

Healthcare and Regulatory Subcommittee Meeting

Tuesday, July 23, 2019

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AGENDA

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

Chairman John Taliaferro (Jay) West, IV

The Honorable Robert L. Ridgeway, III

The Honorable Bill Taylor

The Honorable Chris Wooten

Tuesday, July 23, 2019

10:00 a.m.

Room 410 - Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

- I. **Approval of Minutes**
- II. **Discussion of study of the Department of Mental Health**
- III. **Adjournment**

MEETING MINUTES

Chair Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

Legislative Oversight Committee

*Micajah P. (Micah) Caskey, IV
Neal A. Collins
Patricia Moore (Pat) Henegan
William M. (Bill) Hixon
Jeffrey E. (Jeff) Johnson
Marvin R. Pendarvis
Tommy M. Stringer
Bill Taylor
Robert Q. Williams*



South Carolina House of Representatives

*Gary E. Clary
Chandra E. Dillard
Lee Hewitt
Joseph H. Jefferson, Jr.
Mandy Powers Norrell
Robert L. Ridgeway, III
Edward R. Tallon, Sr.
John Taliaferro (Jay) West, IV
Chris Wooten*

*Jennifer L. Dobson
Research Director*

*Cathy A. Greer
Administration Coordinator*

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*Charles L. Appleby, IV
Legal Counsel*

*Carmen J. McCutcheon Simon
Research Analyst/Auditor*

*Kendra H. Wilkerson
Fiscal/Research Analyst*

**Healthcare and Regulatory Subcommittee Meeting
Monday, July 8, 2019, at 10:00 am
Blatt Building Room 410**

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. Chair Jay West calls the Healthcare and Regulatory Subcommittee to order on Monday, July 8, 2019, in Room 410 of the Blatt Building. All members of the Subcommittee are present for all or a portion of the meeting.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.
- II. Representative Ridgeway moves to approve the meeting minutes from the June 20, 2019, meeting. The motion passes.

Representative Ridgeway's motion to approve the meeting minutes from the June 20, 2019, meeting.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway	✓			
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

Meeting

- I. Chair West explains that this is the Subcommittee's ninth meeting with the Department of Mental Health, and that the purpose is to continue to learn about the DMH budget, medical affairs, and administrative services.
- II. Chair West explains that all testimony given to this subcommittee, which is an investigating committee, must be under oath. He reminds those sworn in during prior meetings that they remain under oath. He swears in DMH staff not previously sworn in.
- III. Mark Binkley (Interim Director), Robert Bank (Dep Director Division of Medical Affairs), and the below DMH staff provide testimony about community mental health services:
 - Noelle Wriston, Director, Budget and Planning, Financial Services, Division of Administrative Services
 - Tracy Turner, Controller, Financial Services, Division of Administrative Services
 - Melba Arthur, Director, Organizational Improvement, Division of Medical Affairs
 - Stewart Cooner, Director of Special Programs & Telepsychiatry, Division of Medical Affairs
 - Barry Lloyd, Director, Office of Information Network Technology, Division of Administrative Services
 - Leigh Ann Chmura, Manager, Software Support Services, Office of Information Network Technology, Division of Administrative Services
 - Jasen Michalski, Manager, Network Services, Office of Information Network Technology, Division of Administrative Services
 - Debbie Blaylock, Dep Director Community Mental Health Services
- IV. Subcommittee members ask, and agency staff respond to questions about the following subjects:
 - a. Agency budget and expenditures;
 - b. Contract personnel;
 - c. Billing practices and costs;
 - d. Psychiatric residencies;
 - e. Prescription drugs;
 - f. Credentialing requirements;
 - g. Telepsychiatry; and
 - h. IT infrastructure and security.
- V. There being no further business, the meeting is adjourned.

STUDY TIMELINE

Legislative Oversight Committee Actions

- May 3, 2018 - Prioritizes the agency for study
- May 9, 2018 - Provides the agency with notice about the oversight process
- July 17 – August 20, 2018 - Solicits input from the public about the agency in the form of an online survey
- January 14, 2019 - Holds **Meeting 1** to **obtain public input** about the agency

Healthcare and Regulatory Subcommittee Actions

- February 5, 2019- Holds **Meeting 2** with the agency to receive an overview of the agency's **history, mission, organization, products, and services**
- February 19, 2019 – Holds **Meeting 3** with the agency to receive testimony about the **Inpatient Services Division**
- March 5, 2019 – Holds **Meeting 4** with the agency to receive further testimony about the **Inpatient Services Division**
- March 19, 2019- Holds **Meeting 5** with the agency to receive further testimony about the **Inpatient Services Division**, and discuss responses to earlier-asked questions
- April 2, 2019 – Holds **Meeting 6** with the agency to receive testimony about **Community Mental Health Services**
- April 23, 2019 – Holds **Meeting 7** with the agency to receive testimony about **Community Mental Health Services**
- May 7, 2019 – Holds **Meeting 8** with the agency to receive testimony about **Community Mental Health Services** staffing and **facility deferred maintenance**
- June 20, 2019 – Holds **Meeting 9** with the agency to receive testimony about **Community Mental Health Services**
- July 8, 2019 – Holds **Meeting 10** with the agency to receive testimony about **Budget, Medical Affairs, and Administrative Services**

Department of Mental Health Actions

- March 11, 2015- Submits its **Annual Restructuring and Seven-Year Plan Report**
- January 8, 2016- Submits its **2016 Annual Restructuring Report**
- September 2016- Submits its **FY 2015-16 Accountability Report/Annual Restructuring Report**
- September 2017- Submits its **FY 2016-17 Accountability Report/Annual Restructuring Report**
- September 2018 – Submits its **FY 2017-18 Accountability Report/Annual Restructuring Report**
- November 19, 2018- Submits its **Program Evaluation Report**
- February- TBD 2019- Meets with and **responds to Subcommittee inquiries**

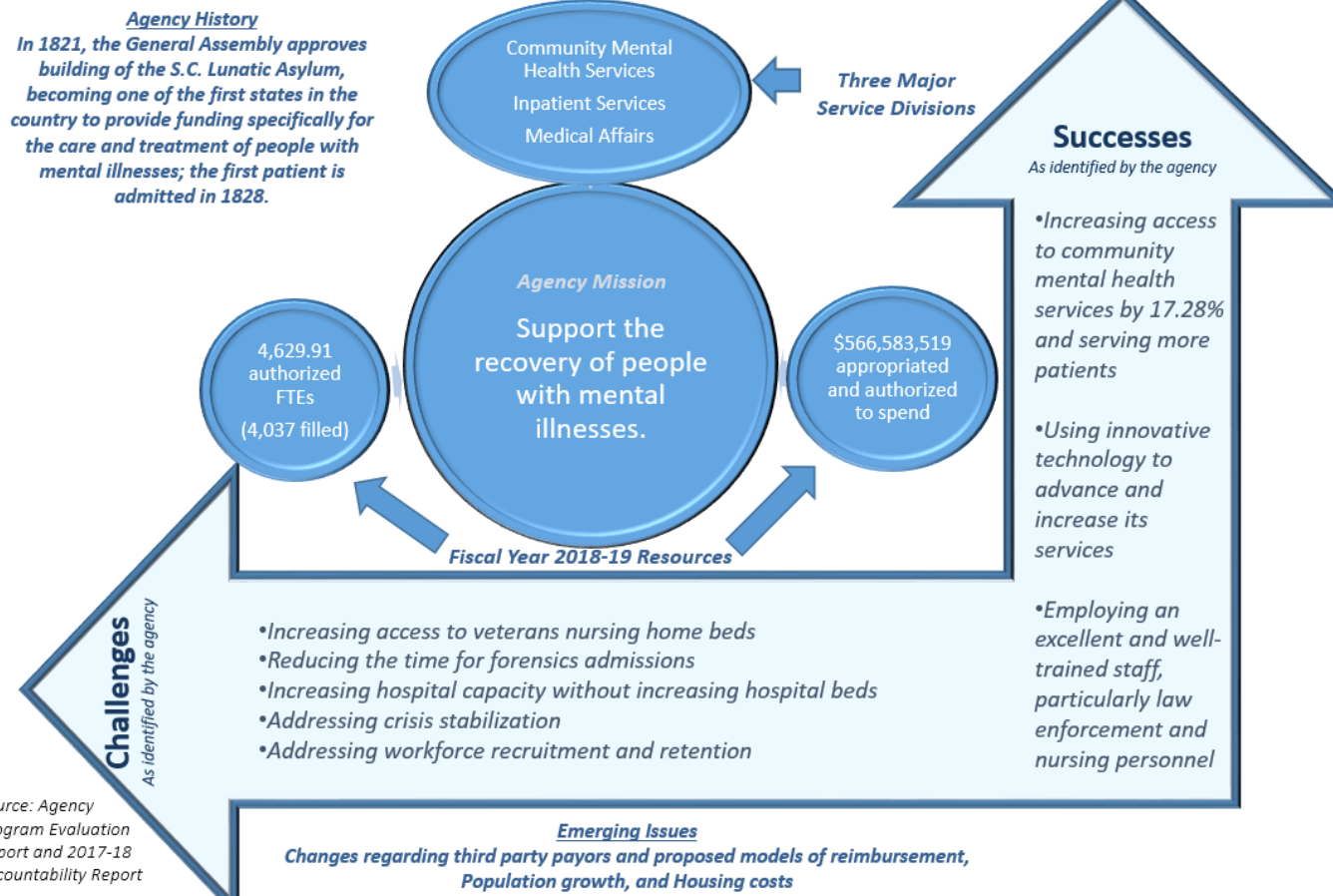
Public's Actions

- July 17 – August 20, 2018 - Provides input about the agency via an **online public survey**
- January 14, 2019 – Provides testimony at public input meeting

