

<b>AGENCY NAME:</b>	South Carolina Department of Mental Health		
<b>AGENCY CODE:</b>	J120	<b>SECTION:</b>	35

**Fiscal Year 2019–2020  
Accountability Report**

**SUBMISSION FORM**

<b>AGENCY MISSION</b>	To support the recovery of people with mental illnesses.
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<b>AGENCY VISION</b>	As the State’s Mental Health Authority, SCDMH will be the provider and employer of choice.
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Does the agency have any major or minor recommendations (internal or external) that would allow the agency to operate more effectively and efficiently?

	Yes	No
<b>RESTRUCTURING RECOMMENDATIONS:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is the agency in compliance with S.C. Code Ann. § 2-1-230, which requires submission of certain reports to the Legislative Services Agency for publication online and to the State Library? See also S.C. Code Ann. § 60-2-30.

	Yes	No
<b>REPORT SUBMISSION COMPLIANCE:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Is the agency in compliance with various requirements to transfer its records, including electronic ones, to the Department of Archives and History? See the Public Records Act (S.C. Code Ann. § 30-1-10 through 30-1-180) and the South Carolina Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 through 26-10-210).

	<b>Yes</b>	<b>No</b>
<b>RECORDS MANAGEMENT COMPLIANCE:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Is the agency in compliance with S.C. Code Ann. § 1-23-120(J), which requires an agency to conduct a formal review of its regulations every five years?

	<b>Yes</b>	<b>No</b>
<b>REGULATION REVIEW:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please identify your agency’s preferred contacts for this year’s accountability report.

	<u><i>Name</i></u>	<u><i>Phone</i></u>	<u><i>Email</i></u>
<b>PRIMARY CONTACT:</b>	William T. Wells	(803) 429-2889	William.wells@scdmh.org
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I have reviewed and approved the enclosed FY 2019–2020 Accountability Report, which is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR (SIGN AND DATE):</b>	Signature on file
<b>(TYPE/PRINT NAME):</b>	Kenneth M. Rogers, M.D.

<b>BOARD/CMSN CHAIR (SIGN AND DATE):</b>	Signature on file
<b>(TYPE/PRINT NAME):</b>	L. Gregory Pearce Jr.

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## **AGENCY'S DISCUSSION AND ANALYSIS**

### **Agency Values and Goals:**

The South Carolina Department of Mental Health (SCDMH) is committed to improving access to mental health services, promoting recovery, eliminating stigma, improving collaboration with all its stakeholders, and assuring a high level of cultural competence among its workforce.

The Department's leadership believes that patients are best served in the community of their choice in the least restrictive settings possible. The agency is striving to make available a full and flexible array of coordinated services in every community across the state. Leadership recognizes that persons with a mental illness are more likely to recover when they receive services that build upon critical local supports: family, friends, faith communities, local healthcare providers, and other public services that offer affordable housing, employment, education, leisure pursuits, and other social and clinical supports.

The Department's leadership is committed to providing the highest standard of care in the agency's skilled nursing facilities, three of which serve South Carolina Veterans.

The agency continues to prioritize its statutory mission to provide appropriate forensic evaluation and/or treatment to the increasing number of individuals referred by the State's criminal justice system.

The agency's leadership is determined that the Department of Mental Health will remain an agency worthy of the highest level of public trust. The highest priority remains the safety and well-being of the Department's patients and residents, and management strives to provide work environments that are supportive and enable staff to work productively. SCDMH will hire and support staff who reflect the diversity of the State's population, and will recognize and value its employee's hard work and commitment. The Department will strive to provide treatment interventions which have demonstrated effectiveness and that are proven to support recovery.

The Department recognizes that people with a mental illness are often the object of stigma, and that stigma is a major barrier preventing many persons with a mental illness from seeking treatment. Therefore, the agency will build partnerships with the State's educational leadership and institutions, including both K-12 and institutions of higher learning, to enhance curriculum content on mental illness and mental health. The Department will work with employers, other state agencies, federal agencies, healthcare providers, and public media to eliminate stigma concerning mental illnesses. SCDMH leadership and staff will be leaders in the anti-stigma campaign.

The South Carolina Department of Mental Health consistently reviews its programs and services using data-driven analyses, performance measurements, and feedback mechanisms to determine the success with which it is meeting the goals of SCDMH Management and the South Carolina Mental Health Commission. Thus, the Department is able to identify its strengths in meeting the responsibility of being the mental health authority of South Carolina while subsequently identifying services and situations where improvements might prove beneficial. In meeting that responsibility, the Department strives to:

- Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.
- Continue building upon community mental health services to reduce necessity for hospital admissions.
- Maximize use of technology to meet needs of staff and patients in as cost efficient manner as possible.
- Implement programs that will improve the lives of citizens.

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- Serve all patients with skill, dignity, compassion, and respect.
- Treat all employees with honesty and respect and provide opportunities for learning and professional advancement.
- Prepare to continue critical services to its patients while collaborating with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.
- Work together with other agencies to bring mental health assistance to people in non-SCDMH settings.

### **Responding to a Global Pandemic**

Almost without warning, the Coronavirus or COVID-19 became a stark reality for South Carolinians. Even as the first nationwide cases became known, the Department took action to protect the health of its staff and patients. Between February 7 and May 27 of 2020, Governor Henry McMaster issued 28 Executive Orders pertaining to reducing the spread of the virus. The South Carolina Emergency Operations Center, as did most of the local emergency managers for county and city governments, went to an increased level of activation to assure healthcare agencies and their workers could continue to provide care in a safe and effective manner.

The challenge for SCDMH was (and still is) one of limiting the spread; The Division of Inpatient Services includes G. Werber-Bryan Psychiatric Hospital which has a child and adolescent program in addition to forensic and civil commitment facilities. Patrick B. Harris Psychiatric Hospital operates a large inpatient facility in the upstate of South Carolina. Morris Village Alcohol and Drug Addiction Treatment Facility provides recovery programs for people with substance addictions. The Sexually Violent Predators Treatment Program is a legislatively mandated program. There are four skilled nursing facilities – three serving South Carolina veterans. SCDMH serves vulnerable populations in each of these facilities, where physical distancing between patients and patients and staff and patients is not possible.

The Division of Community Mental Health services consists of sixteen Community Mental Health Centers (CMHCs) supporting clinics in each of South Carolina’s forty-six counties. These clinics serve many of the state’s most severely mentally ill or emotionally disturbed individuals. Maintaining treatment availability assured their safety and well-being and decreased the likelihood of hospitalization at a time when hospital beds were being reserved for treatment of COVID-19 patients.

Providing support to both inpatient and community programs are hundreds of dedicated workers whose efforts are essential. The following is a brief summary of actions taken to minimize the risk to exposure while maximizing efforts to continue the Department’s most essential services.

- Division of Inpatient Services:
  - Child and Adolescent Services saw a decrease in admissions beginning in April and continuing into May as schools closed and student referrals were decreased. At one point, Hall Institute halted admissions, for a two-week period after one hospital employee tested positive. There continues to be a reduced rate of referrals as the child and adolescent program now requires COVID testing as part of the admissions process.
  - In all of its facilities, DIS created COVID-19 isolation and observation areas, utilizing existing space, and implemented facility-wide testing of patients and staff (in some cases on a weekly basis). DIS also developed a large COVID-19 Taskforce that began meeting weekly in March and has helped guide ongoing COVID-19 preparations and responses. DIS has also pursued possible Alternate Care Sites to support Bryan Hospital’s COVID-19 response plan. A temporary Forensic Alternate Care Site to support increased forensic admissions while allowing safe COVID-19 observation space is in progress and pending DHEC approval in the upcoming weeks.

