—in particular, its crisis services--the fewer the number of needed State hospital beds.

Moreover, and both Community Mental Health and Inpatient Mental Health, as well as Long-Term Care, depend on very similar support staff to be able to efficiently and effectively deliver clinical care to patients and residents.

## Recurring Requests

### **Community Mental Health**

#### 988 Crisis Continuum of Care

On July 16, 2022, the 988-telephone number replaced the previous 10-digit National Suicide Prevention Lifeline. Although short-term grant funding accompanied the introduction of 988 to support local call centers, it is up to each State to provide its own Crisis Continuum of Care to assist callers in serious emotional distress.

#### **Crisis Continuum of Care Total**

**\$8,508,000**

An effective 988 crisis response system includes three key components:

- (1) Someone to answer the call: this component requires 24/7 call centers adequately staffed to by specially trained individuals to answer all 988 calls originating from persons in South Carolina;
- (2) Someone to respond: this component requires a sufficient number of mobile crisis teams which can be dispatched to a scene 24/7 in a timely manner to effectively assist people in crisis and assess their immediate needs;
- (3) A safe place to go for care: this component requires a regional network of crisis stabilization units to safely provide short-term observation, treatment and linkage to follow-up care.

When all three components are available, most behavioral health crisis can be successfully resolved without the need for hospitalization, saving both lives and resources.

**1. 988 Suicide Prevention Lifeline Call Center \$2,208,000**

- The State's only current certified call center has been operated since 1990 by a nonprofit organization. The Department's Charleston Dorchester Mental Health Center (CDMHC) is creating and will operate the state's second certified 988 call center, being fully operational by early 2023.
- DMH requests \$2,208,000 for the recurring operational costs of the CDMHC call center. Ensuring SC callers in distress will be able to reach an in-State certified call center requires stable, consistent funding.

**2. Mobile Crisis Dispatch and Response Teams \$4,800,000**

- DMH operates a statewide Mobile Crisis program. Mobile Crisis provides telephonic, telehealth and in-person emergency mental health screening and assessment 24/7/365. A mobile crisis team is based at each of the 16 DMH community mental health centers, which cover all 46 counties.
- The agency requests \$4,800,000 in recurring funding to support additional operating costs for existing MC staff and the expansion of an additional two-person mobile crisis team for each of the 16 mental health centers.

**3. Crisis Stabilization Units and Crisis Receiving Units \$1,500,000**

- Crisis Stabilization Units (CSUs) are short-term residential psychiatric programs where non-violent persons in a behavioral crisis can be cared for and safely assessed, generally as a more appropriate and less expensive alternative to a hospital emergency department or inpatient psychiatric hospital unit.
- Currently, DMH operates one CSU in Charleston and is developing a Midlands CSU in Columbia with one-time appropriated funds. The Department's eventual goal is a total of 8 CSUs across the state to be determined in collaboration with DHHS.
- The agency requests an additional \$1,500,000 in recurring funding for the operation of the Midlands CSU.

**Mental Health Professionals Salary Increase \$10,740,000**

- The vast majority of the agency's community mental health services are delivered by its master's prepared clinical staff known as mental health professionals (MHPs). Whether providing clinic-based services to adults and children, school mental health services or mobile crisis services, MHPs are the backbone of the community mental health service delivery system.
- Because of its relatively low salaries, the Department unsuccessfully competes with schools, private providers, other state agencies, FQHCs, and now out-of-state telehealth networks for MHPs. In a recent report, the

Department of Administration, Office of Human Resources found that DMH salaries for its MHPs were approximately 40% below market, with a resulting high vacancy rate. Without the needed number of MHPs, average caseloads in DMH mental health centers have become unacceptably high, well-above the agency's recommended guidelines. More citizens in need of mental health care will suffer if DMH cannot raise its MHP salaries in order to successfully recruit the needed staff

### **Alternative Transportation**

**\$4,000,000**

- DMH has utilized \$1 million in one-time funding from the General Assembly to develop a pilot program to transport non-violent adults who are the subject of an involuntary psychiatric emergency admission. Transports are provided by a private contractor using specially equipped unmarked vehicles and drivers with extensive mental health training wearing professional civilian attire. The goal of the pilot program is to demonstrate that many psychiatric patients can be safely and securely transported without the need to call law enforcement.
- The program will not replace the need for law enforcement to provide some patient transports. However, it is hoped that the program will help to significantly reduce the number of law enforcement transports by providing a more appropriate and humane alternative for non-violent patients who have committed no crime.
- DMH is requesting recurring funds to both continue the current program and expand it beyond its current 10-county pilot region to cover an additional 20 counties, including those with large population centers.

### **Office of Suicide Prevention**

**\$648,000**

The DMH Office of Suicide Prevention started as a program funded by a five-year federal grant to reduce suicide among youth and young adults. Through trainings and presentations to more than 20,000 state citizens and the creation of partnerships with it has raised awareness and created suicide prevention and care pathways through state agencies, school systems, nonprofits, faith-based communities, and numerous health care providers. Grants, all of which end on or before December 2023, are currently the sole funding for the office. DMH requests recurring funding of \$648,000 to continue its critical and important suicide prevention efforts.