AGENCY OVERVIEW

Snapshot

Department of Mental Health



Source: Agency Program Evaluation Report and 2017-18 Accountability Report

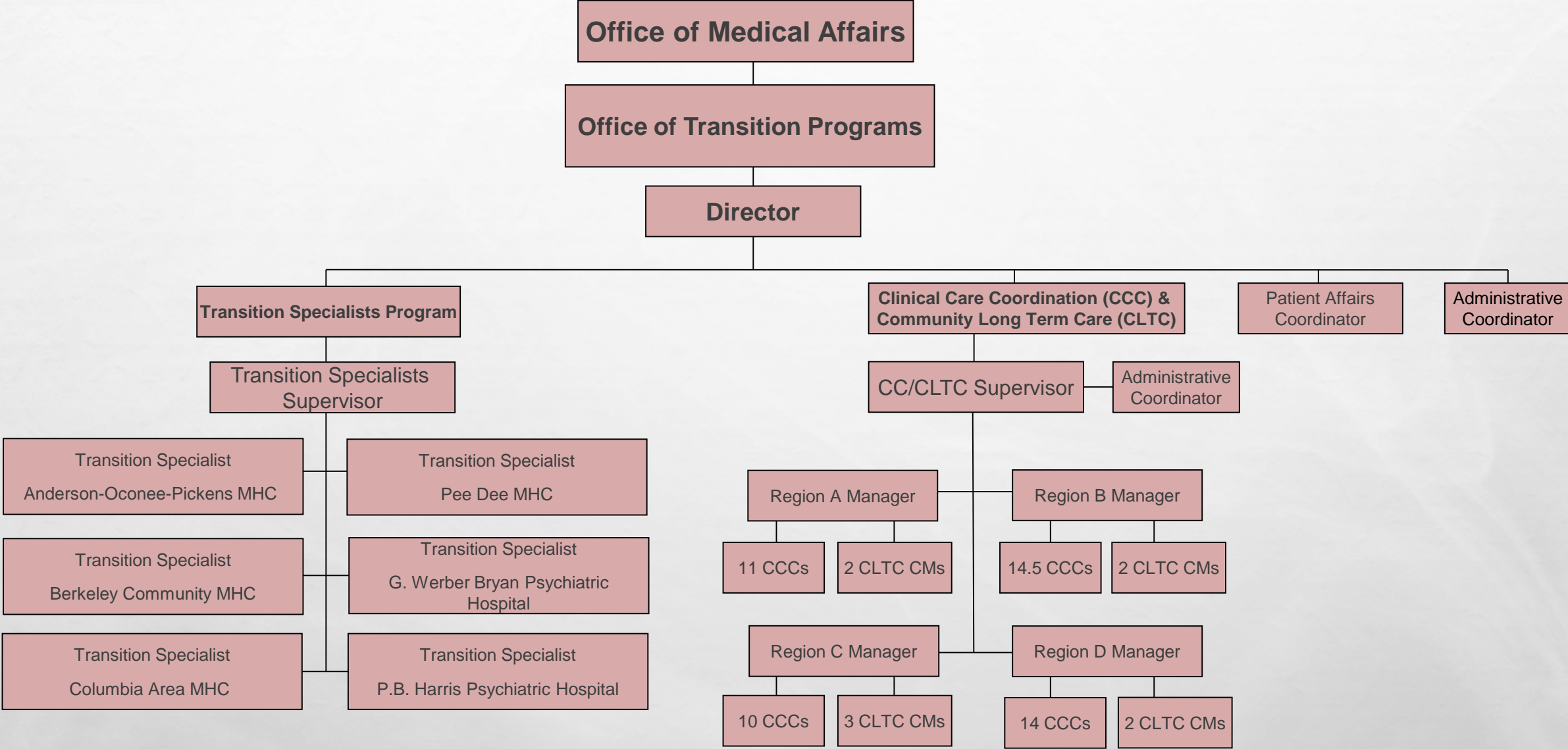
AGENCY PRESENTATIONS

OFFICE OF TRANSITION PROGRAMS

BUILDING BRIDGES TO THE COMMUNITY



SLIDE 1



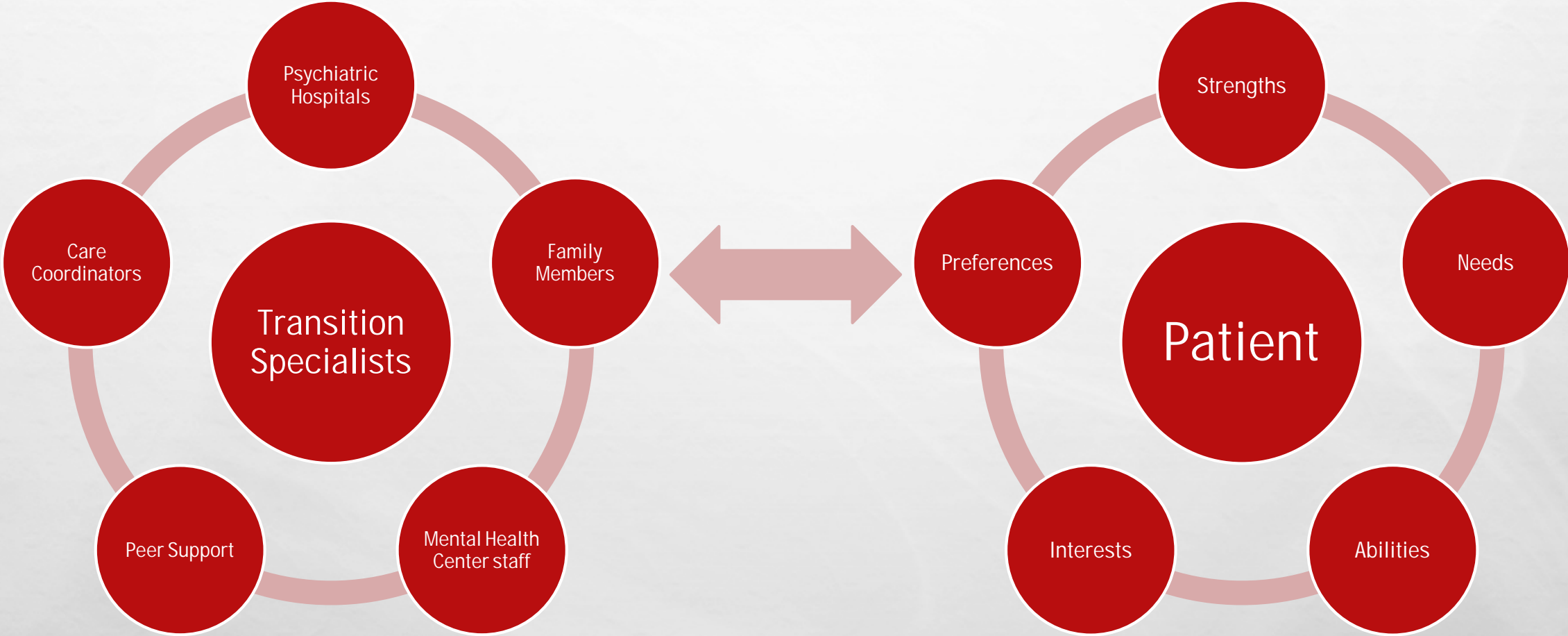
SLIDE 2

TRANSITION SPECIALISTS



SLIDE 3

COLLABORATION



TRANSITION PLANNING



SLIDE 5

TREATMENT ACCESSIBILITY



SLIDE 6

OUTCOMES

GOALS

MEASUREMENTS

- SUCCESSFUL COMMUNITY PLACEMENT/TENURE → □ # DAYS IN COMMUNITY
- TIMELY DISCHARGE SERVICES → □ # DAYS BETWEEN DISCHARGE/1ST TREATMENT SERVICE
- TREATMENT ENGAGEMENT → □ TREATMENT COMPLIANCE
- IMPROVED LEVEL OF FUNCTIONING → □ DAILY LIVING ASSESSMENT
- REDUCTION IN INPATIENT LENGTH OF STAY → □ BRYAN & HARRIS LENGTH OF STAY
- REDUCTION IN INPATIENT READMISSION RATES → □ BRYAN & HARRIS READMISSION RATES
- TRACKING COMMUNITY RESOURCE NEEDS → □ MET/UNMET NEEDS

SLIDE 7

OUTCOMES

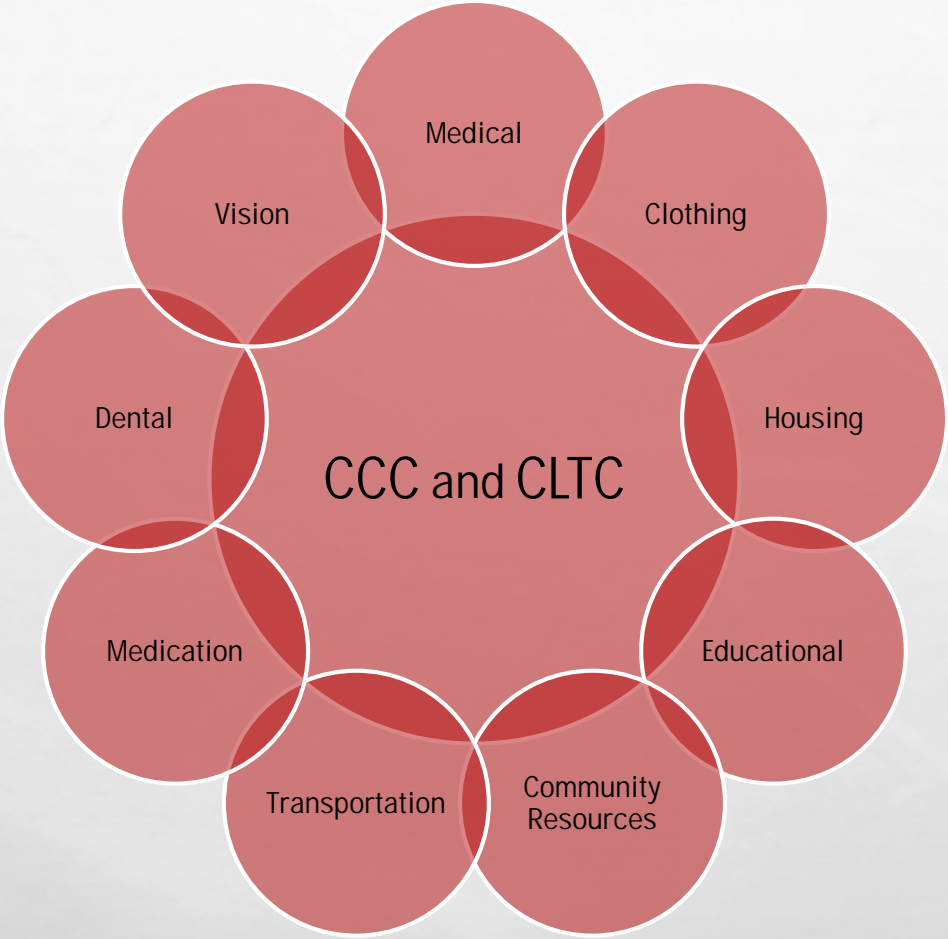
- HOUSING TYPES
 - INDEPENDENT LIVING
 - SUPERVISED APARTMENTS
 - CRCFS
 - BOARDING HOMES

- GEOGRAPHICAL AREA DISCHARGED
 - TREATMENT CATCHMENT AREA

- ENGAGE PEER SUPPORT SERVICES (PSS)
 - PSS LINKAGE

- ENGAGE CARE COORDINATION (CC)
 - LINKAGE TO CC INPATIENT/OUTPATIENT

OFFICE OF CLINICAL CARE COORDINATION AND COMMUNITY LONG TERM CARE



OFFICE OF CLINICAL CARE COORDINATION AND COMMUNITY LONG TERM CARE

Community Care Coordination

Assisted 52,000 Care Coordination patients since 1/2013 (through 6/01/19)
(approx. 45% self-pay)

Hospital Care Coordination

Assisted 610 patients discharge to community settings including smooth hand-off to community Clinical Care Coordinator since 7/1/16

Community Long Term Care

Assisted 600 participants to remain in their homes since January 2015

SLIDE 10

PATIENT AFFAIRS COORDINATOR



SLIDE 11



SLIDE 12

South Carolina Department of Mental Health

Evaluation, Training & Research (ETR)



Evaluation, Training and Research (ETR)

- Reports directly to the SCDMH Medical Director.
- Provides education and training for the entire agency through the traditional class room approach and an on-line learning management system.
- Conducts annual needs assessment agency wide to determine training needs of the staff.
- All of the training provided is evaluated by class participants and the results are used to improve existing training and/or create new training offerings to meet identified needs.

Mentoring/Succession Program

- The purpose of this 10 month long program is to develop a cadre of potential leaders within SCDMH to relieve the void of those retiring.
- Leadership remains committed to this program as we continue to see the benefit to SCDMH from it.
- This year there are 32 participants.



Supervisory Mini Series

- Designed for individuals in SCDMH who were promoted to a supervisory role and new hires who will be in a supervisory role.
- Since its start in 2008, over 400 individuals have completed the program.
- This program is offered live and via video conferencing.



Executive Leadership Development Program

- Designed for individuals in the agency who may serve in Executive Leadership roles in the future. The program was implemented in 2008.
- Since that time there has been a total of seven classes.
- Another class will start in September 2019.
- All of the current Deputy Directors are graduates of the program.



Certified Nursing Assistant Training Program

- Designed for individuals who will work at C. M. Tucker Nursing Care Center.
- The Program began in 2011 and is certified by The SC Department of Health & Human Services.
- Site surveys by Health & Human Services are conducted every two years.



Psychiatric Grand Rounds & Special Training

- Designed for physicians and other clinical staff.
- This program is offered monthly live and via video conferencing.
- Participants receive continuing education credit that they can use toward re-licensure.



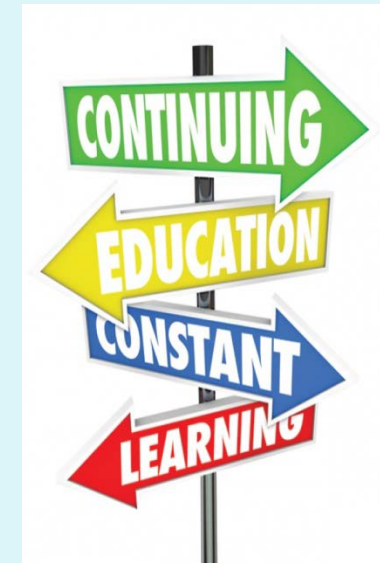
Annual Psychiatric Update Conference

- Conducted in September of each year.
- Offered to Physicians and other Clinical Staff.
- Faculty from USCSOM and the residents all participate in the program.
- Close to 200 attend either in person or by video conferencing each year.



Continuing Education Offerings

- For FY2019, the following credits were awarded:
 - CME 39.5 hours
 - Nursing CE 36 hours
 - CEUs 4.05 or 40.5 Contact hours
 - SW 11.25 or 112.5 Contact hours
 - LPC/MFT 10 or 100 Contact hours
- These credits can be used by staff to meet the requirements for re-licensure at no cost to them.



On-line Learning Modules

- SCDMH has an On-line Learning Management System which staff use to take training that is required to meet regulatory and accrediting standards.
- All of the learning modules are designed and created in house by topic experts.
- Employees are assigned curriculums.
- Each employee has their own transcript which reflects the training they have taken.



Quick Reference Example

South Carolina Department of Mental Health (SCDMH)
 Division of Evaluation, Training and Research
A QUICK REFERENCE
SCDMH ONLINE LEARNING REQUIREMENTS FOR THE COMMUNITY MENTAL HEALTH CENTERS
AS OF 01-22-2019

All of the on-line learning modules have been designed and developed in-house by the Staff Development and Training Component of the Division of Evaluation, Training & Research. The authors of these modules have training background and experience. All modules are reviewed and approved by in-house "content experts" prior to being placed online.

NOTE: AS NEW MODULES ARE ADDED, STAFF WHO ARE CURRENTLY EMPLOYED ARE REQUIRED TO TAKE THEM WITHIN 90 DAYS OF THE NEW MODULE BEING PLACED ONLINE.

Legend is on the last page.

