LEGISLATIVE OVERSIGHT COMMITTEE
Healthcare and Regulatory Subcommittee

Study of the
Department of Mental Health
December 9, 2019

FULL COMMITTEE OPTIONS STANDARD PRACTICE 12.4	FULL COMMITTEE ACTION(S)	DATE(S) OF FULL COMMITTEE ACTION(S)
(1) Refer the study and investigation back to the Subcommittee or an ad hoc committee for further evaluation; (2) Approve the Subcommittee's study; or (3) Further evaluate the agency as a full Committee, utilizing any of the available tools of legislative oversight.		

Legislative Oversight Committee

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AGENCY SNAPSHOT

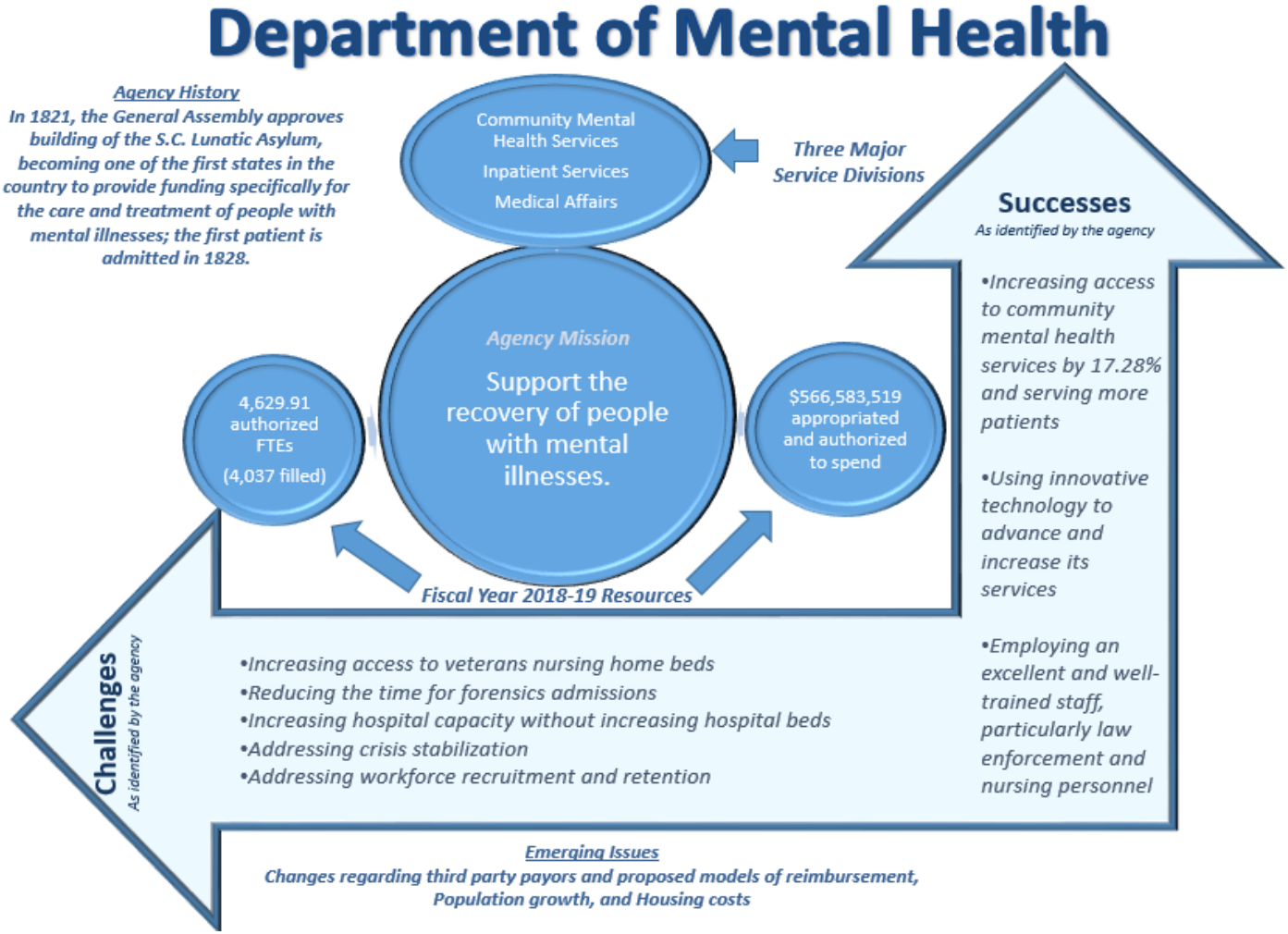

Figure 1. Snapshot of agency's history, major service divisions, fiscal year 2018-19 resources, successes, challenges, and emerging issues[1]

LEGISLATIVE HISTORY

The Department of Mental Health (DMH; agency; or department) provides an agency history spanning five centuries in its Program Evaluation Report (PER) submission to the House Legislative Oversight Committee (Committee). A selected timeline of state legislative events noted in this history is included in Table 1, and the entire timeline is included in Appendix A.

Table 1: Selected DMH timeline of state legislative events noted in the agency's Program Evaluation Report[2]

1821	State appropriations are approved to build the South Carolina Lunatic Asylum[3]
1852	State authorizes the construction of a second asylum[4]
1871	State assumes the cost of patient care of the mentally ill from counties[5]
1910	State appropriations are approved for an annex to the asylum to house African American patients[6]
1938	State approves construction of a research laboratory[7]
1952	State enacts the Mental Health Act, which among other things, provides for the Mental Health Commission to be responsible for state run mental health facilities and programs[8]
1961	State enacts the Community Mental Health Services Act, which develops a plan for mental health clinics and establishes grants-in-aid for all counties on 50-50 matching basis[9]
1964	State creates the Department of Mental Health to provide more comprehensive services (i.e., medical care and treatment, education, consultation, training, and research)[10]
1965	State establishes William S. Hall Psychiatric Institute as a teaching hospital[11]
1969	State authorizes establishment of a South Carolina War Veterans Home "to provide treatment for SC War Veterans who are mentally ill"[12]
1987	State's involuntary alcohol and drug commitment law is effective[13]
1993	As part of comprehensive government restructuring, programs for autism are transferred from DMH to the new Department of Disabilities and Special Needs; DMH agency head title is changed from commissioner to director[14]
1998	State enacts the Sexually Violent Predator Act, which among other things, establishes a civil commitment process for persons adjudicated as sexually violent predators with treatment provided by DMH[15]
2008	State enacts a rescission appropriations bill, which includes a $26 million (12%) reduction in state appropriations to DMH[16]

FINDINGS

During the study of the Department of Mental Health, issues are raised pertaining to the Vulnerable Adult Fatalities Review Committee (VAFRC), a multidisciplinary investigating entity which includes among its membership a representative of the Department of Mental Health.[17] Legislative scrutiny pertaining to the agency's participation in VAFRC arises as part of the House Legislative Oversight Committee's regular review of the Department of Mental Health and is heightened after awareness of a concerning patient fatality at a hospital operated by the agency.[18]

The Subcommittee adopts **five findings pertaining to the Vulnerable Adult Fatalities Review Committee, through a single motion** at its September 16, 2019, meeting.[19] Findings note information a member of the public, or General Assembly, may seek to know or on which they may desire to take action. The Subcommittee's findings fall into three categories: (1) importance of charge; (2) communication of recommendations; and (3) administrative issues. In addition, the Subcommittee addresses some of these findings through a recommendation.[20]

Table 2. Findings pertaining to the Vulnerable Adult Fatalities Review Committee

Importance of Charge	1. The charge of the VAFRC remains important, particularly its functions related to aggregating and disseminating data, detecting trends, identifying opportunities for cross-training, and communicating deficiencies in our statutory infrastructure to the General Assembly and Governor.
Communication of Recommendations	2. There is not a record of the VAFRC communicating recommendations or a lack of a need for any changes to the General Assembly, in the last five years. 3. The VAFRC could communicate any findings or recommendations about a state agency to the agency's leadership via a letter, in addition to currently required reporting.
Administrative Issues	4. Additional administrative support might be required for the VAFRC to fulfill its statutory requirements. State law only requires each of the nine ex-officio members to provide "sufficient staff and administrative support to carry out the responsibilities of the article." It does not direct any one agency to be responsible.[21] 5. The VAFRC membership is not currently up-to-date on the Secretary of State's website.[22]

During the study process, Interim State Director Binkley requests the agency's representative to the VAFRC submit reports to agency leadership within one week of quarterly meetings. The reports should note relevant recommendations.[23]

RECOMMENDATIONS

The following **recommendations continue, curtail, and/or eliminate agency programs,** and include areas for **potential improvement**. The Subcommittee recognizes **these recommendations will not satisfy everyone nor address every issue or potential area of improvement at the agency**. These recommendations are based on the agency's self-analysis requested by the Committee, discussions with the agency during multiple meetings, and analysis of the information obtained by the Subcommittee. This information, including, but not limited to, the Program Evaluation Report, Accountability Report, Restructuring Report and videos of meetings with the agency, is available on the Committee's website.

The **Subcommittee has 27 recommendations.** The recommendations are adopted in multiple motions at the August 12, 2019, October 28, 2019, and December 9, 2019, meetings; all members present at the meetings vote to approve the recommendations.[24] The Subcommittee's recommendations fall into six categories: (1) patient care; (2) organizational structure, governance, directives, and performance measures; (3) employee recruitment, retention, and compensation; (4) community mental health services; (5) collaboration; and (6) pass-through funds. An overview of these recommendations is provided in the Executive Summary. The Subcommittee also receives four agency recommendation requests for information purposes only. Those recommendations are found in Appendix D.

Table 3. Recommendations to the Department of Mental Health related to patient care

Employee Training	1. The Department of Mental Health should randomly test employee knowledge of DMH policies and procedures. Random testing should include both written tests and hands-on strategies by trained staff with appropriate expertise to determine whether employees are aware of and employing appropriate care techniques.
	2. The Department of Mental Health should provide a quarterly update about employee training oversight to the House Legislative Oversight Committee for a period of two years beginning on the date of approval of the full Committee study. The report should include the following: current processes and systems to monitor employee training, compliance, and competency; guidelines, membership and stated meeting times of responsible internal committees; meeting minutes; and reviews of the sufficiency and efficiency of all training programs with appropriate indicators as approved by internal committees. The report should also delineate responsibilities for training, competencies of employees following training, and the assessment mechanisms used to ensure employees understand and rely upon training. All information submitted to the Committee should be in compliance with state law.
	3. The Department of Mental Health should implement a method to determine which of the trainings it offers can be linked to better patient outcomes.
	4. The Department of Mental Health should update policy and training manuals to include all necessary training, competencies, and continuing education for each position and disciplinary measures for employees who fail to employ policy and procedural mandates.

Patient Care: Employee Training

During the study process and in response to legislator questioning about the adequacy of employee training, the Department of Mental Health notes the importance of employee training in provision of patient care. The National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council asserts:

> A well-trained, professional and paraprofessional workforce is paramount in ensuring quality care. The inappropriate use of psychiatric polypharmacy (i.e., simultaneous use of multiple drugs by a single patient), seclusion and restraint, and involuntary medication can be indicators of inadequate professional staffing, training, and treatment programming. State psychiatric hospitals cannot maintain safe environments and provide effective treatments with perpetually high vacancy rates of professional staff and lack of staff training.[25]

DMH employs a multipronged approach for training employees. The Evaluation, Training, and Research Office provides education and training for the entire agency, in-person and online.[26] Prior to completing orientation, inpatient nursing staff spend a day in their assigned areas to understand the environment without being responsible for patient care.[27] In order to complete a course successfully, staff must achieve a minimum score on a related test at the conclusion of the training session. The agency does not provide evidence of unscheduled testing of employee knowledge. In addition, when asked if the agency knows if higher scores on training tests correlate with better service provision, the agency notes it does not have a method to make that determination, but it is under consideration by an internal agency committee charged with oversight of employee training.[28]

During the study, a need for consolidated agency oversight of employee compliance with mandatory training requirements is identified. When asked if some departmental entity, like internal audit or the risk management office, reviews training compliance, the response was "managers and supervisors monitor compliance of their employees in timely and successful completion of mandatory trainings."[29] During the study, the agency creates, within the Division of Inpatient Services, a committee charged with reviewing processes and overseeing systems within the division to ensure staff involved are qualified, appropriately trained as specified in policy, and competent to provide services.[30] As the committee is not created until August 2019, the department is unable to provide updates on its findings and progress during the course of the Subcommittee study. However, as the Subcommittee identifies employee training and competency to be critical to patient care, it requests DMH provide updates on processes and systems, in a manner that protects patient privacy. The agency will be assisted in its monitoring and compliance efforts by the vendor eventually selected to replace the current training system.[31]

Table 4. Recommendation to the Vulnerable Adult Fatalities Review Committee related to patient care

Vulnerable Adults Fatalities Review Committee Reporting	5. The Vulnerable Adult Fatalities Review Committee should submit an annual report as required by S.C. Code of Laws Ann. § 43-570(6) and in accordance with the electronic transmission process described in S.C. Code of Laws Ann. § 2-1-230. In addition to statutorily required sections (i.e., findings and recommendations for changes), the report should include a summary of non-confidential portions of minutes, member attendance records, statistical information on cases reported and reviewed, committee member credentials, identified systemic deficiencies in care, and trending issues facing vulnerable adults.

Table Note: This recommendation is offered to address findings pertaining to the Vulnerable Adult Fatalities Review Committee.

Patient Care: Vulnerable Adult Fatalities Review Committee Reporting

S.C. Code Ann. § 43-35-570 provides the purpose of the Vulnerable Adult Fatalities Review Committee is to decrease the incidence of preventable vulnerable adult deaths and directs the VAFRC to:

> (1) meet with the Vulnerable Adult Investigations Unit of the South Carolina Law Enforcement Division no later than one month after the unit receives notification by the county coroner or medical examiner pursuant to Section 17-5-555 or Section 43-35-35 to review the investigation of the death;
>
> (2) undertake annual statistical studies of the incidence and causes of vulnerable adult fatalities in this State. The studies shall include an analysis of community and public and private agency involvement with the decedents and their families before and subsequent to the deaths;
>
> (3) consider training, including cross-agency training, consultation, technical assistance needs, and service gaps;
>
> (4) educate the public regarding the incidences and causes of vulnerable adult deaths, the public role in preventing these deaths, and specific steps the public can undertake to prevent vulnerable adult deaths. The committee shall enlist the support of civic, philanthropic, and public service organizations in performing the committee's educational duties;
>
> (5) develop and implement policies and procedures for its own governance and operation;
>
> (6) submit to the Governor and the General Assembly an annual written report and any other reports prepared by the committee including, but not limited to, the committee's findings and recommendations for changes to any statute, regulation, policy, or procedure that the committee determines is needed to decrease the incidence of preventable vulnerable adult deaths. Annual reports must be made available to the public.

During the course of the study, no evidence is found of an online report submission to the General Assembly, in accordance with S.C. Code Ann. § 43-35-570(6) and S.C. Code Ann. § 2-1-230, governing the method of transmission of agency reports to the General Assembly.[32] Entities of state government required by law to submit reports to the General Assembly must transmit them electronically to the Legislative Services Agency and to the State Library, in accordance with S.C. Code Ann. § 60-2-30, which requires agencies to provide the State library with copies of state publications.

Table 5. Recommendation to the General Assembly related to patient care

Persons Authorized to Make Health Care Decisions for a Patient Unable to Consent	6. The General Assembly should consider amending S.C. Code Ann. § 44-22-40 to align the priority list of people who may provide substitute consent for electro-convulsive therapy or major medical treatment with 2019 legislative changes to the priority list of relationships in S.C. Code § 44-66-30 (Adult Healthcare Consent Act).

Patient Care: Persons Authorized to Make Health Care Decisions for a Patient Unable to Consent

Consent for treatment is fundamental in both ethics and law.[33] S.C. Code Ann. § 44-22-40 provides the order of priority for consenting to treatment when a DMH patient is unable to consent. During the study the agency requests the General Assembly consider amending this section of statute to be consistent with 2019 legislative changes to the section governing care for all adults unable to provide consent for treatment, S.C. Code Ann. § 44-60-30.[34]

Table 6. Recommendation to the Department of Mental Health related to organizational structure

Organizational Structure	7. The Department of Mental Health should develop a complete organizational flow chart, which includes position descriptions, scope of responsibility for each position, and scope of responsibility for each area of the organization. The position descriptions should include lines of communication, the chain of command, and responsibilities assigned to each position. The organizational flow chart should depict the specific areas of care which include medical services and psychiatric services.

Agency Organizational Structure

An agency's organization or hierarchy is reflected in its organizational chart. Each organizational unit (e.g, division or office) is responsible for contributing to the agency's overall ability to provide services and products. While a division or office's organization chart provides an overview of how different roles supervise and support each other, each employee's position description provides the detail of his or her responsibilities and support functions. Position descriptions can include lines of communication, reporting structure, and responsibilities assigned to each position.

The Department of Mental Health's divisions and offices work in concert to provide comprehensive mental health services to South Carolinians in a variety of settings. Each division or office should also be organized to optimize patient care and use of the agency's resources. During the study, the Subcommittee requests and DMH provides sample position descriptions and an organizational chart indicating reporting structures for the Inpatient Services division, but not for the agency as a whole.[35] Subcommittee members note a need for a review of the structure to confirm it is appropriate and if so, accurately reflects how the organization operates. Subcommittee members highlight processes common to health care facilities and designed to improve patient care like practitioner evaluations and peer-review.[36] DMH also provides its policies regarding how medical staff monitor, evaluate, and report on the quality of patient care and an Inpatient Services organization chart annotated to demonstrate opportunities for peer review.[37]

Table 7. Recommendations to the South Carolina Mental Health Commission related to governance

Governance	8. The South Carolina Mental Health Commission should develop a procedure to determine policies and promulgate regulations governing the operation of the department and the employment of professional and staff personnel, as required of it in S.C. Code Ann. § 44-9-30(c).
	9. The South Carolina Mental Health Commission should comply with S.C. Code Ann. § 1-23-120(J) by conducting a formal review of the agency's regulations at least every five years and submitting a report of that review to the Code Commissioner.
	10. The South Carolina Mental Health Commission should allow public input at commission meetings.
	11. The Department of Mental Health should post contact information for members of the South Carolina Mental Health Commission on its website.

South Carolina Mental Health Commission Governance

The South Carolina Mental Health Commission (commission) serves as the governing body of the Department of Mental Health.[38] It determines policies and promulgates regulations governing agency operations including employment of professional and staff personnel.[39] All state agencies which promulgate regulations are required to conduct a regular, formal review of regulations and submit a report to the Code Commissioner.[40]

The agency's response to a Subcommittee inquiry about the commission's process for its regular, formal review of agency policies is "[m]ost of the operational policies of the [d]epartment are developed to maintain compliance with laws, regulations or [s]tate requirements, and consequently are not reviewed by the [c]ommission."[41] When asked about the commission's process for regularly reviewing regulations, the agency notes the "[d]epartment has only four regulations" and "[g]iven that the topics of the regulations address purely operational matters, rather than matters involving policy, the [c]ommission would only review regulations if or when staff were proposing a new regulation or a change to an existing regulation."[42] In response to a question about the agency's compliance with S.C. Code Ann. § 1-23-120(J) in the Fiscal Year 2018-19 Annual Accountability Report, the agency replies it is not in compliance.

Public input can support the commission's governance efforts. Currently, there is no formal public input mechanism at commission meetings, and the agency website does not indicate how a person might contact the commission, particularly if the person does not want to filter the input through agency staff.[43] An option for the commission is to adopt the practice of one of South Carolina's other human services agency commissions and allow time on the monthly agenda for public input.[44] In addition, contact information should assist a person wanting to provide input to the commission in a nonpublic manner.

Table 8. Recommendation to the Department of Mental Health related to agency directives

Agency Directives	12. The South Carolina Department of Mental Health should provide public online access to directives (i.e., policy and procedures) applicable to patients and the public.

