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**VERSIONS OF THIS BILL**

[12/05/2024](https://www.scstatehouse.gov/sess126_2025-2026/prever/3088_20241205.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING ARTICLE 13 TO CHAPTER 22, TITLE 17 SO AS TO CREATE A PILOT “BEHAVIORAL HEALTH CONDITIONAL DISCHARGE PROGRAM” TO OPERATE IN CERTAIN COUNTIES AS DETERMINED BY THE SOUTH CAROLINA SUPREME COURT IN COORDINATION WITH CIRCUIT SOLICITORS AND DEFENSE ATTORNEYS TO OFFER AN ALTERNATIVE TO INCARCERATION FOR CERTAIN OFFENDERS WITH BEHAVIORAL HEALTH DISORDERS; TO ESTABLISH CRITERIA FOR THE PILOT PROGRAM; TO REQUIRE CERTAIN EXECUTIVE BRANCH DEPARTMENTS TO FACILITATE SERVICES OF THE PILOT PROGRAM, INCLUDING TREATMENT AND VOCATIONAL SERVICES; TO REQUIRE DATA COLLECTION AND REPORTING TO SOUTH CAROLINA COURT ADMINISTRATION, THE GENERAL ASSEMBLY, AND THE GOVERNOR; TO CREATE AN ADVISORY COUNCIL FOR ASSISTING WITH IMPLEMENTATION OF THE PILOT PROGRAM, INCLUDING MEMBERSHIP AND DUTIES; TO CREATE A TRUST FUND FOR PURPOSES OF THE PILOT PROGRAM; AND FOR OTHER PURPOSES.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Chapter 22, Title 17 of the S.C. Code is amended by adding:

Article 13

Behavioral Health Conditional Dismissal Program

 Section 17‑22‑1310. (A) A pilot program shall be established in no less than ten counties selected by the Chief Justice of the South Carolina Supreme Court for purposes of offering a behavioral health conditional dismissal program. The pilot program shall begin January 1, 2026, and shall operate for four years unless extended or limited by the General Assembly.

 (B) Each participating county shall have access to:

 (1) medication‑assisted treatment;

 (2) recovery services as defined in Section 17‑22‑1320; and

 (3) educational and vocational services sufficient to provide training and assistance required pursuant to Section 17‑22‑1390.

 (C)(1) In accordance with the provisions of this subsection, every behavioral health treatment program provider in the pilot program shall collect and maintain data relating to program participants under their care, designed to inform the outcomes and effectiveness of the pilot program, for submission to the Office of Court Administration.

 (2) A report must be filed for each program participant no later than fourteen days following the initiation of treatment. The data to be collected and submitted in the report must include the following information regarding each participant:

 (a) age, gender, and race or ethnicity;

 (b) housing history;

 (c) educational history;

 (d) employment history;

 (e) past involvement in addiction recovery and treatment for a substance use disorder;

 (f) past treatment for a mental health disorder; and

 (g) criminal history.

 (3) A second report must be filed for each program participant identified in item (2) no later than twenty‑eight days after the filing of the initial report and must provide the progression of the program participant including, but not limited to:

 (a) continuation in the program;

 (b) the status and type of recommended treatment;

 (c) employment or job training;

 (d) the status and type of educational training;

 (e) housing status;

 (f) any other information the program provider determines may assist in evaluation of the pilot program; and

 (g) if the program participant has been discharged from the program due to inability or unwillingness to meet the terms and conditions of the treatment program, the specific reason for the discharge.

 (4) Subsequent reports must be filed on a quarterly basis. The initial report must be submitted no later than April 15, 2026, with reports thereafter on January fifteenth, April fifteenth, July fifteenth, and October fifteenth of each year of the pilot program. The quarterly reports must include for the reporting period:

 (a) the information required pursuant to item (3) as it relates to each program participant, including the length of time the individual has been a program participant;

 (b) the number of clinical assessments performed by the program provider;

 (c) the total number of individuals participating in the behavioral health conditional dismissal program with that provider;

 (d) the number of individuals who remain in compliance with the terms and conditions of the treatment program;

 (e) the number of individuals who have been discharged from the program due to inability or unwillingness to meet the terms and conditions of the treatment program, including the specific reason for the discharge;

 (f) for any individual discharged pursuant to subitem (e), the length of time the individual participated in the program;

 (g) the number of individuals who have been discharged from the program upon successful completion of the treatment program requirements;

 (h) the number of individuals who have received medication‑assisted treatment and the result of that treatment;

 (i) the number of individuals who have completed a recommended job skills or job training program; and

 (j) the number of individuals who have completed a recommended educational component of the program.