Course #	Title	Course Content/Objectives	Required By	How Often Taken	Target Staff												
					MD	RN	LPN	SW	LPC	MFT	PSY	HK	ADM	PA	NP	PPS	UAP
OLS002	Corporate Compliance	<ul style="list-style-type: none"> Know the why, what and how of a Compliance Program. Know your responsibility to report suspected compliance violations and how to do it. Know what causes non-compliance or violations of the law. Know the potential consequences of non-compliance. 	SCDMH	Within 30 Days of Hire & Annually	√	√	√	√	√	√	√	√	√	√	√	√	√
OLS003B	Fire Safety	<ul style="list-style-type: none"> Identify 3 common classes of fires. Select the proper type of extinguisher. Identify common causes and locations of fires and what you can do to prevent these causes. Define the RACE protocol. Evacuate patients/clients and yourself. Evaluate when it is 	OSHA SCDMH	Within 30 Days of Hire & Annually	√	√	√	√	√	√	√	√	√	√	√	√	√

Course #	Title	Course Content/Objectives	Required By	How Often Taken	Target Staff													
					MD	RN	LPN	SW	LPC	MFT	PSY	HK	ADM	PA	NP	PPS	UAP	
OLS165	Social Security Administration (SSA)	<ul style="list-style-type: none"> Describe the SSA and Privacy requirement for SSA data provided to SCDMH. Discuss the limitations on use, treatment and safeguarding of data under the Privacy Act of 1974. Follow SSA's "Electronic Information Exchange Security Requirements, Guidelines and Procedures for State and Local Agencies Exchanging Electronic Information with the SSA and Privacy Protection Provisions." 	Federal Government	One time only Within 30 Days of Hire														
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>ONLY those individuals who have access to the Social Security Administration (SSA) Database</p> </div>																		

Legend:

MD - Physician

RN - Registered Nurse

LPN - Licensed Practical Nurse

SW - Social Worker

LPC - Licensed Professional Counselor

MFT - Marriage Family Therapist

Psy - Psychologist

HK - Housekeeping

Adm. - Administrative Staff


PA - Physician Assistant

NP - Nurse Practitioner


PPS - Physical Plant Services

UAP - Unlicensed Assistive Personnel


Transcript Example



Date: 07/15/2019



Pathlore®
The Road To Learning



South Carolina Department of Mental Health
Division of Evaluation, Training and Research
Staff Development Program
Individual Nursing Employee Transcript
from 1/1/2019 to 7/1/2019

Employee Name: JANE DOE

Start Date:	Course Code:	Class Name:	Reg. Status:	True Hrs:	Nursing Contact Hrs Awarded:
06/24/19	CM805	Poverty (Live class)	F	1.00	1.00
06/21/19	CM804	GR: Providing MH Care for Pts. with Intellectual Dis. (Live class)	F	1.00	1.00
06/19/19	CM803	Suicide, Social Media, and the Internet (Live class)	F	1.00	1.00
06/17/19	CM802	School Violence: How Common is it & What Can be Done (Live class)	F	1.00	1.00
06/13/19	CM801	Identifying & Treating Perinatal Depression & Anxiety (Live class)	F	1.00	1.00
06/06/19	CM798	Perinatal Psychotic Disorders (Live class)	F	1.00	1.00
04/19/19	CM796	GR: Clozapine Part II: Managing the Adverse Effects	F	1.00	1.00
04/15/19	CM797	Common Diagnoses Encountered & Tx Utilized in Incarcerated Adol. Females	F	1.00	1.00
04/03/19	CM795	Pharm. Mgmt. of Insomnia in Older Adults: An Evidence-Based Update & Review	F	1.00	1.00
04/01/19	OLS002	Corporate Compliance	M	1.00	
03/15/19	CM794	GR: An Update on Cannabinoids: Use, Abuse, & Med.(live class)	F	1.00	1.00
03/01/19	OLS008B	Workplace Harassment	M	1.00	
01/30/19	CM792	Special Training: Self-Injurious Behaviors (live class)	F	1.00	1.00
Total # of Classes Completed:		13	Total Hours:	13.00	11.00

Page 1 of 1

"For the Division of Inpatient Services (DIS) staff, CPR is through the American Heart and is for a two year period of time."

ANCC APPROVAL STATEMENT
"The South Carolina Department of Mental Health is an approved provider of continuing nursing education by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation."
DISCLAIMER
This employee transcript may contain continuing education training hours that was not approved nor provided by the South Carolina Department of Mental Health, but may have been taken under another provider. It is the responsibility of the employee to retain any certificates and provide information for any licensure board.

SCDMH Staff Development and Training
Division of Evaluation, Training & Research
7901 Farrow Road

The Evaluation Process

- Participants are given the opportunity to evaluate the training provided by ETR.
- Feedback is used to improve future training offerings.

Example of Evaluation Process

**Evaluation, Training and Research
Training Evaluation Form**

Title: (Title of Training)
Presenter: (Name of Presenter)
Date: (Date of Training)

For ANY additional comments or concerns: Please contact Elva M. (Sandy) Hyre, MSN, RN, Director of ETR at 803-938-8733 or by email sandy.hyre@scdmh.org

Instruction: Please darken in the circle to indicate your level of agreement with the statements listed below in #1 - 10.

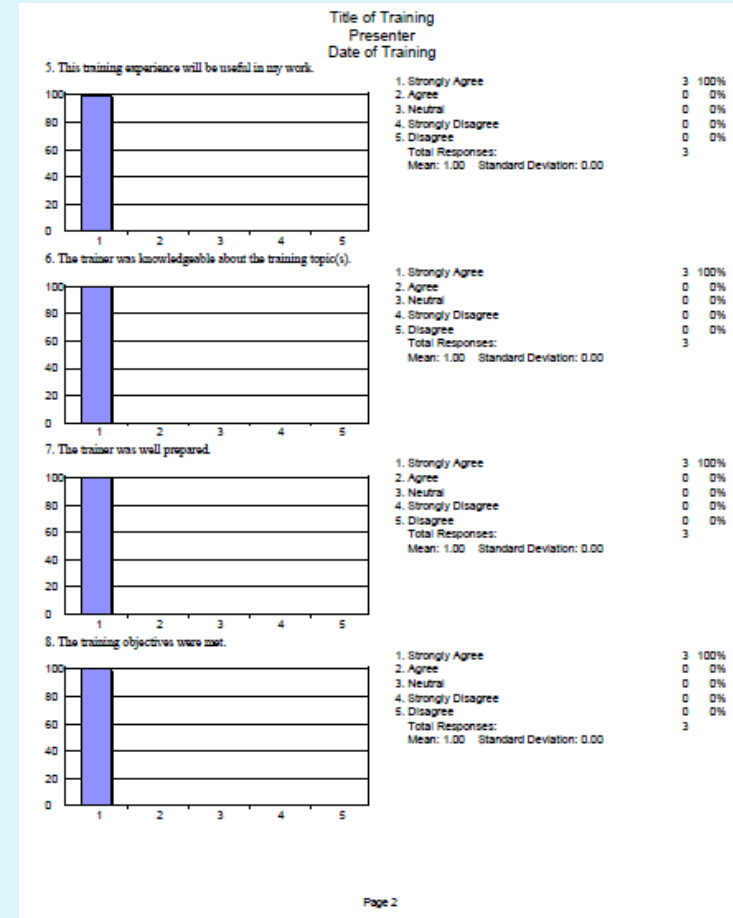
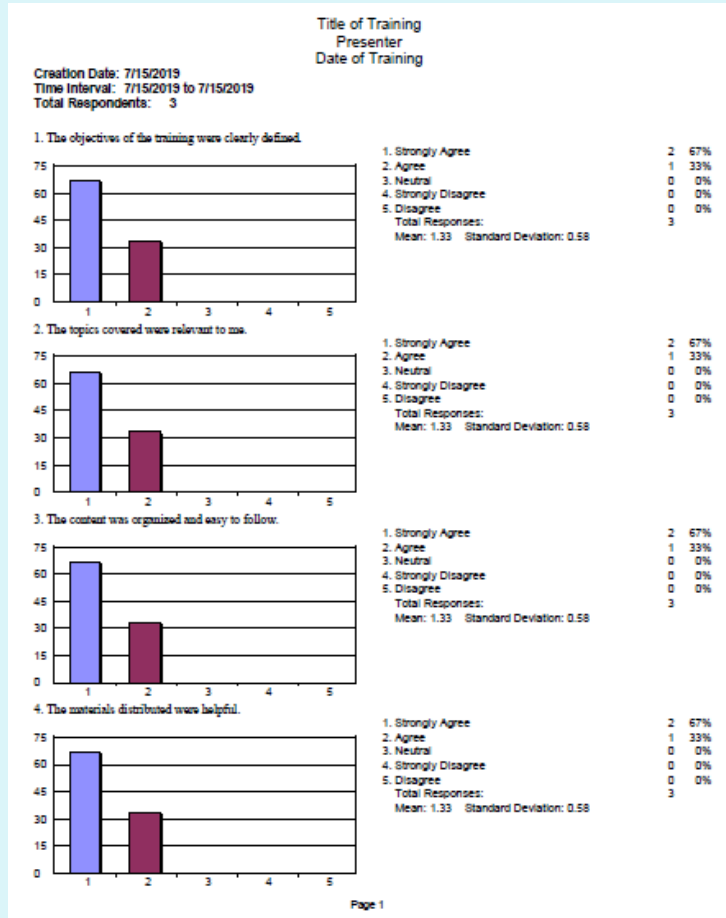
- The objectives of the training were clearly defined.
 Strongly Agree Agree Neutral Strongly Disagree Disagree
- The topics covered were relevant to me.
 Strongly Agree Agree Neutral Strongly Disagree Disagree
- The content was organized and easy to follow.
 Strongly Agree Agree Neutral Strongly Disagree Disagree
- The materials distributed were helpful.
 Strongly Agree Agree Neutral Strongly Disagree Disagree
- This training experience will be useful in my work.
 Strongly Agree Agree Neutral Strongly Disagree Disagree
- The trainer was knowledgeable about the training topic(s).
 Strongly Agree Agree Neutral Strongly Disagree Disagree
- The trainer was well prepared.
 Strongly Agree Agree Neutral Strongly Disagree Disagree
- The training objectives were met.
 Strongly Agree Agree Neutral Strongly Disagree Disagree
- The time allotted for the training was sufficient.
 Strongly Agree Agree Neutral Strongly Disagree Disagree
- The meeting room and facilities were adequate and comfortable.
 Strongly Agree Agree Neutral Strongly Disagree Disagree

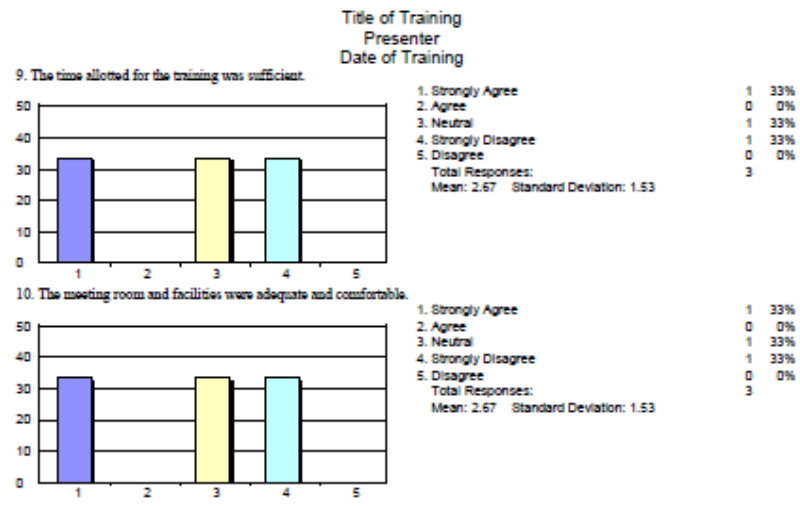
11. What did you like most about this training?

12. What aspects of the training could be improved?

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Example of Bar Graph Report





Example of Comment Report

Title of Training
Presenter
Date of Training

Comment Report

11. What did you like most about this training?

All of it

12. What aspects of the training could be improved?

None

11. What did you like most about this training?

12. What aspects of the training could be improved?

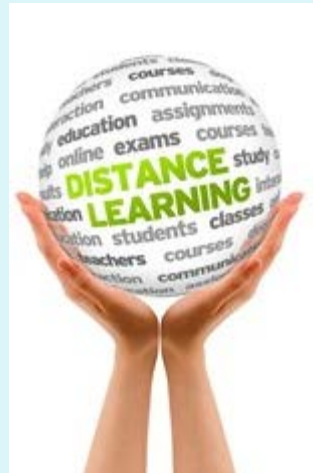
Need more time

Psychiatric Residency/Fellowship Training Programs

- SCDMH has a long standing agreement with Prisma Health (formerly Palmetto Health) for Psychiatric Residents to rotate in its facilities to gain hands-on psychiatric experience.
- There are four Residency/Fellowship training programs at the School of Medicine. They are General Psychiatry, Child and Adolescent, Forensics and Geropsychiatry. All use SCDMH as part of their clinical rotation.
- SCDMH Clinical Psychiatrists provide supervision to the residents while in SCDMH.
- ETR provides orientation to all residents who rotate in SCDMH facilities or centers.

Distance Learning

- SCDMH recognizes that staff may not always be able to attend training offerings due to scheduling conflicts, but still require continuing education credits for re-licensure.
- Distance learning assists in bridging that gap.
- This has been well received by staff.



USCSOM Collaboration

- SCDMH has a long and excellent collaborative relationship with the University of South Carolina School of Medicine.
- Faculty has been very instrumental in assisting SCDMH with recruitment of new psychiatrists once they complete their residency training program.
- Many of the SCDMH psychiatrists and clinical staff have nonpaying faculty appointments.
- Faculty from the SOM also participate in monthly grand rounds, the annual Psychiatric Update and research projects in SCDMH.

Affiliation Agreements

- We currently have over 60 active affiliation agreements with Institutions of Higher Learning.
- ETR provides the required orientation for those in the inpatient areas.
- Students complete their clinical requirements in SCDMH facilities or centers under direct supervision of our clinical staff.
- SCDMH sees this as an opportunity to assist in its recruitment of well qualified clinical staff.

Orientation & Training for the Division of Inpatient Services (DIS)

- ETR provides an extensive and in-depth classroom orientation for all new hires in DIS.
- ETR also provides annual competency verification of all nursing staff in DIS.
- Annual Competency verification is conducted on licensed and non-licensed nursing staff in DIS.



Ensor Trust

- Was established years ago through a donation to SCDMH.
- All monies used from the Ensor Trust must be used consistent with the wishes of the settler of the trust.
- One recent research project funded by Ensor focused on the outcomes of the Community Telepsychiatry Program (CTP) at SCDMH. The study showed that there was a total of 6,417 CTP visits in FY2015 compared to 13,815 in FY2017 or a percent increase of 115%.