Agency Directives

Directives are the agency's statements of policy and procedures. In addition to the agency's statewide directives, each facility also has directives, policies, and procedures. DMH staff may access these directives through the agency's intranet. However, the Subcommittee notes the agency's directives are not available online to the public, including patients and their families, entities which are subject to some of the agency's directives.[45] Examples of directives that should be easily accessible include those addressing admissions processes, abuse, client grievance procedures, and campus traffic rules.[46]

Agency staff note a need for the website to be easily navigable for people seeking help, but commit to reviewing agency directives to determine what other generally applicable directives impact the public or patients.[47]

Table 9. Recommendation to the Department of Mental Health related to performance measures

Performance Measures	13. The Department of Mental Health should continue to review and update its performance measures for the Fiscal Year 2019-20 Accountability Report. In doing so, the agency may wish to avail itself of resources available from the Department of Administration's Executive Budget Office (EBO), including but not limited to consulting with EBO's performance and accountability manager. The agency should determine whether the current set of performance measures assist agency leaders in evaluating whether the agency is accomplishing its mission.

Agency Performance Measures

During the course of the study, DMH indicates it has started to review and amend the performance measures reported in its Annual Accountability Report, in order to provide a better understanding of whether the agency is accomplishing its mission.[48] The Department of Administration's Executive Budget Office provides agencies with assistance in selecting appropriate measures through annual trainings and individual agency consultations.

Table 10. Recommendations to the Department of Mental Health related to employee recruitment and retention

Recruitment	14. The Department of Mental Health, in collaboration with relevant state agencies and the state's higher education institutions, should study existing education and training paths for mental health professionals to determine if the capacity exists to meet future estimated needs for mental health professionals at all levels.
	15. The Department of Mental Health should collect data to evaluate its recruitment efficacy (e.g., ask each new employee how he or she learned about the position).
Retention	16. The Department of Mental Health should continue to employ current retention strategies, implement a method to determine which ones are most effective, and research new or evolving retention strategies.

17. The Department of Mental Health should ensure a range of employee levels are represented on agency-wide committees impacting employee onboarding, training, and retention.

Agency Recruitment and Retention

DMH defines a mental health professional as a "graduate of an accredited university or college with a master's degree or doctoral degree in a program that is primarily psychological in nature (e.g. counseling, social work, guidance or social science equivalent)." The primary role of mental health professionals in DMH's system is to provide behavioral health services to children, adolescents, adults and families in order to improve overall functioning.[49]

Some South Carolinians live in areas underserved by mental health professionals.[50] In September 2018, the United States Department of Health and Human Services provides projections of need in the behavioral health occupations, including psychiatrists, psychiatric nurse practitioners, psychiatric physician assistants, psychologists, addiction counselors, mental health counselors, school counselors, social workers, and marriage and family therapists.[51] It is projected South Carolina will experience a shortage across most of the occupations by 2030.[52] Appendix E contains a table reflecting estimated shortages. DMH's deployment of telepsychiatry across the state may reduce the impact of the shortage of mental health professionals in certain areas of the state.

During the study, DMH notes its FY 2017-18 turnover rates as 22% for the GA50 classification (Human Services Coordinator I) and 10% for the GA60 classification (Human Services Coordinator II). The agency also provides a list of strategies for recruiting and retaining mental health professionals:

- Practicum and internship placements;
- School-based mental health professional sponsored internships;
- Loan repayment for critical needs positions;
- Adjusted work schedules;
- Out-stationed work locations;
- Support and supervision for professional licenses;
- Training in evidence-based clinical practices;
- Participation in practice innovations;
- Mentoring program; and
- GA50 and GA60 classification salary increases in 2015 and 2018.[53]

The agency's response to a question about how the effectiveness of the recruitment methods are measured is, "DMH has no mechanism to capture effectiveness of its recruitment tools."[54]

Table 11. Recommendations to the Department of Mental Health and General Assembly related to employee compensation

Compensation	18. The Department of Mental Health should seek funding to maintain mean salaries at or above the midpoint for each classification, particularly the GA50 (Human Services Coordinator I) and GA60 (Human Services Coordinator II) classifications.
	19. The Department of Mental Health should review mental health salaries in Georgia and North Carolina counties bordering South Carolina in order to maintain a competitive market for the recruitment and retention of mental health professionals.
	20. The General Assembly should consider re-establishing the Classification and Compensation Study Committee, originally created in Proviso 93.33 of the 2015-16 General Appropriations Act, for the purpose of examining findings and recommendations of the Department of Administration, Human Resources Division on the state's classification and compensation system.

Agency Employee Compensation

Many of DMH's mental health professionals are classified in the state's Human Service Coordinator classifications GA50 (Human Services Coordinator I) and GA60 (Human Services Coordinator II). As of July 30, 2019, DMH employs 1,035 people in the GA50 classification and 181 in the GA60 classification. The statewide salary range for GA50 is $33,494 to $61,975, and for GA60 it is $40,759 to $75,413.[55]

In order to better understand agency assertions regarding compensation-related competition for staff, the Subcommittee requests DMH provide salary comparisons to school districts, other state agencies, federal agencies, and the private sector, considering geography. The agency provides general Bureau of Labor Statistics data for North Carolina and Georgia and notes information from school districts, other state agencies, federal agencies, and the private sector is not accessible without "inside information."[56] The Department of Administration's Office of Human Resources provides the Subcommittee with classification average salaries and lengths of service for state agencies previously identified by DMH as competitors for staff.

Table 12. Human Services Coordinator I and II salaries and state service time (current as of November 2, 2019)[57]

Job Class and Title	Agency	Number of Employees	Average Annual Salary	Average Years in State Service
GA50 – Human Services Coordinator I	Department of Mental Health	1085	$42,197.46	6
	Department of Corrections	86	$37,300.55	9
	Department of Juvenile Justice	105	$37,500.72	9
	Department of Social Services	485	$39,532.16	11
	Vocational Rehabilitation	273	$43,853.70	8
GA60 – Human Services Coordinator II	Department of Mental Health	179	$52,524.33	13
	Department of Corrections	75	$49,649.92	6
	Department of Juvenile Justice	74	$50,576.30	15
	Department of Social Services	114	$44,824.84	16
	Vocational Rehabilitation	121	$55,471.96	15

Table Note: While the classification and title can be the same, agencies might have different requirements for each of these position types.

DMH is not the first agency under study to note insufficient compensation as a barrier to recruiting and retaining staff (e.g., Department of Corrections; Department of Disabilities and Special Needs; Human Affairs Commission; Department of Motor Vehicles; Department of Public Safety; Department of Social Services; and State Housing Finance and Development Authority). In 2015, the General Assembly includes a proviso in the General Appropriations Act directing the Department of Administration, Human Resources Division to "enter into a contract to conduct an in-depth study of the state's classification and compensation system." The study is published on January 4, 2016.[58] A second part of the proviso creates the Classification and Compensation System Study Committee to examine the findings and recommendations submitted by the Department of Administration, Human Resources Division on the state's classification and compensation system.[59] The committee is not ever formed.

Table 13. Recommendations to the Department of Mental Health related to community mental health services

Services	21. The Department of Mental Health should annually review services available in each community and determine if they are adequate to serve the needs of the community.
	22. The Department of Mental Health and the Department of Education should determine a desired clinician to student ratio, in addition to the goal of two schools per clinician, and report this determination to the Committee within one year after the approval of the full Committee study.

Community Mental Health Services: Services

DMH's 16 community mental health centers provide behavioral health services to people throughout the state. Every center provides a variety of services but not all services are provided at each center.[60] The service mix at each center is determined with local input from the community. DMH asserts there are no waiting lists and each center is able to provide services to 100% of those seeking DMH services in the center's area.[61]

DMH's school mental health services program provides prevention, early intervention, clinical assessment, individual/family/group therapy, crisis intervention, psychiatric assessment and evaluation, care coordination, and mental health awareness services in school settings. DMH clinicians are in 740 of the state's over 1,200 public schools.[62] The agency's goal is for all schools to be served, with each school mental health counselor serving a maximum of two schools. Some serve only one school, depending on the size of the school, district financial contribution, and rate of referrals from a school.[63] The Subcommittee recommends the agency also define the ratio in terms of number of students.

Table 14. Recommendations to the Department of Mental Health related to community mental health funding

Funding	23. The Department of Mental Health should continue efforts to increase local government contributions to community mental health services. A year following approval of the full Committee study, DMH should report to the Legislative Oversight Committee local contributions to community mental health centers, and note if a center has experienced a shortfall in the year between study approval and this follow up report.
	24. In requesting additional funding for school-based mental health services, the Department of Mental Health should report on each district's financial contributions and the outcomes of the Magill school-based mental health services certificate program.

Community Mental Health Services: Funding

Services at the community mental health centers are funded through several sources including state appropriations, Medicaid/MCO (managed care organization), grants, county appropriations, and others including self-pay. County appropriations account for approximately 2% of community mental health centers' budgets.[64] For each of the last three fiscal years, that has been over $3M. Twenty-six of the state's 46 counties contribute. Fiscal year 2019 contributions range from $1,500 to $2.1M. All but two centers receive contributions from at least one of the counties served by the center. Lexington and Tri-County (serves Chesterfield, Marlboro, and Dillon) receive no county appropriations.[65]

School services are funded through state appropriations, school district contributions, grants, and earned revenue.[66] The state contributes up to $25,000 per position. Where this combination of funding is not sufficient, the community mental health center might shift funds initially budgeted for another program.[67] District contributions range from $0 to $572,619.[68] According to agency staff, local community mental health center directors seek to obtain local funds for both school services and community mental health services in general.[69]

Table 15. Recommendation to the Department of Mental Health related to collaboration

Continuity of Care for Criminal Justice Involved Individuals	25. The Department of Mental Health and the Department of Corrections should form a committee constituted of professionals of these and other appropriate entities to devise a plan to provide a seamless transition for inmates who are under the care of a mental health professional upon the release of the inmate. The plan should be implemented by the participating agencies.

Collaboration: Continuity of Care for Criminal Justice Involved Individuals

DMH provides services to eventual inmates in various settings prior to conviction, including local detention centers, at DMH during the restoration process, and in mental health and other specialty courts. DMH provides services in the community to former inmates upon release. The Department of Corrections provides mental health services to inmates during imprisonment.[70] At the request of the Subcommittee and the Legislative Oversight Ad Hoc Subcommittee studying the Department of Corrections, the Departments of Mental Health and Corrections identify opportunities for collaboration, including establishing automated transfer of patient information between the agencies.[71] Each agency

appoints a staff person to ensure the sustainability of the collaboration, with an end goal of continuity of services for this population and increasing efficiencies in the system.

Table 16. Recommendation to the Department of Mental Health related to collaboration

Sexually Violent Predator Treatment Program	26. The Department of Mental Health should collaborate with the Office of the Attorney General and the criminal defense bar to review the amendments to S.C. Code Ann. §44-48-10 et seq. (Sexually Violent Predator Act) in Senate Bill 797, as introduced in 2019. The Department of Mental Health should provide to the Committee a summary of suggested changes to Senate Bill 797, as introduced in 2019, if any, based on that input.

Collaboration: Sexually Violent Predator Treatment Program

DMH is responsible for operating the state's sexually violent predator treatment program. S.C. Code Ann. § 44-48-30 defines a sexually violent predator as a person convicted of a sexually violent offense who suffers from a mental abnormality or personality disorder that makes the person likely to engage in acts of sexual violence if not confined in a secure facility for long-term control, care, and treatment. Near the end of the prison sentence for a person convicted of a sexually violent offense, there is a process to determine if a person will be adjudicated into the program.[72] Senate Bill 797, introduced in 2019, seeks to amend and clarify some of the procedures that are a part of the adjudication process. While DMH and the Attorney General's Office collaborate on suggested language for the bill, representatives of the population subject to civil commitment are not involved in the initial collaboration.[73]

Table 17. Recommendation to the General Assembly related to pass-through funds

Pass-Through Funds	27. The General Assembly should consider removing the pass through of funds to the Alzheimer's Disease and Related Disorders Association (Proviso 35.3 - 2019), Department of Social Services (Proviso 117.53 – 2019) and the Department of Children's Advocacy (Proviso 35.1 – 2019 referring to the Continuum of Care) from the Department of Mental Health's section of the General Appropriations Act and include those funds in the most-applicable agency's section.

General Assembly: Consideration of Agency Pass-Through Funds

The agency requests funds not related to DMH's mission and passed through to another entity, be appropriated to the most relevant state agency.

STUDY RELATED INTERNAL CHANGES

During the study process, the agency implements two internal changes directly related to participation in the study process:

- Disaggregating customer survey results to better understand the degree of satisfaction reported by patients and families; and
- Amending performance measures reported to better reflect proportion and efficiency.[74]

STUDY PROCESS

Agency Selection

The Department of Mental Health is an agency subject to legislative oversight.[75] On May 3, 2018, during the 122nd General Assembly, the Committee prioritizes the agency for study.[76] The entire study process is summarized in Table 18 below.

As the Committee encourages **collaboration in its legislative oversight process**, the Committee notifies the following individuals about the agency study: Speaker of the House, standing committee chairs in the House, members of the House, Clerk of the Senate, and Governor.

Subcommittee Membership

The **Healthcare and Regulatory Subcommittee of the House Legislative Oversight Committee studies the agency**.[77] The study begins during the 122nd General Assembly and continues during the 123rd General Assembly. The Honorable Phyllis J. Henderson serves as chair during the 122nd General Assembly. The Honorable John Taliaferro "Jay" West, IV serves as chair during the 123rd General Assembly. Other Subcommittee Members include:

- The Honorable William K. "Bill" Bowers (122nd General Assembly);
- The Honorable MaryGail K. Douglas (122nd General Assembly);
- The Honorable Robert L. Ridgeway III; (123rd General Assembly);
- The Honorable Bill Taylor (122nd and 123rd General Assembly); and
- The Honorable Christopher Sloan "Chris" Wooten (123rd General Assembly).

Agency Reports to Legislative Oversight Committee

During the legislative oversight process, the **Committee asks the agency to conduct self-analysis** by requiring it to complete and submit annual Restructuring Reports, a Seven-Year Plan for cost savings and increased efficiencies, and a Program Evaluation Report. Details about each report, including the submission dates, are included in Appendix B. The Committee posts each report on the agency page of the Committee's website.

Information from the Public

Public input is a cornerstone of the House Legislative Oversight Committee's process.[78] There are a variety of opportunities for public input during the legislative oversight process. Members of the public have an opportunity to participate anonymously in a public survey, provide comments anonymously via a link on the Committee's website, and appear in person before the Committee.[79] During the study, media articles related to the agency are compiled for member review. Details about each form of input are included in Appendix C.

Meetings Regarding the Agency

The Committee meets with, or about, the agency on two occasions, and the Subcommittee meets with the agency on fifteen occasions. All meetings are open to the public and stream live online; also, the videos are archived and the minutes are available online. A timeline of meetings is set forth in Table 18.

122nd General Assembly (2017-2018)

May 3, 2018
Full Committee

The full Committee selects the agency for study at **Meeting 1**.[80]

123rd General Assembly (2019-2020)

January 14, 2019
Full Committee

The full Committee holds **Meeting 2** with DMH to **receive public testimony** about it, the Department of Motor Vehicles, and the Wil Lou Gray Opportunity School.[81] Two people provide testimony about DMH:

- Bill Lindsey, Executive Director of the South Carolina Chapter of the National Alliance for Mental Illness; and
- Helen Pridgen, South Carolina Area Director of the American Foundation for Suicide Prevention.

DMH Interim Director Mark Binkley makes brief comments to the Committee.

February 5, 2019
Subcommittee

The Healthcare and Regulatory Subcommittee holds **Meeting 3** with the agency.[82] Interim Director Binkley provides an **overview of the agency, including its history.** Deputy Directory Deborah Blalock provides an **overview of Community Mental Health Services**. Medical Director Robert Bank provides an **overview of Medical Affairs**. Deputy Director Debbie Calcote provides an **overview of Administrative Services**. During and after this testimony, agency representatives respond to questions from Subcommittee members about veteran homelessness, school mental health services, provider shortages, and admissions processes.

February 19, 2019
Subcommittee

The Subcommittee holds **Meeting 4** with the agency.[83] Interim Director Binkley provides testimony about **historical trends in inpatient services**, **including the types of conditions treated over time and the number of admissions and patients**. Deputy Director Versie Bellamy, and other DMH staff, provide testimony about each of the facilities. During and after this testimony, agency representatives respond to questions from Subcommittee members about medically enhanced beds, a finding from a Legislative Audit Council's 2015 audit, restoration of competency to stand trial, staff salaries, the Joint Commission, and rate of admissions.

March 5, 2019
Subcommittee

The Subcommittee holds **Meeting 5** with the agency.[84] Advocate Phyllis Ross, with Protection and Advocacy for People with Disabilities, testifies about changes in the state's Medicaid payment system and the closure of two buildings previously used to serve juveniles from the Department of Juvenile Justice and responds to questions from Subcommittee members about the timing of the changes and the need for beds. Interim Director Binkley and other DMH staff provide testimony about **inpatient facilities, highlighting the unique aspects of each facility.** During and after this testimony, agency representatives respond to questions from Subcommittee members about Sexually Violent Predator Treatment Program capacity and the use of telemedicine, opioid treatment time, cooperation with the Department of Alcohol and Other Drug Abuse Services, efficiency of contracting out some services, and the veteran's nursing home capacity.

March 19, 2019
Subcommittee

The Subcommittee holds **Meeting 6** with the agency.[85] Interim Director Binkley and other DMH staff provide testimony about **inpatient facilities, specifically the nursing homes, highlighting a unique aspect of each facility**. During and after this testimony, agency representatives respond to questions from the Subcommittee members about direct care staff roles and pay, regulations, veteran homes waitlists and system capacity, procurement, and staffing shortages.

April 2, 2019
Subcommittee

The Subcommittee holds **Meeting 7** with the agency.[86] Interim Director Binkley and Deputy Director Blalock provide testimony about **community mental health services, highlighting unique aspects of each community program**. During and after this testimony, agency representatives respond to questions from Subcommittee members about local community knowledge of mental health programming, screening procedures, innovations, staffing, and school-based mental health services.

April 23, 2019
Subcommittee

The Subcommittee holds **Meeting 8** with the agency.[87] Interim Director Binkley and Deputy Director Blalock provide testimony about **community mental health services**. During and after this testimony, agency representatives respond to questions from Subcommittee members about:

- School-based mental health services during school breaks;
- Program evaluation;
- Community mental health center leadership turnover;
- Training;
- Policy review;
- Recruiting;
- Partnerships, particularly with the Department of Employment and Workforce; and
- Salaries.

May 7, 2019
Subcommittee

The Subcommittee holds **Meeting 9** with the agency.[88] Interim Director Binkley and Deputy Director Calcote provide testimony about **mental health professionals and deferred facility maintenance**. During and after this testimony, agency representatives respond to questions from Subcommittee members about deferred maintenance, job descriptions for mental health professionals, employee feedback and morale, salaries, and employee retention and recruiting.

June 20, 2019
Subcommittee

The Subcommittee holds **Meeting 10** with the agency.[89] Interim Director Binkley, Deputy Director Blalock, and other DMH staff provide testimony about **community mental health services**. During and after this testimony, agency representatives respond to questions from Subcommittee members about:

- School district financial contributions to school mental health services;
- School mental health services outcomes;
- Deaf services;
- Employment services collaborations;
- Collaborations with local law enforcement;
- Agency review of screening tools;
- Justice-involved programs;
- Suicide prevention training;
- Collaboration with the Department of Alcohol and Other Drug Abuse Services;
- Community crisis programming;
- Telepsychiatry; and
- Future community mental health plans.

July 8, 2019
Subcommittee

The Subcommittee holds **Meeting 11** with the agency.[90] Interim Director Binkley, Medical Director Bank, and other DMH staff provide testimony about **budget, medical affairs, and administrative services.** During and after this testimony, agency representatives respond to questions from Subcommittee members about agency budget and expenditures, contract personnel, billing practices and costs, psychiatric drugs, credentialing requirements, telepsychiatry, and IT infrastructure and security.

July 23, 3019
Subcommittee

The Subcommittee holds **Meeting 12** with the agency.[91] Interim Director Binkley, and other DMH staff, provide testimony about **processes related to reporting and investigating the death of a vulnerable adult and agency administrative services**. During and after this testimony, agency representatives respond to questions from Subcommittee members about:[92]

- Seclusion and restraint training;
- Citations;
- Employee duties to report abuse, neglect, and exploitation;
- Changes to training procedures;
- Behavioral Emergency Stabilization Training (BEST) protocol;

- Employee discipline;
- Transitions of patients into communities;
- Prisma Health (formerly Palmetto Health) residency programs;
- Continuing education allowance;
- Expert evaluation of program;
- Continuity of care through disasters;
- Deferred maintenance plan;
- Telepsychiatry;
- Fleet vehicle support;
- Contract bids; and
- Partnerships, particularly with the Department of Public Safety.