### **Assertive Community Treatment**

**\$790,000**

ACT is an evidence-based practice that provides intensive community-based behavioral health services for those individuals with serious mental illnesses and co-occurring disorders whose impairments are such that they do not readily engage in clinic-based treatment and who are correspondingly at high risk for hospitalization or arrest. While ACT is a proven multi-disciplinary team approach which is highly successful for the challenging sub-set of patients who are most at risk of involvement in the criminal justice

system, it requires a high staff/patient ratio with low-caseloads and frequent travel to meet patients where they are.

## **Inpatient Services**

### **Total Request**

**\$12,740,000**

The Department's mission of providing needed mental health care and long-term care services requires an adequate work force consisting of many diverse types of qualified staff. Each category of staff needed by SCDMH corresponds to a category that is also in demand from other government agencies and private sector employers. Based on the enormous difficulty the agency has been experiencing in filling its hundreds of vacant positions, it is clear that the agency must significantly raise salaries if it is to retain its current staff as well as recruit new employees to fill its vacant positions.

### **Restoring and sustaining hospital and long-term care services**

**\$7,310,000**

There are multiple types of clinical staff other than psychiatrists and registered nurses needed to provide psychiatric hospital services and long-term nursing care services – LPNs, Behavioral Health Assistants, Certified Nursing Assistants, Social Workers, Counselors, Lab and Pharmacy Techs. There are additionally other positions critical to ensuring the health and safety of patients in hospitals and the vulnerable residents of nursing homes. Those include Food Service, Environmental Services and Building Maintenance staff. Because of a current salary structure well below the current market, SCDMH is struggling with high vacancy rates in all of these critically needed staff categories. In order to both to restore and maintain adequate numbers of staff in these vital clinical support areas, the recurring funds requested -- \$7,310,000 – represents the amount needed to increase salaries for these essential categories of staff to a near market rate.

### **Expansion of Bed Capacity**

**\$5,430,000**

DMH operates two State psychiatric hospitals, G. Werber Bryan Psychiatric Hospital (Bryan) in Columbia and the Patrick B. Harris Psychiatric Hospital (Harris) in Anderson, as well as Morris Village, its hospital for the treatment of patients with substance use disorders. In the current fiscal year, DMH has undertaken an effort to increase the available bed capacity at both Bryan and Harris through hiring additional staff. The agency's goal for FY 23 is an average daily census of 112 at Bryan and an average daily census of 98 at Harris. DMH is requesting funds to further increase available bed capacity at Bryan Psychiatric Hospital by 24 beds.

The recurring funds requested -- \$5,430,000 – represents the cost to hire the needed additional staff to further increase the number of available beds at Bryan Psychiatric Hospital by 24 beds, to an average daily census of 136.

## **Contracted Community Beds**

**\$10,000,000**

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 care for, benefiting both the patients and the hospital emergency departments around the State where such patients are often held awaiting the acceptance into an available psychiatric hospital bed.

SCDMH through its mental health centers has an established process for (i) managing requests for funding of indigent patients' admission; (ii) making approval/disapproval decisions; and (iii) a record keeping/tracking system which details how the contract funds were utilized, the number of patients helped and their lengths of hospitalization.

This funding directly benefits patients in a psychiatric crisis by enabling them to get needed care in a timelier manner, and indirectly aids South Carolina's hospital emergency rooms by reducing the length of stay of behavioral health patients.

## **State Operated Intensive Group Home**

**\$900,000**

In addition to a current project to create of a State (DMH) operated Psychiatric Residential Treatment Facility (PRTF), there is an additional ongoing need for a Group Home with intensive therapeutic services to serve those adolescents in State care or custody, frequently from DJJ, who because of past behaviors are not accepted for services in the State's privately operated licensed Group Homes. have mental health treatment needs.

The requested funds would enable DMH to issue a request for proposals (RFP) from a private contractor to provide a small – under 17 beds – licensed group home offering on-site therapeutic services. The estimated contractual cost for such a facility is estimated to be \$1.8 million annually. The requested amount is based on the expectation that the RFP process would require approximately 6 months to complete.

## **DMH Medical Clinic**

**\$318,000**

The DMH Medical Clinic is located off of Farrow Road on the Midlands Center campus in close proximity to Bryan and Morris Village. It houses both an employee health clinic for those hospitals, as well as specialty ambulatory health care services for patients of the Department's psychiatric hospitals.

The recurring funding requested will replace one-time funding for the clinic's operating budget (\$257,000), as well as funding to support the increasing contract staffing costs of the specialty clinics (\$61,000).