Thank You

SC DMH All Hazards Disaster Response Plan



Homeland Security Presidential Directive 21

- Public health and medical preparedness and emergency response must also include behavioral health response.
- “the impact of the ‘worried well’ in past disasters is documented, and it is evident that mitigating the mental health consequences of disasters can facilitate effective response...
- maintaining and restoring mental health in disasters has not received sufficient attention to date”

White House, 2007

SCDMH Disaster Responders

- Each Community Mental Health Center has a person tasked to have a cadre of staff prepared to assist.
- Inpatient Services has a team prepared to implement “Code Delta” in response to any emergency situation.
- Other SCDMH Planners and Responders include:
 - Public Safety
 - Information Technology
 - Human Resources
 - Procurement
 - Hard of Hearing Services
 - Physical Plant (lake mgmt.)
- Disaster Response Team acts as liaisons between Senior Management and State Emergency Operations Center at SCEMD.

South Carolina Emergency Management Division



SC Emergency Management Division

South Carolina Emergency Management becomes the State Emergency Operations Center to provide assets to areas where needs have surpassed available resources.

- The SEOC functions as a
- Multi-Agency Coordination System
- which brings agency representatives together who have the knowledge of agency assets and the authorization (or ability to quickly obtain permission) to commit those resources to the disaster response effort.

Disaster Preparedness & Response

- DMH staffs the State Emergency Operations Center (SEOC) during periods of activation, and is tasked with obtaining and providing information and resources to local Emergency Operations Centers, Emergency Support Functions staff, and DMH inpatient and outpatient settings.
- SEOC does not directly manage incidents but provides support and resources to those who do.
 - Need at site of event cannot be met with existing resources.
 - If a need of a DMH entity (clinic, nursing home, etc.), call is directly to DMH representative at SEOC.
 - If need is from non-DMH entity (ARC, DSS, LE, First Responder or other), request initiates from local EOC to SEOC to ESF8 to DMH representative.
 - Resources are identified and made available as appropriate.

Terminology

Emergency Support Function (ESF)

- A grouping of government and certain non-government capabilities in an organized structure to provide resources and services needed to mitigate, prepare, respond and recover from the effects of disaster.
- ESF 6 – Mass Care
- ESF 8 – Health and Medical

Operating Condition (OPCON)

- Determines the level of intensity governing how agencies are expected to prepare and respond to major emergencies.
- Was 1-5 scale during Florence:
- 5 – normal activity in SEOC
- 3 – increased agencies present
- 1 – all ESFs staffed 24/7.

Emergency Management on a Normal Day



SC Emergency Management Division (activated)

FEMA and Blackhawks Arrive



OPCON 1



ESF-8: Health and Medical

SC Department of Health and Environmental Control

Primary Agency for Health and Medical Activities

SC Department of Mental Health

Primary Support to ESF-8 for Behavioral Health Services

SC Vocational Rehabilitation

Salvation Army

American Red Cross

SC Coalition Against Domestic Violence and Sexual Assault

Southern Baptist Disaster Relief

SC DAODAS

SCDMH Primary Responsibilities in EOP

ESF 6 MASS CARE

- Assist with victim recovery efforts to include crisis counseling, behavioral health services and special population needs.
- Provide crisis and behavioral health counselors to facilitate response and recovery.
- Provide medical facilities, as available.
- Identify resources to secure medication, as needed.
- Identify affected individuals, families, communities and responders for the Federal Crisis Counseling Program.
- Provide support staff to general population shelters, as requested.

ESF 8 HEALTH AND MEDICAL SERVICES

- Manage behavioral health services support within ESF-8.
- Provide crisis and behavioral health counselors to facilitate response and recovery.
- Provide nurses and other medical professionals as available.
- Identify resources to secure medication, as needed.
- Develop Federal Crisis Counseling Programs for affected individuals, families, communities, and responders.

Establishing Trust by Working Together

Recent “Real World” Events

- 2018 Hurricane Florence
- 2017 Hurricane Irma, Puerto Rico - National Disaster Medical System
- 2016 Hurricane Matthew – including staff sent to support NC shelters
- 2016 Townville Elementary School Shooting
- 2015 South Carolina Floods
- 2015 Mother Emmanuel Shooting
- 2014 Midlands/Upstate Ice Storms
- 2010 Haitian Earthquake Repatriation
- 2007 Sofa Superstore Fire
- 2006 Hurricane Katrina Refugees

2019 Exercise and Training

1/15 and 16 - Repatriation Tabletop and Discussion

2/19 - National Disaster Medical System Workshop

5/9 – Governor’s Hurricane Tabletop

5/21 – Robinson Nuclear Exercise

6/6 – Shaken Fury (Earthquake) Exercise

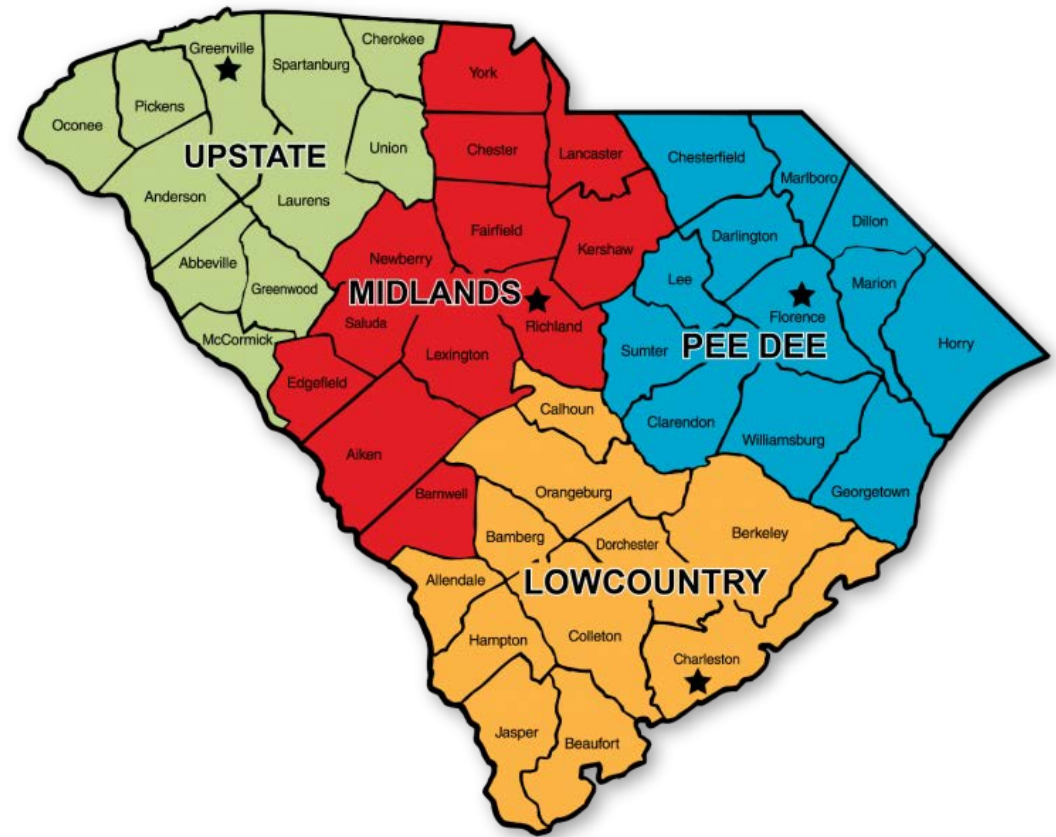
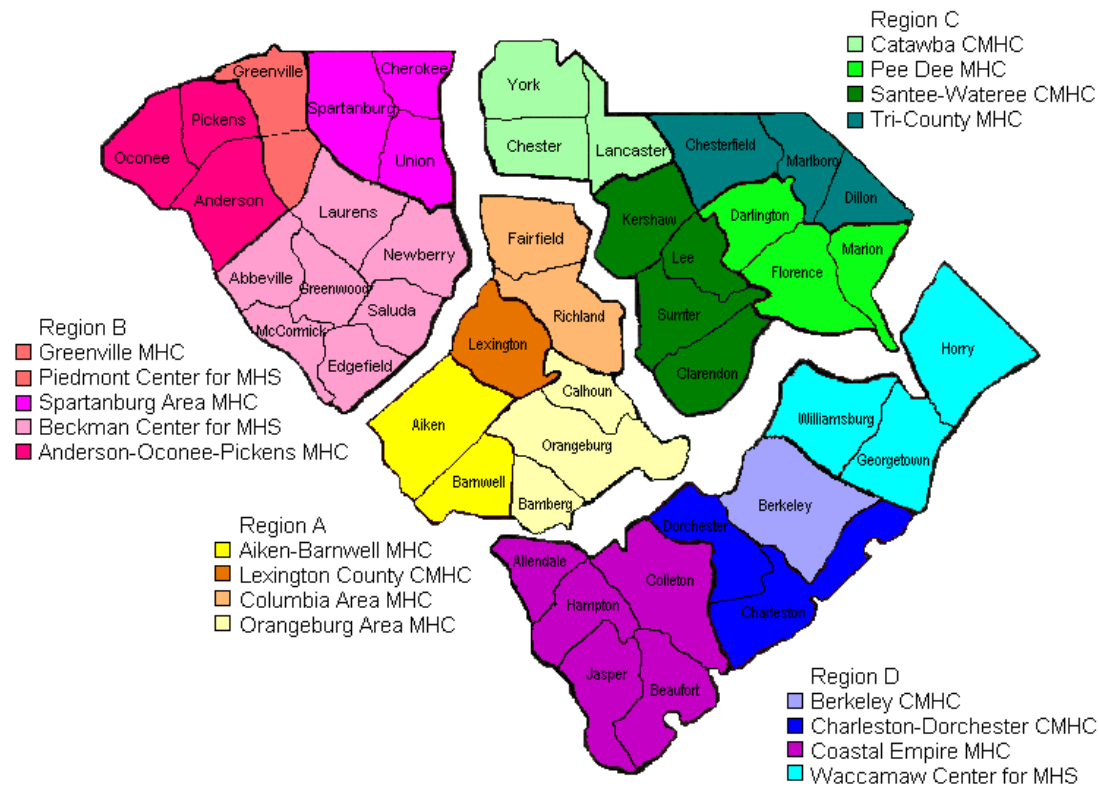
8/13 thru 16 – Crimson Contagion (multi-state full-scale exercise)

ALSO

- Ongoing ESF 8 and ESF 6 planning meetings
- Each Regional Healthcare Coalition (4) meets at least quarterly and conducts exercises in addition to state-wide events.

SCDMH and DHEC Regions

South Carolina Department of Mental Health

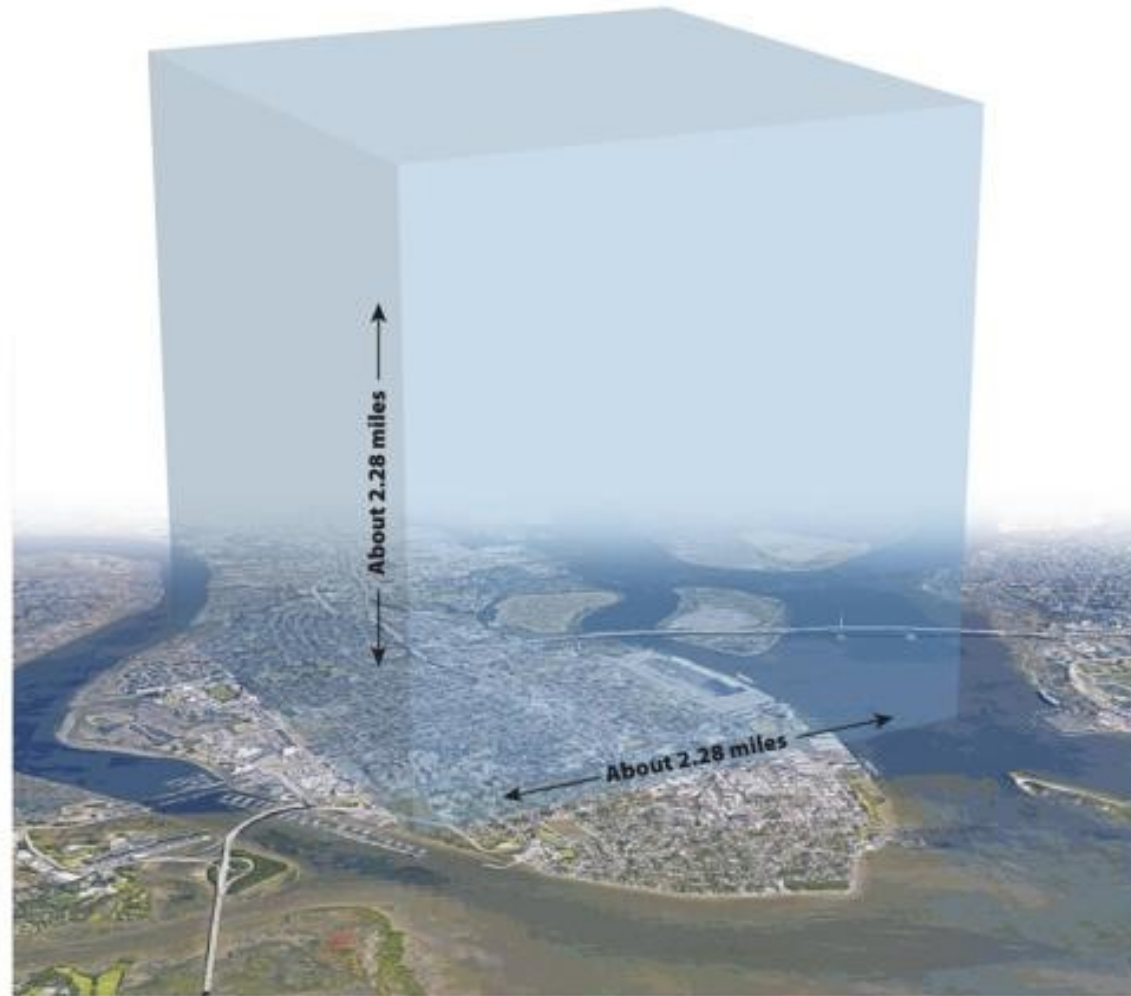


Hurricane Florence September 13, 2018



13 trillion gallons of rainwater

If Florence's rainfall for North Carolina, South Carolina and Virginia was concentrated into a cube, it would measure almost 2.3 miles wide and 2.3 miles tall. Here's what that would look like in comparison to Charleston.