August 12, 2019
Subcommittee

The Subcommittee holds **Meeting 13** with the agency.[93] Mental health advocate Jane Simpson provides testimony about her interactions with DMH. Interim Director Binkley provides testimony about **agency recommendations**. During and after this testimony, agency representatives respond to questions from Subcommittee members about:[94]

- Sexually violent predator treatment program improvements;
- Forensic evaluations;
- Agency inpatient capacity;
- Medical services;
- Organizational structure;
- Opioid prescribing rules; and
- Medication bid process.

August 27, 2019
Subcommittee

The Subcommittee holds **Meeting 14** with the agency.[95] Interim Director Binkley provides testimony about the agency's recommendations and responds to questions from Subcommittee members about the agency's recommendations and subjects addressed in prior letters to the agency. The Subcommittee then receives four recommendations from the agency for information purposes. In addition, the Subcommittee makes **two recommendations to the agency and adopts two agency recommendations for statutory change**.

September 16, 2019
Subcommittee

The Subcommittee holds **Meeting 15** with the agency.[96] Greg Shore, chairperson of the Vulnerable Adult Fatalities Review Committee, provides testimony about the committee's work and responds to questions from Subcommittee members. Interim Director Binkley provides testimony about **the DMH's interactions with the Vulnerable Adults Fatalities Review Committee**. After recess for lunch, the Subcommittee joins the Ad Hoc Subcommittee studying the Department of Corrections to discuss **how DMH and the Department of Corrections (SCDC) provide mental health services to people involved in the criminal justice system**. Interim Director Binkley and SCDC

Executive Director, Bryan Stirling, provide testimony on **ways in which the two agencies interact and collaborate**, including but not limited to:

- Comparison of agency mandates;
- Comparison of agency missions;
- Agencies' goals;
- Overview of agencies' mental health services;
- DMH treatments, locations, and statistics;
- DMH interaction with the criminal justice system;
- A video about a telepsychiatry program in Charleston;
- SCDC mental health services overview and statistics;
- SCDC mental health screening and evaluation;
- SCDC mental health lawsuit overview;
- Current agency collaborations; and
- Opportunities for enhanced collaboration.

During and after this testimony, agency representatives respond to questions from Subcommittee members.

October 28, 2019
Subcommittee

The Subcommittee holds **Meeting 16** with the agency.[97] Subcommittee members discuss potential recommendations. Interim Director Binkley and Rochelle Caton, Director of the Office of Client Advocacy, respond to questions from members. The **Subcommittee then adopts twenty-one recommendations to the agency, one recommendation to the Vulnerable Adult Fatalities Review Committee, and one recommendation to the General Assembly.** Lastly, Subcommittee Chair West directs Committee staff to draft the study report with the Subcommittee's recommendations.

December 9, 2019
Subcommittee

The Subcommittee holds **Meeting 17** with the agency.[98] Subcommittee members discuss proposed modifications to recommendations, as well as an additional proposed recommendation. Interim Director Binkley responds to questions from members. The **Subcommittee then adopts the proposed amendments and additional recommendation** and Subcommittee Chair West directs Committee staff to update the study report draft with the Subcommittee's changes.

Table 18. Summary of key dates and actions in the study process

2018

May 8	Full committee **votes to make DMH the next agency for the Healthcare and Regulatory Subcommittee to study**. Video and minutes of the meeting are available online.
May 9	Full committee notifies DMH about the study process.
July 17 – August 20	Full committee **solicits input** from the public about the agency in the form of an online survey. The results of the public survey are available online.
September	DMH **submits its FY 2017-18 Accountability Report/Annual Restructuring Report.**
November 19	DMH **submits its Program Evaluation Report.**

2019

January 14	Committee holds **public input meeting (Meeting 2)** about this and other agencies.
February 5	Subcommittee holds **Meeting 3** with the agency to receive an overview of the agency's **history, mission, organization, products, and services.**
	Subcommittee holds **Meeting 4** with the agency to receive testimony about the **Inpatient Services Division.**
March 5	Subcommittee holds **Meeting 5** with the agency to receive further testimony about the **Inpatient Services Division.**
March 19	Subcommittee holds **Meeting 6** with the agency to receive further testimony about the **Inpatient Services Division,** and discuss responses to earlier-asked questions.
April 2	Subcommittee holds **Meeting 7** with the agency to receive testimony about **Community Mental Health Services.**
April 23	Subcommittee holds **Meeting 8** with the agency to receive testimony about **Community Mental Health Services.**
May 7	Subcommittee holds **Meeting 9** with the agency to receive testimony about **Community Mental Health Services** staffing and **facility deferred maintenance.**
June 20	Subcommittee holds **Meeting 10** with the agency to receive testimony about **Community Mental Health Services.**
July 8	Subcommittee holds **Meeting 11** with the agency to receive testimony about **Budget, Medical Affairs, and Administrative Services.**
July 23	Subcommittee holds **Meeting 12** with the agency to receive testimony about **Administrative Services.**
August 12	Subcommittee holds **Meeting 13** with the agency to receive testimony about **Agency Recommendations.**
August 27	Subcommittee holds **Meeting 14** with the agency to discuss **Agency Recommendations.**
September 16	Subcommittee holds **Meeting 15** with the agency to learn about the **Vulnerable Adult Fatalities Review Committee** and ask additional questions of the agency.

October 28	Subcommittee holds **Meeting 16** with the agency to discuss additional **Subcommittee recommendations.**
December 9	Subcommittee holds **Meeting 17** with the agency to discuss **Subcommittee recommendations.**
Ongoing	Public may submit written comments on the Oversight Committee's webpage, accessed from www.scstatehouse.gov.

Study Process Completion

Pursuant to Committee Standard Practice 11.8, **any Subcommittee member may provide a separate written statement for inclusion with the Subcommittee's study report**. After receipt of any written statements, the Subcommittee Chair, pursuant to Committee Standard Practice 11.9, notifies the Committee Chair in writing that a Subcommittee study is available for consideration by the full Committee.

Pursuant to Committee Standard Practice 12, the Committee Chair includes the Subcommittee Study on the agenda for a full Committee meeting after receiving written notice from the Subcommittee Chair. During a full Committee meeting at which the Subcommittee study is discussed, the Committee may vote to (1) refer the study and investigation back to the Subcommittee for further evaluation; (2) approve the Subcommittee's study; or (3) further evaluate the agency as a full Committee, utilizing any of the resources of legislative oversight available.

When the Committee approves a study, **any member of the Committee may provide a written statement for inclusion with the study**. The study, and written statements, are published online and the agency receives a copy.[99]

To support the Committee's ongoing oversight by maintaining current information about the agency, the agency may receive an annual Request for Information.

SELECTED AGENCY INFORMATION

Department of Mental Health. "Program Evaluation Report, 2018."
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/PER_Final%20Complete.PDF (accessed November 21, 2019).

Department of Mental Health. "Restructuring and Seven-Year Plan Report, 2015."
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/2015AgencyRestructuringandSevenYearPlanReports/2015%20Department%20of%20Mental%20Health.pdf (accessed November 21, 2019).

Department of Mental Health. "Agency Accountability Report, 2018-19."
https://www.scstatehouse.gov/reports/aar2019/J120.pdf (accessed November 21, 2019).

S.C. House of Representatives, Legislative Oversight Committee. "July 17 - August 20, 2018 Survey Results."
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/Corrections/Public_Survey_JulAug2018.PDF (accessed November 21, 2019).

APPENDIX A. AGENCY OVERVIEW

The Committee requests the agency provide background information via the Program Evaluation Report, Accountability Report, and correspondence. The sections below provide an overview of the agency, as reflected in these submissions. It is augmented by information provided by other state agencies that aggregate statewide data.

History

The Department of Mental Health provides the Committee with an overview of the agency's history.[100] In addition, Committee staff confirms the accuracy of assertions of legislative action.

The History of the South Carolina Department of Mental Health

- 1694
  - The Lord Proprietors of the Carolinas decreed the indigent mentally ill should be taken care of locally at public expense.
- 1762
  - The Fellowship Society of Charleston established an infirmary for the mentally ill.
- 1821
  - December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving $30,000 to build the S.C. Lunatic Asylum and a school for the deaf and dumb. This legislation made South Carolina one of the first states in the country to provide funds specifically for the care and treatment of people with mental illnesses.
- 1827
  - The S.C. Lunatic Asylum was completed. Designed by Washington Monument architect Robert Mills, the new hospital's many innovations included fireproof ceilings, a central heating system, and one of the country's first roof gardens. The building, referred to as the "Mills building," is presently occupied by the administration of the SC Department of Health and Environmental Control.
- 1828
  - The Asylum's first patient, a female, was admitted. Her mother worked as a matron at the hospital during her daughter's stay. The hospital admitted patients wealthy enough to pay for their own care, as well as the middle-class and paupers. Although a few black people, mostly slaves, were admitted during the first 20 years, they were not officially permitted until 1848.
- 1840s
  - U.S. reformer Dorothea Dix observed mentally ill patients incarcerated with criminals, in squalid living conditions. Over the next 40 years, Dix lobbied to establish 32 state hospitals for the mentally ill, including in South Carolina.
- 1850s
  - The average patient paid $250 annually. A separate room and eating area cost another $100. Paupers were admitted for an annual fee of $135, which was billed to the patient's home district. As more paupers were admitted, it became harder to collect fees, and the asylum grew more dependent on state funding.

- 1853
    - Due to increases in the patient population, the State Legislature authorized the construction of a second asylum. (later known as the Babcock Building)
- 1860
    - The S.C. Lunatic Asylum reached its capacity of 192.
- 1864-65
    - Superintendent: Dr. John W. Parker
    - Although the Confederate Army did not commandeer the asylum, the grounds were used as a prison camp for Union officers from October 1864 to February 1865.
    - The asylum became a refuge for many Columbia residents when the city was burned during Union General William T. Sherman's occupation in February 1865.
- 1870
    - Superintendent: Joshua Fulton Ensor was the second superintendent of the South Carolina Lunatic Asylum from August 5, 1870 until he resigned on December 31, 1877, a Maryland native and former Union Army surgeon, tried hard to find adequate funds for the institution. Several citizens from around the state contributed, and he received a $10,000 subscription from some Philadelphia Quakers, which helped repair the buildings. Ensor frequently supplemented the institution's meager budgets with his own funds.
- 1871
    - The state government assumed the cost of patient care of the mentally ill from the counties. Overcrowding in the asylum remained a problem as County jails readily transferred mentally ill prisoners to the State Hospital.
- 1877
    - The patient cost of care in the State Hospital was $202 per year (55¢ per day).

Post-Civil War

- Late 1800s
    - Following the Civil War, large numbers of indigent and disabled veterans who were no longer able to earn their own livelihood needed care. While the federal government operated national homes for disabled Union volunteer soldiers, the total number of veterans needing care was overwhelming. In recognition of this need and the debt that a grateful nation owed its defenders, a number of southern states independently established State Veterans Homes to help care for those who had "borne the battle."
- 1883
    - After being unfunded for 28 years, construction was completed on the second asylum and it became operational. The Board of Regents of the S.C. State Lunatic Asylum had commissioned noted architect Samuel Sloan to design the main building based on the “Kirkbride System,” which advocated building design and environment as an important component of patient therapy and recovery. This building later became known as “The Babcock Building”.
- 1891
    - Superintendent: Dr. James Woods Babcock, served as superintendent and a physician of the S.C. State Lunatic Asylum/SC State Hospital for the Insane from 1891 to 1914.

- 1892
  - Dr. James W. Babcock founded a School of Nursing, one of the earliest schools for psychiatric nursing, which operated until 1950.
- 1894
  - Dr. Sarah Allen became South Carolina's first licensed female physician. From 1895-1907 she provided patient care as a psychiatrist at the SC Lunatic Asylum. The Allen Building was named in her honor in 1954, the year of her death.
- 1896
  - The SC Lunatic Asylum was renamed the S.C. State Hospital for the Insane (State Hospital).

Early 20th Century

- 1900s
  - The State Hospital built more additions to house the growing number of patients.
- 1908
  - By an act of the South Carolina General Assembly, the Confederate Soldiers and Sailors Home, located on the corner of Confederate Avenue and Bull Street at 1417 Confederate Avenue in Columbia, SC was established. In 1925, eligibility for admission extended to wives and widows of confederate veterans. The home closed in 1957, when too few residents remained.
- 1909
  - State Hospital Superintendent James Babcock, M.D., with fellow State Hospital doctor, J.J. Watson, M.D., made a historic presentation on pellagra to the New York Medical Society. Dr. Babcock was the first doctor to identify the outbreak of pellagra in the country by observing it in the hospital's patients. Pellagra, a potentially fatal disease characterized by severe skin lesions, diarrhea, hallucinations and dementia, had reached epidemic proportions in the impoverished South. Dr. Babcock's work led to the discovery that a niacin deficiency causes the disease.
- 1910
  - After a legislative committee reported the asylum was too small, South Carolina legislators approved funding for an annex to house African American patients. Land was purchased north of Columbia, and plans were submitted for a new complex that became known as "State Park." Development of the State Park site moved slowly and was plagued with building and funding problems.
- 1913
  - The first permanent building at State Park Unit was completed. The asylum complex was for black patients only. It was renamed Palmetto State Hospital in 1963 and renamed Crafts-Farrow state hospital in 1966.
- 1914
  - Superintendent: Dr. James Woods Babcock resigned.
  - African American patients were moved into the State Park complex.

- 1915
  - Superintendent: Dr. C. Fred Williams served as superintendent from 1915 – 1945. He realized the need for community mental health clinics. He encouraged a program to educate the public about mental illness, its causes and methods of prevention.

  - The monthly superintendent's report from 1915 underscores the impact of the niacin deficiency disease, pellagra, on admissions to the state hospital, especially among African American patients. Pellagra was the leading cause of discharge by death for African Americans patients.
- 1920
  - The first outpatient clinic to provide services for the mentally ill who did not need hospitalization opened at the State Hospital, Columbia, SC.
- 1922
  - Palmetto State Hospital opened in State Park.
- 1923
  - The first permanent outpatient clinic opened in Columbia. Due to its success, many more opened around the state.

  - Traveling mental health clinics in Greenville and Spartanburg counties were established.
- 1924
  - South Carolina instituted social services fairly early in its operations. The June 1924 monthly report provides a summary of the work of field social worker, Ethel Sharpe. She provided pre- and post-discharge community visits, special investigations, social histories and follow-up work for clinicians.
- 1927
  - Mental health clinics were established in Florence, Orangeburg, and Anderson.
- 1928
  - A mental health clinic opened in Charleston.

  - Greenville Mental Health Center opened. It currently Serves: North Greenville County
- 1930s
  - The U.S. Department of Veterans Affairs was established. State programs expanded to include three levels of care, and increased per diem payments and federal funding for construction of facilities.
- 1938
  - Dr. William S. Hall was hired as an assistant physician at the State Hospital, which began his 47 years of service with the Agency.

  - With the approval of the General Assembly construction on a research laboratory began. Builders completed it in April of 1939. Activities launched in the building on May 27, 1939. However, the building remained unnamed until three years later. It is unclear who was producing the funds for this project until July 27, 1942, when the will of Mrs. Grace Ensor Brown was probated and the South Carolina State Mental Hospital became the beneficiary of a her entire estate. Her will stipulated that the funds be put towards a research laboratory in memory of Henrietta Kemp Ensor and Joshua Fulton Ensor, her mother and father. The Ensor building housed research labs, a morgue, and the parasitology department.

- 1943
  - Superintendent Williams informed all the mental health outpatient clinics they would close for the remainder of WWII due to the majority of staff serving the war effort.
- 1945
  - Three years after Mrs. Grace Ensor Brown's passing, the General Assembly matched the funds from her estate and the Ensor Research Foundation was established. DMH continues to award Ensor grants for the study of a variety of topics pertaining to mental health.
- 1946
  - SC State Hospital opens the first Clinical Pastoral Training Program in the Southeast.
  - Passage of Public Law 487, the "National Mental Health Act of 1946", provided federal funds from the Surgeon General, U.S. Public Health Service, for adequate mental hygiene clinics.
- 1947
  - Although WWII ended September 2, 1945, reopening of the clinics was delayed until late 1947 due to the lack of adequately trained personnel.
  - A Spartanburg Area mental health clinic opened, from 1947 through 1963 the clinic served a large area, first 14 counties then 6.
  - The Charleston Mental Hygiene Clinic opened on July 1, 1947.
- 1950s
  - The discovery of phenothiazine, "miracle drugs" that controlled many severe symptoms of mental illness, made it possible to "unlock" centralized hospital wards, and treat patients within their local communities in an outpatient setting.
- 1950
  - The DMH School of Psychiatric Nursing, founded in 1892, closed.
- 1952
  - March 7, 1952, passage of the Mental Health Act (Title 44 – Health- CHAPTER 9 State Department of Mental Health- SECTION 44-9-10) provided for a Mental Health Commission to be responsible for all SC state run mental health facilities and programs. The Board of Regents was renamed the SC Mental Health Commission. The Act also specified that communities were required to contribute one-third of the cost of a clinic or center operation, and the state would furnish the remaining two-thirds.
- 1956
  - "Darlington-Florence Mental Health Center" began operations on August 15, 1956.
- 1957
  - By 1957 clinics were in operation in Charleston, Greenville, Richland, Spartanburg, Darlington, and Florence counties. Major functions of theses clinics included: cooperation and consultation with other agencies and professional people in the community; evaluation and treatment of emotional disturbances in adults and children; public education; and training psychiatric and pediatric resident doctors from the Medical College Hospital.

Era of Deinstitutionalization

- 1960s
  - Major changes in the delivery of services to and treatment for the mentally ill began the era of deinstitutionalization. Significant advances in caring for patients in their communities were made. Initiatives included the establishment of a transitional living project to help patients return to their communities after long hospital stays, a facility for psychiatric patients who need long-term care, a program for autistic children, and an alcohol and drug addiction treatment center.

  - The Department of Mental Health's inpatient occupancy peaked in the 1960's with an average daily population of more than 6,000 patients housed in the Crafts-Farrow and Bull Street Campuses.
- 1961
  - South Carolina's Community Mental Health Services Act developed a plan for mental health clinics and established grants-in-aid for all counties on a 50-50 matching basis.

  - The "York-Chester-Lancaster Mental Health Center" was established in June of 1961.
- 1962
  - The S.C. Mental Health Services Act of 1962 established legal status for Center's Board of Trustees.

  - The mental health board serving Anderson, Oconee, and Pickens counties organized on November 20, 1962. A small clinic serving all three counties operated in Anderson, SC.
- 1963
  - On October 31, 1963, President John F. Kennedy signed into law the Community Mental Health Act (also known as the Mental Retardation and Community Mental Health Centers Construction Act of 1963), which drastically altered the delivery of mental health services and inspired a new era of optimism in mental healthcare. The Federal Community Mental Health Centers Act provided matching federal funds for constructing community mental health centers and led to the establishment of comprehensive community mental health centers throughout the country. It helped people with mental illnesses who were "warehoused" in hospitals and institutions move back into their communities.

    Along with this law, the development of more effective psychotropic medications and new approaches to psychotherapy made community-based care for people with mental illnesses a feasible solution. A growing body of evidence at that time demonstrated that mental illnesses could be treated more effectively and in a more humane and cost-effective manner in community settings rather than in traditional psychiatric hospitals.

  - "State Park" was renamed Palmetto State Hospital. (renamed Crafts-Farrow State Hospital in 1966.)

  - The Area Five Mental Health Center opened January 7, 1963, to serve the counties of Abbeville, Edgefield, Greenwood, Laurens and McCormick.

- 1964
    - State Commissioner: March 26, 1964 – June 1985, Dr. William Stone Hall served as the first SC State Commissioner of the Department of Mental Health.

    - The S.C. Department of Mental Health was created as an independent agency of state government to develop a more comprehensive system, which combined medical care and treatment with expanded community services, mental health education, consultation, professional training, and research.