 (5) A final report must be filed for each program participant no later than thirty days following discharge from the program and must contain, at a minimum, the following information:

 (a) if the discharge from the program was due to an inability or unwillingness to meet the terms and conditions of the treatment program:

 (i) the specific reason for the discharge;

 (ii) the length of time the individual participated in the program;

 (iii) the goals met during the participation period;

 (iv) the identified barriers to completion of the program, if known; and

 (v) recommended adjustments to the behavioral health conditional dismissal program that could provide a greater probability of successful completion for similar participants; and

 (b) if the discharge from the program occurred upon successful completion of the program requirements:

 (i) the length of time the individual participated in the program;

 (ii) a summary of the specific programs completed and goals attained by the participant;

 (iii) what continued treatment, if any, is recommended; and

 (iv) recommended adjustments to the behavioral health conditional dismissal program that could provide greater benefit to similar participants.

 (D)(1) Every circuit solicitor participating in the pilot program shall submit quarterly reports to the Office of Court Administration. The initial quarterly report must be submitted no later than April 15, 2026, with reports due thereafter on January fifteenth, April fifteenth, July fifteenth, and October fifteenth of each year of the pilot program. The quarterly reports must include for the reporting period:

 (a) the number of eligible defendants, including each defendant’s race, ethnicity, and gender, who were offered participation in the behavioral health conditional dismissal program but declined to participate;

 (b) the number of defendants, including each defendant’s race, ethnicity, and gender, who sought to participate in the program but whose participation was not agreed to by the circuit solicitor;

 (c) the number of victims, if there are any identified victims, who did not participate in the process; and

 (d) the number of victims, if there are any identified victims, who did not agree to the defendant’s participation in the program.

 (2) If the circuit solicitor did not agree to an eligible defendant’s participation in the behavioral health conditional dismissal program, the circuit solicitor shall include in each quarterly report to the Office of Court Administration the specific offenses charged for that defendant, and the substantial and compelling reasons, based upon delineated facts specific to the defendant, why the defendant was denied participation in the program.

 (E) The Chief Justice of the South Carolina Supreme Court shall submit an annual report to the chairs of the Senate Judiciary Committee and House Judiciary Committee and to the Governor by January thirty‑first of each year that includes the information received from the circuit solicitors and the providers for the counties participating in the behavioral health conditional dismissal program. The report must include the information reported under subsections (C) and (D) and must also include:

 (1) the number of defendants assessed who did not meet the eligibility requirements for the program following the clinical assessment;

 (2) the specific offenses charged for each defendant and the classification of offenses charged;

 (3) the percentage of defendants participating in the program who successfully completed the program;

 (4) the percentage of defendants discharged from the program for noncompliance; and

 (5) the percentage of defendants who are arrested, convicted, and incarcerated within six months, one year, and two years of successful completion of the program.

 Section 17‑22‑1320. As used in this article:

 (1) “Behavioral health conditional dismissal program” means a program designed to provide an eligible person who has a behavioral health disorder and who has been charged with a qualifying offense an alternative to receive treatment and recovery support services addressing the behavioral health disorder instead of incarceration, resulting in dismissal of the charges upon successful completion.

 (2) “Behavioral health disorder” means a mental health disorder or substance use disorder, or both.

 (3) “Behavioral health treatment program” means a plan or recovery program, based upon a clinical assessment, that:

 (a) identifies and incorporates recovery services to meet the specific treatment and recovery goals and the needs of the individual served;

 (b) addresses the social determinants of health to include housing, transportation, access to medical care, and meaningful employment; and

 (c) considers a full continuum of care.

 (4) “Clinical assessment” means an assessment that is performed by a qualified mental health professional in accordance with the most recent American Society of Addiction Medicine criteria for a substance use disorder, and the most recent edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Menal Disorders for a mental health disorder.