Preparation

- State opened dialogue with Center Directors and Disaster Coordinators to review plans and current information.
- Inpatient facilities reviewed last-minute checks and contacted state and federal partners.
- Schedule of SCDMH staff reporting to SEOC was distributed throughout Department and to SCEMD Operations Manager.
- SCDMH/SEOC responders monitor Governor McMaster's Executive Conference Calls.

Preparation (cont.)

- Made contact with Federal Partners - SAMHSA, FEMA, and DTAC.
- Assigned staff to be available to Public Information Phone Service.
- Posted National Disaster Distress Hotline Number on SCDMH website.
- Confirm all telephone contacts for key personnel across state.
- Determine numbers of assets available in each region and which might be called upon in various scenarios.
- Attend SEOC and ESF briefings.
- Monitor PalmettoEOC software for continual updates and receive alerts for potential resource requests.

During the Response

Waccamaw Mental Health

The Conway Clinic Director and Horry County School Based staff contacted each of their clients and families to share resources and recovery information.

They also discussed ways to serve the communities in which they provide treatment services



Waccamaw

The outreach included helping

Preparing lunches at the schools,

Going door to door in the community to offer bagged lunches,

Helping to collect and organize supplies being dropped off at designated school locations,

Filling and distributing sandbags,

Serving meals to the National Guard and Fire House 1 in Socastee,

Organizing supplies dropped off at a local church in Loris, and

Collecting donations (among CMHC staff) to purchase paper products for National Guard.

Of note – several Waccamaw staff homes flooded, forcing relocation for weeks.



DMH Activities During Response and Recovery

- PIPS – staff on call for workers overwhelmed by callers' plights
- ARC – Man evicted from shelter with no where to go
- DSS – problematic issues at shelter regarding transgender individual
- In addition to clinicians, DMH physicians have responded to shelters
- Mentally ill man alone in shelter. Clinician was able to place in CRCF.
- Assured FEMA Task Force Leader DMH staff was available in each county and would be at each Disaster Recovery Center as opened.
- Ongoing contact with SCEMD Directors of Operations and Recovery.

More Response and Recovery Activity

- Assured FEMA Task Force Leader
- Participated in Team Carolina Days hosted by Governor McMaster
- List of DMH Spanish interpreters made available to SEOC by Cultural Affairs committee
- Tut Underwood, SC Public Radio, requests interview with DMH. Mr. Underwood was instrumental in informing the public of DMH's role in previous events
- Reporter for SAMHSA's *The Responder* newsletter requests interview

Additional Activities

- On SC Disability Partnership [p Conference Call, learned two counties were not using ASL interpreters nor closed captioning when alerting public to emergency information on TV.
- A wife was signing to her deaf husband who was relaying the information on Facebook.
- DMH Deaf Services able to secure interpreters in area willing to assist and alerted federal partners of situation.
- Reviewed activities with ESF 15 (Communications).
- Sept. 19 – Two mentally ill patients drowned in back of Sheriff’s van due to rising flood waters while being transported to a hospital.
- September 20 – DMH Deputy Director of Community Mental Health issues email stating (paraphrased),
I am directing every center with admission contracts at local hospitals to “open” those contracts to residents/patients from counties affected with dangerous flood waters. I know they can refuse but do your best to convince the hospitals to agree.
After this crisis, we may be able to untangle the funding, but no promises at this point.

Additional Activities

- Sept 20 –
- ARC increasingly likely to need support at shelters.
- Dept. of Transportation provided list of “safe” roads for staff to travel.
- Contacts for weekend availability collected. Our role is typically not shelter staff but clinicians available to address mental health issues.
- Throughout –
- CMHCs and State Office staff repeatedly offered to assist, especially:
 - Orangeburg,
 - Spartanburg,
 - Coastal Empire
 - Greenville,
 - AOP,
 - Charleston Dorchester, and also
 - My counterparts in Georgia and NC.

DMH prepare training with USC College of Social Work on Mental Health role in Disaster Response

As a result:

Hi Will!

Thought you'd be interested to know our students in a rural health scholarship program have organized to collect items for people impacted by the flooding. (See below and attached.)

Lana Cook, MSW
Clinical Lecturer
University of South Carolina
College of Social Work
Hamilton College, Room 218
1512 Pendleton Street
Columbia, SC 29208

- Led by MSW students and Rural Interprofessional Behavioral Health Scholars Madeline Cook, Samantha McKenzie and Tierney Rhone, the University of South Carolina College of Social Work is organizing a drive to collect and provide essential supplies to hurricane victims in Dillon, Horry, Marion and Marlboro counties in South Carolina. The Hurricane Florence Disaster Relief Fund will collect donated items from Tuesday, Sept. 25 to Saturday, Sept. 29.

Still More

Refilling prescriptions in shelters:

- Made contact with

Sally West
Regional Director (AL, FL, GA, MS, NC, SC, WV)
Walgreens Government Relations
224-723-2650

Ms. West replied

- We have the capability to set up a pharmacist or pharmacy technician at local shelter to assist with Rx needs.
- Pharmacist or Tech sets up at shelter with laptop linked to our Rx files.
- Patient has need for Rx fill.
- Request submitted to area store via computer link.
- Store manager sends pharmacy technician as a courier to the shelter with the Rx orders.

Of Note:

SCEMD Welcomes Visitors at SEOC

- September 26,
General Terrence J. O'Shaughnessy,
USAF NORAD Commander
- September 28,
Brock Long, FEMA Director

Simultaneous Events

- September – Accountability Reports Due
- October 4 – Ambush of Law Enforcement in Florence. To assist local CMHC the following entities responded:
 - Charleston Dorchester Mental Health
 - Anderson-Oconee-Pickens Mental Health
 - Spartanburg Mental Health
 - MUSC Crime Victims Research and Treatment Center
 - SCDMH State Office
- October 15 – Presentation to College of Social Work with Director of Hard of Hearing Services on SCDMH role in Disasters and other Emergency Situations.

Oct. 9 – Michael Approaches



- At 8 AM Hurricane Michael was 525 SSW of Beaufort with 100 mph winds. Michael is tracking north at 12 mph for a Wednesday landfall on the Florida Panhandle with a serious smack of 120 mph winds. Michael has continued to slowly intensify over deep, warm GoMex waters and has developed a well-organized eyewall complex. Michael continues to deepen today.
- After landfall, Michael will weaken rapidly and accelerate to the northeast. Michael enters the State before sunrise Thursday with 20-40 mph winds gusting to 55. Offshore winds 30-50 gusting 70 for some varsity sailing. Michael will follow a track close and parallel to I-20 making good 20-22 mph over the State. Along that track, Michael will drop 4-8 inches of rain with higher localized amounts from stronger embedded rainband cells. 1-2 inches Upstate and 2-4 inches along the coast. Tornadoes are possible from I-20 to the coast courtesy of the leading front quadrant of the storm. Michael clears the SC-NC border by lunch on Friday.

Annex 8, Attachment 1 Behavioral Health Plan

I. INTRODUCTION

A. This Attachment supplements the information regarding the behavioral health responsibilities and actions outlined in Annex 8 (Health and Medical) of the South Carolina Emergency Operations Plan (SCEOP).

B. While people and communities are resilient, assisting disaster survivors in understanding their current situation and reactions, mitigating stress, developing coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies that help survivors respond and in their recovery is an integral part of a comprehensive and effective disaster response and community recovery strategy

II. PURPOSE

A. Mitigate adverse psychological effects resulting from stress and trauma in responders and survivors.

B. Outlines the system for providing behavioral health care by collaboration of the agencies supporting ESF-8.

**The Behavioral Health Attachment to ESF 8 transitions from our
“Responding” to an Event to Recovering from that Event.**

The Stafford Act

The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), as amended defines FEMA's authority to coordinate disaster and emergency assistance to individuals, households and businesses.

- [Disaster Assistance](#)
- [Crisis Counseling](#)
- [Disaster Legal Services](#)

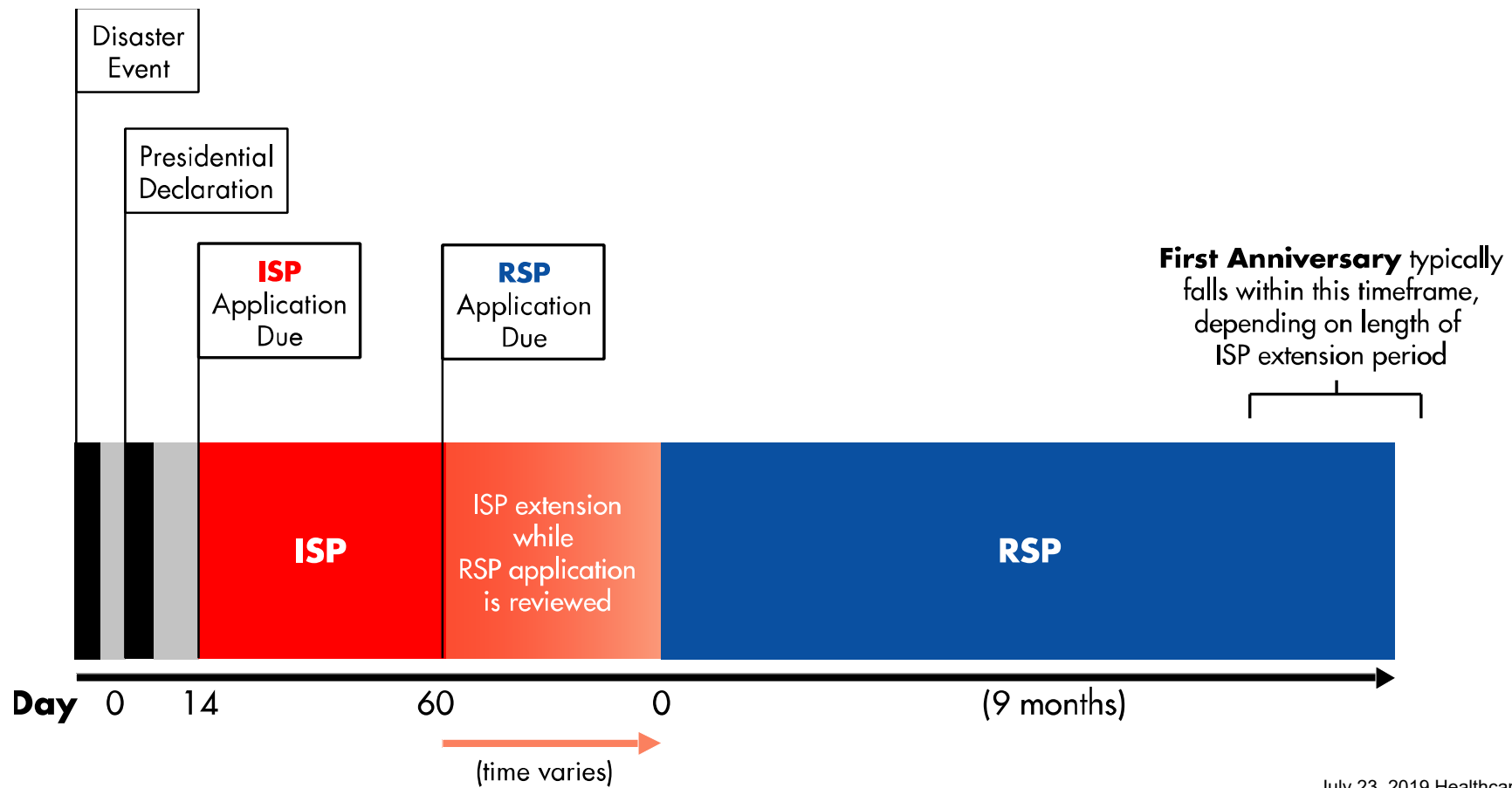
FEMA Disaster Programs to assist Individuals

Disaster Assistance - Provides money or direct assistance to individuals, families and businesses in an area whose property has been damaged or destroyed and whose losses are not covered by insurance. Also a determinant of how FEMA will determine the state's "Need." FEMA Math - $N-R=G$

Disaster Legal Services - Provides free legal assistance to disaster victims.

Crisis Counseling Programs - Provides supplemental funding to States for short-term crisis counseling services to people affected in Presidentially declared disasters.

Following the 2015 floods, 2016 Hurricane Matthew, and 2018 Hurricane Florence, FEMA has provided \$11.7 million in unmatched funds for SC through Crisis Counseling Grant Awards.



Timeline

- Sept. 14 – Florence makes landfall in NC as Cat 1.
- Sept. 16 – SC Declared Major Disaster Area.
- Sept. 21 – Individual Assistance authorized for four SC counties.
- Sept. 28 – SEOC moves to reduced staffing.
- Also 28th – Initial Contact with FEMA Disaster Recovery Center Task Force Leader. Six DRC sites targeted for opening.
- Oct. 5 – Crisis Counseling Grant Submitted.

SC Department of Mental Health

Mission: To support the recovery of people with mental illnesses.



Carolina United



Providing Guidance after a Disaster

If you are suffering from the effects of Hurricane Florence, we are here to help.

Who We Are - Carolina United is a program designed to guide people affected by Hurricane Florence to local community resources for aid.