    - The Veterans Administration began a grant program for construction of State veteran's homes. State Home Grant Program history: the State Home Program is a partnership between the U.S. Department of Veterans Affairs (VA) and States to construct nursing home, domiciliary, and/or adult day health care facilities. The program was authorized in Title 38 United States Code (USC) Section 8131-8137 and regulated in Title 38 Code of Federal Regulation (CFR) Part 59. VA may participate in up to 65 percent of the cost of construction or acquisition of State nursing homes or domiciliaries or for renovations to existing State Homes. A State Home is owned and operated by the State. VA assures Congress that State Homes provide quality care through inspections, audits, and reconciliation of records conducted by the State Home program managers and the VA medical center of jurisdiction. Under a separate program, VA also provides per diem payments to States for the care of eligible veterans in State Homes.

    - Sumter-Clarendon Mental Health Clinic opened.

    - Marion County joined the Darlington-Florence Mental Health Center and the name was changed to Pee Dee Mental Health Center. Counties Served: Florence, Darlington, and Marion.

    - The Area Five Mental Health Center began serving Saluda County.
- 1965
    - The Area Five Mental Health Center began serving Newberry County.

    - Palmetto State Hospital, formerly "State Park", was renamed Crafts-Farrow State Hospital, and became a geriatric facility.

    - The William S. Hall Psychiatric Institute was established as a teaching hospital by Act No. 342.

    - The Tri-County Community Mental Health Center opened. Counties Served: Chesterfield, Marlboro, and Dillon.

    - Aiken-Barnwell Community Mental Health Center opened.

    - Authorized by Title XIX of the Social Security Act, The Social Security Amendments of 1965, Pub.L. 89–97, 79 Stat. 286, were enacted July 30, 1965, The legislation's most important provisions resulted in creation of two programs: Medicare and Medicaid which provides federal health insurance for the elderly (over 65) and for low-income families.

- 1966
    - The Area Five Mental Health Center changed its name to The Beckman Center for Mental Health Services. It is the only SC community mental health center named for an individual rather than a geographic territory. Named in memory of W. P. Beckman, M. D., a pioneer in the state community mental health movement of the 1930s thru 1950s. Counties Served: Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, and Saluda.
    - The Coastal Empire Community Mental Health Center opened. Counties Served: Allendale, Beaufort, Colleton, Jasper, and Hampton.
- 1967
    - The Columbia Area Mental Health Center, the first comprehensive community mental health center in the Southeast, serves Richland and Fairfield counties.
    - The Waccamaw Center for Mental Health opened. Counties Served: Georgetown, Horry, and Williamsburg.
    - Cherokee and Union counties each had mental health clinics which operated one day a week.
    - DMH's Department of Archives and History was authorized by the SC Mental Health Commission to set up in the Mills Building.
- 1968
    - An innovative and comprehensive plan for a treatment environment was developed in conjunction with Clemson University's School of Architecture known as The Village System. The new treatment concept is designed to provide a therapeutic, small community environment which is still in use today.
    - The Charleston Mental Hygiene Clinic served Berkeley, Charleston, and Dorchester counties and changed its name to the Charleston Area Mental Health Center.
- 1969
    - South Carolina becomes the first state in the Southeast and one of the 18 states in the nation to have all its mental institutions fully accredited.
    - In March 1969, The Anderson-Oconee-Pickens Mental Health Center (AOPMHC), located at 200 McGee Road, Anderson, SC, was completed and ready for occupancy.
    - The SC General Assembly passed laws to authorize the DMH Commission to establish a South Carolina War Veterans Home "to provide treatment for SC War Veterans who are mentally ill."
    - Community Mental Health Services begins operating Camp Logan, a summer camp for children with behavioral health problems. Camp Logan moved to Lake Hartwell in 1975.
    - The first DMH central administration building opened in Columbia.
- 1970s
    - In the 1970's, the Spartanburg Area Mental Health Center satellite clinics in Cherokee and Union counties began operating full-time.

- 1970
  - On June 25, 1970, the first patient was admitted to the C.M. Tucker, Jr. Nursing Care Center John M. Fewell Pavilion. It was a facility for psychiatric patients whose physical problems required long-term skilled nursing care.
- 1971
  - April 1, 1971, the first patients were admitted to C.M. Tucker, Jr. Nursing Care Center, E. Roy Stone, Jr. Veterans Pavilion, a state veterans' home offering nursing care for both psychiatric and physical disorders for honorably discharged veterans who are SC residents.
  - The William S. Hall Psychiatric Institute opened the Ensor Research Laboratory.
  - A pilot project for alcohol and drug addicts was established at Crafts-Farrow State Hospital.
- 1972
  - The pilot Village Project opened at Hall Institute, affiliated with Santee-Wateree Mental Health Center.
  - The first program in the State for autistic children began in Charleston.
- 1973
  - Genetics Research Laboratory opened at Hall Institute.
  - The Oconee County satellite clinic opened on February 20, 1973. (AOPMHC)
  - Lee County joins the Santee-Wateree Mental Health Center.
  - The first separate children's psychiatric treatment center in the state opened in the SC State Hospital's Blanding House.
- 1974
  - The Pickens county satellite clinic opened in 1974. (AOPMHC)
  - The "York-Chester-Lancaster Mental Health Center" opened satellite offices in Chester and Lancaster Counties. (Catawba MHC)
  - State Hospital is reorganized into a unit system with treatment programs based on four geographic units of the state; a children's unit; a court unit; an aftercare unit; and a medical surgical unit.
  - Project Center of Orientation to Independent Living begins as a transitional living project to help patients return to community after long hospital stays.
- 1975
  - Patients and staff move into Morris Village alcohol and drug addiction treatment facility.
  - New commitment laws go into effect establishing strict timetables, including emergency admissions and defining patient's rights in the courtroom and hospital.
  - Construction began outside Columbia on Village A, the first regional psychiatric hospital in the Village System.

- 1976
    - Sumter-Clarendon Mental Health Clinic incorporated Kershaw and Lee counties. The Board of Directors applied for and received status as a "community mental health center" pursuant to Section 44-9-10 and 44-9-70 of the Code of Laws of South Carolina as amended in 1976, and became what is now known as the Santee-Wateree Community Mental Health Center. Counties served: Sumter, Clarendon, Kershaw, and Lee

    - The State Plan Advisory Council was created to expand the opportunity for citizen's input into DMH programs.
- 1978
    - The G. Werber Bryan Psychiatric Hospital opened in Columbia.

    - Piedmont Mental Health Center opened. Serves South Greenville County.

    - Orangeburg Area Mental Health Center satellite clinics established in Bamberg, Calhoun, and Orangeburg Counties.
- 1979
    - The Lexington Community Mental Health Center opened.
- 1980s
    - Although the 1980s began with great promise for people with mental illnesses, those hopes were short-lived. The 1980 Mental Health Systems Act, which promised new resources and refocused federal support of the care of persons with severe mental illnesses, was effectively repealed by the Omnibus Budget Reconciliation Act of 1981. The result: federal resources, available as block grants, shrank dramatically.
- 1980
    - Autistic children's services expand to six areas: Charleston, Columbia, Spartanburg, Florence, Conway, and Greenwood.
- 1981
    - Berkeley County detached from the Charleston Area Mental Health Center to form its own catchment area. Berkeley Community Mental Health Center opened.

    - The Charleston Area Mental Health Center was renamed the Charleston-Dorchester Mental Health Center.
- 1983
    - The SC Department of Mental Health adopted a plan calling for the development of community-based services, the decentralization of hospital services, and a significant decrease in the population of its psychiatric facilities in Columbia. A comprehensive Community Support Program was created to maximize the shift of care from institutionally based services to community-based services and an Emergency Stabilization Program was implemented to find alternatives in the community for treating patients in psychiatric crises.

    - February 1, 1983, the C.M. Tucker, Jr. Nursing Care Center opened the Frank L. Roddey Pavilion, named in honor of State Senator Frank "Son" Laney Roddey, who served in the state senate representing Kershaw, Lancaster, and York counties from 1963 until his death in 1979.

    - May 11, 1983, DMH Academy for Pastoral Education established to consolidate pastoral education and to provide a unified curriculum for pastoral care training.

- October 1, 1983, establishment of the James F. Byrnes Medical Center, formerly a unit of State Hospital, as a medical/surgical hospital.

- 1984
  - The Dowdy-Gardner Nursing Care Center opened as an Institute for Mental Disease for the elderly over 65 under the original Medicaid legislation of 1965. These residents needed long-term nursing care for medical needs secondary to psycho-behavioral problems and were eligible for Medicaid reimbursement.

  - State Hospital reorganized all treatment programs from four geographically based units into seven units based on the level-of-care needed by patients.

- 1985
  - State Commissioner: June 1985, William S. Hall, M.D., retired after 44 years with DMH, 22 of which he served as State Commissioner.

  - State Commissioner: July - December 1985, Dr. Jaime Condom served as Interim Commissioner of Mental Health.

  - State Commissioner/State Director: December 1985 – August 1995, Dr. Joseph Bevilacqua served as Commissioner of Mental Health/State Director. In 1993, the title of the Commissioner of Mental Health changed to State Director of Mental Health. Prior to this position, Dr. Bevilacqua had served as commissioner of the Virginia Department of Mental Health and Mental Retardation.

  - June 28, 1985, dedication ceremonies held for Patrick B. Harris Psychiatric Hospital, a 206-bed acute psychiatric care facility located in Anderson, SC.

  - "Toward Local Care," an initiative to help patients return to their communities, began. In two separate waves of programs from 1992 to 1995, 265 patients were discharged from inpatient facilities to Toward Local Care projects that had a total budget of $4 million.
    In a second wave, 44 clients were discharged to programs in six community mental health centers (Anderson, Charleston/ Dorchester, Columbia, Greenville, Pee Dee and Piedmont).
  - A U.S. Justice Department's critique of the S.C. State Hospital said conditions there were "flagrantly unconstitutional." Fiscal restraints led to frustrations on the state level, particularly in funding proper care for patients in the state hospitals.

- 1986
  - The Justice Department entered into a four-year consent decree with the state of South Carolina to provide increased services for all patients.

  - April 11, 1986, the 17 community mental health centers are designated Pre-Admission Screening Facilities, mandating that all psychiatric admissions, voluntary or involuntary, be screened and evaluated at the community level.

  - State Hospital Child and Adolescent Unit was transferred to Hall Institute. Hall Institute increased its focus on the unique needs of children and adolescents with mental illness and substance abuse disorders, providing treatment for some of the state's most severely mentally ill children, adolescents, and their families.

  - State Hospital Forensics Unit is operationally transferred to Hall Institute.

- Management created three positions – Senior Deputy Commissioner for Clinical Services, Deputy Commissioner for Inpatient Services, and Deputy Commissioner for Community Mental Health Services. The Division of Quality Assurance was also created.

- 1987
  - The Babcock building, which had housed patients since 1883, 104 years, was vacated in January.

  - January 1987, opening ceremony of Dowdy-Gardner, Rock Hill, a 220-bed intermediate/skilled nursing care facility, the first inpatient facility operated by DMH under contract with an outside firm to manage and operate.

  - January 1, 1987, involuntary alcohol and drug commitment law becomes effective, allowing for the involuntary commitment of persons with chronic addiction to alcohol and/or drugs.

  - South Carolina Code of Laws - Title 44 – Health - CHAPTER 52 - Alcohol and Drug Abuse Commitment SECTION 44-52-5. History: 1986 Act No. 487, Section 1

  - The State shall develop a public service system designed to provide a continuum of services for patients at the state and local level while considering the availability of services in the private sector.

- 1987
  - Open House ceremony for the state's first Alzheimer's Day Treatment Program at Hall Institute for Adults with Alzheimer's.

  - In 1987, Congress established the Interagency Council on Homelessness to coordinate the federal response as part of the McKinney-Vento Homeless Assistance Act.

- 1988
  - January 5, 1988, Governor Campbell proclaims this day as Good Mental Health Day, the kick-off campaign of an intensive public awareness campaign and the introduction of the department's mascot, Chipper the Chipmunk.

  - November 2, 1988, groundbreaking ceremony held for the new 220-bed state veterans' nursing home, the Richard M. Campbell Veterans Nursing Home, located in Anderson, SC. The home originally served veterans from both South Carolina and Georgia.

  - The Crisis Intervention Team (CIT) training model was developed in 1988 in Memphis following the police killing of 27-year-old Joseph Dewayne Robinson. DMH continues to collaborate with the National Alliance on Mental Illness (NAMI) to provide CIT training to first responders in South Carolina.

- 1989
  - The DMH Housing and Homeless Program began. It has funded the development of more than 1,600 housing units for persons with mental illnesses and co-occurring substance use disorders. Housing developments range from one-bedroom apartments to family units in both congregate and scattered site locations across the state.

  - The Housing and Homeless Program also administers the US Department of Health and Human Services Projects for Assistance in Transition from Homelessness (PATH) Formula

Grant Program, which provides funding for targeted outreach and clinical services to persons with mental illnesses and co-occurring disorders who are homeless.

  - Toward Local Care (TLC) was formed to assist patients in transitioning from inpatient institutions into the community; help patients remain in their communities and avoid re-hospitalization; facilitate downsizing of the Agency's long-term psychiatric facilities, and reduce acute care psychiatric admissions.

  - Every DMH community mental health center has a TLC program, with capacity ranges from 10-149. Program types include community care residence, Homeshare, supported apartments, rental assistance, and level of service.

  - The SC Emergency Planning Committee for People with Functional Needs formed. It's a committee of organizations and agencies that came together after Hurricane Hugo to improve emergency and disaster planning; policy development and response to the functional needs of individuals and communities; to involve the participation of state, local and voluntary agencies in educating South Carolina citizens in preparing for emergencies and disasters with regard to the needs of people with disabilities. Each mental health center has staff available to provide mental health supportive services wherever needed. DMH also provides supportive services to the Public Information Phone System (PIPS) Emergency Telephone System when called.

- 1990
  - Thirteen academic programs from seven SC Colleges and universities established the SC Public Academic Mental Health Consortium to foster collaborations to improve public mental health services; help ensure that future graduates would possess the knowledge, skills, attitudes, and abilities to work in the public mental health system; and promote research that will benefit the public mental health system.
  - November 14, 1990, Richard M. Campbell Veterans' Nursing Home, Anderson, SC, was dedicated.
- 1991
  - In March, the Richard M. Campbell Veteran's Nursing Home, located in Anderson, SC, admitted its first resident.
- 1992
  - Byrnes Medical Center became affiliated with the USC School of Medicine to develop an in-patient, out-patient research and education center dedicated to the problems of the elderly.

  - Seven DMH community mental health centers were awarded $3.2 million to develop eight Towards Local Care (TLC) projects to place 144 clients into community programs. TLC clients had been either long-time state hospital patients or patients who had repeated failures in community living. As funding is allocated, TLC grows; and since 1992, it has funded more than 1,000 community residential and treatment options.
- 1993
  - Government restructuring legislation transferred programs for those with autism from DMH to the newly created Department of Disabilities and Special Needs.

  - The title of the Commissioner of Mental Health changed to Director of Mental Health.

- DMH's first full-time school-based mental health (SBMH) program was developed in Simpsonville at Bryson Middle School as a pilot project of Piedmont Center for Mental Health Services. As of 8/23/2018, DMH School Mental Health Services (SMHS) provide mental health services in more than 650 South Carolina public schools.

- Columbia Area Mental Health Center implemented the first Dialectical Behavior Therapy (DBT) site in the state of South Carolina. It has been in operation for more than 24 years, remaining one of the only DBT programs in the state maintaining fidelity to the model. DBT is a cognitive behavioral treatment, originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder. It is recognized as the gold standard psychological treatment for this population.

- The S.C. Mental Health Commission approved the consolidation of C.M. Tucker Jr. Human Resources Center and Dowdy Gardner Nursing Care Center, Columbia, into CM Tucker Jr./Dowdy Gardner Nursing Care Center. The original Columbia Dowdy Gardner Nursing Care Center facility was closed.

Mid-1990s

- The "York-Chester-Lancaster Mental Health Center" was officially renamed the Catawba Community Mental Health Center. Counties Served: York, Chester, and Lancaster.

- 1994
  - Established the community-based McKinney House Community Residential Care Facility for individuals who are mentally ill and deaf. In 2003, this program was nationally recognized as the first state where individuals who are mentally ill and deaf can receive mental health services from clinicians fluent in American Sign Language, regardless of where they live. The specialized inpatient unit closed in 2000, when many deaf patients moved into community supported independent living environments. They continue to receive mental health care services at out-patient clinics or via telepsychiatry.
- 1995
  - State Director: August 1995 – March 1997, John Morris served as Interim State Director.
- 1996
  - The S.C. State Hospital and Crafts-Farrow State Hospital consolidated their services to create the Division of Psychiatric Rehabilitation Services.
- 1997
  - State Director: March 1997 – April 2000, Dr. Stephen M. Soltys served as State Director.

  - DMH residency training programs: Child and Adolescent, General and Forensic, which were costly to operate, were transferred to Palmetto Health Richland Hospital, which operates other residency training programs associated with the University of South Carolina-School of Medicine. There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psych) that rotate through DMH centers and facilities, which DMH supports via contract.
- 1998
  - The DMH Sexually Violent Predator Treatment Program was established by legislation to provide treatment for persons adjudicated as sexually violent predators. The Sexually Violent Predator Act (SVPA) of 1998, created a new civil commitment process. Under the SVPA, persons previously convicted of a sexually violent offense are screened prior to their release from confinement. Those meeting the criteria in the SVPA are referred by the Department of

Corrections for possible involuntary civil commitment. If subsequently adjudicated as a "sexually violent predator," the SVPA requires that they be committed to DMH for mental health treatment and kept segregated from other DMH patients. More patients enter this program than leave, which means the program needs continue to grow.

- 1999
  - The Dr. Irwin E. Phillips fund, with descriptive guidelines and procedures for fund dispersal, was established. Dr. Phillips, a physician at the SC State Hospital in the 1960s, bequeathed part of his estate to DMH. With the SC Mental Health Commission named as Trustee, the will dictates the funds to be used for the comfort and convenience of patients. The funds provide emergency financial assistance to clients for the purchases of eyeglasses, rent evictions, dental work, utilities, etc.
- 2000
  - State Director: April 14, 2000 – January 2001, Dr. James Scully served as Interim State Director.
  - DMH Shelter Plus Care programs received a HUD Best Practices Award for South Carolina.
- 2001
  - State Director: January 2001 – May 2005, George P. Gintoli served as State Director. One of his major contributions to DMH was the development and implementation of the Recovery Model, which focuses on shorter, yet effective, inpatient care with the goal of patients returning to their families and communities and continuing treatment through outpatient facilities.
  - Spartanburg Area Mental Health Center opened. Counties served by SAMHC: Spartanburg, Union, and Cherokee.
- 2002
  - DMH and the Department of Vocational Rehabilitation collaborated to implement the Individual Placement and Supported Employment Program (IPS) which provides consultation, training, and fidelity monitoring for the establishment and growth of client employment, focusing on evidence-based practices that result in gainful employment of seriously mentally ill clients.
  - The SC Mental Health Commission transferred 45 acres on the site of the Richard M. Campbell Veterans Nursing Home from the DMH to the Office of Veterans Affairs for a veterans' cemetery, the *M. J. Dolly Cooper Veterans Cemetery, Anderson, SC*.
- 2003
  - DMH provided $500,000 to start or enhance four crisis programs recognizing that a significant number of public and private psychiatric hospital beds had closed.
  - With grant funding from the Department of Public Safety, Charleston opened the first Mental Health Court in SC, followed by Columbia and Greenville. County governments and DMH partner to fund the mental health courts.
- 2004
  - January 30, 2004, DMH received $1,295,460 from the U.S. Department of Housing and Urban Development (HUD) to provide housing assistance for homeless people with mental illnesses. The money was made available through HUD's Shelter Plus Care Program and aides residents of Columbia, Aiken, Barnwell, Orangeburg, Bamberg, and Allendale counties.

- May 28, 2004, groundbreaking ceremony for Veterans Victory House, Walterboro, SC.

- South Carolina became the second state to negotiate a reimbursable peer support service (PSS) with the Department of Health and Human Services.

- 2005
  - State Director: June 2005 – August 2006, John Connery served as Interim State Director.
- 2006
  - State Director: September 1, 2006 – January 11, 2019, John H. Magill served as State Director.

  - Veterans' Victory House (VVH) nursing home was dedicated November 11, 2006 in Walterboro, SC, in observance of Veterans Day. It admits eligible veterans from across the state and is operated by an independent health care contractor, HMR.