 (5) “Eligible applicant” or “eligible person” means an individual:

 (a) who has completed a clinical assessment and been referred to care; and

 (b) who meets the requirements of Section 17‑22‑1330.

 (6) “Mental health disorder” is a diagnostic term that covers many clinical categories typically including behavioral or psychological symptoms, or both, along with impairment of personal and social function, and specifically defined and clinically interpreted through reference to criteria contained in the most recent edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders.

 (7) “Qualified mental health professional” means a healthcare provider who treats mental health conditions and disorders to include psychiatrists and other physicians, psychologists, registered nurses with a master’s degree in psychiatric nursing, licensed clinical social workers with three years of experience in psychiatric social work, licensed marriage and family therapists and professional counselors with three years of experience in psychiatric mental health practice, physician assistants who have completed a psychiatric residency program or with comparable work experience, and licensed addiction counselors.

 (8) “Qualifying offense” means a misdemeanor or Class D felony that is not:

 (a) an offense that would qualify as a violent crime under Section 16‑1‑60;

 (b) criminal sexual conduct as defined in Article 7, Chapter 3, Title 16;

 (c) an offense of driving under the influence of alcohol or drugs under Section 56‑5‑2930;

 (d) an offense of stalking under Article 17, Chapter 3, Title 16 for a victim who has an injunction or protective order against the defendant at the time the offense is charged;

 (e) an act of domestic violence and abuse as defined in Section 20‑4‑20 against the defendant at the time the offense is charged; or

 (f) an offense against a victim of domestic violence who has a protective order issued under Chapter 4, Title 20.

 (9) “Recovery services” means rehabilitative treatment services that include, but are not limited to, any or all of the following:

 (a) outpatient treatment;

 (b) National Alliance of Recovery Residences or the Council on Accreditation of Rehabilitation Facilities certified housing;

 (c) medication treatment;

 (d) personal and family counseling;

 (e) substance abuse education and prevention classes or counseling;

 (f) vocational training;

 (g) literacy training;

 (h) community service;

 (i) inpatient or residential behavioral health treatment as needed to address:

 (i) impaired capacity to use self‑control, judgment, or discretion related to behavior;

 (ii) severe dependence;

 (iii) special detoxification;

 (iv) relapse; or

 (v) other treatments recommended by a qualified mental health professional;

 (j) restorative practices designed to make the participant accountable to the victim when there is an identified victim, and it is safe to do so;

 (k) recovery housing assistance; and

 (l) recovery housing programs that have an established third‑party outcome evaluation.

 (10) “Substance use disorder” means a medical condition that is defined by the inability to control the use of a particular substance despite harmful consequences.

 Section 17‑22‑1330. (A) In addition to the pretrial diversion program established pursuant to Article 1, Chapter 22, Title 17, a behavioral health conditional dismissal program shall be operated in each county participating in the pilot program established pursuant to Section 17‑22‑1310. The behavioral health conditional dismissal program shall:

 (1) provide eligible persons, on an equal basis, an alternative to ordinary prosecution for qualifying offenses arising from a behavioral health disorder by receiving early recovery services and treatment reasonably expected to deter future criminal behavior; and

 (2) provide an expedited alternative to prosecution for eligible persons who may be harmed by the imposition of criminal sanctions in the absence of the alternative when the alternative is reasonably expected to serve as a sufficient deterrent to criminal conduct.

 (B) The program may be utilized by any person:

 (1) who is a resident of South Carolina and who is at least eighteen years of age;

 (2) whose clinical assessment indicates the presence of a behavioral health disorder;

 (3) charged with a qualifying offense;

 (4) who does not have a previous conviction for a Class A, B, or C felony or a Class D felony or misdemeanor that is not a qualifying offense; and

 (5) who has been assessed by pretrial services as a low‑risk, low‑level offender, or has been otherwise determined by the circuit solicitor or the defendant’s attorney as a viable participant in the program.