What We Do - Carolina United staff will provide you with informational resources and answer your disaster related questions. We do not collect identifying information, but ask what your needs are, and refer you to local resources for help.

Where We Are - Carolina United currently serves residents of Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Marion, and Marlboro counties. The initiative places counselors in affected areas, to guide and empower affected citizens, to help them gain access to behavioral health, legal, financial, and housing services, and other resources.

Lonnie Wade, Team Lead lonnie.wade.scdmh@gmail.com	(843) 941-0375	Chesterfield/Dillon/Marlboro/ Darlington
Amondo Harris, Team Lead amondo.harris.scdmh@gmail.com	(843) 860-0494	Horry/Florence/Marion
LaDonna Pipkins, Team Lead ladonna.pipkins.scdmh@gmail.com	(864) 327-2335	Georgetown

How to Identify Carolina United Employees

- **Carolina United Employees Do:**

- Travel in Carolina United marked personal vehicles
- Carry SCDMH Carolina United ID badges with photo
- Wear official SCDMH Carolina gray t-shirts with the official SCDMH/Carolina United blue and white logo
- Wear official SCDMH Carolina United reflective lime color security vests with the official SCDMH/Carolina United blue and white logo

- **Carolina United Employees Never:**

- Ask for identification or social security cards
- Collect financial information
- Ask you to provide a bank account, bankcard, credit card, or social security number

Counties Served by Crisis Counseling Program All are Part of SC-7, Represented by Tom Rice

- Chesterfield
- Georgetown
- Dillon
- Horry
- Marion
- Florence
- Darlington
- Marlboro

Key Concepts

The CCP model is

- Strengths based
- Anonymous
- Outreach oriented
- Culturally aware
- Conducted in nontraditional settings
- Designed to strengthen existing community support systems
- Based on an assumption of natural resilience and competence



Key Concepts (cont.)

Crisis counselors help survivors to do the following:

- Understand their situations and reactions.
- Regain a sense of mastery and control.
- Identify, label, and express emotions.
- Adjust to the disaster and losses.
- Manage stress.
- Make decisions and take action.
- Develop coping strategies.
- Use community resources.

Range of Crisis Counseling Services

- Individual crisis counseling
- Brief educational or supportive contact
- Group crisis counseling
 - Support and educational groups
 - Self-help groups
- Assessment, referral, and resource linkage
- Community support and networking
- Public education
- Development and distribution of educational materials
- Media messaging and risk communications



Survivor Reactions to Traumatic Events

- Physical
 - Gastrointestinal
 - Headaches
 - Tight muscles
 - Overreactions to sounds or lights
 - Weight change
 - Sleep Disorders
 - Sexual dysfunction

More Reactions

- Emotional
 - Euphoria or heroic
 - Denial
 - Anxiety or fear
 - Depression
 - Guilt
 - Apathy
 - Grief

Individual Reactions (cont.)

Cognitive

- Poor concentration
- Confusion
- Difficulty with decisions, setting priorities
- Dreams, nightmares, flashbacks
- Preoccupation with thoughts of events

Behavioral

- Increased alcohol or substance use
- Difficulty listening, communicating
- Increased irritability, arguments
- Declining job performance
- Difficulty sleeping
- Avoidance of places that may be “triggers”

Individual Reactions

Spiritual – beliefs may influence how people make sense of the world.

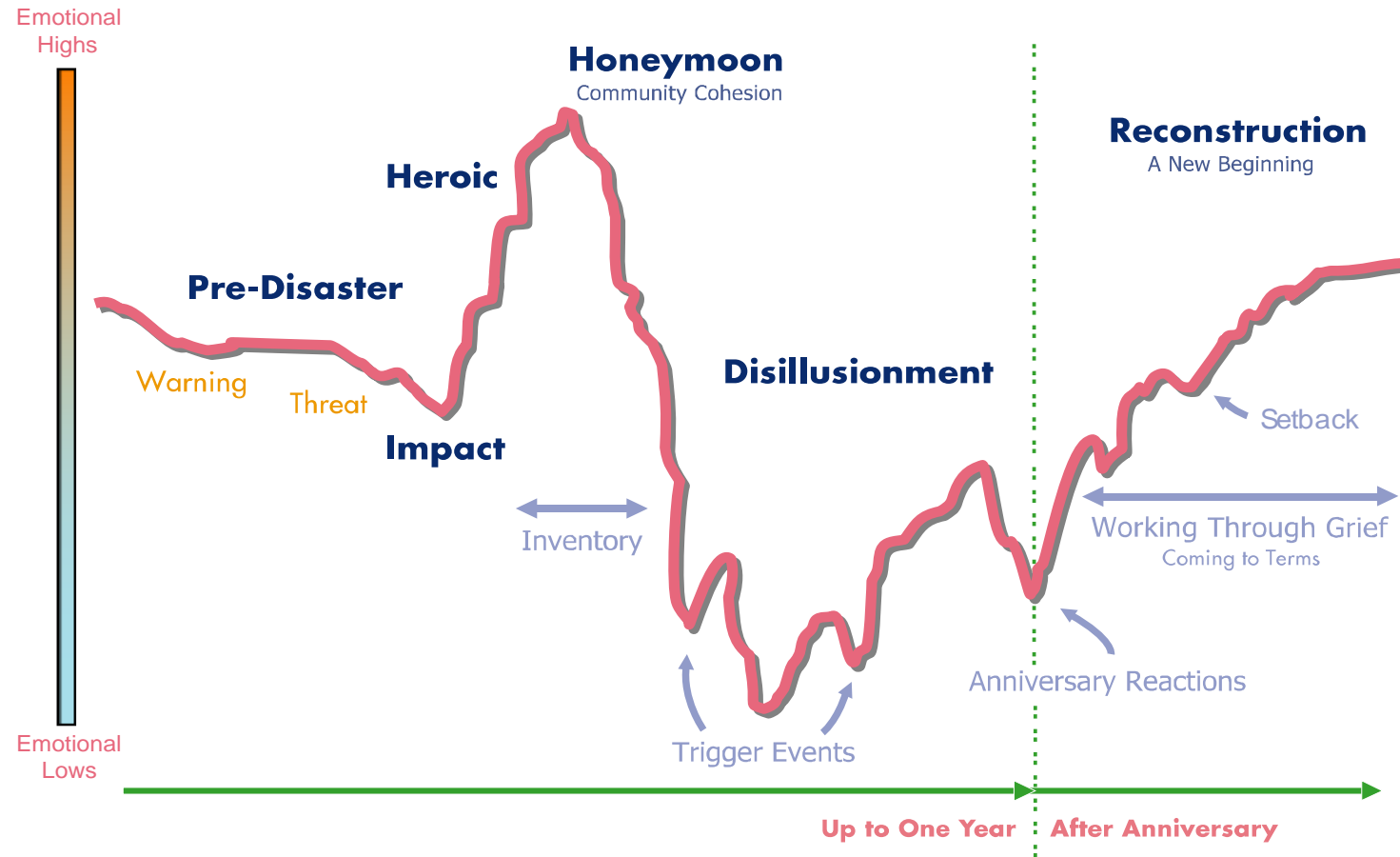
- Survivors may seek the comfort that comes from spiritual beliefs.
- Spiritual beliefs will assist some survivors with coping and resilience.
- Survivors may question their beliefs and life structures.

More Severe Reactions

- Depressive disorders
- Substance abuse
- Social isolation
- Acute stress disorder
- Anxiety disorders
- Post-traumatic stress disorder (PTSD)
- Dissociative disorders
- Paranoia
- Suicidal behavior

Collective or “Community” Reactions

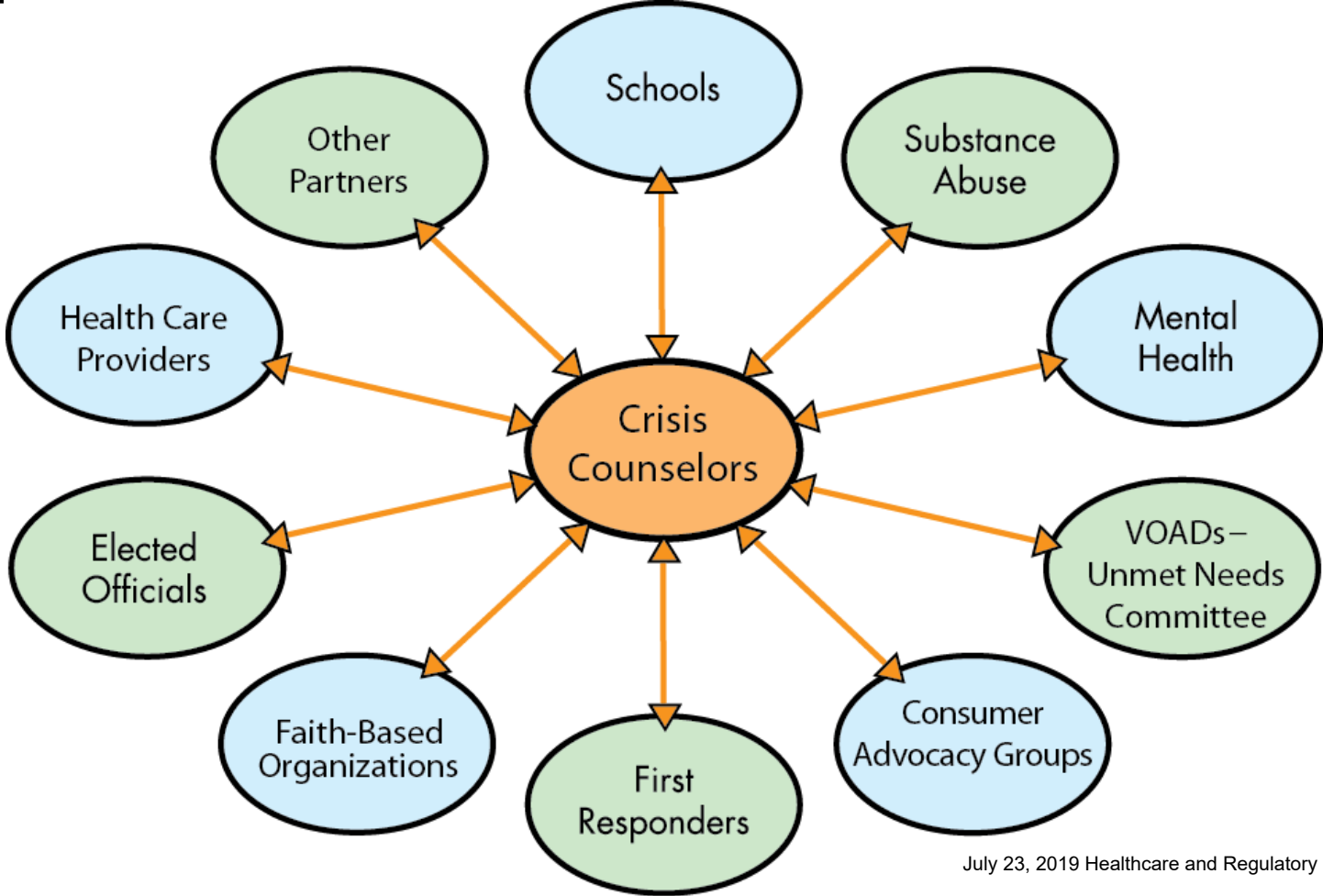
Typical Phases of Disaster



Source: Zunin/Meyers, as cited in U.S. Department of Health and Human Services. (2000). *Training manual for mental health and human service workers in major disasters* (DHHS Publication 90–538). Washington, DC: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Range of Crisis Counseling Services

Typical Partners



Partners

- SC Department of Health and Environmental Control
- SC Vocational Rehabilitation Department
- SC Department of Alcohol and Other Drug Abuse Services
- American Red Cross
- SC Baptist Disaster Relief
- The Salvation Army
- SC Coalition Against Domestic Violence and Sexual Assault
- SC Department of Social Services
- SC Legal Services

More Partners

- County Long Term Recovery Groups
- Department of Transportation
- Local Government Officials
- US Postal Workers (Primarily Rural Route Workers)
- First Responders (including utility workers)
- Federal Emergency Management Agency (FEMA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Disaster Technical Assistance Center (DTAC)
- SC Emergency Management Division

Questions?

William T. Wells, MSW

Emergency Preparedness and Response
1460 Tobias Gadson Blvd.
Suite 180
Charleston, SC 29407

843-953-2274 (office)
803-429-2889 (mobile)

william.wells@scdmh.org



Physical Plant Services



Physical Plant Services

- Physical Plant Services (PPS) services 118 inpatient/outpatient, administration and support buildings totaling 2.17M sqft, 16 of the buildings are abandon/closed and will be demolished or sold.
- Of the 16 abandon buildings 7 of them are on the Bull Street campus including the Babcock Building. The remaining abandon/closed buildings were built in the 20's, 40's and 50's and are in such poor condition they are unsafe to enter.
- The oldest DMH building in operation is Building 1 on the Crafts Farrow State Hospital Campus built in 1911 is used for outpatient Forensic Evaluation Services.
- PPS also provides support to 70 Community buildings totaling 664k sqft across the state.
- Emergency response to natural and man-made disasters.