  - The DMH Art of Recovery Program received the 2006 Elizabeth O'Neill Verner Governor's Award for the Arts, the highest honor the state gives in the arts (Category: Government).

  - The SC Mental Health Commission transferred an additional 12.29 acres on the site of the Richard M. Campbell Veterans Nursing Home from DMH to the Office of Veterans Affairs for a veterans' cemetery, expanding the *M. J. Dolly Cooper Veterans Cemetery, Anderson, SC* to 57.29 acres.
- 2007
  - In November of 2007, DMH received the first grant from The Duke Endowment (TDE) to develop a statewide telepsychiatry network for SC hospitals operating emergency departments, which became the DMH Telepsychiatry Consultation Program.

  - In August 2007, the Joint Council on Children and Adolescents was established as a mechanism for transforming the service delivery system for youth and their families. The Council's mission requires participating agencies to commit to the delivery of cost effective, quality service that emphasizes a "No Wrong Door" approach.
- 2008
  - The General Assembly mandated a 12%, $26 million reduction in state appropriations to DMH. In FY 2008-09, DMH expenditure reduction efforts included a mandatory five-day furlough for almost all agency employees including the State Director and senior managers.

  - Johnson & Johnson, Inc. recognized the Charleston-Dorchester Mental Health Center with National IPS Program of the Year Award.

  - South Carolina joined nine other states and federal groups in Bethesda, MD, for the Substance Abuse and Mental Health Services Administration (SAMSHA) summit dedicated to assisting veterans and their families in returning to civilian life. Following the summit, State Director Magill founded the SC Veteran's Policy Academy.
- 2009
  - On March 29, 2009, DMH conducts its first telepsychiatry consultation in a hospital emergency department (ED). This innovative statewide program was made possible through a series of grants from The Duke Endowment. Telepsychiatry reduces ED overcrowding, increases psychiatrist productivity by reducing drive-time, and provides patients with

excellent treatment from a board certified psychiatrist in a timely manner, even in rural areas where access to a psychiatrist typically is limited.

- Forensic Services moved to Bryan Psychiatric Hospital.

- In September 2009, DMH created its first directive on cultural competency to outline goals and objectives. A Multi-cultural Council was created and charged with the responsibility of advising and guiding Agency leadership in the creation and maintenance of a linguistically and culturally competent workforce, service divisions, program and collaborative endeavors, which are reflective of the diversity of the population served and local communities. Every facility and mental health center has a cultural competency committee.

- Brian Cripps, Director of the Art Alliance Team of Hilton Head, SC, began a project, which enlisted talented local artists to generously donate approximately 900 works of art to beautify DMH's three veteran nursing homes.

- 2010
  - On December 16, 2010, DMH signed a contract with Hughes Development Corporation of Greenville, SC, to purchase the SC State Hospital property on Bull Street in a phased manner over seven years for $15 million. The proceeds from the sale of the property must go to DMH in a trust for the care and treatment of the mentally ill, as determined by a declaratory judgment issued by the SC Supreme Court on February 20, 2007.

  - In an effort to encourage community involvement and interagency cooperation, State Director John H. Magill orchestrated a PR initiative to hold a community forum at each of the Agency's facilities. This was the first of three state-wide rounds of forums.

  - Launch of the Charleston Dorchester Mental Health Center's Highway to Hope Mobile Crisis renovated recreational vehicle.

- 2011
  - On October 27, 2011, the American Psychiatric Association (APA) awarded DMH and the Department of Neuropsychiatry and Behavioral Science of the University of South Carolina, School of Medicine (USCSOM) the Psychiatric Services Achievement Award, Silver Medal, the second highest achievement award that the APA grants.

- 2012
  - Spring boarding off the Telepsychiatry Consultation Program, Community Mental Health Centers began using Telepsychiatry to connect centers to outlying clinics for providing psychiatric medical assessment on patients when there was not a physician available locally. All DMH centers and clinics connected to telepsychiatry capability.

  - DMH began planning to create a new branch of service called Care Coordination, a patient-centered, assessment-based, multidisciplinary approach for individuals with high-risk, multiple, chronic, and complex conditions.

  - State appropriations were reduced to levels equivalent to 1987. Based on increases in the Consumer Price Index, this effectively cut in half the department's 2012 purchasing power when compared to 1987. The loss of state appropriations had a direct impact on the number of people the department has been able to serve through its Community Mental Health

Centers and Psychiatric Inpatient Facilities. The loss of state appropriations also directly affected the staffing level of the department's workforce.

- The Future is Now (FIN) initiative began in August of 2012, as a result of DMH's ongoing long-term planning efforts. FIN is a blueprint for DMH's community mental health centers to provide timely access and effective treatment to patients and create a cohesively aligned system of care to survive in a changing healthcare market.

- Charleston-Dorchester Mental Health Center held its 1st Annual Lowcountry Mental Health Conference.

- 2013
  - In January 2013, DMH created a new division under the Medical Affairs/Dept. of Quality Management called the Office of Clinical Care Coordination dedicating staff solely to helping patients access needed services in the community.

  - On July 1, 2013 the South Carolina Department of Mental Health (DMH) joined the South Carolina State Firefighters' Association (SCSFA), the South Carolina Fire Academy (SCFA), and the National Fallen Firefighters Foundation (NFFF), in launching a pilot program to provide behavioral health support to South Carolina's 17,500 firefighters. The Behavioral Health Support for First Responders – South Carolina Pilot Program is based on a new model for firefighter behavioral health developed as a result of the NFFF's first-hand experience in supporting the New York City Fire Department immediately after September 11, 2001 and its efforts to assist the Charleston Fire Department after the Sofa Super Store fire on June 18, 2007.

- 2014
  - DMH received the first installment of the sale price for the Bull Street Property from a parcel sale in October, 2014.

  - In the summer of 2014, work began to relocate William S. Hall (Hall) Psychiatric Institute, DMH's inpatient hospital for children, to the campus of the Bryan Psychiatric Hospital, creating a separate admissions building and entrance road and renovating two unoccupied lodges of Bryan.

  - Johnson & Johnson-Dartmouth selected Greenville Mental Health Center (Greenville MHC) as the recipient of the 2014 Achievement Award for its Independent Individual Placement & Supported Employment (IPS) program.

  - In December 2014, Charleston Dorchester MHC received the Connect 4 Mental Health Community Innovation Award from The National Council for Behavioral Health for its successful Mobile Crisis response program.

  - Mental Health ED Telepsychiatry Program Reached 20,000 Consultations.

- 2015
    - All Hall patients and staff relocated to the new facility in December 2015. This ended all agency operations on the Bull Street campus.
    - DMH received a grant of $1.8 million per year for 3 years from the Substance Abuse and Mental Health Services Administration (SAMHSA), funding a new initiative, the Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI-SC).
    - DMH received a Youth Suicide Prevention grant of $736,000 per year for five years from the Substance Abuse and Mental Health Services Administration (SAMHSA). The award, which will begin September 30, 2015, will support the Young Lives Matter Project, an intensive community-based effort with a goal of reducing suicide among youths and young adults, aged 10 to 24, by 20% statewide by 2025.
    - School-based Services were available in 502 schools in 43 counties across South Carolina. DMH received a grant from the Blue Cross Blue Shield Foundation of South Carolina to further expand school mental health services, $1.4 Million awarded to expand the program in counties with high levels of poverty and stressors affecting childhood development.
    - The Charleston-Dorchester Mental Health Center collaborated with the Charleston Police Department to embed a mental health clinician in their Family Violence Unit.
    - Berkeley Community Mental Health Center added a Mobile Team to its Access/Admission/Emergency Services Program. Two mental health professionals respond to psychiatric emergencies with local law enforcement officers, to intervene and engage individuals in crisis to link them with appropriate community services.
    - The Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government, Harvard University recognized the DMH Emergency Department Telepsychiatry Consultation Program as part of the 2015 Bright Ideas program.
    - In October 2015, the DMH Emergency Department Telepsychiatry Consultation Program was named as a Statewide Telehealth Program of Excellence at the 4th Annual Telehealth Summit.
    - Columbia-based DMH Neurology Service began providing teleneurology consultations to its Patrick B. Harris Hospital in Anderson. The service, established as an addition to previously available neurological services, increases accessibility of such consultations for clients in this Upstate facility, while reducing travel time and expense.
    - Charleston Dorchester Mental Health Center responded immediately to the mass murder at the Emanuel A.M.E. Church, Wednesday, June 17, 2015, and provides ongoing support to families of the victims.
    - DMH faced many difficulties due to the flooding event October 3-22, 2015, however, staff preparation and response ensured the Agency continued to provide services to people in need. In November, DMH launched Carolina United, a program designed to guide members of communities affected by the October floods to resources to aid in their recovery. Carolina United was fully funded by the Federal Emergency Management Administration with monitoring and support by the Substance Abuse and Mental Health Services Administration.

- 2016
    - Charleston Dorchester Mental Health Center Director Deborah Blalock presented on the Center's response at the 2016 National Association of State Mental Health Program Directors Annual Meeting, as well as the Substance Abuse and Mental Health Administration's 2016 Block Grant Conference.

    - The South Carolina Coalition for the Homeless expanded to an interagency council and included representation from eight state agencies: DMH, DAODAS, Department of Corrections, Department of Education, HHS, SC Housing, DSS, and DHEC. The council focuses on achieving better statewide coordination among stakeholders to address homelessness and behavioral health issues.

    - The Joint Bond Review Committee and the State Fiscal Accountability Authority gave Phase II approval for a new Santee-Wateree Mental Health Center in June, 2016. The new building will allow the Center to provide children's services and medical services under one roof.

    - SC Mental Health Commission Chair Alison Y. Evans, Psy.D., received the President's Award at the 38th Annual Cross-Cultural Conference in Myrtle Beach. The Action Council for Cross-Cultural Mental Health and Human Services recognized Dr. Evans for "both her dedicated involvement with mental health advocacy in our state, as well as her work in the field of Education."

    - In March 2016, the Senate Medical Affairs Oversight Subcommittee issued a favorable report based on its evaluation of the Agency.

    - In May, the Pee Dee Mental Health Center received the Johnson & Johnson-Dartmouth College 2016 National Achievement Award for its Independent Individual Placement & Supported Employment program. Pee Dee joined the Agency's Charleston-Dorchester and Greenville Mental Health Centers in this honor; the Centers received this prestigious award in 2008 and 2014, respectively.

    - Following the September 28, 2016 school shooting in Townville, SC, the Anderson-Oconee-Pickens Community Mental Health Center (AOP), with additional personnel from other DMH upstate community mental health centers, provided crisis counseling and support to the victims, families, and school personnel. AOP provides ongoing support for the community affected by this tragic event.

    - DMH entered into agreements with multiple community hospitals to embed mental health professionals to assist EDs in meeting the needs of psychiatric patients.
- 2017
    - DMH has equipped all of its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its patients via telepsychiatry.

    - Charleston-Dorchester Mental Health Center and Berkeley Mental Health Center were awarded a Victims of Crime Act grant to expand on the Family Violence Unit model by embedding four clinicians with four additional law enforcement agencies in Charleston and Berkeley counties.

- DMH received a $1 Million appropriation to develop crisis stabilization centers in communities. The Charleston community, through a funding partnership comprising local hospitals, the Charleston-Dorchester Community Mental Health Center, law enforcement and others, opened a 10-12 bed center. Discussions are ongoing in Spartanburg, Anderson, and Greenville with local community stakeholders to develop crisis stabilization centers in those areas.

- Six DMH nurses were recognized April 22, 2017 as Palmetto Gold Nurses; the award honors registered nurses "who exemplify excellence in nursing practice and commitment to the nursing profession in South Carolina."

- On April 12, Heather Smith received the Victims' Rights Week 2017 Distinguished Humanitarian Award from the SC Victim Assistance Network.

- DMH School Mental Health Services are available in 540 schools across South Carolina, with plans for expansion.

- 2018
  - July 19, 2018, the Santee-Wateree Community Mental Health Center held a grand opening ceremony for their new Center facility and the Myrtis Logan Training Center, located at 801 North Pike West, Sumter, SC.

  - August 2018, DMH School Mental Health Services are available in 643 schools across South Carolina.

  - The Telepsychiatry Program reached the milestone of providing 100,000 telepsychiatry services on October 12, 2018.

- 2019
  - State Director: January 12, 2019 – Present, Mark Binkley serves as Interim State Director.

Legal Obligations

In the Annual Accountability Report, the agency lists the laws applicable to it. Listed below is an augmented summary of the information the agency provides.[101]

The Department of Mental Health is primarily governed by Title 44, Chapters 9, 11, 13, 15, 17 and 22-25 of the S.C. Code of Laws. These statutes establish the department and its governing body. They also address the organization and control of state mental health facilities; admission, detention and removal of patients at state mental health facilities; local mental health programs, boards, and centers; patient care; and patient rights. The agency's regulations are contained in Chapter 87 of S.C. Code of Regulations. The agency's regulations address the qualifications of designated examiners, parking, forms, and public records. Current (FY 2019-20) budget Provisos 35.1 through 35.10 also govern the operations of the department.

Agency Organization and Employees

Governing Body

In the Program Evaluation Report, the Committee asks the agency to provide information about the agency's governing body.[102]

S.C. Code Ann. § 44-9-30 is as follows:

> (A)(1) There is created the governing board for the State Department of Mental Health known as the South Carolina Mental Health Commission. The commission shall consist of seven members, one from each congressional district, appointed by the Governor, upon the advice and consent of the Senate.
>
> (2) The Governor shall consider consumer and family representation when appointing members.
>
> (B) The members serve for terms of five years and until their successors are appointed and qualify. The terms of no more than two members may expire in one year. The Governor may remove a member pursuant to the provisions of Section 1-3-240. A vacancy must be filled by the Governor for the unexpired portion of the term.
>
> (C) The commission shall determine policies and promulgate regulations governing the operation of the department and the employment of professional and staff personnel.
>
> (D) The members shall receive the same subsistence, mileage, and per diem provided by law for members of state boards, committees, and commissions.

The current board members are listed in Table 19.[103]

Table 19. Mental Health Commission members (current as of November 15, 2019)

Board Member	Current Term	Congressional District
VACANT	N/A	First
L. Gregory Pearce Jr. (Chair)	3/15/2019 – 3/21/2022	Second
Robert E. Hiott Jr.	4/7/2016 – 3/21/2021	Third
VACANT	N/A	Fourth
VACANT	N/A	Fifth
Louise Haynes	4/13/2016 – 3/14/2018	Sixth
Alison Y. Evans	4/12/2019 – 7/31/2023	Seventh

Agency Organizational Units

Every agency has an organization or hierarchy that is reflected in the agency's organizational chart. Within the organization are separate units. An agency may refer to these units as departments, divisions, functional areas, cost centers, etc. Each unit is responsible for contributing to the agency's ability to provide services and products.

During the study process the Committee asks the agency about its organization and major operating programs.[104] The Department of Mental Health informs the Committee it is comprised of seven major organizational units referred to as divisions, which are described in Table 20. The organization of the agency is shown in Figure 2.

Table 20. Department of Mental Health organizational units and personnel

Organizational Unit and Description	Fiscal Year	Average Number of Employees	Turnover Rate
Addictions Services delivered in a hospital setting for adult Patients whose conditions are severe enough that they are not able to be treated in the community.	2015-16	152.6	12.45%
	2016-17	157.0	15.29%
	2017-18	165.8	15.68%
Clinical & Support Services Nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	2015-16	373.4	15.53%
	2016-17	363.4	22.29%
	2017-18	365.2	17.80%
Community Mental Health Services delivered from the sixteen mental health centers that include: evaluation, assessment, and intake of Patients; short-term outpatient treatment; and continuing support services.	2015-16	2049.8	16.05%
	2016-17	2062.0	18.33%
	2017-18	2078.8	21.55%
General Administration Primarily provides for long-range planning, performance and clinical standards, evaluation and quality assurance and legal counsel.	2015-16	45.6	4.39%
	2016-17	47.0	14.89%
	2017-18	44.6	11.21%
Inpatient Mental Health Services delivered in a hospital setting for adult and child Patients whose conditions are severe enough that they are not able to be treated in the community.	2015-16	976.0	25.10%
	2016-17	924.0	35.50%
	2017-18	866.0	32.22%
Long-Term Care Residential care for individuals and veterans with mental illness whose medical conditions are persistently fragile enough to require long-term nursing care.	2015-16	340.8	35.21%
	2016-17	342.2	23.67%
	2017-18	370.6	22.67%
Sexual Predator Treatment Program Treatment for civilly-committed individuals found by the courts to be sexually violent predators. Mandated by the Sexually Violent Predator Act, Section 44-48-10 et al.	2015-16	138.6	17.32%
	2016-17	67.0	83.58%
	2017-18	22.2	0.00%

Organizational Chart

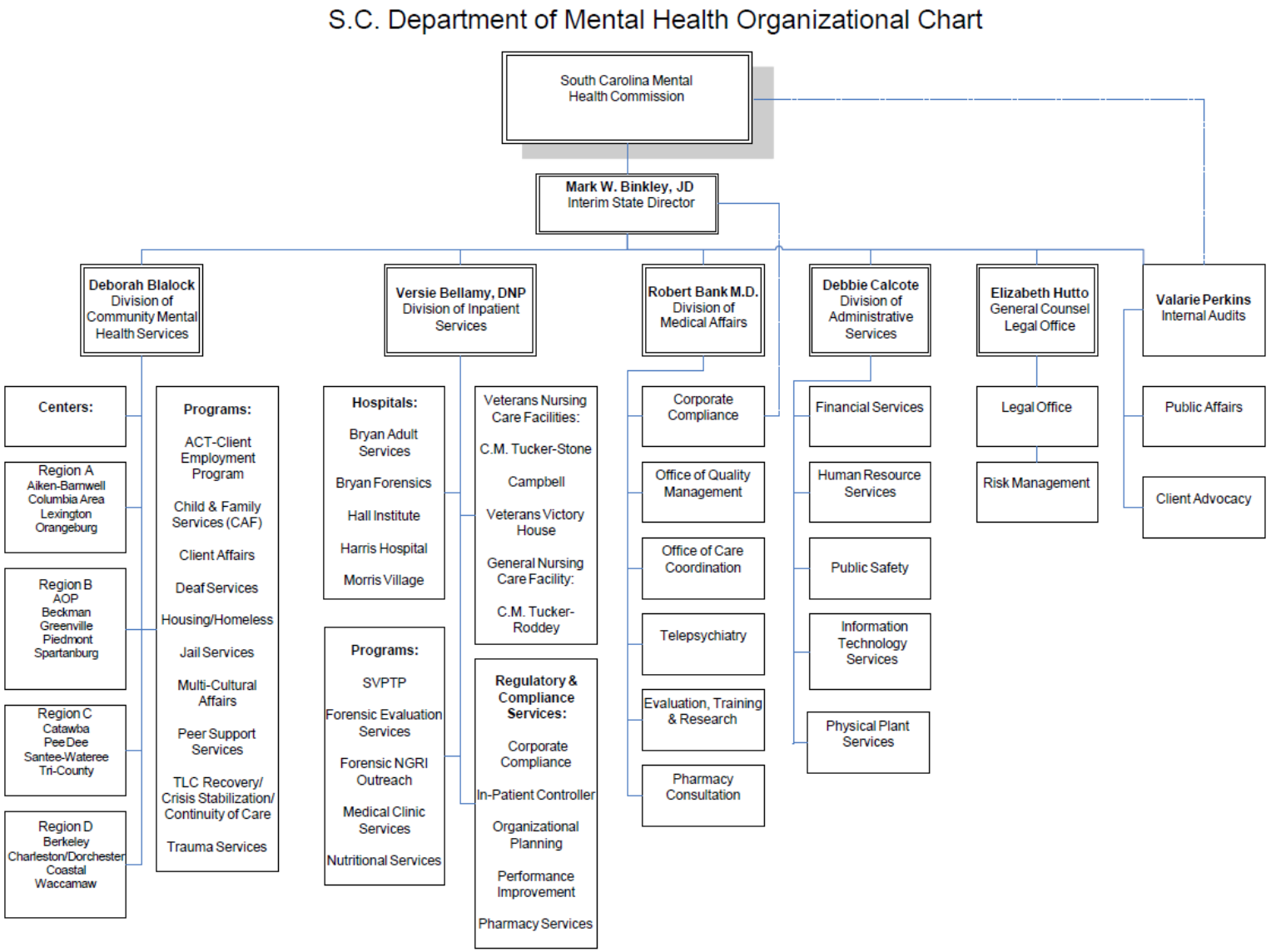

Figure 2. DMH organizational chart, accurate as of July 2019

Available Personnel

The agency provides the numbers of authorized and filled full time employee (FTE) positions for two fiscal years.[105] Table 21 provides that information.