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- SCDMH hospitals experienced an increase in requests for admissions due to medical hospitals having increased numbers of mental health patients being treated for symptoms of COVID-19. State psychiatric hospitals are not designed to treat patients with highly infectious diseases. To appropriately serve a person testing positive might entail structural enhancements (negative pressure areas, HVAC upgrades) and an abundance of personal protective equipment that was (and in some cases, still is) unavailable.
- While school closures and health concerns impacted employee staffing, all inpatient facilities were able to continue to provide needed services.
- For some facilities, visitation was halted due to the Governor’s executive orders. Hospital administration began providing visitation using FaceTime, Skype, and other social media platforms.
- **Community Mental Health Services:**
  - While all programs and services were affected to some degree, group therapy and day programs were especially impacted. The Department purchased laptops, smart phones and tablets to enable staff to telecommute, building upon its experience with telepsychiatry to continue services to as many individuals as possible.
  - Large, drive-through tents were set up in CMHC parking lots to allow nurses to administer injectable medications without patients leaving their vehicles.
  - As schools closed in March, clinicians providing mental health services at those locations continued contacting students using telephones, tablets, or meeting (maintaining social distancing) one-to-one in parks and school yards. SCDMH began a concerted effort to contact patients who had not received a service since the pandemic began. School mental health clinicians provided services over the phone and via video conferencing services, when clients have such technology available. To aid in this process, over 500 computer tablets were purchased and distributed across the state to clinicians to facilitate the delivery of telehealth services. In addition, SCDMH worked with the University of South Carolina to survey the parents of patients to gauge the ability for their child to continue to participate in clinical services over the summer. Most parents said that their child would be able to continue to participate in a variety of services (e.g., individual therapy, family therapy, small group activities, and social/emotional skill development) whether it was available in person following CDC guidelines or over the internet using telehealth. A majority (86.3%) of parents indicated that they had the technology needed in order for their child to participate in services provided via telehealth. When unavailable, staff used only audio.
  - Recognizing that SCDMH employees are vulnerable to all the stressors other South Carolinians face in addition to providing services in the changing environment, a call-in care-line specifically for SCDMH employees was established. As other agencies learned of the call-in service, several requested and received permission to inform their own employees of this care line.
- **Administrative Supports:**
  - Initially the Administration Building closed to all visitors and limited admittance to only those essential employees who could not effectively work away from their offices. While still striving to have a reduced “worker density,” more employees are in their offices but either staggering days or shifts. Visitors are now entering the building but only as necessary and all physical distancing and all CDC-suggested and Governor-mandated rules are enforced.
  - Because a number of unique issues related to the virus arose every day, Senior Management regularly met daily. More than half of the senior staff participated in the meeting by phone or Skype. Policies, procedures or memoranda to address the issues raised were discussed, initiated and revised on a continuing basis as additional information and new guidance from public health and other governmental officials was received.

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- Throughout the Department, personal protective equipment was scarce. While plans anticipated the arrival of items from the Center for Disease Control and Prevention, many of the supplies were out-of-date or unusable (fasteners for gowns and straps for N-95 masks failed are two examples). With several large hospital systems in the same areas as CMHCs or SCDMH inpatient facilities and with county officials determining where to distribute the limited supplies, almost all supplies came through requests to the SC Emergency Management Division. Even as SCDMH continues to adapt its traditional services to safely treat the mental health and nursing care needs of its own patients and residents, the Agency has developed resources and is making further plans to reach out to all citizens in South Carolina who may well be struggling emotionally because of this Emergency. Being stripped of normal routines, workspaces, procedures and familiar faces takes a toll on individuals' wellbeing. Many have lost jobs; many have financial worries; many are struggling to adjust to disruptions in their lives caused by the closure of schools and non-essential businesses; and many, including health care workers, are suffering from additional trauma of dealing with the serious consequences of caring for those stricken by the virus.
- Procurement made use of executive orders allowing modifications from normal procedures to make possible better healthcare services for staff, patients and citizens of SC.
- SCDMH, in conjunction with the Department of Alcohol and Other Drug Abuse Services (DAODAS) initiated a statewide Crisis Counseling help line. It is available to any citizen who is anxious, depressed or struggling and needs help. Those taking calls will not only be a sympathetic ear but will be able to link callers to whatever level of behavioral health service they may need. Staff will have the capacity to patch callers through to their nearest community mental health center or to a substance use treatment program. Those in crisis are able to be patched to the Department's 24/7 Community Crisis Response and Intervention program. This Crisis Counseling line partnership with DAODAS is being funded with grants the agencies have received from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Federal Emergency Management Agency (FEMA). People who are more comfortable speaking Spanish have a separate number to call and the person who answers will be fluent with Spanish.
- **Accountability Report:** One other consequence of COVID-19 for SCDMH became apparent when reviewing the data pertaining to the Department's strategic planning goals and performance measures. In certain instances, the Department did not meet its goals due to the need for previous priorities to be replaced by an entirely new set of urgent concerns. Eliminating the number of people in group and day programs, offices, patient waiting areas, and school settings impacted how many or how often patients could be served. However, the actions were prudent and necessary. The effects will be noticed in both community and inpatient services but also in individual programs, such as supportive employment, which relies on job opportunities to be available and a great deal of face-to-face interactions between staff, employers, patients, and often the public.

**Changes in Leadership**

- Kenneth M. Rogers, MD, began serving as the Department's State Director in April 2020. A native South Carolinian and Graduate of the University of South Carolina School of Medicine, he completed both his General Psychiatry residency and a Child Psychiatry fellowship at the William S. Hall Psychiatric Institute, which at that time was SCDMH's teaching hospital. Dr. Rogers is Board certified in both General Psychiatry and Child Psychiatry.
- Mark W. Binkley, JD, who had the role of SCDMH Interim State Director, now serves as the Executive Assistant to the State Director.

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- L. Gregory Pearce Jr., who began serving on the South Carolina Mental Health Commission earlier in the year, now serves as Chair of the Commission as of July 2019. Mr. Pearce worked at the South Carolina State Hospital in 1970 as a clinical counselor and completed his SCDMH career as director of the Crafts-Farrow State Hospital until its closure in 1992.