SCDMH Owned Building Locations

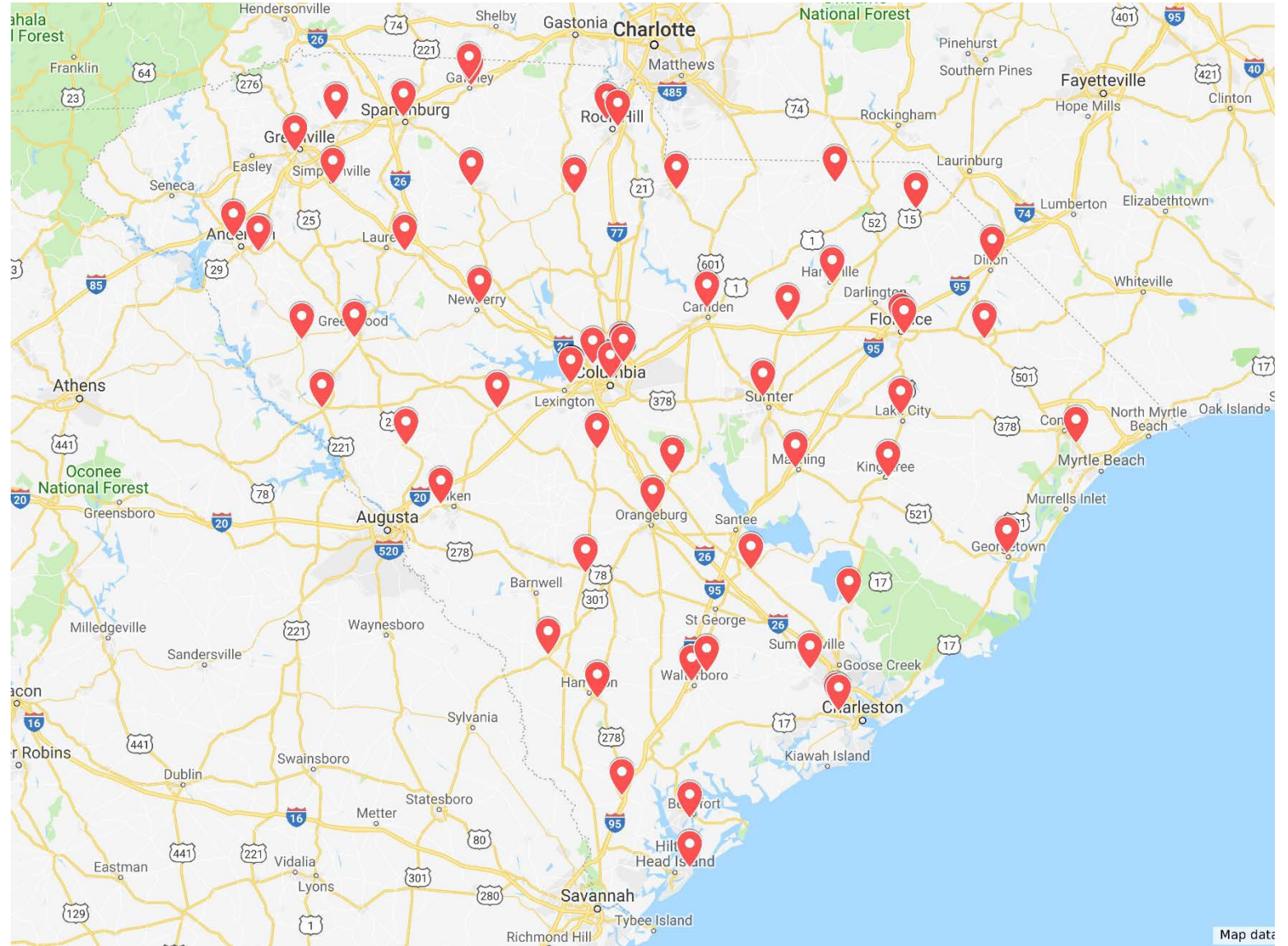
SC DMH Buildings = 188 (2,170,047 sq. ft.)

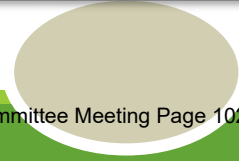
- 118 Inpatient Campuses
- 70 Community/Outpatient

132 Patient Care Buildings

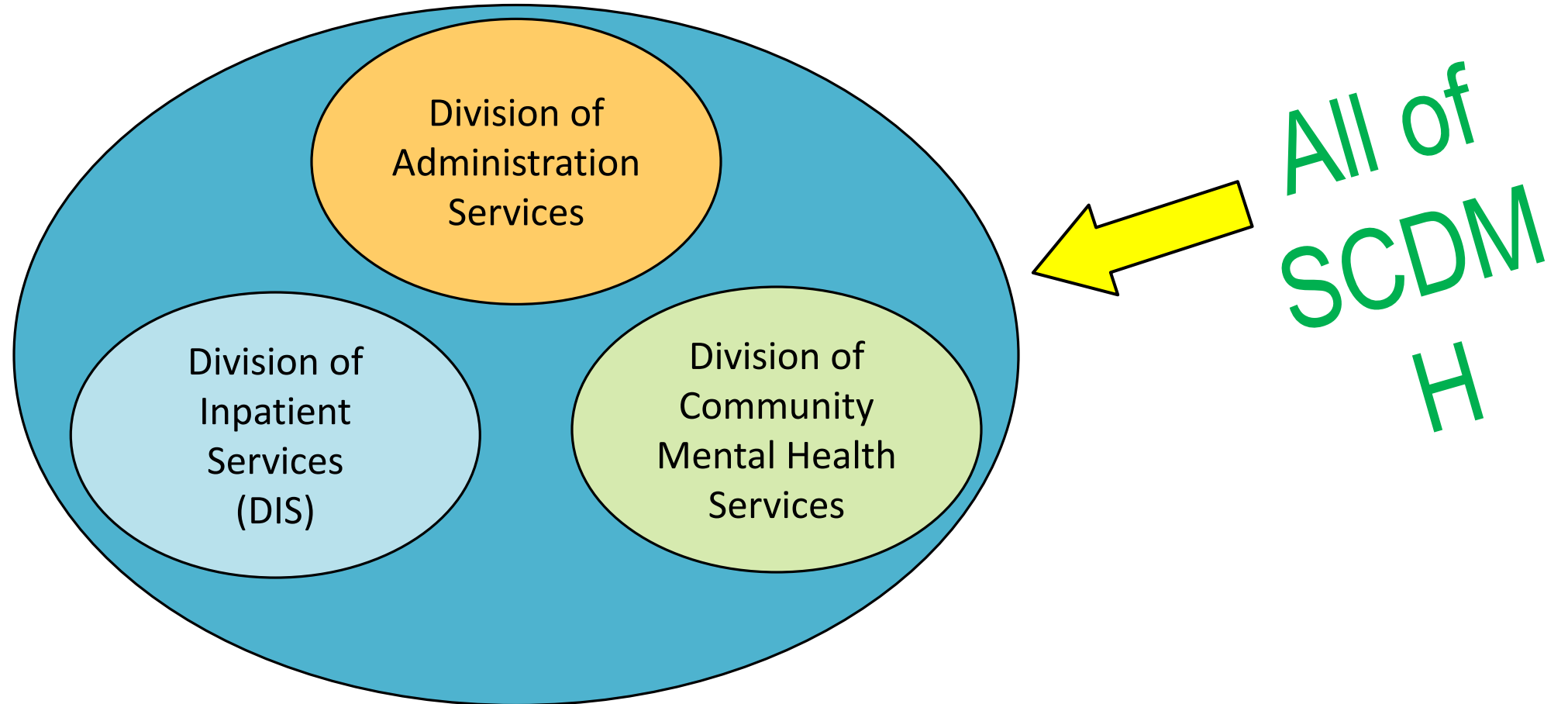
- 62 – support services (laundry, food service, public safety, maintenance shops, energy facilities)
- 16 closed (Bull Street and CFSH)

Insured Value of \$327,996,824





Physical Plant Services Customers: Who do we serve?





Physical Plant Services Organization

PPS 5 Divisions with a total of 125 employees

- **Engineering** with (7) Project Managers
- **Maintenance** with (88) Maintenance personnel (Electrical, HVAC, Plumbing, General Maintenance, Lock shop, Grounds and Custodial)
- **Vehicle Management** with (24) Admin., Transportation Drivers, and Mechanics
- **Horticulture** with (1) Program Coordinator
- **Administration** with (5) Administrative Employees

PPS Department Budget

Operating funds: Appropriated State Funds

Permanent Improvement Projects in coordination with Joint Bond Review Board and the State Fiscal Accountability Authority.

Permanent Improvement Projects funded through:

- Proviso 35.7 (DMH: Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance) carry forward funds, sale of property, interest, facility cost share funds, and other various sources.
- Grants – State, Federal and Veterans Administration

Administration

- Establish and Identify Projects.
- Purchasing of materials and contracts for building and maintenance projects.
- Routine facility inspections.
- Budget management
- Human Resources Services for PPS
- Reporting
 - Annual CPIP (Comprehensive Permanent Improvement Project)
 - Annual Budget Reports.
 - Annual Real Property Reports

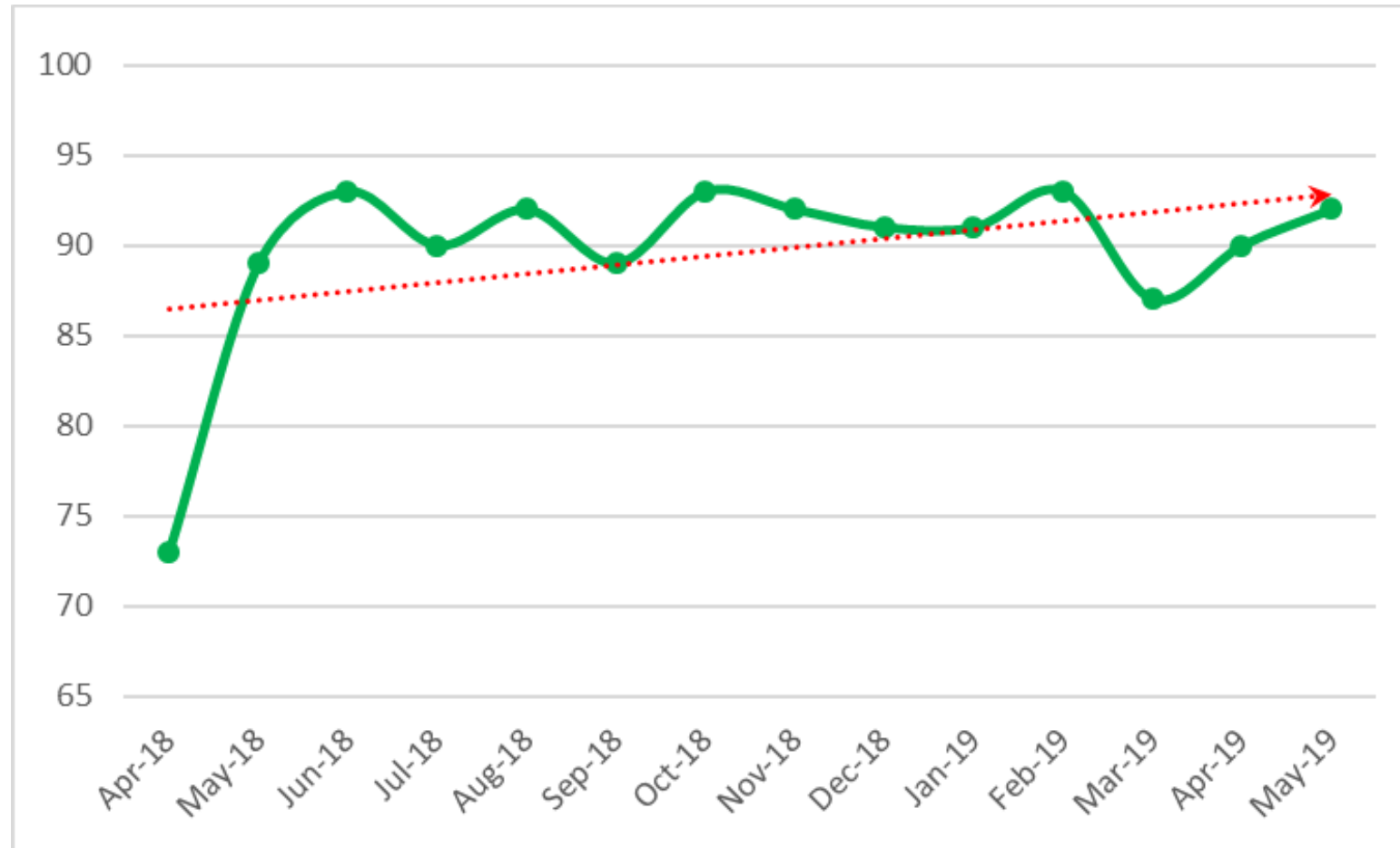
Engineering Division

- Seven Project Managers. Currently we have around \$200 Million dollars of new construction and renovation work underway.
- Managing projects for the agency from the beginning to closeout.
- Establish a scope of work, estimated budget, design, plans and specifications for project bids.
- State Engineer's Office - building codes and state procurement laws.
- Inspect Community Mental Health Centers and Inpatient Hospitals.
- Annual Energy Report

Maintenance Division

- Maintenance, small renovations, grounds and custodial services to 100+ (1.12M sqft) buildings Located in Columbia.
- There are 10 units within Maintenance Division
 - Plumbing
 - Electrical
 - HVAC Services
Technicians
HVAC PM's
 - General Maintenance
NE Columbia
Columbia
 - Grounds
 - Custodial Services
 - Building Managers
 - General Maintenance PM's
 - Lock Shop
 - Small Projects
 - Maintenance Supply

Work Orders Completed in 5 Days or Less (FY19)



Vehicle Management Division

- Manage and support over 640+ state owned vehicles to support patient care and operations.
- **Program Management.** Purchasing, resource management, maintenance, state fuel cards, driver safety programs and agency reporting.
- **Transportation Services.** State wide transportation of patients, laboratory specimens, interoffice mail, local courier service, medication pickup and delivery.
- **Vehicle Maintenance.** 2 garages and 6 mechanics vehicle maintenance and repair vehicles.