Table 21. Agency employees by type and fiscal year

Staffing Type		Fiscal Year	
		2017-2018	2018-2019
FTEs	Authorized	4,630	4,630
	Filled	3,909	4,037
Temporary/Grant		14	41
Time-Limited		0	0
Temporary/Hourly		237	255

Internal Audit Process

In the Program Evaluation Report, the Committee asks the agency to provide information about its internal audit process, if it has one.[106] The agency provides the information below about its Internal Audit Division and Risk Management Office in the Office of the General Counsel.[107]

Internal Audit Division It is the intent of the South Carolina Mental Health Commission, the governing board of the South Carolina Department of Mental Health, to provide and support an internal audit division as an independent appraisal function to examine and evaluate agency activities as a service to management and the Mental Health Commission. The internal audit division reports administratively to the State Commissioner and functionally to the Audit Committee whose membership consists of members of the Mental Health Commission and the State Commissioner. In carrying out their responsibilities, members of the internal audit division will have full, free, and unrestricted access to all agency activities, records, property and personnel.

The primary objective of the internal audit division is to assist members of management and the commission in the effective discharge of their responsibilities. To this end, internal audit will furnish them with analyses, recommendations, counsel and information concerning activities reviewed.

Internal audit is a staff function and as such does not have any responsibility or authority over audit areas; therefore, any review or recommendation by internal audit will not in any way relieve the supervisor of the assigned responsibilities inherent with his position.

Risk Management Office All well-managed healthcare organizations constantly seek ways to improve services while learning to avoid situations which could adversely affect its patients, employees, visitors, the general public or the organization itself. The South Carolina Department of Mental Health likewise has risk management teams at each of its community mental health centers, hospitals, skilled nursing facilities, the Telepsychiatry Program and its inpatient substance abuse treatment facility. Teams review any event that either did have or potentially could have led to an adverse outcome. The purpose of risk management is not to lay blame or find fault but to improve the quality of care provided by the Department of Mental Health.

Strategic Resources and Performance

The Department of Mental Health supports the recovery of people with mental illnesses, through a statewide network of community mental health centers, clinics, hospitals, and nursing homes. To fulfill this purpose, DMH deploys its human and financial resources across its strategic plan. In its PER, the agency provides details about each strategic plan part. Table 22 includes an aggregation of human and financial resources associated with all of the strategic plan parts. Table 23 includes historical performance data submitted in the PER. During the study, the agency notes it will update its performance measurement; the most recent performance measures are included in the agency's 2018-19 Annual Accountability Report.

Table 22. Department of Mental Health strategic resources

Comprehensive Strategic Plan Part and Description	Associated Deliverable(s)	FY 2017-18		FY 2018-19	
		Number of FTEs utilized	Amount Spent	Number of FTEs budgeted	Amount budgeted
Goal 1: Assure quality mental health services are available.					
Strategy 1.1: Assure psychiatric inpatient and community based services exceed national standards.	Community Mental Health Services	2,079	$145,300,905	2,079	$154,835,757
	Inpatient Mental Health Services	866	$85,832,720	866	$88,284,525
Goal 2: Provide quality inpatient substance abuse treatment.					
Strategy 2.1: Minimize number of patients returning for treatment services.	Inpatient Substance Abuse Treatment	166	$11,051,761	1,566	$11,002,374
Goal 3: Provide highest standard of Long-Term care for SC Veterans and other citizens.					
Strategy 3.1: Assure Long-Term Care facilities meet or exceed national standards.	Residential Care for Veterans and Adults with Mental Illness	371	$66,026,275	371	$65,095,715
Goal 4: Assure convicted sexual predators continue to receive treatment in an inpatient setting until deemed no longer a threat to other citizens.					
Strategy 4.1: Provide quality treatment in a secure setting.	Treatment for Sexually Violent Predators	22	$19,762,170	22	$19,797,130
Goal 5: Provide the necessary administrative and clinical services necessary to appropriately support all organizational components of DMH					
Strategy 5.1: Provide long-range planning, assure performance and clinical standards, evaluation and quality assurance, and legal counsel.	Provides for long-range planning, performance and clinical standards, evaluation and quality assurance and legal counsel.	45	$3,963,013	45	$3,736,275
Strategy 5.2: Ensure nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	Includes supports such as nutritional services for inpatient facilities, public safety, information technology, financial and human resources, and other supportive services	365	$31,069,347	365	$34,163,211
Note: Cost of benefits is not budgeted in the above categories as DMH treats this as a separate cost expenditure. The amount spent for each year is the total for the department.			$72,364,274		$81,860,530

Note: In a given year, the Department does not spend everything it is authorized to spend ($483 million), primarily due to changes in the earned revenue streams and the flexibility with federal grants to spend over multiple years. If the agency needed to spend more than its authorization limit, DMH would need to submit a request before the Other Funds Committee.

Table 23. Department of Mental Health performance measures

Performance Measure	Agency goal re: target		FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19 target	Additional comments from agency
DMH will increase the number of children and adolescents it serves.	Meet or obtain higher value	Target:	DNE	26,408	27,000	27,762	27,000	27,000	South Carolina's population is increasing. Therefor it is likely additional people will require DMH services.
		Actual:	26,408	27,016	27,762	26,335	26,998		
DMH will maintain or increase the number of adults seen in community settings.	Meet or obtain higher value	Target:	New Measure	78,825	78,825	82,000	82,000	82,000	Replaced Measure of "Number of people served in community." Intent of this and previous measure is to indicate if services are adequately available as South Carolina's population increases.
		Actual:	78,825	80,792	82,741	82,560	84528		
Inpatient "bed days" will remain constant or increase.	Meet or obtain higher value	Target:	DNE	518,219	520,000	527,250	520,000	520,000	While an ideal objective might be to reduce the number of inpatient beds due to reduced need, this measure serves to assure funded beds are used to maximum efficiency. Please see comment attached to "percentage of inpatient bed days used compared to bed days available" measure below.
		Actual:	DNE	528,504	529,909	529,909	533,041		
Admissions to inpatient forensic facilities.	Meet or obtain higher value	Target:	DNE	DNE	DNE	220	220	220	Patients requiring or in potential need of mental health services benefit from appropriate hospital services as opposed to county correctional facilities.
		Actual:	DNE	DNE	DNE	241	297		
Patients requiring CMHC appointments will be seen in a timely manner according to protocol (priority, urgent, or routine).	Meet or obtain lower value	Target:	DNE	New Goal	90%	90%	90%	90%	Previously averaged number of days for single indicator (days between inpatient discharge and first outpatient appointment "Use of seclusion rooms in SCDMH inpatient facilities will remain below of national average). (0.49 hours per 1,000 hours of inpatient service)" measure below.
		Actual:	DNE	84%	84%	96%	95%		

Performance Measure	Agency goal re: target		FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19 target	Additional comments from agency
Patients will have scheduled appointments at CMHCs within median of 7 days of discharge from an inpatient psychiatric facility.	Meet or obtain lower value	Target:	4.2	5.6	<7	<7	<7	<7	Improving the continuity of care with smooth transition from inpatient to community services increases the likelihood of continued recovery and reduces the possibility of relapse resulting in either emergency services or repeat hospitalization.
		Actual:	4.1	6.8	6.8	5	3.72		
Percentage of patients requiring readmission within thirty days of discharge will be below 5%. The 2013 US average was 7.5%.	Meet or obtain lower value	Target:	<5%	<5%	<5%	<5%	<5%	<5%	
		Actual:	3.41%	5.29%	5.97%	0.28%	1.20%		
Will maintain or increase number of billable hours in CMHCs.	Meet or obtain higher value	Target:	DNE	935,631	975,000	985,334	900,000	910,000	
		Actual:	DNE	971,916	985,334	920,836	910,595		
Number of hours employees receive training via computer will increase or remain constant.	Meet or obtain higher value	Target:	3,079	4,000	4,000	4,250	4,250	4,800	
		Actual:	3,976	4,100	4,350	4,550	4,800		
Number of modules available will remain constant or increase.	Meet or obtain higher value	Target:	132	132	130	205	200	200	The number of training modules will be reduced going forward as an effort is under way to consolidate some offerings to reduce the amount of time staff must spend in training activity.
		Actual:	133	132	132	201	201		
The number of hospitals utilizing DMH Telepsychiatry services will remain constant or increase.	Meet or obtain higher value	Target:	18	18	19	23	23	23	Use of telepsychiatry in hospital emergency departments has been shown to reduce hospital costs, length of time patients remain in emergency departments, and number of hospitalizations.
		Actual:	18	21	21	23	24		

Performance Measure	Agency goal re: target		FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19 target	Additional comments from agency
The number of Community Mental Health Centers utilizing Telepsychiatry services will remain constant or increase.	Meet or obtain higher value	Target:	DNE	DNE	DNE	8	15	17	If new target of 17 is met in FY 2018-19, that will be 100% of Community Mental Health Centers using telepsychiatry. At that point, may rely upon number of community services performed using this technology.
		Actual:	DNE	DNE	DNE	13	17		
Percentage of DMH patients having meaningful employment will increase.	Meet or obtain higher value	Target:	10%	11%	12%	12%	12%	12%	Competitive employment will replace the word meaningful employment in future reports. Competitive employment is defined as a job that pays at least minimum wage, but wages are commensurable to the job (position) located in the community and are open to anyone, not just people with mental illnesses or other disabilities.
		Actual:	11%	12%	12%	14%	16%		
Percentage of patients participating in DMH employment programs, gaining meaningful employment, will meet or exceed national benchmark (40%).	Meet or obtain higher value	Target:	45%	48%	45%	50%	50%	50%	
		Actual:	48%	51%	62%	56%	58%		
Life expectancy at Roddy Pavilion (skilled nursing facility) will exceed national average (1.2 years).	Meet or obtain higher value	Target:	DNE	DNE	5	3	3	3	Prior to FY 2015-16, the measurement was for life expectancy for the facilities combined. Please find FY 2013-14 and FY 2014-15 data below.
		Actual:	DNE	DNE	9	6.2	6.8		
Life expectancy at Stone Pavilion (skilled nursing facility for veterans) will exceed national average (1.2 years).	Meet or obtain higher value	Target:	DNE	DNE	3	3	3	3	
		Actual:	DNE	DNE	3	3.3	1.8		
		Target:	<0.13	<0.12	<0.12	<0.1	<0.62	<0.62	

Performance Measure	Agency goal re: target		FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19 target	Additional comments from agency
Use of restraints in DMH inpatient facilities will remain below of national average). (0.62 hours per 1,000 hours of inpatient service).	Meet or obtain lower value	Actual:	0.12	0.17	0.08	0.06	0.18		
Use of seclusion rooms in DMH inpatient facilities will remain below of national average). (0.49 hours per 1,000 hours of inpatient service).	Meet or obtain lower value	Target:	<0.24	<0.23	<0.23	<0.15	<0.62	<0.49	FY 2018-19 target less than reported on FY 2017-18 Accountability Report. Target adjusted to be less than most recently reported US average.
		Actual:	0.23	0.29	0.12	0.19	0.22		
Percentage of adults expressing satisfaction with DMH services will meet or exceed national averages (US average 88%).	Meet or obtain higher value	Target:	89.0%	88.0%	88.0%	88.0%	88.0%	88.0%	
		Actual:	88.0%	89.0%	89.0%	89.0%	92.0%		
Percentage of families with youths receiving DMH services expressing satisfaction with DMH services will meet or exceed national averages (US average 86%).	Meet or obtain higher value	Target:	82.0%	86.0%	85.0%	85.0%	86.0%	86.0%	
		Actual:	86.0%	84.0%	84.0%	88.0%	91.0%		
Percentage of youths receiving DMH services will remain consistent with satisfaction of parents of youth (no national average available for youth satisfaction rates).	Meet or obtain higher value	Target:	86.0%	85.0%	86.0%	86.0%	85.0%	85.0%	
		Actual:	85.0%	85.0%	85.0%	86.0%	91.7%		
	Meet exactly	Target:	DNE	DNE	DNE	DNE	100%	100%	

Performance Measure	Agency goal re: target		FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19 target	Additional comments from agency
All Community Mental Health Centers will meet Centers for Medicare and Medicaid Studies' rules for emergency preparedness when surveyed for compliance (at least once every three years).		Actual:	DNE	DNE	DNE	DNE	100%		New Centers for Medicare and Medicaid Services issued Emergency Preparedness guidelines to include Community Mental Health Centers. Failure to comply with new guidelines could result in loss of ability to participate as a Medicare and Medicaid provider.
DMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency situations.	Meet exactly	Target:	DNE	DNE	DNE	DNE	100%	100%	In the future, will consider using a percentage to compare the number of staff appropriately trained compared to the number of people needed to adequately staff SEOC during emergencies.
		Actual:	DNE	DNE	DNE	DNE	100%		
Number of people awaiting beds will be reduced. (Data is based upon a "Monday morning snapshot" of hospital emergency departments).	Meet or obtain lower value	Target:	Please see comment.		<2,200	<2,000	>2,000	<2,400	In FY 2014-15, method of counting people in emergency departments was changed when an employee departed. New person providing data cannot account for how previous date was collected.
		Actual:		2,287	1,853	2,111	2,428		
Patients awaiting beds, at time of Monday snapshot, will be appropriately placed within 24 hours of their emergency room arrival.	Meet or obtain lower value	Target:	Please see comment.		<1,600	<1,500	<1,500	<1,800	See above note.
		Actual:		1,733	1,432	1,566	1,919	460	
		Target:	411	460	490	520	550	700	

Performance Measure	Agency goal re: target		FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19 target	Additional comments from agency
The number of schools in South Carolina with a school based counselor will increase.	Meet or obtain higher value	Actual:	460	480	480	540	653		DMH will consider changing this measure to a percentage in coming years. As there are roughly 1,267 public schools in SC, for FY 2017-18, DMH was present in 51.5% of schools and currently in 57.6%. This information is based upon number of schools found at www.ed.sc.gov/districts-schools/schools/school-directory/ as of 1/14/2019.
South Carolina Youth Suicide Prevention Initiative (SCYSPI) will partner with an increasing number of schools in SC.	Meet or obtain higher value	Target:					New Measure	25	
		Actual:							
SCYSPI will be partnerships with a CMHC, Federally Qualified Health Center, a hospital emergency department, and an inpatient hospital. Each partnership will be 25% of achieving goal.	Meet exactly	Target:	DNE	DNE	DNE	DNE	New Measure	100%	
		Actual:	DNE	DNE	DNE	DNE	DNE		
Number of admissions for civil commitments to DMH inpatient facilities will decrease.	Meet or obtain lower value	Target:	Please see comment.		1025	675	700	550	Prior to FY 2015-16, measure included civil and forensic admissions combined. Goals for each at cross purposes. Maximizing bed days and decreasing admissions was goal for civil commitments while increasing admissions for forensics was desired.
		Actual:			676	700	548		
		Target:	DNE	40,500	40,500	42,000	DNE	DNE	

Performance Measure	Agency goal re: target		FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19 target	Additional comments from agency
Number of new charts opened in community mental health centers.	Meet or obtain higher value	Actual:	DNE	41,791	42,490	42,470		DNE	This measure was discontinued. More meaningful are "number of people served" and "number of billable hours" as they suggest how many services were delivered to how many citizens.
Emergency department patients with primary diagnosis of psychiatric or substance abuse disorder and seen by DMH within previous 3 years.	Meet or obtain lower value	Target:	<25%	<25%	<25%	DNE	DNE	DNE	Result was consistently between 23 and 25% for several years.
		Actual:	24%	24%	24%	DNE	DNE		
Life expectancy at skilled nursing facilities (US benchmark 2.3 years).	Meet or obtain higher value	Target:	2.3	2.3	DNE	DNE	DNE		Roddy and Stone Pavilions on Tucker Campus. Facility information is now calculated individually - please refer to items above.
		Actual:	5.7	3.8	DNE	DNE	DNE		
Number of admissions to DMH inpatient facilities will decrease.	Meet or obtain lower value	Target:	DNE	1025	DNE	DNE	DNE		Similar to an above goal but includes both civil and forensic admissions. It was decided that this measure would only be meaningful if those admission types were counted separately.
		Actual:	1039	1021	DNE	DNE	DNE		
Percent of SC Schools with school mental health counselors.	Meet or obtain higher value	Target:	DNE	DNE	DNE	DNE	DNE	55.0%	Added at suggestion of House Oversight Committee (HOC). A concern is having an accurate, up-to-date number of SC schools. Will explore options and identify source and "as-of date" for data used.
		Actual:	DNE	DNE	DNE	DNE	DNE		
	Meet exactly	Target:	DNE	DNE	DNE	DNE	DNE	100%	

Performance Measure	Agency goal re: target		FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19 target	Additional comments from agency
Percentage of personnel trained versus needed to staff the State Emergency Operations Center, during periods of activation.		Actual:	DNE	DNE	DNE	DNE	DNE		Performance measure suggested by House Oversight Committee. It will be included in the Agency Accountability Report for FY 2018-19.
Percentage of inpatient bed days used compared to bed days available.	Meet or obtain higher value	Target:	DNE	DNE	DNE	DNE	DNE	90.0%	HOC suggeted PM. This measure may be difficult as the number of available beds is subject to change (staffing, repairs) but would provide meaningful data. Will explore how to track available bed days accurately.
		Actual:	DNE	DNE	DNE	DNE	DNE		
Demonstrate effectiveness and/or efficeincy of telepsychiatry.		Target:	DNE	DNE	DNE	DNE	DNE		In previous research studies, telepsychiatry has shown to produce higher follow-up and retention (for community treatment), shorter lengths of stay in emergency departments, fewer inpatient admissions, and total charges in the emergency department that were significantly lower . DMH will attempt to acquire similar data in future reports.
		Actual:	DNE	DNE	DNE	DNE	DNE		

Key Federal and Local Partners

During the study of an agency, the **Committee asks the agency if there are federal or local entities serving similar customers or providing similar products or services**. The Committee asks how the agencies work together to effectively and efficiently achieve the agency's goals. The Department of Mental Health lists the following partners in its most recent Annual Accountability Report.[108]

Table 24. Department of Mental Health partners and descriptions of partnerships

Partner Entity	Description of Partnership
University of South Carolina School of Medicine	DMH has contracts with the University of South Carolina School of Medicine, Department of Neuropsychiatry and Behavioral Science. DMH provides clinical rotation for 1st, 2nd, 3rd and 4th year medical students from the School of Medicine. The medical students are assigned DMH physician preceptors and rotate through the centers and facilities. There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psych) that rotate through DMH centers and facilities.
Medical University of South Carolina (MUSC)	Residents receive educational experiences and supervision through scheduled rotations community setting. Medical Students and Physician Assistant students rotate regularly though Charleston Dorchester Mental Health Center throughout the academic year. The center iis involved with a learning collaborative between Mental Health, the Crime Victim's Center at MUSC and the Dee Norton Lowcountry Children's Center. Contracts with MUSC to provide forensic evaluation of adult criminal defendants in a dozen counties in the low-country of South Carolina.
Department of Alcohol and Other Drug Abuse Services	1. "No Wrong Door" initiative which allows customers to access services and be referred across certain state agencies, without regard to which agency the customer initially contacts. 2. Morris Village Alcohol & Drug Addiction Treatment Center
Department of Corrections (SCDC)	SCDC provides secure residential setting for DMH to provide treatment services to people who have served their sentence for sexual offense but still deemed to be a danger to society and who are civilly committed to DMH for sex offender treatment.
Disabilities and Special Needs (DDSN)	The DMH/DDSN relationship is a collaboration to ensure services, treatment, and where applicable, appropriate housing for patients with a dual diagnosis (mental health and intellectual disabilities). Disabilities and Special Needs, with DMH support, operates two group homes serving people whom are patients of both agencies. One is specifically designed for people who would otherwise be in an inpatient forensic setting.
Department of Education	Identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. DMH often places staff onsite through its school-based services program.
Emergency Management Division	Provides staff to assist in emergency preparedness and recovery efforts in communities affected by disasters.

