



In 2006, South Carolina's mental health system received a B grade, one of the few states to reach the B range. In 2009, its grade is a D. This precipitous drop reflects the devastation of community mental health care at a point when the state is struggling with a budget crisis.

The South Carolina Department of Mental Health (DMH) is an independent agency reporting to the South Carolina Mental Health Commission. The agency's employees provide mental health services at state hospitals and 17 community mental health centers.

South Carolina supports a number of innovative programs. For example, a private foundation, the Duke Endowment, has given several million dollars to provide every rural hospital emergency room with 24/7 access to board-certified psychiatrists via telemedicine. DMH is also enlisting psychiatric residents at the state's two medical schools to do some of their required training at state facilities.

In Columbia, the Impact Program provides intensive case management and treatment to high users of crisis services. Mental health professionals are on-site at the Alvin S. Glenn Detention Center to provide crisis intervention, assessment, and discharge planning—coordinating with the local mental health court and substance abuse providers.

DMH created a DVD for first-responder training of law enforcement and emergency medical services. The state also has police Crisis Intervention Team (CIT) programs in many communities, five mental health courts, and Medicaid benefits that are suspended, rather than terminated, during incarceration and restored upon release.

Because of the significant military presence in the state, South Carolina launched a major initiative in 2008 for mental health and substance abuse treatment for members of the National Guard and their families.

But significant service gaps exist. Housing is one—the state's vision does not go far beyond stabilization of symptoms and life in custodial community residential care facilities (CRCFs). Since 2006, closings of CRCFs and, in one case a death due to neglect in a CRCF, have filled local newspapers. DMH's response to NAMI's survey indicated that only 210 clients receive DMH-sponsored rent subsidies. Lack of affordable supported housing options hamper hospital discharge planning.

The state's evidence-based practices (EBPs)—Assertive Community Treatment (ACT) and supported employment—show fidelity to national models but are not available statewide. There is limited access to services in rural areas and shortages of both inpatient and community mental health workers. Access to psychiatric medication can be restricted under the state Medicaid program for those who choose the managed care option.

Innovations

- Telepsychiatry in rural hospital emergency rooms
- Impact Program in Columbia
- Services for veterans

Urgent Needs

- Expansion of evidence-based practices
- CIT and jail diversion
- Mental health services in jails and prisons
- Housing options
- Access to care in rural areas

Consumer and Family Comments

- *"The commitment and capabilities of public mental health staff varies. It is amazing how in the face of continual economic cut-backs that many of these individuals have remained committed to their job."*
- *"The services I receive are of first-class quality. I am deeply concerned about this quality being maintained with state funding so greatly reduced."*
- *"It is difficult to get into help quickly without a long waitlist. Once I realized I was in trouble, I tried to get help but was put off as long as a month for care. I ended up being involuntarily committed to a psychiatric facility."*

South Carolina's D grade reflects a lack of housing options, lack of EBPs, and variation in service availability and quality across the state. The state reports no certified clubhouse programs, dual diagnosis treatment, permanent supported housing, or jail diversion programs. Lack of mental health treatment in jails and prisons prompted a class action lawsuit against the Department of Corrections.

Heading into 2009, a \$40 million cut in DMH's budget—25 percent of its total budget—has shattered many hopes. Staff have been cut.

In 2008, the state legislature formed a "Delivery of Behavioral Health Care Services" Study Committee to recommend solutions to the mental health crisis by February 2010. Mental health advocacy organizations, the Sheriffs' Association, the University of South Carolina Medical School, and others have established a "Partners in Crisis" group, chaired by mental health court Judge Amy McCulloch, to address the deteriorating condition of mental health services.

The precarious nature of South Carolina's standing today is a clear signal that political will is needed to restore past levels of care and maintain momentum for reform. During a period of financial crisis, this will be a difficult challenge.