 (C) Other factors that may be considered for admission into the behavioral health conditional dismissal program include, but are not limited to:

 (1) the likelihood that the applicant’s offense is related to a behavioral health disorder that would be conducive to change through the applicant’s participation in a behavioral health treatment program;

 (2) the availability of behavioral health treatment programs in the defendant’s county of residence if different from the county of arrest;

 (3) the history of any physical violence toward others as documented through judicial or law enforcement records;

 (4) any involvement of the applicant with organized crime; and

 (5) whether or not the applicant’s participation in the behavioral health treatment program would adversely affect the prosecution of codefendants.

 (D) Eligible defendants in pretrial confinement must be given preference for participation in the behavioral health conditional dismissal program.

 (E) Eligible defendants who have charges pending but are not in custody must be assessed for participation in the behavioral health conditional dismissal program as provided pursuant to Section 17‑22‑1340(A)(4).

 Section 17‑22‑1340. (A)(1) Following arrest, and within seventy‑two hours after being booked into a jail or detention facility, any person who has been charged with a qualifying offense shall undergo a clinical assessment to determine if the person may have a behavioral health disorder.

 (2) The Department of Alcohol and Other Drug Abuse Services shall provide a list of approved assessors in accordance with Section 17‑22‑1380 for each county participating in the pilot program.

 (3) The jailer or the jailer’s designee shall contact a qualified mental health professional from the list of approved assessors for the county provided under item (2), and shall advise the qualified mental health professional that a clinical assessment is needed.

 (4) If a person has been charged with a qualifying offense and has been released prior to receiving a clinical assessment, the person individually, or through the person’s counsel, if any, may request a clinical assessment by a qualified mental health professional at any time during the proceedings from the list of approved assessors provided under item (2).

 (5) Notwithstanding any other provision to the contrary, the clinical assessment may be conducted through telehealth or in person, whether the person charged is in the custody of the jail or has been released.

 (6) If the qualified mental health professional determines that the person being assessed is physically or psychologically impaired to the extent that the person cannot provide sufficient information or responses to conduct or complete the assessment, the assessment may be delayed but only for the time required for the person to adequately respond.

 (7) No statement or other disclosure made by the person charged in the course of the clinical assessment is admissible in a criminal trial unless the trial is for a crime committed during the assessment; however, nothing in this item may be interpreted to prevent any reporting required by law, or as an implied waiver of applicable privacy laws and professional standards regarding confidentiality.

 (8) Any referral for treatment must be based on the clinical assessment and a finding by the qualified mental health professional that treatment is medically necessary.

 (9) The treatment referral must be forwarded to the circuit solicitor and the attorney for the person charged, if any, within forty‑eight hours of the assessment.

 (10) The failure of the assessor to forward the referral to the circuit solicitor or the attorney for the person charged, if any, within forty‑eight hours does not result in automatic release of the person charged.

 (11) Nothing in this subsection may be interpreted to create a duty of the jailer to pay for any costs associated with the clinical assessment.

 (B) At any time following arrest, the circuit solicitor and the person charged may agree to the individual’s participation in the behavioral health conditional dismissal program.

 (C) When an individual is being considered for the behavioral health conditional dismissal program, the circuit solicitor shall:

 (1) have a criminal record check made to ascertain if the person is eligible for the program;

 (2) consult with the victim of the crime, if there is an identified victim;

 (3) explain the behavioral health conditional dismissal program to the victim, including potential terms and conditions, and any other matter the circuit solicitor deems to be appropriate, including the right of the victim to submit a written statement to be included in the record placed under seal pursuant to Section 17‑22‑1360; and

 (4) conduct any other investigation that the circuit solicitor determines may be necessary to agree to the referral for treatment by the qualified mental health professional and the defendant’s participation in the behavioral health conditional dismissal program.

 (D) If the defendant agrees to the terms of the individualized treatment plan, which must include restitution, and the circuit solicitor agrees to the defendant’s participation in the program, the defendant and the circuit solicitor shall sign an agreement specifying the terms and conditions. If the defendant is represented by counsel, defense counsel also shall sign the agreement.

 (E) The length of the program must be determined by the qualified mental health professional in collaboration with the provider and the type of program based upon the assessment and must not:

 (1) be less than one year in duration unless discharged earlier by the provider upon satisfactory completion of the recommended treatment plan with agreement of the circuit solicitor after consultation with the victim, and with agreement of the defendant; or

 (2) exceed a period of time longer than the defendant’s maximum potential period of incarceration if found guilty of the offenses charged unless the defendant agrees in writing to an extension of the treatment period.