Partner Entity	Description of Partnership
Department of Health and Environmental Control	Licenses Mental Health inpatient facilities. Serves as primary agency for state emergencies in Health and Medical Emergency Support Functions with Mental Health serving as chief support for mental health services.
Department of Health & Human Services (HHS)	DMH serves approximately 50,000 Medicaid eligible clients per year and, other than State appropriations, Medicaid is the department's largest single payer source. HHS is the state agency responsible for the administration of the Medicaid program and, therefore, the relationship between HHS and DMH is critical to our agency's mission and those 50,000 clients we serve who are also covered by Medicaid.
Department of Juvenile Justice (DJJ)	DMH has a memorandum of agreement with DJJ to assist with transfers of juveniles with mental health needs to the care of DMH for treatment. We have four community mental health centers with staff located in county DJJ county offices. An additional staff is placed at the DJJ Broad River Road Correctional Facility.
Department of Social Services (DSS)	Works closely with DSS to assure appropriate treatment services for children and adolescents (and their families) in foster care services.
Department of Vocational Rehabilitation (SCVRD)	Individual Placement and Support is an evidenced-based supported employment best practice model and provided through a collaboration between DMH and SCVRD. The goal of this partnership is to place people with serious mental illness in competitive employment.

APPENDIX B. AGENCY REPORTS TO COMMITTEE

During the legislative oversight process, the **Committee asks the agency to conduct self-analysis** by requiring it to complete and submit annual Restructuring Reports, a Seven-Year Plan for cost savings and increased efficiencies, and a Program Evaluation Report. The Committee posts each report on the agency page of the Committee's website.

Seven-Year Plan for Cost Savings and Increased Efficiencies

S.C. Code Ann. §1-30-10 requires agencies to submit "a seven year plan that provides initiatives and/or planned actions that implement cost savings and increased efficiencies of services and responsibilities within the projected seven-year period."[109] The Department of Mental Health submits its plan on March 11, 2015.[110]

Restructuring Report

The Annual Restructuring Report fulfills the requirement in S.C. Code Ann. §1-30-10(G)(1) that annually each agency report to the General Assembly "detailed and comprehensive recommendations for the purposes of merging or eliminating duplicative or unnecessary divisions, programs, or personnel within each department to provide a more efficient administration of government services." The report, at a minimum, includes information in the following areas - history, mission and vision, laws, strategic plan, human and financial resources, performance measures, and restructuring recommendations.

The Department of Mental Health submits its first Annual Restructuring Report on January 8, 2016.[111] The agency's 2018-19 Annual Accountability Report to the Governor and General Assembly, which it submits in September 2019, serves as its most recent Annual Restructuring Report.[112]

Program Evaluation Report

When an agency is selected for study, the Committee may acquire evidence or information by any lawful means, including, but not limited to, "requiring the agency to prepare and submit to the investigating committee a program evaluation report by a date specified by the investigating committee." S.C. Code Ann. §2-2-60 outlines what an investigating committee's request for a program evaluation report must contain. Also it provides a list of information an investigating committee may request. The Committee sends guidelines for the Department of Mental Health's Program Evaluation Report (PER) on July 17, 2018. The agency submits its report on November 19, 2018.

The PER includes information in the following areas - [PER headings] agency snapshot, agency legal directives, strategic plan and resources, performance, agency ideas/recommendations, and additional documents. The **Program Evaluation Report serves as the base document for the Subcommittee's study of the agency**.

APPENDIX C. PUBLIC INPUT

Public input is a cornerstone of the House Legislative Oversight Committee's process.[113] There are various opportunities for public input during the legislative oversight process. Members of the public have an opportunity to participate anonymously in a public survey, provide comments anonymously via a link on the Committee's website, and appear in person before the Committee.[114] During the study, media articles related to the agency are compiled for member review.

Public Survey

From July 17 through August 20, 2018, the Committee posts an **online survey to solicit comments from the public about the Department of Mental Health** and four other agencies. The Committee sends information about this survey to all House members to forward to their constituents. Additionally, in an effort to communicate this public input opportunity widely, the Committee issues a statewide media release and notifies the State Library.[115]

There are 1,485 responses to the survey, with 563 of these relating to the agency. The responses relating to the agency come from 40 of South Carolina's 46 counties.[116] These comments are not considered testimony.[117] As the survey press release notes, "input and observations from people who interact with these agencies are important because they may help direct the Committee to potential areas for improvement with these agencies."[118] Survey results are posted on the Committee's website. The **public is informed it may continue to submit written comments about agencies online** after the public survey closes.[119]

Of those survey participants responding to a question about general opinions of the agency, **about half have a positive or very positive opinion of the agency**.[120] Most respondents base their opinions of the agency on personal experience with the agency. Positive comments highlight **dedicated employees**. Negative comments include topics such as **low-quality services**, **outdated or confusing online information**, **long waits for appointments**, and **poorly trained or inexperienced personnel**. Some employees are concerned about **low pay**, **inadequate staffing levels**, **a focus on productivity over quality**, **high turnover**, and **unprofessional leadership**.[121]

Public Input via Committee Website

Throughout the course of the study, people are able to submit comments anonymously on the Committee website. The Committee posts comments verbatim to the website, but they are not the comment or expression of the House Legislative Oversight Committee, any of its Subcommittees, or the House of Representatives.[122] The Committee receives six comments via this method **regarding human resources concerns**, **overcrowded facilities**, and **low salaries**.[123]

Public Input via In-Person Testimony

During the study, the Committee offers the opportunity for the public to appear and provide sworn testimony.[124] A press release announcing this opportunity is sent to media outlets statewide on January 2, 2019 and the State Library is notified.[125] The Committee holds a meeting dedicated to public input about the Department of Mental Health and other agencies on January 14, 2019.[126] Further detail on the public input meeting and other meetings where public input is provided is in the *Meetings Regarding the Agency* section of this report.

APPENDIX D. RECOMMENDATIONS RECEIVED FOR INFORMATION PURPOSES

In its Program Evaluation Report and throughout the study, the agency is asked to provide recommendations for changes that may improve the agency's efficiency and outcomes.[127] The agency provides seven recommendations for statutory changes. The Subcommittee receives four of the recommendations for information purposes only.[128] The Subcommittee requests the agency provide suggested language for the statutory changes.

Table 25. Agency recommendations regarding criminal defendants received for information purposes

Agency Recommendations
Consider amending S.C. Code Ann. § 44-23-430, regarding commitments of defendants for treatment services to restore capacity to stand trial, to allow for restoration in a place other than an inpatient facility, if appropriate.
Consider amending S.C. Code Ann. § 44-23-430, regarding defendants found to lack capacity to stand trial and further found to be unlikely to be able to be restored, to allow at least 180 days for defendants to be restored.
Proposed Statutory Language
SECTION 44-23-430. Hearing on fitness to stand trial; effect of outcome. Upon receiving the report of the designated examiners, the court shall set a date for and notify the person and his counsel of a hearing on the issue of his fitness to stand trial. If, in the judgment of the designated examiners or the superintendent of the facility if the person has been detained, the person is in need of hospitalization, the court with criminal jurisdiction over the person may authorize his detention in a suitable facility until the hearing. The person shall be entitled to be present at the hearings and to be represented by counsel. If upon completion of the hearing and consideration of the evidence the court finds that: (1) the person is fit to stand trial, it shall order the criminal proceedings resumed; or (2) the person is unfit to stand trial for the reasons set forth in Section 44-23-410 and is unlikely to become fit to stand trial in the foreseeable future, the solicitor responsible for the criminal prosecution shall initiate judicial admission proceedings pursuant to Sections 44-17-510 through 44-17-610 or Section 44-20-450 within fourteen days, excluding Saturdays, Sundays, and holidays, during which time the court may order the person hospitalized, may order the person to continue in detention if detained, or, if on bond, may permit the person to remain on bond; or (3) the person is unfit to stand trial but likely to become fit in the foreseeable future, the court shall order him ~~hospitalized~~ to undergo treatment by the Department of Mental Health for up to ~~an additional sixty~~ one hundred and eighty days from the commencement of restoration treatment. If the person is in detention, the Department of Mental Health shall have discretion to provide the restoration treatment in a hospital or in a detention facility. If the person is on bond, the Department of Mental Health shall have discretion to provide the restoration treatment in a hospital or on an outpatient basis.

(4) If the person is found to be unfit at the conclusion of the ~~additional~~ period of restoration treatment, the solicitor responsible for the criminal prosecution shall initiate judicial admission proceedings pursuant to Sections 44-17-510 through 44-17-610 or Section 44-20-450 within fourteen days, excluding Saturdays, Sundays, and holidays~~, during which time the person shall remain hospitalized~~. Subject to the provisions of Section 44-23-460, persons against whom criminal charges are pending and who are hospitalized in accordance with this Article shall have all the rights and privileges of other involuntarily hospitalized persons.

Persons against whom criminal charges are pending but who are not involuntarily committed following judicial admission proceedings shall be released unless charged with a violent crime. If the pending charge is a violent crime, prior to release a hearing shall first be held before the court in which the charges are pending on the issue of whether the person shall be released on bond, with terms and conditions appropriate for the safety of the community and the well-being of the person. For purposes of this section, a violent crime includes those offenses described in Section 16-1-60 and the common law offense of assault and battery of a high and aggravated nature. Any terms and conditions included in the person's bond must be therapeutic in nature, not punitive. Therapeutic terms may include, but not be limited to, a requirement that the person cooperate in any treatment indicated for their psychiatric or intellectual impairments, including the keeping of scheduled appointments, and the taking of all prescribed medications, and a requirement that the person remain abstinent from alcohol and illicit drug use and to comply with random or scheduled drug screens to insure sobriety and medication compliance.

Table 26. Agency recommendation regarding the Tort Claims Act received for information purposes

Agency Recommendation
Consider amending S.C. Code Ann. § 15-78-10 *et seq.* (Tort Claims Act) to provide the same limits on the tort liability of contractors providing services on behalf of state agency, as those in existence for state agencies.
Proposed Statutory Language
SECTION 15-78-30. Definitions. (d) "Governmental entity" means the State, ~~and~~ its political subdivisions, and contractors operating a governmental health care facility on behalf of the State or its political subdivisions. (j) "Governmental health care facility" means one which is operated or contracted for operation by the State or a political subdivision through a governing board appointed or elected pursuant to statute or ordinance and which is tax-exempt under state and federal laws as a governmental entity and from which no part of its net income from its operation accrues to the benefit of any individual or nongovernmental entity, other than a contractor operating the facility on behalf of the State or a political subdivision. Health care facility includes any facility as defined in Title 44, S. C. Code Ann. for the provision of mental or physical care to individuals, whether or not it is required to be licensed under those provisions. SECTION 15-78-60. Exceptions to waiver of immunity. The governmental entity is not liable for a loss resulting from: (25) responsibility or duty including but not limited to supervision, protection, control, confinement, or custody of any student, patient, resident, prisoner, inmate, or client of any governmental entity, except when the responsibility or duty is exercised in a grossly negligent manner;

Note: Persons receiving nursing care services in a licensed nursing home are referred to as “residents.” Additionally, DMH refers to individuals who have been committed to the Sexually Violent Predator Treatment Program as “residents,” and Section 1 of Senate bill 797 (2019), proposing multiple amendments to the State’s Sexually Violent Predator Act, would codify the term:

SECTION 1. Section 44-48-30 of the 1976 Code is amended by adding an appropriately numbered new item to read:
"( ) 'Resident' means a person who has been committed as a sexually violent predator for the purposes of long-term control, care, and treatment."[129]

Table 27. Recommendation regarding electronically prescribed controlled substances received for information purposes

Agency Recommendation
Consider amending the statutory subsection created by Section 6 of Act 65 of 2019, which amended Section 44-53-360(j) to require practitioners to electronically prescribe controlled substances unless exempted from the subsection, to add an exemption specifically for DMH practitioners and facilities.

The Subcommittee does not request suggested language for this recommendation.

APPENDIX E. SOUTH CAROLINA BEHAVIORAL HEALTH PROFESSIONAL ESTIMATED SHORTAGES

Table 28. South Carolina behavioral health professional estimated 2030 supply and demand[130]

Behavioral Health Occupation	2030 Estimated Supply	2030 Estimated Demand	Estimated Supply Adequacy
Psychiatrists[131]	580	860	(280)
Adult Psychiatrists	410	760	(530)
Pediatric Psychiatrists	170	100	70
Psychiatric Nurse Practitioners (NPs)[132]	300	190	110
Psychiatric Physician Assistants (PAs)[133]	60	30	30
Clinical, Counseling, and School Psychologists[134]	800	1,640	(840)
Addiction Counselors[135]	1,110	1,650	(540)
Mental Health Counselors[136]	1,810	2,590	(780)
School Counselors[137]	4,500	1,730	2,770
Social Workers[138]	6,660	4,630	2,300
Marriage & Family Therapists[139]	1,120	940	180

MEMBER STATEMENT

CONTACT INFORMATION

Committee Contact Information

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Legislative Oversight Committee
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Mailing Address:
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Columbia, South Carolina 29211

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803-212-6810

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You may visit the South Carolina General Assembly Home Page (http://www.scstatehouse.gov) and click on "Citizens' Interest" then click on "House Legislative Oversight Committee Postings and Reports". This will list the information posted online for the Committee; click on the information you would like to review. Also, a direct link to Committee information is http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee.php.

Agency Contact Information

Physical Address:
Department of Mental Health
2414 Bull Street
Columbia, SC 29201

Telephone:
DMH Public Information: (803) 898 - 8581
Deaf Services: (800) 647-2066 V-TTY
Mental Health Emergency: 911 or 833-364-2274

Mailing Address:
Department of Mental Health
Office of Administration
PO Box 485
Columbia, SC 29202

Online:
Main Website: https://scdmh.net/
Facility Locator: https://scdmh.net/contact/dmh-facility-locator/

ENDNOTES

[1] Visual Summary Figure 1 is compiled from information in the Department of Mental Health study materials available online under "Citizens' Interest," under "House Legislative Oversight Committee Postings and Reports," and then under "Department of Mental Health" https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyPHPFiles/MentalHealth.php(accessed November 24, 2019).
[2] Department of Mental Health, "Program Evaluation Report (November 19, 2018)," under "Other Reports, Reviews, and Audits," under "House Legislative Oversight Committee," and under "Department of Mental Health" https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/PER_Final%20Complete.PDF (accessed November 24, 2019). Hereinafter, "Agency PER."
[3] 1821 Unnumbered Appropriations Act dated December 1821, "For the erection of suitable buildings for the Lunatic Asylum and a School for the deaf and dumb, thirty thousand dollars, if so much be necessary."
[4] 1852 Act. No. 4075, Section X "for the erection of a building or buildings on the lands of the Lunatic Asylum, upon its eastern side, and for the enlargement of the grounds of the said Asylum, the sum of thirty thousand dollars."
[5] 1871 Act No. 411.
[6] 1910 Act No. 597.
[7] 1938 Act No. 972.
[8] 1952 Act No. 836.
[9] 1961 Act No. 107.
[10] 1964 Act No. 863.

[11] 1965 Act No. 342.
[12] 1969 Act No. 199.
[13] 1986 Act No. 487, Section 1.
[14] 1993 Act No. 181.
[15] 1998 Act No. 321.
[16] 2008 Act No. 414.
[17]S.C. Code 43-35-560(6). Other agencies represented on the Vulnerable Adult Fatalities Review Committee (VAFRC) include: Department of Social Services; Department of Health and Environmental Control; South Carolina Criminal Justice Academy; South Carolina Law Enforcement Division; Department of Alcohol and Other Drug Abuse Services; Department of Disabilities and Special Needs; Office on Aging; Protection and Advocacy for People with Disabilities. Part of the Legislative Oversight Committee's ongoing work includes determining its interpretation of the definition of the term agency as set forth in S.C. Code of Laws Section 2-2-10(1). Depending on how the Legislative Oversight Committee interprets this definition of the term agency, entities not currently a part of the 65 agencies currently selected for study in this seven-year cycle, may at a later date be determined to be an agency subject to legislative oversight provisions. VAFRC is one of those entities. The VAFRC is not currently under study and is not one of the sixty-five agencies the Committee has selected for study in this seven-year cycle. However, there are issues regarding the VAFRC raised during the study, which the Subcommittee highlight in findings. Additionally, administrative support for the committee is provided by the State Law Enforcement Division, which is an entity identified for study during the seven-year study cycle.
[18] On July 23, 2019, the Healthcare and Regulatory Subcommittee observed a moment of silence in remembrance of Mr. Avant; Department of Mental Health patients and their families, friends, and neighbors; and all those impacted by mental illness in our communities, state, and nation. It is not uncommon for the various subcommittees of the House Legislative Oversight Committee to observe a moment of silence. For example, the Healthcare and Regulatory Subcommittee observed a moment of silence for a DMH patient on April 2, 2019, and the Ad Hoc Committee studying the Department of Corrections observes a moment of silence at the beginning of every meeting recognizing the dangers all law enforcement and all first responders face.
[19] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (September 16, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of" and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/Minutes_91619_H&R.pdf (accessed November 24, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php?key=9795&part=1. Hereinafter, "9/16/19 Meeting Minutes and Video."
[20] Recommendation number five is offered to address some of these findings. Recommendation five provides: "The Vulnerable Adult Fatalities Review Committee should submit an annual report as required by S.C. Code of Laws Ann. § 43-570(6) and in accordance with the electronic transmission process described in S.C. Code of Laws Ann. § 2-1-230. In addition to statutorily required sections (i.e., findings and recommendations for changes), the report should include a summary of non-confidential portions of minutes, member attendance records, statistical information on cases reported and reviewed, identified systemic deficiencies in care, and trending issues facing vulnerable adults."
[21] While it is not required, the State Law Enforcement Division's (SLED) vulnerable adult investigations unit, "provides administrative support for the Committee by tracking, compiling, and sending vulnerable adult case files to committee members for consideration and review prior to each meeting. SLED also provides support staff who record minutes during the meetings, send committee emails to coordinate Committee matters, maintain a record of committee member information, and who prepare the agendas for each meeting." Adam Whitsett, General Counsel, South Carolina Law Enforcement Division email message to House Legislative Oversight Committee Auditor/Research Analyst Carmen McCutcheon Simon, July 30, 2019.
[22] Pursuant to S.C. Code Ann. § 1-1-1310, each state board and commission must send written notification to the Secretary of State's Office of any appointment, election, resignation, or vacancy in its membership.
[23] S.C. House of Representatives, House Legislative Oversight Committee, "Agency Letter to Subcommittee(August 30, 2019])," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Correspondence," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalH

ealth/DMH_Response_83019.PDF (accessed November 24, 2019). Hereinafter "Agency Letter to Subcommittee (August 30, 2019)."

[24] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (August 12, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of" and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/Meeting%20Minutes%2081219.PDF (accessed November 24, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php?key=9690&part=1. Hereinafter, "8/12/19 Meeting Minutes and Video." Subcommittee Members present at the meeting include: Subcommittee Chair Jay West; Representative Bobby Ridgeway; and Representative Chris Wooten. Also, present was Representative Micah Caskey. S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (October 28, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of" and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/AlcoholDrugAbuse/10.28.19_Minutes_H&R.pdf (accessed November 24, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php?key=9833&part=1. Hereinafter, "10/28/19 Meeting Minutes and Video." All subcommittee members were present for all or a portion of the meeting.
S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (December 9, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyPHPFiles/MentalHealth.php (accessed December 9, 2019). *Minutes will be posted when approved by the Subcommittee.* A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.

[25] National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, "The Vital Role of State Psychiatric Hospitals," July 2014, https://www.nasmhpd.org/sites/default/files/The%20Vital%20Role%20of%20State%20Psychiatric%20HospitalsTechnical%20Report_July_2014.pdf (accessed November 24, 2019).

[26] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Packet (July 23, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Meeting%20Packet%207_23_19.PDF (accessed November 24, 2019).

[27] Agency Letter to Subcommittee (August 30, 2019).

[28] Id.

[29] S.C. House of Representatives, House Legislative Oversight Committee, "Agency Letter to Subcommittee (August 8, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Correspondence," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Letter%20from%20DMH%20with%20attachments.PDF (accessed November 24, 2019).

[30] Agency Letter to Subcommittee (August 30, 2019).