**Improving Community Mental Health Services:**

- DMH continues to serve the citizens of South Carolina in the community mental health centers and clinics. The number of patients served under the age of eighteen reached the 30,000 mark for the first time in the Department’s history. In the Agency’s community mental health centers, patients in crisis can see a Mental Health Professional on a walk-in basis. Overall, there was a small reduction of adult patients.
- The agency continues improving and expanding the Justice-Involved Programming (JIP) initiative to support SC law enforcement agencies statewide. This goal is to involve SC jail administrators; SC detention centers; SC Department of Corrections; SC Sheriffs’ Association; SC Police Chiefs’ Association; State Law Enforcement Division (SLED); SC Department of Probation, Parole and Pardon Services; SC Department of Public Safety; SC Department of Natural Resources; and all state law enforcement agencies
  - Key to the JIP initiative is the continued expansion of existing mental health (MH) courts and the creation of new courts. Mental Health courts aim to divert offenders with a diagnosable mental illness from the criminal justice system and toward the community mental health treatment that supports patient outcomes. Currently there are seven (7) Mental Health Courts in SC. The two newest Courts, which opened within the past year, are in Aiken and Berkeley with additional programs planned for Orangeburg, Kershaw, Anderson and Spartanburg Counties. These new courts are made available using funds of a three-year; \$1.2 million grant from The Duke Endowment.
  - JIP partners with the SC Law Enforcement Assistance Program (SCLEAP) in their ongoing efforts supporting the needs of law enforcement and their families.
  - The First Responder Support Team (FRST) opened in Charleston in 2009 and serves the needs of any SC first responder or their family seeking support in a stigma-free setting. In February of 2020 the Midlands FRST office opened to serve first responders in living in areas of the state served by Lexington MHC, Columbia Area MHC, Orangeburg MHC and Santee-Wateree MHC. Aiken-Barnwell MHC opened a third office in July 2020. JIP will champion the effort to open additional support teams statewide.
- In September 2015, SCDMH received a The Garrett Lee Smith Memorial Suicide Prevention grant of \$736,000 per year for five years. In 2018, the agency received the Zero Suicide grant of \$700,000 per year from the Substance Abuse and Mental Health Services Administration (SAMHSA). The awards support the suicide prevention program across the lifespan, an intensive, community-based effort with the goal of reducing suicide among South Carolinians by 20% statewide by 2025. In December 2018, the SC Department of Mental Health combined both grant programs to create the SCDMH Office of Suicide Prevention (SCDMH-OSP). SCDMH’s Office of Suicide Prevention (OSP) currently relies solely on grant funding to provide suicide prevention programming across the lifespan, and intensive, community-based efforts with the goal of reducing suicide among South Carolinians by 20% statewide by 2025. Recurring funds from the General Assembly will be needed to sustain this critical work beyond the grant-funding period. Through training and outreach, to date OSP has reached more than 613,298 individuals across the state using various multi-media platforms.
  - Partnerships:

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- Through a partnership with the Department of Education (DOE) Signs Matter training will be offered to 10,000 teachers, faculty and other school staff over the next year.
- In 2020 SCDMH and the Department of Probation, Parole & Pardon partnered to provide *Start*, an interactive online suicide prevention training by Living Works, to their entire workforce (730 staff members across all positions).
- Training Initiatives:
  - Through grant funding, the Zero Suicide Academy has been provided twice for Federally Qualified Health Centers (FQHC's), community hospital systems, and primary care settings to train on ZS implementation. All sixteen SCDMH Community Mental Health Centers have embedded the Zero Suicide model and over 10,398 behavioral health and medical professionals have been trained.
  - 215 of SCDMH's clinicians have been trained in the leading three evidenced based treatments: Dialectical Behavior Therapy (DBT), Collaborative Assessment and Management of Suicidality (CAMS), and CBT for Depression and Suicide Prevention.
- Other initiatives:
  - In 2018, the SC Suicide Prevention Plan 2018-2025 was published by SC Suicide Prevention Coalition. In 2020 there was a workgroup developed to edit the state plan, with updated data, goals and objectives.
  - In 2019, SCDMH was awarded a Lifeline Expansion Grant in partnership with the Mental Health Association of Greenville County with a goal of increasing the in-state answer rate from 19% to 70% by September 2020.
  - In 2020 BlueCross BlueShield of South Carolina Foundation awarded SCDMH a planning grant for Zero Suicide Communities of Care establishing SC as the first state to combine such an extensive suicide prevention and trauma-informed initiative as a statewide goal.
- SAMHSA's Center for Mental Health Services awarded SCDMH a Healthy Transitions Grant, effective September 30, 2018, for \$1 Million per year for five years. The resulting Roads of Independence program is continuing to bridge the gap for youth and young adults ages 16-25. The mission of the Roads of Independence program is to support the recovery of youth and young adults with mental illnesses and to promote their successful transitions. This is accomplished through our collaborative and passionate staff members, building effective community partnerships and providing services catered to what the youth and young adults actually need and want. It is expected that this program will improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and be independent and self-sufficient.
  - The Sumter location is fully functional and serving youth and young adults daily. Services have transitioned to virtual and we are providing virtual sessions, a daily virtual drop in center and peer support groups. The Kershaw location is in the works, as some minor renovations are addressed. PeeDee staff are still searching for a Lee location, so any assistance that can be provided will be appreciated. This task is more daunting than anticipated.
  - Staff have numerous training opportunities to ensure they are fully investing every possible resource to serve member-participants. Staff are trained as Benefit Specialists through SC Thrive so this enables them to assist with applying for Medicaid and SNAP benefits. Staff are also trained in Youth Mental Health First Aid and the ROI Director is a SafeTALK trainer for suicide prevention.
- With recurring funds appropriated by the SC General Assembly, SCDMH continues to expand its School Mental Health Program. As of June of this year (the most recent month we have for reports), SCDMH has staffing in over 64% of public schools, or approximately 839 out of 1292 public schools. Please note the total school list does not include virtual charter schools; however, the list does include alternative school programs, early childhood programs, vocational programs, and brick-and-mortar charter schools.

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- DMH has launched a new crisis response program, Community Crisis Response and Intervention (CCRI). Services are now available 24/7/365 in each of SC’s sixteen Community Mental Health Centers and 45 of South Carolina’s 46 counties. CCRI continues its partnership between SCDMH and the SC Department of Health and Human Services (HHS) to provide adults and children with clinical screening to de-escalate crises and provide linkage to ongoing treatment and other resources in one of three ways: in person at the location of crisis, in person at a CMHC clinic, or by phone. CCRI services can be accessed via a toll free number: (833) DMH-CCRI (364-2274).
  - From April 2020 to June 2020 - CCRI averaged over 1,300 services each month across the state.
  - During that time, 68% of patients served remained in the community.
  - Families are the #1 referral source, Self-referrals are #2, and Law enforcement is #3.
  - Mobile crisis remains innovative to ensure services can be accessed during the COVID pandemic. CMHC's are taking steps to implement telehealth with Law Enforcement and may expand to EMS.
  - Staff are equipped with PPE in instances where and on-site response is necessary.
  - People competitively employed generally have a better self-esteem and more open to social activity. "Competitive Employment" is “having a job paying at least minimum wage, commensurate to similar jobs (positions) in the community, and open to people without a mental illness or other disability.” Individual Placement and Support (IPS) is one of SCDMH’s evidenced-based best practices programs. IPS is a collaboration between South Carolina Department of Mental Health (SCDMH) and South Carolina Vocational Rehabilitation Department (SCVRD).
    - Since 2002, the SCDMH and the South Carolina Vocational Rehabilitation Department (SCVRD) have collaboratively implemented the IPS model of Supported Employment for people with severe mental illness. These state agencies combine resources and personnel to support the IPS model across South Carolina. SCDMH and SCVRD annually measures all IPS programs to the fidelity standards of the model developed by Dartmouth.
    - This standardized evaluation process uses a fidelity scale to measure performance in staffing, organization, and services.
    - In FY 2020, SCDMH completed its expansion of IPS programs to all sixteen CMHCs. All sixteen CMHCs have IPS funding to establish an IPS program. IPS staff provide services to residents of all counties in South Carolina.
    - Lives have changed rapidly due to COVID-19, including how to provide Individual Placement and Support services. The IPS Programs are making decisions based on guiding principles of safety and continued support, which has led to increased flexibility in services. IPS programs are providing services remotely via phone, video chat, text message, telehealth interventions and email in order to protect people's health.
    - IPS is now serving 796 individuals with mental illnesses. Currently, 367 of those individuals are working and 348 are actively looking for employment.
    - IPS programs are responding to a rapidly shifting labor market by continuing to find jobs and build employer partnerships. Due to the pandemic, IPS teams are connecting with employers remotely. Staff are looking at their employer contact logs and reaching out to existing employer connections. Individuals with mental illnesses are still getting job offers and many of them are working in essential jobs. Since the start of COVID, IPS received 375 referrals to the IPS programs, and have placed 160 individuals with mental illness in employment.
  - SCDMH believes safe, affordable housing removes one of the most powerful barriers to recovery. When this basic need is not achieved, people cycle in and out of homelessness, jails, shelters and hospitals. SCDMH is a member and current chair of the South Carolina Interagency Council on Homelessness (SCICH), a statewide network of advocates, service providers, and funders