# State Veterans Nursing Homes/Long-term Care

## State Nursing Homes

**\$8,840,000**

*[Note: There are pending rate increase requests for all four of the contractually operated State Veterans Nursing Homes. The amounts in red will increase, but the amount of the increases is still being determined.]*

### 1. Campbell State Veterans Nursing Home (Anderson) **\$3,092,000**

- The average daily census for Campbell nursing home should remain stable in FY 23-24.
- The requested amount will fund the annual increase for the contracted management, staffing and operation of Campbell.

### 2. Veteran Village Veterans Nursing Home (Florence) **\$1,574,000**

- Veteran Village opened January 2022.
- The average daily census for FY 23-24 will continue to increase.
- The requested amount is needed for the cost of the census increases and the annual increase for the contracted management, staffing an operation of the facility.

### 3. Palmetto Patriots Veterans Nursing Home (Gaffney) **\$1,339,000**

- Palmetto Patriots opened March 2022.
- The average daily census during FY 23 - 24 will continue to increase.
- The requested amount is needed for the cost of the census increases and the annual increase for the contracted management, staffing an operation of the facility.

### 4. C.M. Tucker Nursing Care Center - Stone Veterans Pavilion **\$920,000**

- The average daily census for Stone should remain stable in FY 23-24.
- The requested amount is needed to pay for the increased cost of nursing and direct care staffing at Stone.

### 5. C.M. Tucker Nursing Care Center - Roddey Pavilion **\$1,915,000**

- The average daily census for Roddey should remain stable in FY 23-24.
- The requested amount is needed to pay for the increased cost of nursing and direct care staffing at Roddey.



# Sexually Violent Predator Treatment Program

## Sexually Violent Predator Treatment Program (SVPTP)

**\$1,455,000**

- **\$1,360,355** represents the Department's expected annual increase for the contracted management, staffing and operation for the state's Sexually Violent Predator Treatment Program.
  - DMH projects a 3% increase in the average daily census based on trends.
  - With a rising census, DMH requests additional funding paying for the associated contractual obligation of \$215,255.
  - The contract requires that SCDMH to seek an annual rate increase for its contractor based on the most recent South Region Medical Services Consumer Price Index (CPI) cost increase. of 5.2% or \$1,145,400.
- **\$94,345** represents the expected increase in its direct expenses, consisting of DMH contract oversight staff, building utilities, and supplies.

## Proviso Requests

### Elimination of Remittances

DMH requests removing the requirement to send \$290,963 of its earned revenue to the General Fund, as directed in Proviso 35.1. Elimination of this requirement will allow the Department to spend its earned revenue on DMH operations.

DMH also requests removing the requirement to send \$400,000 of its earned revenue to the Continuum of Care, as directed in Proviso 35.1. Elimination of this requirement will allow the Department to spend its earned revenue on DMH operations.

DMH understand the Department of Child Advocacy will submit a budget request supporting the elimination of the transfer of funding from DMH to Continuum of Care out of agency patient fee revenues and request replacement funding in the form recurring state appropriations.

35.1 (DMH: Patient Fee Account) The Department of Mental Health is hereby authorized to retain and expend its Patient Fee Account funds. In addition to funds collected for the maintenance and medical care for patients, Medicare funds collected by the department from patients' Medicare benefits and funds collected by the department from its veteran facilities shall be considered as patient fees. The department is authorized to expend these funds for departmental operations, for capital improvements and debt service under the provisions of Act 1276 of 1970, and for the cost of patients' Medicare Part B premiums. The department shall remit ~~\$290,963 to the General Fund, \$400,000 to the Continuum of Care, \$50,000 to the Alliance for the Mentally Ill, and \$250,000 to S.C. Share Self Help Association Regarding Emotions.~~

### **One-time Amendment to SVP Lease Payments Proviso**

DMH requests a one-time amendment to authorize its receipt of Excess Lease Funds in accordance with its Agreement with the SFAA arising from the issuance of Lease Revenue bonds to fund the construction of the buildings housing the Sexually Violent Predator Treatment Program.

35.8 (DMH: Lease Payments to SFAA for SVP Program; Excess Lease Funds) In the current fiscal year, funds appropriated and authorized to the Department of Mental Health for Lease Payments to the State Fiscal Accountability Authority for the Sexually Violent Predator Program are exempt from any across-the-board base reductions. In accordance with the Lease and Use Agreement between the Department of Mental Health and the State Fiscal Accountability Authority, the Department is authorized to receive excess lease funds in the amount of \$1,914,471.41 and utilize such funds for the Department's deferred maintenance, capital projects, ordinary repair and maintenance.

### **ISCEDC Proviso 117.51**

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 117.52.

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

**Permanent Transfer to DHHS for School Mental Health Funding** **\$ (5,700,000)**

*[Note: For the first time in at least 20 years, SCDMH is not including any of its capital needs in its annual budget request. Due to the historically large number of vacant positions, the Department has accumulated a substantial amount of carry forward funding that it is using to address its deferred maintenance and capital needs.]*