[31] S.C. House of Representatives, House Legislative Oversight Committee, "Agency Letter to Subcommittee (October 11, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Correspondence," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/10.11.19%20DMH%20Response%20to%20Follow%20Up.PDF(accessed November 27, 2019). The agency is in the process of finalizing a scope of work for a training system request for proposals.

[32] Committee staff searched current and archived reports on the General Assembly's website (https://www.scstatehouse.gov/Archives/areports.php#v) and the South Carolina State Library's website (https://sclends.lib.sc.us/eg/opac/home). Reports were eventually obtained from the Vulnerable Adult Fatalities Review Committee chairperson. Greg L. Shore, Chairman of the Vulnerable Adult Fatalities Review Committee email message to House Legislative Oversight Committee Research Analyst/Auditor, August 27, 2019.

[33] American Medical Association, "Informed Consent - Code of Medical Ethics Opinion 2.1.1," https://www.ama-assn.org/delivering-care/ethics/informed-consent (accessed November 24, 2019).

[34] 2019 Act No. 85. This legislation was signed into law by the Governor on May 24, 2019. The free conference report passed the House by a vote of 98 to 0 and passed the Senate by a vote of 40 to 0.
[35] Agency Letter to Subcommittee (August 30, 2019).
[36] 8/12/19 Meeting Minutes and Video.
[37] Agency Letter to Subcommittee (August 30, 2019).
[38] S.C. Code Ann. § 44-9-30(c) and § 44-9-40.
[39] S.C. Code Ann. § 44-9-30(c).
[40] S.C. Code Ann. § 1-23-120(J).
[41] S.C. House of Representatives, House Legislative Oversight Committee, "Agency Letter to Subcommittee (July 31, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Correspondence," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Compiled%20Response%20to%20February%207,%202019%20Correspondence%2073119.PDF (accessed November 25, 2019).
[42] Id.
[43] Department of Mental Health Commission, "Schedule & Agenda December 6, 2019," https://scdmh.net/about/commission/commission-meeting-agenda/ (accessed November 25, 2019). The December 6, 2019, schedule and agenda does not reflect an opportunity for public input. S.C. House of Representatives, House Legislative Oversight Committee, "Agency Letter to Subcommittee (September 9, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Correspondence," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Response%20to%20August%2019%20Letter%20-%20Part%202%20-%209.9.19.PDF(accessed November 25, 2019).
[44] South Carolina Department of Disabilities and Special Needs, "Commission Public Input," https://ddsn.sc.gov/sites/default/files/Documents/About%20Us/Commission%20Policies/Public%20Input%20Process.pdf (accessed November 25, 2019).
[45] South Carolina Department of Mental Health, https://scdmh.net/ (accessed November 24, 2019).
[46] Stewart Cooner, Director of Special Programs for Department of Mental Health, email message to House Legislative Oversight Committee Auditor/Research Analyst, Carmen McCutcheon Simon, July 28, 2019.
[47] 10/28/19 Meeting Minutes and Video.
[48] 8/12/19 Meeting Minutes and Video.
[49] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Packet (May 7, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Meeting%20Packet%205_7_19.PDF (accessed November 25, 2019). Hereinafter, "5/7/19 Meeting Packet."
[50] Health Professional Shortage Area (HPSA) designations are areas and population groups within the United States experiencing a shortage of health professionals. There are three categories of HPSA designation based on the health discipline that is experiencing a shortage: 1) primary medical; 2) dental; and 3) mental health. Kaiser Family Foundation reports as of December 31, 2018, there are 69 mental health HPSAs in the state affecting 2,418,422 South Carolinians. The state currently needs an additional 108 mental health professionals to remove these designations. The primary factor used to determine a Health Professional Shortage Area (HPSA) designation is the number of health professionals relative to the population with consideration of high need. Federal regulations stipulate that, in order to be considered as having a shortage of providers, an area must have a population-to-provider ratio of a certain threshold. For mental health, the population to provider ratio must be at least 30,000 to 1 (20,000 to 1 if there are unusually high needs in the community). Kaiser Family Foundation, "Mental Health Care Health Professional Shortage Areas (HPSAs)," https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22south-carolina%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (accessed November 25, 2019).

[51] United States Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, National Center for Health Workforce Analysis, "State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030," https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/state-level-estimates-report-2018.pdf (accessed November 25, 2019). Hereinafter "State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030."

[52] State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030. Pediatric psychiatrists, psychiatric nurse practitioners, psychiatric physician assistants, school counselors and social workers are not expected to experience shortages in 2030.

[53] 5/7/2019 Meeting Packet

[54] Agency Letter to Subcommittee (August 30, 2019).

[55] South Carolina Department of Administration, "Human Services Coordinator II," admin.sc.gov/ohr_class/GA60 (accessed November 25, 2019).

[56] S.C. House of Representatives, House Legislative Oversight Committee, "Agency Letter to Subcommittee (August 2, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Correspondence," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Response%20to%20July%2022,%202019%20Correspondence%20Compiled.PDF (accessed November 25, 2019). Hereinafter "Agency Letter to Subcommittee (August 2, 2019)."

[57] Karen Wingo, Director of Division of Human Resources for the Department of Administration, email message to House Legislative Oversight Committee Auditor/Research Analyst, Carmen McCutcheon Simon, November 2, 2019.

[58] South Carolina Department of Administration, "State of South Carolina Classification and Compensation System Study Project Report (January 4, 2016)," https://www.admin.sc.gov/sites/default/files/state_hr/Final%20Report%20-%20State%20Classification%20and%20Compensation%20System%20Study%20Project%20Report.pdf (accessed November 25, 2019).

[59] The provision directs committee members be appointed by the Governor; President of the Senate; Speaker of the House of Representatives; Chairman of the Senate Finance Committee; Chairman of the House Ways and Means Committee; and one member appointed by the SC State Employees Association.

[60] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Packet (June 20, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Meeting%20Packet%206_20_19.PDF (accessed November 25, 2019). Hereinafter "Meeting Packet (June 20, 2019)."

[61] Agency Letter to Subcommittee (August 30, 2019).

[62] Meeting Packet (June 20, 2019).

[63] Agency Letter to Subcommittee (August 2, 2019).

[64] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Packet (July 8, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Meeting%20Packet%207_8_19.PDF (accessed November 25, 2019).

[65] Agency Letter to Subcommittee (August 30, 2019).

[66] Meeting Packet (June 20, 2019).

[67] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (June 20, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/Meeting%20Minutes%206_20_19.PDF (accessed November 20, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php. Hereinafter, "6/20/19 Meeting Minutes and Video."

[68] Meeting Packet (June 20, 2019).

[69] 6/20/19 Meeting Minutes and Video.
[70] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Packet (September 16, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/9.16.19%20Meeting%20Packet.PDF (accessed November 25, 2019).
[71] S.C. House of Representatives, House Legislative Oversight Committee, "SCDC and DMH Joint Response to Subcommittees (October 23, 2019])," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Correspondence," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/Corrections/SCDC%20and%20DMH%20joint%20response%20to%20Subcommittees%20(October%2023,%202019).pdf (accessed November 26, 2019). The agencies each appointed collaboration liaison contacts.
[72] S.C. Code Ann. § 44-48-10 *et seq*.
[73] Stewart Cooner, Director of Special Programs for Department of Mental Health, email message to House Legislative Oversight Committee Auditor/Research Analyst, Carmen McCutcheon Simon, December 5, 2019. The agency obtains input from James Falk, an attorney whose primary practice includes representation of this population subject to civil commitment and submits the input to a legislator on the Senate committee to which the bill is currently assigned.
[74]S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Packet (August 12, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Meeting%20Packet%208_12_19.PDF (accessed November 25, 2019). Additionally, during the study, the agency created, within the Division of Inpatient Services, a committee charged with reviewing processes and overseeing systems within the division to ensure staff involved are qualified, appropriately trained as specified in policy, and competent to provide services.
[75] S.C. Code Ann. § 2-2-10(1).
[76] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (May 3, 2018), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/FullCommitteeMinutes/5.3.18_Meeting_Minutes_Full_LOC.pdf (accessed November 8, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php. Hereinafter, "5/3/18 Meeting Minutes and Video."
[77] S.C. House of representatives, House Legislative Oversight Committee, "Subcommittees -2019," under "Committee Information," under "House Legislative Oversight Committee," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/Subcommittees_2019.pdf (accessed November 22, 2019).
[78] A brochure about the House Legislative Oversight's Committee process is available online. Also, there are ongoing opportunities to request notification when meetings are scheduled and to provide feedback about state agencies under study that can be found online. http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/Brochure%205.18.17.pdf (accessed November 25, 2019).
[79] S.C. House of Representatives, House Legislative Oversight Committee. http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee.php (accessed July 10, 2017).
[80] 5/3/18 Meeting Minutes and Video.
[81] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (January 14, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/FullCommitteeMinutes/01.14.19%20Meeting%20Minutes%20[Full%20-%20Public%20Input].pdf (accessed November 8, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.
[82] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (February 5, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health,

Department of," and under "Meetings,"
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/Minutes%202_5_19.pdf (accessed November 20, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.

[83] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (February 19, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings,"
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/Meeting%20Minutes%202_19_19.pdf (accessed November 20, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.

[84] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (March 5, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings,"
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/Meeting%20Minutes%203_5_19.pdf (accessed November 20, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.

[85] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (March 19, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings,"
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Meeting%20Minutes%203_19_19.pdf (accessed November 20, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.

[86] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (April 2, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings,"
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/Meeting%20Minutes%204_2_19.pdf (accessed November 20, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.

[87] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (April 23, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings,"
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/Meeting%20Minutes%204_23_19.pdf (accessed November 20, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.

[88] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (May 7, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings,"
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/Meeting%20Minutes%205_7_19.PDF (accessed November 20, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.

[89] 6/20/19 Meeting Minutes and Video.

[90] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (July 8, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings,"
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/Meeting%20Minutes%20070819.PDF (accessed November 20, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.

[91] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (July 23, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings,"
https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/Meeting%20Minutes%207_23_19.PDF (accessed November 20, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.

[92] Representative Micah Caskey joins the subcommittee meeting and asks the agency questions.
[93] 8/12/19 Meeting Minutes and Video.
[94] Representative Micah Caskey joins the subcommittee meeting and asks the agency questions.
[95] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (August 27, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Meeting%20Minutes%2082719.pdf (accessed November 20, 2019). A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.
[96] 9/16/19 Meeting Minutes and Video.
[97] 10/28/19 Meeting Minutes and Video.
[98] S.C. House of Representatives, House Legislative Oversight Committee, "Meeting Minutes" (December 9, 2019), under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Meetings," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyPHPFiles/MentalHealth.php (accessed December 9, 2019). *Minutes will be posted when approved by the Subcommittee.* A video of the meeting is available at https://www.scstatehouse.gov/video/archives.php.
[99] S.C. House of Representatives, House Legislative Oversight Committee, "Committee Standard Practices," under "Committee Information," under "House Legislative Oversight Committee," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/Standard%20Practices%202019-2020%20(September%202019).pdf accessed November 25, 2019). See Committee Standard Practice 12. Hereinafter, "Committee Standard Practice."
[100] Agency PER.
[101] South Carolina Department of Mental Health, "2018-19 Agency Accountability Report (September 2019)," under "Committee Postings and Reports," under House Legislative Oversight Committee," and under "Mental Health, Department of," https://www.scstatehouse.gov/reports/aar2019/J120.pdf. See Legal Standards Chart. Hereinafter, "2018-19 Agency Accountability Report."
[102] Agency PER, Agency Legal Directives, Plan & Resources, Question #7.
[103] South Carolina Secretary of State, "South Carolina Mental Health Commission," under "Boards and Commissions Search," https://search.scsos.com/boardsandcommissions (accessed November 27, 2019).
[104] Agency PER.
[105] Agency PER.
[106] Agency PER, Agency Legal Directives, Plan & Resources, Question #8.
[107] Agency PER.
[108] 2018-19 Accountability Report.
[109] S.C. Code Ann. § 1-30-10.
[110] South Carolina Department of Mental Health, "2016 Annual Restructuring Report (January 26, 2016)," under "Committee Postings and Reports," under House Legislative Oversight Committee," and under "Mental Health, Department of," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/2016%20ARR/2016%20ARR%20-%20Extension%20-%20Mental%20Health.PDF.
[111] South Carolina Department of Mental Health, "2015-16 Agency Accountability Report (September 15, 2016)," under "Committee Postings and Reports," under House Legislative Oversight Committee," and under "Mental Health, Department of," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/MentalHealth/Reports%20&%20Audits%20-%20Reports%20and%20Reviews/Accountability%20Report%20-%202015-2016.pdf.
[112] 2018-19 Agency Accountability Report.
[113] A brochure about the House Legislative Oversight's Committee process is available online. Also, there are ongoing opportunities to request notification when meetings are scheduled and to provide feedback about state agencies under study that can be found online. https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/Brochure%20-%20updated%20November%206,%202018.pdf (accessed November 20, 2019).

[114] 1/14/19 Meeting Minutes and Video.
[115] S.C. House of Representatives, House Legislative Oversight Committee, "Press Release Announcing Public Survey (July 17, 2018)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Public Survey and Public Input," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/AeronauticsCommission/Press%20Release%20Announcing%20Public%20Survey%20(July%2017,%202018).pdf (accessed November 20, 2019). Hereinafter, "Press Release announcing Public Survey."
[116] S.C. House of Representatives, House Legislative Oversight Committee, "Survey Results (July 17 – August 20, 2018)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Public Survey and Public Input," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/Corrections/Public_Survey_JulAug2018.PDF (accessed November 20, 2019). Hereinafter, "Results of July-August 2018 Survey." The county count is obtained by filtering results by those respondents affirming a desire to answer questions about DMH.
[117] Committee Standard Practice 10.4.
[118] Press Release announcing Public Survey.
[119] S.C. House of Representatives, House Legislative Oversight Committee, "Submit Public Input," under "Committee Postings and Reports," under "House Legislative Oversight Committee" https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee.php (accessed November 20, 2019).
[120] Results of July-August 2018 Survey.
[121] Results of July-August 2018 Survey.
[122] Committee Standard Practice 10.4.5 allows for the redaction of profanity.
[123] S.C. House of Representatives, House Legislative Oversight Committee, "Public Input received via House Legislative Oversight Committee webpage," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Public Survey and Public Input," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyPHPFiles/MentalHealth.php (accessed November 20, 2019).
[124] Also, the chair of either the Committee or the Healthcare and Regulatory Subcommittee has the discretion to allow testimony during meetings.
[125] S.C. House of Representatives, House Legislative Oversight Committee, "Press Release Inviting the Public to Provide Testimony (January 2, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Mental Health, Department of," and under "Public Survey and Public Input," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/Corrections/Press_Release_Jan2019.pdf (accessed November 20, 2019).
[126] 1/14/19 Meeting Minutes and Video.
[127] Agency PER, Agency Ideas/Recommendations.
[128] June 11, 2019 Meeting Minutes and Video.
[129] Agency Letter to Subcommittee (August 30, 2019).
[130] State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030. The report presents two scenarios. The figures represented here are the more conservative figures, which assume baseline demand for each behavioral health occupation, with the exception of psychiatrists, is in equilibrium with 2016 provider supply, consistent with standard workforce research methodology. Equilibrium is defined to be the point at which the workforce supply is equal to the demand for services.
[131] State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030. Psychiatrists are the primary caregivers in mental health, with an estimated 39,180 psychiatrists providing mental health services to adults (age 18 and over) and 6,210 providing care to children and adolescents (age <18) in 2016. Psychiatrists assess and treat mental illnesses through a combination of psychotherapy, psychoanalysis, hospitalization, and medication. To become a psychiatrist requires completion of a four-year residency program after medical school. Some psychiatrists also complete additional specialized fellowship training in such sub-specialties as child and adolescent psychiatry, geriatric psychiatry and forensic (legal) psychiatry.
[132]State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030. Psychiatric nurse practitioners earn masters or doctoral degrees in psychiatric-mental health nursing and apply the nursing process

to assess, diagnose, and treat individuals or families with psychiatric disorders and identify risk factors for such disorders. An estimated 10,250 psychiatric NPs are in practice in 2016. They conduct individual, group, or family counseling sessions; prescribe psychotropic medications; and manage patient treatment and results. Psychiatric nurses often work under the supervision of psychiatrists.

[133] State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030. Psychiatric physician assistants (PA) perform psychiatric evaluations and assessments, order and interpret diagnostic studies, establish and manage treatment plans, and order referrals as needed. Roughly, 1,400 PAs are practicing as a mental health provider in 2016—often working in behavioral health facilities and psychiatric units of rural and public hospitals where psychiatrists are in short supply. Typically, training consists of a year in the classroom, followed by a year of clinical rotations. After passing a national certification exam, physician assistants practice under a supervising physician.

[134] State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030. A licensed psychologist traditionally treats patients with mental and emotional problems, but they also serve as scientists researching the phenomenon of human behavior. Close to 93,000 psychologists trained at the doctoral level are in practice in 2016. Psychologists focus on behaviors that affect the mental and emotional health and mental functioning of healthy people. A doctoral degree is typically required for most clinical, counseling, and research psychologists. Although licensing laws for psychologists vary by state and type of position, most states require some form of licensure or certification and all states require psychologists who practice independently to be licensed.

[135] State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030. Substance abuse and behavioral disorder counselors (addiction counselors) advise people who suffer from alcoholism, drug addiction, eating disorders, or other behavioral problems. They provide treatment and support to help patients recover from addiction or modify problem behavior. Educational requirements vary depending on the setting, type of work, state regulations, and level of responsibility. This study includes addiction counselors trained at all education levels—including associate, bachelor's, or masters or higher degree—and includes counselors performing functions that require licensure as well as functions that only require certification. In 2016, an estimated 87,690 counselors worked in mental health centers, prisons, probation or parole agencies, juvenile detention facilities, halfway houses, detox centers, employee assistance programs, and other settings.

[136] State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030. Mental health counselors work with individuals and groups to deal with anxiety, depression, grief, low self-esteem, stress, suicidal impulses, other mental and emotional health issues, and relationship problems. All states mandate licensure, which requires a master's degree in counseling, 2,000 to 4,000 hours of supervised clinical experience, passing a state-recognized exam, and completing annual continuing education classes. An estimated 140,400 mental health counselors are in practice in 2016

[137] State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030. Educational, guidance, school, and vocational counselors (school counselors) work with students through individual and group counseling sessions to help students address academic, emotional, or social problems, but also provide services beyond behavioral health to include vocational guidance. These counselors are certified or licensed professionals who possess a master's degree or higher in school counseling, or a substantial equivalent, meet state certification/licensure standards and abide by the laws of the states in which they are employed. Counselors are required to complete a practicum and internship supervised by a certified school counselor in a school setting. An estimated 108,130 school counselors are in practice in 2016.

[138] State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030. Mental health and substance use disorder clinical social workers are licensed professionals qualified to diagnose and treat individuals with mental, emotional, or substance use disorder problems; conduct psychotherapy independently; and be reimbursed by third-party payers. They are also qualified to provide forensic reports in legal cases, determine whether a patient is a danger to self or others requiring involuntary treatment, and make bio-psychosocial assessments of the mental health of patients. These social workers do not prescribe psychotropic medication, but work closely with physicians and nurse practitioners when medication is needed in combination with psychotherapy services. All states require clinical social workers to be licensed—which requires a master's degree in social work, two years or 3,000 hours of supervised clinical experience, and passage of a licensing exam. Due to data limitations, this study models supply and demand for all social workers trained at the master's level or

higher—a broader scope than just mental health and substance abuse social workers alone. An estimated 232,900 social workers are in practice in 2016.

[139] State-Level Projections of Supply and Demand for Behavioral Health Occupations; 2016-2030. Marriage and family therapists (MFTs) diagnose and treat mental and emotional disorders—whether cognitive, affective, or behavioral—within the context of marriage and family systems. They address issues such as low self-esteem, stress, substance abuse, eating disorders, and chronic illness that contribute to marital or family distress. All states require a license to practice. Licensure requires a master's degree in marriage and family therapy and two years of supervised clinical experience. MFTs must pass a state-recognized exam and complete annual continuing education classes. They are employed in mental health centers, substance abuse treatment centers, hospitals, colleges, private practices, and employee assistance programs. An estimated 52,860 MFTs are in practice in 2016.