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committed to ending homelessness in SC that also includes representation from DAODAS, Department of Corrections, Department of Education, SC Department of Health and Human Services, SC Housing, DSS, and DHEC. The Council meets every other month and focuses on achieving better statewide coordination among stakeholders to address homelessness in SC.

- All 16 CMHCs have state-funded Community Housing rental assistance programs, including one that also serves Deaf Services patients. As of June 30, 2020, SCDMH was assisting 572 patients and their family members in 353 units at an annual cost of less than \$6,500 per unit through its Community Housing Program.
- SCDMH is the grantee for three HUD Continuum of Care Permanent Supportive Housing grants that provide more than \$1.1 million annually for rental assistance for 169 formerly homeless patients and their family members in five SC counties.
- DMH’s SAMHSA/PATH (Projects for Assistance in Transition from Homelessness) grant provides funding for outreach and clinical services to individuals with serious mental illnesses and co-occurring disorders who are experiencing homelessness in Greenville, Columbia, Myrtle Beach, and Charleston areas. Current PATH provider agencies are Greater Greenville Mental Health Center, Waccamaw Center for Mental Health, Mental Illness Recovery Center, Inc., and One80 Place. Last year, the PATH provider agencies served over 1,900 individuals.
- DMH is actively engaged in Year Two of a five-year, \$5 Million SAMHSA grant called Treatment for Adults Experiencing Homelessness in SC. This grant provides funding for evidence-based treatment and other best practice services for adults with serious mental illnesses and co-occurring disorders who are experiencing homelessness.
  - Partners include Prisma Health, Greater Greenville Mental Health Center, USC School of Medicine, Mental Illness Recovery Center, Inc., SC Department of Corrections, Charleston Dorchester Mental Health Center, Waccamaw Center for Mental Health, and United Way of the Midlands.
  - Treatment sites are located in Columbia and Greenville, each providing intensive services using the Assertive Community Treatment (ACT) model. The ACT team in Columbia is operated by Prisma Health and the ACT team in Greenville is operated by Greater Greenville Mental Health Center. Both teams are on track to serve 75 adults over the five-year grant period.
  - This grant also funds four (4) SOAR (SSI/SSDI Outreach, Access, and Recovery) benefits specialist positions throughout South Carolina. SOAR increases access to SSA disability programs for eligible individuals with serious mental illnesses who are experiencing or at risk of homelessness, which connects them to SSI/SSDI income supports and Medicaid and/or Medicare to support their recovery. One position is based at each of the following sites: Department of Corrections, Charleston Dorchester Mental Health Center, Waccamaw Center for Mental Health, and Greater Greenville Mental Health Center. To date, these benefits specialists have submitted 71 initial SSI/SSDI applications and for those initial applications with decisions, achieved an overall approval rate of 66%.
- SCDMH has committed \$1,875,000 in Bull Street/State Hospital sales proceeds for 75 housing units in eight development projects since FY18. Funding commitments for seven additional projects for a total of 33 units are pending.
- In FY17, SCDMH received a \$1 Million appropriation from the General Assembly to develop crisis stabilization centers in communities. As of June 30, 2019:
  - The Charleston-Dorchester Mental Health Center, in collaboration with MUSC, Roper Hospital, and the Charleston County Sheriff’s Department, opened the 10-bed Tri-County Crisis Stabilization Center in June 2017. On average, the Center serves over 60 individuals each month.

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- Spartanburg Mental Health Center opened their crisis stabilization center October 17, 2018.
- Greenville Mental Health Center anticipates their crisis stabilization center opening during FY2020.
- The Anderson-Oconee-Pickens, Columbia Area, Orangeburg, and Waccamaw mental health centers are currently working with local stakeholders and exploring options to develop Crisis Stabilization Units in their respective areas.
- SCDMH has entered into agreements with community hospitals to embed mental health professionals to assist hospital emergency departments (EDs) in meeting the needs of psychiatric patients. Several CMHCs have these partnerships, of which, Columbia Area CMHC's relationship with Prisma Richland Emergency Department is an excellent example. The Interagency Behavioral Health Team is primarily responsible for a dramatic decrease in patients waiting for an appropriate inpatient bed from a week or more in 2004 to less than 44 hours. Columbia Area has a Mental Health Professional on duty at Prisma's Emergency Department sixteen hours daily, seven days per week.
- Charleston Dorchester Mental Health Center's *Highway to Hope* project began in 2010 to address the needs of people in rural settings from Adams Run to Awendaw. Highway to Hope is a converted Recreation Vehicle (RV) with mental health staff providing a full range of services to include: crisis intervention, assessment, case management, individual and family therapy and medication management for adults and children. The RV has also been used in emergency / crisis situations such as the Mother Emmanuel AME massacre and ambush of Florence Law Enforcement Officers to provide a place for grieving members of the community to find assistance.
  - Due to the success of the Highway to Hope program and benefit to the community, additional vehicles were purchased and outfitted, largely with grant funding through the Health and Human Services Assistant Secretary for Preparedness and Response.
  - These new RVs are dispersed regionally across SC to serve rural areas but also be readily available in emergency situations.

**SCDMH continues to use innovative technology to advance and increase its services.**

- Beginning in 1996, SCDMH became one of the earliest adopters of video technology, using telehealth to meet the needs of patients in its Deaf Services Program who wanted direct communication with their doctor or counselor.
  - Twenty-four years later, SCDMH is both the largest provider of telepsychiatry services and one of the largest providers of telehealth services in South Carolina.
  - In April 2020, SCDMH surpassed 150,000 telehealth services since the inception of its various telehealth programs, including the Emergency Department Telepsychiatry Program, the Community Telepsychiatry Program, the EMS Telehealth Pilot Project, the Inpatient Services Telepsychiatry Program, the Nursing Home Program, School Mental Health Program, and After-ED Discharge Clinic Contract.
  - Telehealth is an integral component of service delivery across SCDMH.
- As SCDMH began preparations to address COVID-19, telehealth became a focus for ensuring the safety and well-being of its patients, residents, and staff.
  - While most of SCDMH's telehealth programs continued to deliver services without significant modifications, SCDMH's Community Telepsychiatry Program rapidly enhanced its community-based and school mental health services with a new telehealth component to ensure continuity of care for patients: direct-to-patient (DTP).
  - All of SCDMH's Community Mental Health Centers (CMHC) remained open, but each was complemented with an array of DTP telehealth services.
  - Each CMHC has equipped the majority of its clinical staff to work from home – more than 850 are using a telehealth platform to do so.