 (F) A defendant participating in the behavioral health conditional dismissal program is not required to:

 (1) plead guilty or enter an Alford plea as a condition for participation in the program; or

 (2) make any statement or stipulate to any statement relating to evidence in the underlying case as a condition of participation in the program.

 (G) Execution of the agreement by the defendant tolls all further proceedings against the defendant relating to the agreement, except the matter may be set for a status review at the discretion of the court.

 (H) Upon execution of the agreement as provided in subsection (D), the defendant shall present himself for treatment no later than three days after the agreement is signed. The circuit solicitor shall:

 (1) notify the treatment provider of the agreement and the effective date; and

 (2) provide the victim, if there is an identified victim, with notice that an agreement has been reached for the defendant’s participation in the behavioral health conditional dismissal program, and the terms of the agreement that are applicable to the victim.

 (I) If the defendant remains in custody at the time of the agreement, the court shall order release of the defendant which must not include a requirement of cash bail.

 (J) The charges against the defendant shall proceed with ordinary prosecution upon dismissal of the defendant from the treatment program by the provider for noncompliance.

 Section 17‑22‑1350. (A) Upon initiation of treatment, the designated behavioral health treatment provider may assign a case manager pursuant to criteria established by the Department of Alcohol and Other Drug Abuse Services. The case manager, or the treatment provider if no case manager has been assigned, shall notify the Department of Employment and Workforce of the individual’s participation in a behavioral health conditional dismissal program. (B) Any assigned case manager, working in collaboration with the individual referred for treatment and the treatment team and provider, or the treatment provider if there is no case manager shall:

 (1) obtain all releases from the individual served that may be required to confirm compliance with the program requirements;

 (2) coordinate all services and testing required under the program, including transportation if needed and available;

 (3) receive and maintain copies of all necessary documentation to ensure compliance with the program requirements including, but not limited to:

 (a) treatment records;

 (b) drug tests;

 (c) educational assessments and advancements, if applicable;

 (d) employment status and employment training;

 (e) community service, if applicable; and

 (f) housing status;

 (4) meet or confer with providers of any program requirements on a regular basis to address the participant’s progress, including restitution, and any required adjustment that may be needed to the participant’s program; and

 (5) provide periodic progress reports to the circuit solicitor and the attorney for the participant according to the following schedule:

 (a) an initial report within fourteen days of initiation of treatment;

 (b) a follow‑up report within twenty‑eight days after submission of the initial fourteen‑day report;

 (c) subsequent reports on a quarterly basis throughout the course of treatment beginning April 15, 2026, with reports due thereafter on January fifteenth, April fifteenth, July fifteenth, and October fifteenth of each year of the participation in the pilot program; and

 (d) a final report within thirty days of the successful completion of the program.

 (C) Any assigned case manager, treatment provider, or member of the treatment team is encouraged to:

 (1) utilize digital notification or reminder services for participants throughout the treatment program period; and

 (2) if digital services under item (1) are utilized, include in each quarterly report required under subsection (B)(5) the following data:

 (a) the number of participants;

 (b) the type of digital services provided;

 (c) the costs of providing digital services;

 (d) health and social outcomes from the use of digital services; and

 (e) any other information pertaining to outcomes related to the use of digital services.

 (D) The treatment provider shall:

 (1) recommend modifications to the treatment program to the circuit solicitor and the attorney for the defendant;

 (2) review the individual’s progress and recommend continued participation in the program or dismissal from the program due to an inability or unwillingness to meet the terms and conditions of the program;

 (3) immediately report dismissal from the treatment program based upon lack of compliance with the terms and conditions of the program to the circuit solicitor, the court, and the attorney for the participant; and

 (4) advise the circuit solicitor, the court, the attorney for the participant, and the victim, if there is an identified victim, of the participant’s successful completion of the program requirements.

 Section 17‑22‑1360. (A) Upon successful completion of the behavioral health conditional dismissal program:

 (1) The court shall dismiss the charged offense or offenses with prejudice and discharge the defendant.

 (2) All records relating to the case including, but not limited to, arrest records and records relating to the charges, must be sealed.