Horticulture Division

- Horticultural services provide horticultural therapy for DMH inpatient facilities and the Community Mental Health programs
- 5 contract employees and 1 volunteer (all employees are former patients and they mentor the patients currently in treatment).
- Teach classes using Horticultural Therapy as a medium to help improve the physical and mental wellbeing of our patients.
- 3 greenhouses located at Morris Village, Tucker Center and CFSH.
- Plant Sales with the proceeds to support the horticulture program.
- They provide plants and flower arrangements for agency functions.





Current and Upcoming Projects Five Year Plan

- Veterans Nursing Homes (Florence and Gaffney)
- Harris Hospital HVAC/Sprinkler Renovation (\$16.2M)
- Anti-Ligature projects in multiple inpatient facilities (\$1.8M+)
- Tucker Center Chiller Replacement (\$1.1M)
- Coastal Empire MHC Roof, HVAC, Sprinkler, & Fire Alarm (\$2M)
- Waccamaw MHC Roof, HVAC, Sprinkler, & Fire Alarm (\$2M)
- Projects under \$1M



Recent Accomplishments

- Completion of the new Santee Wateree Mental Health Center facility (\$10.8M)
- Completion of the new SVP (Sexually Violent Predator) facility (\$41.5M)
- Vehicle Management's Garage certification.
- Vehicle Management transportation request increased by 300 trips in FY19.
- Small Project Completion.
- Horticulture is always helping serve the patients and making DMH look beautiful.

Public Safety Division

South Carolina Department of Mental Health
PROTECTING AND SERVING SINCE 1963



The Division of Public Safety is committed to protecting, serving, and supporting the patients residents, employees, and visitors of the South Carolina Department of Mental Health

A CALEA ACCREDITED LAW ENFORCEMENT AGENCY

July 2018



- The Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA®), was created in 1979 as a credentialing authority through the joint efforts of law enforcement's major executive associations.
- CALEA's primary mission is to accredit public safety agencies, namely law enforcement agencies, training academies, communications centers, and campus public safety agencies.
- The Department of Mental Health Public Safety is the only full-service law enforcement agency for a state Mental Health System in the country accredited through CALEA.

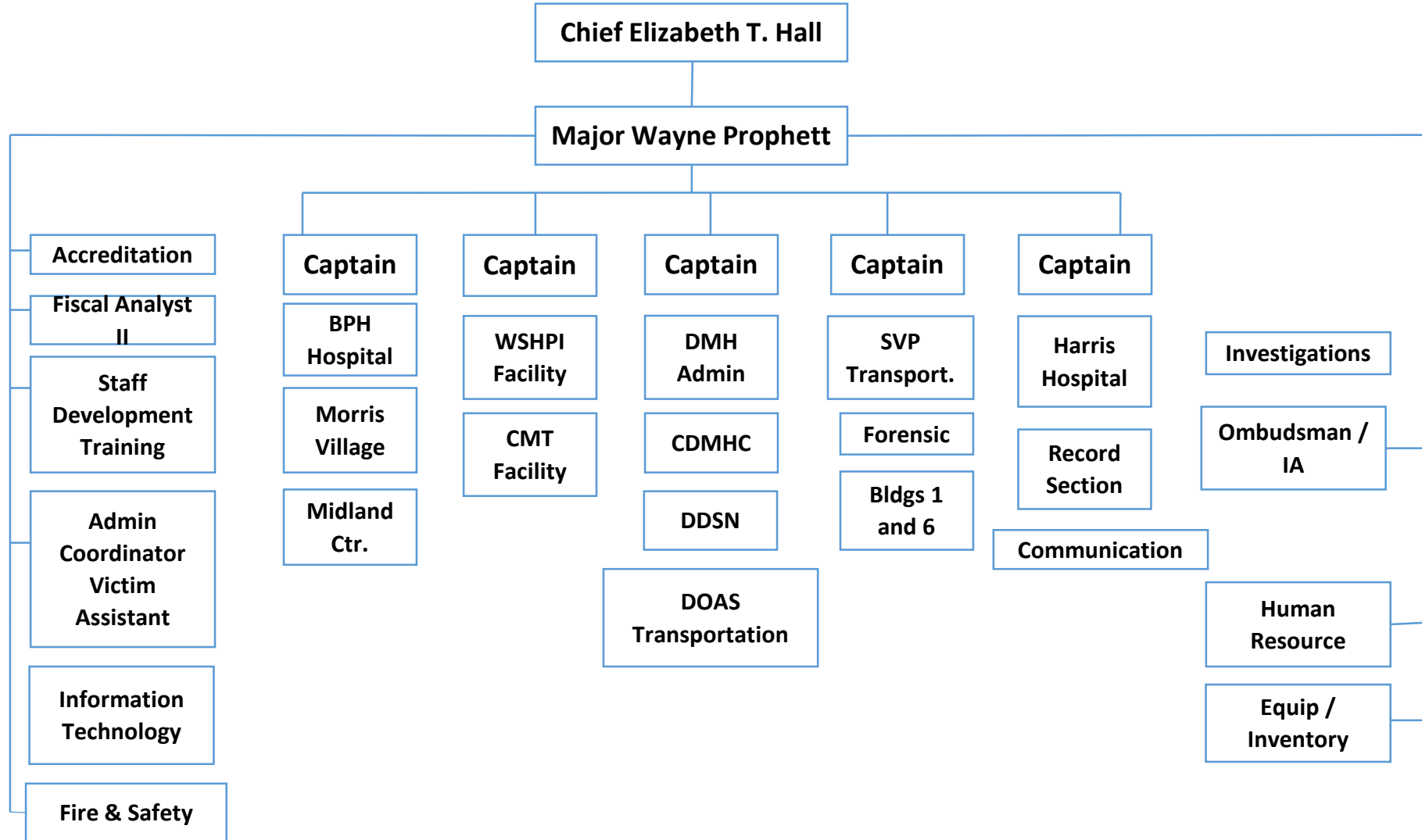
PURPOSE

The Division of Public Safety is the law enforcement entity for the South Carolina Department of Mental Health and performs as the agency's first responders.

Fully Operational Police Department:

- Statewide Jurisdiction
- Enforce Federal and State Laws, DMH rules and regulations
- Coordinate Law Enforcement and Security Programs
- Fire and Life Safety Programs
- Full Functioning Dispatch Center with NCIC Certified Dispatchers
- 90 Class 1 Certified Law Enforcement Officers (+21 Vacancies)
- 149 Total Authorized Positions (Sworn and Non-Sworn)

Division of Public Safety



Organization

- **Patient/Residents Transports**

- Patients with Criminal Charges
- Sexually Violent Predator Residents
- All Patients/Residents Transported in Full Restraints
- Cages in Transport Vehicles

- **Criminal Investigations**

- Allegations of Patient Abuse
- Patient v Patient Sexual Assaults
- Contraband
- Patient vs Non-Patient Assaults
- Larceny

Organization

- **Patrol**

- Enforce Federal and State Laws
- Conduct Traffic Safety Checkpoints
- Issue Uniform Traffic Tickets and Public Contact Tickets (Utilize DMV Electronic Web Portal)
- Conduct Accident Investigations
- 25 Marked Patrol Units
- In-Car Video
- Body Worn Cameras

Human Service Law Enforcement

- *Police Officers are often the first responders for individuals or family members involved in stress producing situations or when behaviors and actions of others are out of control.*
- *Human Service Law Enforcement Officers at the Department of Mental Health, effectively intervene with persons who have been diagnosed with mental illness or display symptoms of mental illness and bizarre or inappropriate behaviors 24 hours a day 7 days a week.*
- *Officers receive specific training de-escalation and intervention techniques which is often helpful in difficult and potentially explosive encounters.*

Law Enforcement Activity: 2016-2018

Total Calls for Service – 9,110 (average per year) More than 90% are patient assist calls.

- Custodial Arrests – 60
- Accident Investigations – 66
- Criminal Investigations – 66
- Traffic Stops- 1,933

Sex Offender Registry Tool (SORT)

Validation:

- Agency confirms the record is complete, accurate and timely, still outstanding, or active.
- performed monthly based on criteria of entry

2016-2018

- New Admissions- 54
- Validations – 391
- Discharges – 27
- Deaths- 3

Law Enforcement Weapons/Equipment

- 9mm Glocks (Models 17 and 19)
- Tasers (Electronic Control Weapons)
- ASP Batons
- In-Car Video
- Radar/Lidar
- Mobile Data Units
- Body Worn Cameras
- Bulletproof Vests
- Handheld Portable Radios

Division Mandatory Training

- Firearms Qualification – Biannual
- In-Service Training – Annual (e.g., Defensive Tactics, Legal, Ethics, Response to Resistance)
- Active Shooter – Annual
- Disaster Preparedness/Emergency Drills
- Field Training

S.C. Criminal Justice Academy Class I Certification

7/1/2019

TRAINING: new hires required to complete a minimum of 4 weeks of academy-directed training within hiring agency.

- Week One: Domestic Violence, Juvenile Procedures, Victimology, Harassment/Stalking and Gang Recognition.
- Week Two: Basic Patrol Operation, Child Abuse, Traffic law, Strategies of Arrest, Mental Illnesses, Sexual Assault, Introduction to Criminal Law, Courts, Crime and procedures, First Amendment.
- Week Three: Prejudice & Personality, Report Writing, Interviewing, Vulnerable Adults, Officer Survival, Drug Enforcement, Crime Scene & Physical Evidence, Hazardous Materials
- Week Four: Basic Collision Reporting, Basic Collision Investigations, Uniform Traffic Tickets, Vehicle Tactics, Mine Armor

SCREENING/TESTING:

- Academy comprehensive test on learning modules
- Physical Examination and Drug Testing/Urinalysis
- Physical Agility Testing
- Psychological Examination and Psychological Clinical Interview
- Nelson Denny Examination

FIREARMS/WEAPONS Training – Internal to hiring law enforcement agency

State Mandate For All Law Enforcement Officers Use of Body Worn Cameras

- **23-1-240 SC Code of Laws**

(A71, R100, S47)

AN ACT TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 23-1-240 SO AS TO DEFINE THE TERM "BODY-WORN CAMERA"; TO REQUIRE ALL STATE AND LOCAL LAW ENFORCEMENT OFFICERS TO IMPLEMENT THE USE OF BODY-WORN CAMERAS PURSUANT TO GUIDELINES ESTABLISHED BY THE LAW ENFORCEMENT TRAINING COUNCIL; TO REQUIRE STATE AND LOCAL LAW ENFORCEMENT AGENCIES TO SUBMIT POLICIES AND PROCEDURES RELATED TO THE USE OF BODY-WORN CAMERAS TO THE LAW ENFORCEMENT TRAINING COUNCIL FOR REVIEW, APPROVAL, OR DISAPPROVAL; TO ESTABLISH A "BODY-WORN CAMERAS FUND"; AND TO PROVIDE THAT DATA RECORDED BY A BODY-WORN CAMERA IS NOT SUBJECT TO DISCLOSURE UNDER THE FREEDOM OF INFORMATION ACT.

Body Worn Cameras (BWC)

- Funds from the State Body Worn Camera Fund: **67 BWC \$85,560.00** (10-1-17 to 9-30-19)
- Department of Justice Body Worn Camera Grant Funds of **\$93,000.00**
- Public Safety has two payments of **\$50,220** dollars left from first **5** year contract for the BWC's that will be an expense for DMH totaling **\$100,440** due to grant funds being exhausted.
- Public Safety now needs an additional **47** BWC's which the grant will fund only the equipment but will not cover the cost for storage. This will require an additional expense for DMH for the next 5 years of **\$23,272.05** plus the two payments of **\$50,220** left from previous contract with a total cost of **\$216,800.25**.

Ratification Bill

ORDERED ENROLLED FOR RATIFICATION

The following Bill was read the third time and, having received three readings in both Houses, it was ordered that the title be changed to that of an Act and enrolled for Ratification:

H. 4124 (Word version) -- Rep. Pitts: A BILL TO AMEND SECTION 44-11-70, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO APPOINTMENT AND POWERS OF MARSHALS AT STATE **MENTAL HEALTH** FACILITIES, SO AS TO SUBSTITUTE DEPARTMENT OF **MENTAL HEALTH** FOR **MENTAL HEALTH** COMMISSION AND LAW ENFORCEMENT OFFICERS FOR MARSHALS, AND FOR OTHER PURPOSES.

SCDMH Public Safety Division Community Collaborations

- Victim Assistance Advocate
- Support Color Guard
- 2019 NAMI Mid-Carolina Walk
- Harvest Hope Food Bank- 815 meals to families
- Cop-A-Clause for Veterans Nursing Home Christmas celebration
- “Deck The Halls” Christmas Event for Hall Institute youth patients
- Special Olympics SC
- Prisma Health Midlands
- Well Path Recovery Solutions
- South Carolina Law Enforcement Division (SLED)
- City Of Columbia Police Department
- Richland County Sheriff’s Department

Law Enforcement Code of Ethics

- As a Law Enforcement Officer, my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the Constitutional rights of all men to liberty, equality and justice.
- I will keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint, and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.
- I will never act officiously or permit personal feelings, prejudices, animosities or friendship to influence my decisions. With no compromise, for crime and relentless prosecution of criminals. I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.
- I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God and to my chosen profession... law enforcement

Awards

- Awarded Law Enforcement Accreditation on July 28, 2018 by the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA).
- Awarded Funds from the State Body Worn Camera Fund.
- Awarded DOJ Body Worn Camera Grant (10-1-17 to 9-30-19). Division's BWC policy received 100% on the grant "scorecard"
- Applied for DOJ Body Worn Camera Grant (June, 2019).
- Applied for DOJ Bulletproof Vest Grant (May, 2019).