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- The majority of centers' existing patients – adults, as well as children and families – are now receiving services using DTP as the primary medium.
- With the advent of SCDMH's DTP presence, it has established a robust supervision and peer consultation regimen to ensure the highest standards of care for patients and their families.
- Feedback on DTP services has been positive, with patients and their families enjoying the convenience of DTP care.
- Prior to the COVID-19 pandemic, SCDMH provided approximately 3,800 telemental health services per month. Since March 2020, that average has increased to 15,000 per month with the expansion of telemental health services.

**DMH is dedicated to employing an excellent, well-trained staff.**

- SCDMH is accustomed to listing the many employee-recipients of awards and honors each year. As so many events were noticeably canceled due to pandemic fears, the list is short compared to recent years. However, six SCDMH Nurses were honored as 2020 Palmetto Gold Nurses. This distinction recognizes, "Registered Nurses who exemplify excellence in nursing practice and commitment to the nursing profession in South Carolina." They are:
  - Amanda Clyburn, BSN, Clinical Nurse Leader CM Tucker-Roddey,
  - Stephanie Kemp-Pearson, RN Medical Staffing PI/Credentialing Coordinator Long Term Care,
  - Mary McLeod, RN II, Santee Wateree Mental Health Center,
  - Mack Wilson, MBA, BSN, RN, Nurse Manager III Bryan Psychiatric Hospital - Lodge E,
  - F'Lyce Major, RN, Resource Nurse/ Infection Control, Patrick B. Harris Psychiatric Hospital, and
  - Michelle Allison, PMHNP-BC, Spartanburg Area Mental Health Center.
- In its second year of honoring eleven 'Women Vision SC' initiative SCETV honored SCDMH's Deputy Director of Community Mental Health Services Debbie Blalock for 2020. As part of the presentation video honoring Ms. Blalock, SCETV noted she is the first female Deputy Director of SCDMH in the role of leading Community Mental Health Services. They also note she was the Director of the Charleston Dorchester Mental Health Center during the time of the Mother Emmanuel AME shooting, which Ms. Blalock stated was "The most profound experience of my career." She also developed a model of emergency mental health services which became a blueprint for all of SC's CMHCs.
- Bryan Hospital Forensic Psychiatric Chief, Dr. Jennifer Alleyne, was awarded the University of South Carolina School of Medicine's Department of Neuropsychiatry -Chairman's Award for her ongoing work, as part of the collaboration between DMH and USC, in support the forensic psychiatry residency training program. The Chairman's Award for the Forensic Residency Program recognizes individuals and institutions for their outstanding contributions to the trainees and the community. Dr. Alleyne's passionate commitment to advancing forensic training has brought about significant and tangible improvements in these educational programs.
- DIS Forensic Evaluation Services Psychologist, Dr. Samantha Horsley was appointed to the Examination Faculty (which comprises only 10-12 individuals selected from across the country) for the American Board of Forensic Psychology, which conducts practice sample reviews and oral examinations of candidates seeking board certification in forensic psychology. She also now serves as a formal mentor for individuals seeking forensic board certification around the country. Similarly, she has served as a faculty member for the USC School of Medicine's forensic psychiatry fellowship, wherein she has provided training and didactics for the Program's forensic psychiatric fellows.
- DMH's Division of Public Safety remains accredited by the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA). SCDMH's Public Safety is currently the only mental health law enforcement agency in the United States to hold this distinction. Only 12% of law enforcement agencies in South Carolina are CALEA accredited. CALEA accreditation requires law enforcement agencies to

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demonstrate compliance with professional standards in multiple areas, including policy and procedures, administration, operations, and support services.

**Meeting the needs for Inpatient Services**

- The E. Roy Stone State Veterans Home, part of the C. M. Tucker, Jr. Nursing Care Center is one of three SCDMH nursing care facilities dedicated to providing long-term care to South Carolina veterans. Stone Pavilion is certified by the Centers for Medicare/Medicaid Services (CMS) and the Veterans Administration. Stone currently serves up to 90 veterans in its three units.
  - Stone has achieved CMS’s Five Star rating (their highest rating) on the CMS Nursing Home Compare since April 2019 to July 2020, which is the last available report at this time.
  - Stone received zero citations from two CMS/SCDHEC Infection Control focused surveys conducted in June and August 2020 related to the COVID-19 pandemic.
  - Stone has achieved reductions in the following areas:
    - Percentage of residents who received an antipsychotic medication – From 19.4% to 11.5%
    - Percentage of residents whose ability to move independently worsened – From 10.1% to 7.6%
    - Percentage of high-risk residents with pressure sores – 9.4% to 7.7%
- Anticipating a growing veteran population, SCDMH applied for funds in 2015 to construct additional State Veterans nursing homes. With guidance from the State’s Joint Bond Review Committee, SCDMH identified areas with significant need for new veterans’ nursing homes and proposed three new 104-bed facilities in Florence, Richland, and Cherokee counties. In April 2018, the Department received official notification from the U.S. Department of Veterans Affairs that construction grant funding for two of the three homes had become available.
  - The construction contracts for the Florence and Gaffney homes have been awarded and preliminary site work began in early May 2019. It is projected that the new facilities will likely be ready for occupancy in the summer of 2021. The projects are expected to have a significant impact on the local economies of Florence and Cherokee counties, both during the construction phase, and a recurring annual impact when the nursing homes open, with more than 100 jobs being added to the local economies at each site.”

**DMH continues to plan for the future:**

- Like many healthcare providers, SCDMH faces enormous challenges in recruiting and retaining the healthcare professionals it needs. Increased competition with other public and private healthcare providers for psychiatrists, nurses, counselors, and other positions has placed more emphasis on how the Agency recruits and retains excellent staff. To that end, the Department launched the Talent Acquisition and Retention Program, which uses traditional methods (e.g. commercials, ads, and online postings), as well as newer technology and techniques (e.g. social media and geo-fencing) to reach applicants for hard-to-fill positions, and to hang onto high quality workers.
- In addition, SCDMH’s Human Resources Division is centralizing HR operations and streamlining the hiring process in an effort to significantly shorten the time between receiving applications and offering positions.

**The South Carolina Department of Mental Health’s mission is to support the recovery of people with mental illnesses. We give priority to adults with serious and persistent mental illness and to children and adolescents with serious emotional disturbances.**

- Each of SCDMH’s sixteen community mental health centers is accredited by CARF International, an independent, nonprofit accreditor of human service providers. Morris Village Treatment Center, the Agency’s inpatient drug and alcohol hospital, is also accredited by CARF International.