 (3) The offense is accessible for review for the sole purpose of determining the defendant’s eligibility for deferred prosecution under an applicable intervention program, including any intervention program created pursuant to Chapter 22, Title 17.

 (4) The defendant is not required to disclose the arrest or other information relating to the charges or participation in the program on an application for employment, credit, or other type of application unless required to do so by state or federal law.

 (B) If a defendant who is participating in the behavioral health conditional dismissal program is convicted of or enters a plea of guilty to a felony offense other than a qualifying offense under any law of the United States, this State, or any other state, that was committed while participating in the program, the defendant must be discharged from the behavioral health conditional dismissal program for failure to comply with the terms and conditions.

 (C) If the defendant is discharged from the behavioral health conditional dismissal program by the treatment provider pursuant to Section 17‑22‑1350, all statements or other disclosures made by the defendant to any provider while participating in the program are protected by all applicable privacy laws and professional standards regarding confidentiality and are not admissible in a criminal trial relating to the offenses covered by the agreement executed pursuant to Section 17‑22‑1340.

 (D) The circuit solicitor shall notify the victim, if there is an identified victim, of the defendant’s dismissal from the program for noncompliance or discharge from the program following successful completion of the program.

 Section 17‑22‑1370. (A) In establishing a specific behavioral health disorder treatment plan, the program provider formulating the plan shall consider the following:

 (1) the existence of programs and resources within the community;

 (2) available treatment providers;

 (3) available recovery housing;

 (4) accessible public and private agencies;

 (5) the benefit of keeping the participant in the participant’s community or relocation for purposes of treatment, housing, and other supportive services;

 (6) the safety of the victim of the offense, if there is an identified victim; and

 (7) the specific and personalized needs of the participant, including the choice of the participant.

 (B) A program shall be designed to provide the participant with the skills, training, and resources needed to maintain recovery and prevent the person from engaging in criminal activity arising from a behavioral health disorder upon release from the program.

 (C) A behavioral health treatment program pursuant to Sections 17‑22‑1310 to 17‑22‑1380 must be evidence‑based, and may be a behavioral treatment plan, or a medically assisted treatment plan, or both, with recovery services or a Substance Abuse and Mental Health Services Administration evidence‑based recovery housing program. The program must provide at a minimum access, as needed, to:

 (1) inpatient detoxification and treatment, that may include a faith‑based residential treatment program;

 (2) outpatient treatment;

 (3) drug testing;

 (4) addiction counseling;

 (5) cognitive and behavioral therapies;

 (6) medication‑assisted treatment including:

 (a) at least one federal Food and Drug Administration‑approved agonist medication for the treatment of opioid or alcohol dependence;

 (b) partial agonist medication;

 (c) antagonist medication; and

 (d) any other approved medication for the mitigation of opioid withdrawal symptoms;

 (7) educational services;

 (8) vocational services;

 (9) housing assistance;

 (10) peer‑support services; and

 (11) community support services, that may include faith‑based services.

 (D) Except for recovery housing providers, all treatment providers shall:

 (1) meet the licensure requirements and standards established by the treatment provider’s professional licensing board and the Department of Public Health, as applicable;

 (2) qualify as a Medicaid‑approved provider; and

 (3) be accredited by at least one of the following:

 (a) American Society of Addiction Medicine;

 (b) Joint Commission on the Accreditation of Healthcare Organizations; or

 (c) Commission on Accreditation of Rehabilitative Facilities.

 (E) All recovery housing service providers shall:

 (1) be certified using the National Alliance for Recovery Residences standards;

 (2) provide evidence‑based services;

 (3) provide a record of outcomes;

 (4) provide peer‑support services; and

 (5) address the social determinants of health.

 (F)(1) The State Department of Health and Human Services, in conjunction with the program provider, shall assist any program participant who qualifies for Medicaid services to obtain or access Medicaid services for the participant’s behavioral health disorder treatment or recovery program;

 (2) The State Department of Health and Human Services and its contractors shall provide an individual participating in the behavioral health conditional dismissal program a substance use disorder benefit consistent with federal law and regulations to include a broad array of treatment options for those with heroin and substance use disorders;

 (3) A Medicaid‑managed care organization shall treat any referral for treatment pursuant to Sections 17‑22‑1310 to 17‑22‑1380 as an “expedited authorization request.”