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- SCDMH’s psychiatric hospitals are accredited by The Joint Commission, which aims to improve healthcare by evaluating healthcare providers and inspiring them to excel in the provision of safe, effective care of the highest quality and value.
- Each of SCDMH’s nursing homes is licensed by DHEC and certified by CMS. Three of the four nursing homes (530 beds) serve veterans exclusively and are certified by the Department of Veterans Affairs.
- SCDMH has more than 900 portals by which citizens can access mental health services, including:
  - a network of 16 outpatient community mental health centers encompassing over 60 outpatient locations, multiple psychiatric hospitals, one community nursing care center, and three veterans’ nursing homes;
  - more than 30 specialized clinical service sites (SCDMH offices that provide some type of clinical care, but do not offer a full array of services found in a center or clinic);
  - more than 20 South Carolina hospitals with Telepsychiatry services;
  - more than 140 community sites (non-DMH entities or businesses where SCDMH staff regularly and routinely provide clinical services), and
  - more than 800 school mental health service program sites.

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			Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	1				Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.							
S	S		1.1			Services will be available to people in need.							
M	M			1.1.1		Percentage of under 18 year-old population in SC served by DMH will be within 0.1% of previous year's percentage. (FY 2019's number served was 29,288).	2.38%	2.38%	2.13%	7/1/2019 - 6/30/2020	Central Office Internet Technology (IT)	Calculated using current FY patient count and US Census estimate of previous year (most recent).	As population of SC increases, it is expected that more people will receive services but the percentage of population should be consistent.
M	M			1.1.2		Percentage of adult population in SC served by DMH will be within 0.1% of previous year's percentage. (FY 2019's number served was 57,559).	1.46%	1.46%	1.43%	7/1/2019 - 6/30/2020	Central Office IT	Calculated using current FY patient count and US Census estimate of previous year (most recent).	Serves as an indicator that people needing services can receive them.
M	M			1.1.3		Number of inpatient "bed days" used will be equal to or greater than running average of previous five fiscal years.	556,525	535,578	534,641	7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Indicates that available services are used efficiently.
M	M			1.1.4		SCDMH will admit people into the inpatient forensic setting at a number equal to or greater than the previous three years' average.	236	258	207	7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Increase indicates SCDMH working to meet the need of local agencies.
S	S		1.2			Appointments will be prioritized by need and with goal of reducing hospital admissions.							
M	M			1.2.1		Patients requiring CMHC appointments will be seen in a timely manner according to protocol (priority, urgent, or routine). Target is average of previous five years.	94%	≥91%	95%	7/1/2019 - 6/30/2020	Community Mental Health Services Reporting (CMHS)	Calculated using reporting software	Failure to provide community services when needed may result in unnecessary hospitalizations.
M	M			1.2.2		Upon discharge from an inpatient psychiatric facility, patients will have scheduled appointments at CMHCs at a rate equal to or less than the previous five-year average.	4.69	≤5.2	4.60	7/1/2019 - 6/30/2020	CMHS	Calculated using reporting software	Timely transition from hospital to community treatment is indicator of compliance with treatment and medication, decreasing readmissions.
S	S		1.3			Reduce the number of patients requiring readmission following discharge from SCDMH hospitals.							
M	M			1.3.1		Percentage of patients requiring readmission within thirty days of discharge will be equal to or less than previous five-year average.	2.80%	2.0%	1.20%	7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Increase of rapid readmissions may indicate a break in the continuity of care between hospitals and CMHCs.
Healthy and Safe Families	G	2				Continue building upon community mental health services to reduce necessity for hospital admissions.							

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		Goal	Strategy	Measure		Base	Target	Actual				
S	S	2.1			Provide superior community mental health services to reduce need for admissions to inpatient settings.							
M	M		2.1.1		Number of admissions to SCDMH inpatient facilities (Werber Bryan and Patrick Harris) will decrease.	485	<500	327	7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Indicates SCDMH is successfully providing services in patients in community settings.
Public Infrastructure and Economic Development		G	3		Maximize available technology to meet needs of staff and patients in as cost efficient manner as possible.							
S	S	3.1			Hospital Emergency Departments and CMHCs in rural or otherwise underserved areas will have access to SCDMH physicians regardless of location.							
M	M		3.1.1		The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	23	≥25	23	7/1/2019 - 6/30/2020	Telepsychiatry Department	Count	Increased ability to provide services in emergency departments reduces hospitalizations and wait times in EDs and improves compliance with out-patient treatment.
M	M		3.1.2		The number of Community Mental Health Centers utilizing Telepsychiatry services will remain constant or increase. Note: Please see comment in "Meaningful Use of Measure" column.	16	16	16	7/1/2019 - 6/30/2020	Telepsychiatry Department	Count	On July 1, 2019, Greenville and Piedmont CMHCs combined to form the Greater Greenville CMHC. Purpose of measure is to demonstrate efficient use of physician time in serving rural communities.
Public Infrastructure and Economic Development		G	4		Implement programs which will improve the lives of citizens.							
S	S	4.1			Patients will be able to achieve and maintain productive, meaningful employment.							
M	M		4.1.1		Percentage of SCDMH patients having competitive employment will be equal to or greater than average of previous five years.	14%	≥13.6	See Note	7/1/2019 - 6/30/2020	CMHS	Calculated using reporting software. <b>NOTE:</b> Data for 2020 unavailable.	People competitively employed generally have better self-esteem and have more social activity.

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		Goal	Strategy	Measure		Base	Target	Actual				
M	M		4.1.2		Percentage of patients participating in SCDMH employment programs, gaining meaningful employment, will meet or exceed average of previous five years. (National benchmark = 40%).	60%	≥48.6	52.0%	7/1/2019 - 6/30/2020	CMHS	Calculated using reporting software	Represents benefit of SCDMH vocational training and placement as compared to general population of SCDMH patients.
Healthy and Safe Families		G	5		Serve patients with skill, dignity, compassion, and respect.							
S	S		5.1		Residents of SCDMH nursing facilities will enjoy high standards of medical care.							
M	M		5.1.1		Life expectancy at Roddy Pavilion (skilled nursing facility) will be equal to or greater than average of previous five years. (National average = 1.2 years.	6.0	≥7.0	6.6	7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software (actual calculation is length of stay)	A determination of whether expected standards of care are achieved.
M	M		5.1.2		Life expectancy at Stone Pavilion (skilled nursing facility for veterans) will be equal to or greater than average of previous five years. (National average = 1.2 years.	2.0	≥2.5	2.3	7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software (actual calculation is length of stay)	A determination of whether expected standards of care are achieved.
S	S		5.2		Standard of care in inpatient facilities will result in reduced need for patient restraint.							
M	M		5.2.1		Use of restraints in SCDMH inpatient facilities will be equal to or below the average of the previous five years' data. National average = 0.46 hours per 1,000 hours of inpatient service (CY2018).	0.35	≤0.17	Bryan - 0.06 Harris - 0.01	7/1/2019 - 6/30/2020	Department of Inpatient Services, Quality Management	Calculated using reporting software	Low incidence of seclusion or restraint indicates less intrusive treatments are employed effectively.
M	M		5.2.2		Use of seclusion rooms in SCDMH inpatient facilities will be equal to or below the average of the previous five years' data. National average = 0.36 hours per 1,000 hours of inpatient service (CY2018).	0.26	≤0.22	Bryan - 0.28 Harris - 0.01	7/1/2019 - 6/30/2020	Department of Inpatient Services, Quality Management	Calculated using reporting software	Low incidence of seclusion or restraint indicates less intrusive treatments are employed effectively.
S	S		5.3		SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care.							
M	M		5.3.1		Percentage of adults expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).	97%	≥95%	See Note	7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Note: Surveys are completed using paper ballots during appointments. Unable to do during COVID.
M	M		5.3.2		Percentage of youths in School Mental Health Services receiving SCDMH services will remain consistently high (no national average available for youth satisfaction rates).	97%	≥95%	See Note	7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Note: See above. Indicates SCDMH is providing services which improve patients' lives.
Maintaining Safety, Integrity and Security		G	6		Prepare to provide continuity of critical services to its patients while partnering with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.							