 (G) Recovery housing services provided under this pilot program must:

 (1) be paid utilizing a value‑based payment system developed and established by the medical managed care organizations in conjunction with the Department of Alcohol and Other Drug Abuse Services and recovery housing providers. The value‑based payment system must be established no later than January 1, 2026, and must include the following for recovery housing programs:

 (a) the development of a qualified recovery housing provider network; and

 (b) establishment and implementation of a value‑based payment system that includes the regular collection of outcomes data within existing Medicaid reimbursement regulations; and

 (2) be limited to two hundred individuals unless additional funding designated for recovery housing is available through the Department of Alcohol and Other Drug Abuse Services.

 Section 17‑22‑1380. (A) The Department of Alcohol and Other Drug Abuse Services shall establish and maintain a list of approved assessors for each county participating in the pilot program established pursuant to Section 17‑22‑1310.

 (B) No assessor shall be approved unless the person is a:

 (1) qualified mental health professional as defined pursuant to Section 17‑22‑1320; and

 (2) Medicaid‑approved provider or employed by a Medicaid‑approved provider.

 Section 17‑22‑1390. (A)(1) The Department of Employment and Workforce in conjunction with a community rehabilitation provider shall conduct an in‑person initial screening of any individual participating in a behavioral health conditional dismissal program withing thirty days of a participant beginning the program pursuant to Section 17‑22‑1340.

 (2) Nothing in this section prohibits any department, office, or division of the Department of Employment and Workforce from entering into an agreement with a third party in each county participating in the pilot program to provide the services required under this section.

 (B) The initial screening must include:

 (1) education history, including highest school grade completed, and when;

 (2) employment history, including types and lengths of employments;

 (3) military history, if any;

 (4) the participant’s physical, mental, and emotional abilities and limitations;

 (5) aptitude, skill level, and interest testing;

 (6) an assessment of language skills; and

 (7) a determination of whether further assessment is needed to develop the vocational component of the recovery treatment program. If further assessment is required, it must be completed within the first ninety days following entry into the recovery treatment program unless additional time is needed to provide for physical recovery from the effects of a severe behavioral health disorder.

 (C) Within ten days of completion of the vocational assessment, the Department of Employment and Workforce, in consultation with the behavioral health conditional dismissal program provider, shall establish an individualized plan designed to attain a specific employment outcome to include:

 (1) specific educational goals with identification of institutions from which the participant will receive educational credits or training;

 (2) specific job‑skills training, and the facility or institution from which the participant will receive the job‑skills training, to include:

 (a) a holistic education curriculum that includes, but is not limited to, problem solving, communication skills, and interpersonal skills; and

 (b) sector‑specific employers as designated by the Department of Employment and Workforce;

 (3) the required number of hours per week the participant will be engaged in educational or vocational training, including anticipated study time or assigned projects‑completion time outside of the classroom or training facility;

 (4) the specific services that will be provided though the Department of Employment and Workforce to achieve the employment outcome, overcome or minimize any identified obstacles to employment, and the frequency with which those services will be provided including, but not limited to, access to services during non‑traditional business hours and support;

 (5) the beginning and projected completion date of each service;

 (6) if supported employment training or services are to be provided outside of the Department of Employment and Workforce, the identification of the provider of the extended services and the reporting and accountability requirements established with the program provider;

 (7) the criteria established for evaluating progress and success;

 (8) the attendance and reporting requirements established for the participant and for the institution or facility providing the service, including to whom and with what frequency reports are to be made;

 (9) the date the employment plan is estimated to be completed;

 (10) the job‑placement assistance plan that will be provided to the participant by the department;

 (11) the need for ongoing or future training following completion of the employment plan and the availability of that training to the participant; and

 (12) the continuum of care to be provided by a community rehabilitation provider.

 (D) The Department of Employment and Workforce, in consultation with the State Commission on Higher Education, shall provide the participant with assistance in securing all scholarships, grants, or other available financial assistance to ensure access to the educational or training requirements needed to achieve the specific employment outcome.