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		Goal	Strategy	Measure		Base	Target	Actual				
S	S	6.1			SCDMH will trained and prepared for emergencies affecting itself and surrounding communities.							
M	M		6.1.1		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).	100%	100%	100%	7/1/2019 - 6/30/2020	CMHS	Count	Any deficiency could potentially result in loss of Medicaid reimbursement for that CMHC.
M	M		6.1.2		SCDMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency situations. (Minimum = 4 staff).	75%	100%	75%	7/1/2019 - 6/30/2020	Department of Administration	County	Indicates compliance with responsibilities outlined in SC Emergency Operations Plan.
Healthy and Safe Families	G	7			Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.							
S	S	7.1			Reduce number of patients in hospital emergency rooms needing inpatient beds for mental health or substance abuse treatment.							
M	M		7.1.1		Number of people awaiting beds will be equal to or less than average of previous five years' data. (Data is based upon a "Monday morning snapshot" of hospital emergency departments.)	2,247	≤2156	1,993	7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Lower numbers indicate Department's efforts to reduce ED wait times are effective.
M	M		7.1.2		The number of patients awaiting beds, at time of Monday snapshot (8:30AM), not discharged by 5:00PM, will be equal to or less than average of previous five years' data. Note: Number indicates patients in ED at 8:30 AM	1,754	≤1652	1,442	7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Lower numbers indicate intervention efforts by Department are effective.
S	S	7.2			School Mental Health Clinicians will be embedded throughout South Carolina schools to manage compliance with appointments and better serve partnering schools.							
M	M		7.2.1		The percentage of schools in South Carolina with Mental Health Services will increase. (Target of 66.88% represents clinicians in 850 of 1271 schools. FY2019 number of schools with Mental Health Services was 738.)	58.06%	66.88%	64.00%	7/1/2019 - 6/30/2020	CMHS	Count	Higher number indicates more school-aged children have easier access to mental health services.
S	S	7.3			The Office of Suicide Prevention Initiative will collaborate with a variety of healthcare providers and support agencies to reduce the risk of suicide in teens and young adults.							
M	M		7.3.1		The Office of Suicide Prevention will partner with an increasing number of schools in SC.	45	50	54	7/1/2019 - 6/30/2020	SCYSPI	Count	Higher number indicates increased opportunity to engage school administration and students. As a result of these partnerships, over 10,000 teachers and other staff have received specialized training.
M	M		7.3.2		SCYSPI will be partnerships with a CMHC, Federally Qualified Health Center, a hospital ED, and an inpatient hospital. Each partnership will be 25% of achieving goal.	75%	100%	100%	7/1/2019 - 6/30/2020	SCYSPI	Count	Indicates progress toward goal of reducing youth suicides in SC.

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			Goal	Strategy	Measure	Base	Target	Actual				
Healthy and Safe Families	G	1			Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.							
S	S		1.1		Services will be available to people in need.							
M	M			1.1.1	Percentage of under 18 year-old population in SC served by DMH will be within 0.1% of previous year's percentage.	2.13%	2.13%		7/1/2020 - 6/30/2021	Central Office Internet Technology (IT)	Calculated using current FY patient count and US Census estimate of previous year (most recent). As population of SC increases, it is expected that more people will receive services but the percentage of population should be consistent.	
M	M			1.1.2	Percentage of adult population in SC served by DMH will be within 0.1% of previous year's percentage.	1.43%	1.43%		7/1/2020 - 6/30/2021	Central Office IT	Calculated using current FY patient count and US Census estimate of previous year (most recent). Serves as an indicator that people needing services can receive them.	
M	M			1.1.3	Number of inpatient "bed days" used will be equal to or greater than running average of previous five fiscal years.	534,641	540,805		7/1/2020 - 6/30/2021	Central Office IT	Calculated using reporting software Indicates that available services are used efficiently.	
M	M			1.1.4	SCDMH will admit people into the inpatient forensic setting at a number equal to or greater than the previous four years' average.	207	245		7/1/2020 - 6/30/2021	Central Office IT	Calculated using reporting software Increase indicates SCDMH working to meet the need of local agencies.	
S	S		1.2		Appointments will be prioritized by need and with goal of reducing hospital admissions.							
M	M			1.2.1	Patients requiring CMHC appointments will be seen in a timely manner according to protocol (priority, urgent, or routine). Target is average of previous five years.	95%	≥9.3%		7/1/2020 - 6/30/2021	Community Mental Health Services Reporting (CMHS)	Calculated using reporting software Failure to provide community services when needed may result in unnecessary hospitalizations.	
M	M			1.2.2	Upon discharge from an inpatient psychiatric facility, patients will have scheduled appointments at CMHCs at a rate equal to or less than the previous five-year average.	4.60	5.0		7/1/2020 - 6/30/2021	CMHS	Calculated using reporting software Timely transition from hospital to community treatment is indicator of compliance with treatment and medication, decreasing readmissions.	
S	S		1.3		Reduce the number of patients requiring readmission following discharge from SCDMH hospitals.							
M	M			1.3.1	Percentage of patients requiring readmission within thirty days of discharge will be equal to or less than previous five-year average.	1.20%	2.29%		7/1/2020 - 6/30/2021	Central Office IT	Calculated using reporting software Increase of rapid readmissions may indicate a break in the continuity of care between hospitals and CMHCs.	
Healthy and Safe Families	G	2			Continue building upon community mental health services to reduce necessity for hospital admissions.							

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		Goal	Strategy	Measure		Base	Target	Actual				
S	S	2.1			Provide superior community mental health services to reduce need for admissions to inpatient settings.							
M	M		2.1.1		Number of admissions to SCDMH inpatient facilities (Werber Bryan and Patrick Harris) will decrease.	327	<485		7/1/2020 - 6/30/2021	Central Office IT	Calculated using reporting software	Indicates SCDMH is successfully providing services in patients in community settings.
Public Infrastructure and Economic Development				3	Maximize available technology to meet needs of staff and patients in as cost efficient manner as possible.							
S	S	3.1			Hospital Emergency Departments and CMHCs in rural or otherwise underserved areas will have access to SCDMH physicians regardless of location.							
M	M		3.1.1		The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	23	≥23		7/1/2020 - 6/30/2021	Telepsychiatry Department	Count	Increased ability to provide services in emergency departments reduces hospitalizations and wait times in EDs and improves compliance with out-patient treatment.
M	M		3.1.2		The number of Community Mental Health Centers utilizing Telepsychiatry services will remain constant or increase. Note: Please see comment in "Meaningful Use of Measure" column.	16	16		7/1/2020 - 6/30/2021	Telepsychiatry Department	Count	On July 1, 2019, Greenville and Piedmont CMHCs combined to form the Greater Greenville CMHC. Purpose of measure is to demonstrate efficient use of physician time in serving rural communities.
Public Infrastructure and Economic Development				4	Implement programs which will improve the lives of citizens.							
S	S	4.1			Patients will be able to achieve and maintain productive, meaningful employment.							
M	M		4.1.1		Percentage of SCDMH patients having competitive employment will be equal to or greater than average of previous five years.	14%	≥13.6		7/1/2020 - 6/30/2021	CMHS	Calculated using reporting software.	People competitively employed generally have better self-esteem and have more social activity.