 (E) The Department of Employment and Workforce may establish an electronic registry to be used by participants in the behavioral conditional dismissal program, treatment plan providers, and prospective employers to assist in matching program participants with employment opportunities.

 Section 17‑22‑1400. (A) The Behavioral Health Conditional Dismissal Program Implementation Council is created for the purpose of assisting with the implementation of the behavioral health conditional dismissal pilot program created pursuant to Section 17‑22‑1310.

 (B) The membership of the council includes the following:

 (1) the Director of the Bureau of Drug Control of the Department of Public Health, or the director’s designee, who shall serve as chair of the council;

 (2) the Director of the Office of the Court Administration, or the director’s designee;

 (3) the Director of the Department of Disabilities and Special Needs, or the director’s designee;

 (4) the Director of the State Department of Health and Human Services, or the director’s designee;

 (5) one member of the South Carolina Bar with experience representing criminal defendants, appointed by the Executive Director of the South Carolina Bar;

 (6) one circuit solicitor, appointed by the Chief Justice of the South Carolina Supreme Court;

 (7) one circuit judge, appointed by the Chief Justice of the South Carolina Supreme Court;

 (8) one magistrate judge, appointed by the Chief Justice of the South Carolina Supreme Court;

 (9) the President of the South Carolina Jail Administrators Association, or the president’s designee;

 (10) one individual selected by the Director of the Department of Alcohol and Other Drug Abuse Services who is in recovery from a substance use disorder; and

 (11) one individual selected by the Director of the Department of Mental Health who is being treated or has been treated for a mental health disorder as defined in Section 17‑22‑1320.

 (C) The council shall meet at least quarterly. Meetings must be held at the call of the chair, or upon the written request of two members to the chair.

 (D) The council shall:

 (1) oversee the implementation of the behavioral health conditional dismissal program pilot project;

 (2) review the data collected by the Office of Court Administration and report to the chairs of the Senate Judiciary Committee and House Judiciary Committee and the Governor by October first of each year of the pilot project regarding:

 (a) recommendations for any additional performance measures needed to promote the success of the program;

 (b) whether any action is necessary, including funding or legislation;

 (c) recommendations for resolving any matters that reduce the effectiveness of the program; and

 (d) any additional information the council deems appropriate.

 (E) Members must be compensated for their services at the usual rate for mileage, subsistence, and per diem as provided by law for members of state boards, committees, and commissions and may be reimbursed for actual and necessary expenses incurred in connection with and as a result of their work as members or persons acting on behalf of the council.

 (F) The council shall dissolve December 31, 2027, unless extended by the General Assembly.

 Section 17‑22‑1410. (A) There is created in the State Treasury the Behavioral Health Conditional Dismissal Program Trust Fund to be administered by the Department of Alcohol and Other Drug Abuse Services. This fund is separate and distinct from the general fund of the State and all other funds.

 (B) The fund shall consist of appropriations and donations, state and federal grants to include grants for substance use disorder treatment and mental health disorder treatment, opioid settlement monies made available for purposes of the fund, contributions, bequests, or other gifts.

 (C) Monies deposited in the fund may be used only to administer and support the purposes of this article, and may include payments for services rendered by a qualified mental health provider as defined in Section 17‑22‑1320 and treatment program providers upon exhaustion of payments from other payment providers including, but not limited to, Medicaid and private insurance.

 (D) The department may select and contract with a third‑party administrator to serve as the benefit manager for the program. The contract between the department and the benefit manager is subject to the State Procurement Code.

 (E) Earnings and interest on this fund must be credited to it and any balance in this fund at the end of the fiscal year carries forward in the fund in the succeeding fiscal year.

SECTION 2. If any section, subsection, paragraph, subparagraph, sentence, clause, phrase, or word of this act is for any reason held to be unconstitutional or invalid, such holding shall not affect the constitutionality or validity of the remaining portions of this act, the General Assembly hereby declaring that it would have passed this act, and each and every section, subsection, paragraph, subparagraph, sentence, clause, phrase, and word thereof, irrespective of the fact that any one or more other sections, subsections, paragraphs, subparagraphs, sentences, clauses, phrases, or words hereof may be declared to be unconstitutional, invalid, or otherwise ineffective.

SECTION 3. This act takes effect upon approval by the Governor.

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