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		Goal	Strategy	Measure		Base	Target	Actual				
M	M		4.1.2		Percentage of patients participating in SCDMH employment programs, gaining meaningful employment, will meet or exceed average of previous five years. (National benchmark = 40%).	52%	≥57.6%		7/1/2020 - 6/30/2021	CMHS	Calculated using reporting software	Represents benefit of SCDMH vocational training and placement as compared to general population of SCDMH patients.
Healthy and Safe Families	G	5			Serve patients with skill, dignity, compassion, and respect.							
S	S		5.1		Residents of SCDMH nursing facilities will enjoy high standards of medical care.							
M	M		5.1.1		Life expectancy at Roddy Pavilion (skilled nursing facility) will be equal to or greater than average of previous five years. (National average = 1.2 years.	6.6	≥6.9		7/1/2020 - 6/30/2021	Central Office IT	Calculated using reporting software (actual calculation is length of stay)	A determination of whether expected standards of care are achieved.
M	M		5.1.2		Life expectancy at Stone Pavilion (skilled nursing facility for veterans) will be equal to or greater than average of previous five years. (National average = 1.2 years.	2.3	≥2.4		7/1/2020 - 6/30/2021	Central Office IT	Calculated using reporting software (actual calculation is length of stay)	A determination of whether expected standards of care are achieved.
S	S		5.2		Standard of care in inpatient facilities will result in reduced need for patient restraint.							
M	M		5.2.1		Use of restraints in SCDMH Columbia inpatient facilities will be equal to or below the average of the previous five years' data. National average = 0.46 hours per 1,000 hours of inpatient service (CY2018).	0.06	≤0.146		7/1/2020 - 6/30/2021	Department of Inpatient Services, Quality Management	Calculated using reporting software	Low incidence of seclusion or restraint indicates less intrusive treatments are employed effectively.
	M		5.2.2		Use of restraints in Patrick Harris Hospital inpatient facility will be equal to or below the average of the previous five years' data. National average = 0.46 hours per 1,000 hours of inpatient service (CY2018). (New Measure)	0.01	≤0.46					
M	M		5.2.3		Use of seclusion rooms in SCDMH Columbia inpatient facilities will be equal to or below the average of the previous five years' data. National average = 0.36 hours per 1,000 hours of inpatient service (CY2018).	0.28	≤0.214		7/1/2020 - 6/30/2021	Department of Inpatient Services, Quality Management	Calculated using reporting software	Low incidence of seclusion or restraint indicates less intrusive treatments are employed effectively.
	M		5.2.4		Use of seclusion rooms in Patrick Harris Hospital inpatient facility will be equal to or below the average of the previous five years' data. National average = 0.36 hours per 1,000 hours of inpatient service (CY2018). (New Measure)	0.01	≤0.36					
S	S		5.3		SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care.							
M	M		5.3.1		Percentage of adults expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).	97%	≥95%		7/1/2020 - 6/30/2021	Central Office IT	Calculated using reporting software	Indicates SCDMH is providing services which improve patients' lives.

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Agency Code: J120 Section: 35

Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2020-2021			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
M	M		5.3.2		Percentage of youths in School Mental Health Services receiving SCDMH services will remain consistently high (no national average available for youth satisfaction rates).	97%	≥95%		7/1/2020 - 6/30/2021	Central Office IT	Calculated using reporting software	Indicates SCDMH is providing services which improve patients' lives.
Maintaining Safety, Integrity and Security	G	6			Prepare to provide continuity of critical services to its patients while partnering with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.							
S	S		6.1		SCDMH will trained and prepared for emergencies affecting itself and surrounding communities.							
M	M		6.1.1		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).	100%	100%		7/1/2020 - 6/30/2021	CMHS	Count	Any deficiency could potentially result in loss of Medicaid reimbursement for that CMHC.
M	M		6.1.2		SCDMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency situations. (Minimum = 4 staff).	75%	100%		7/1/2020 - 6/30/2021	Department of Administration	County	Indicates compliance with responsibilities outlined in SC Emergency Operations Plan.
Healthy and Safe Families	G	7			Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.							
S	S		7.1		Reduce number of patients in hospital emergency rooms needing inpatient beds for mental health or substance abuse treatment.							
M	M		7.1.1		Number of people awaiting beds will be equal to or less than average of previous five years' data. (Data is based upon a "Monday morning snapshot" of hospital emergency departments.)	1,993	<2126		7/1/2020 - 6/30/2021	Central Office IT	Calculated using reporting software	Lower numbers indicate Department's efforts to reduce ED wait times are effective.
M	M		7.1.2		The number of patients awaiting beds, at time of Monday snapshot (8:30AM), not discharged by 5:00PM, will be equal to or less than average of previous five years' data. Note: Number indicates patients in ED at 8:30 AM	1,442	<1623		7/1/2020 - 6/30/2021	Central Office IT	Calculated using reporting software	Lower numbers indicate intervention efforts by Department are effective.
S	S		7.2		School Mental Health Clinicians will be embedded throughout South Carolina schools to manage compliance with appointments and better serve partnering schools.							
M	M		7.2.1		The percentage of schools in South Carolina with Mental Health Services will increase. (Base of 64% represents clinicians in 839 out of 1292 schools.	64.00%	66.88%		7/1/2020 - 6/30/2021	CMHS	Count	Higher number indicates more school-aged children have easier access to mental health services.
S	S		7.3		The South Carolina Youth Suicide Prevention Initiative (SCYSPI) will collaborate with a variety of healthcare providers and support agencies to reduce the risk of suicide in teens and young adults.							
M	M		7.3.1		SCYSPI will partner with an increasing number of schools in SC.	45	50		7/1/2020 - 6/30/2021	SCYSPI	Count	Higher number indicates increased opportunity to engage school administration and students.

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Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2020-2021			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
M	M		7.3.2		SCYSPI will be partnerships with a CMHC, Federally Qualified Health Center, a hospital ED, and an inpatient hospital. Each partnership will be 25% of achieving goal.	75%	100%		7/1/2020 - 6/30/2021	SCYSPI	Count	Indicates progress toward goal of reducing youth suicides in SC.

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Program Template

Program/Title	Purpose	FY 2019-20 Expenditures (Actual)				FY 2020-21 Expenditures (Projected)				Associated Measure(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
I. General Administration	Primarily provides for long-range planning, performance and clinical standards, evaluation and quality assurance and legal counsel.	\$ 4,918,478	\$ 228,655	\$ 347,101	\$ 5,494,234	\$ 4,048,484	\$ 684,926	\$ -	\$ 4,733,410	3.1.1, 3.1.2, 3.2.1, 4.1.2, 6.1.2, 7.1.1, 7.1.2.
II.A. Community Mental Health Centers	Services delivered from the seventeen mental health centers that include: evaluation, assessment, and intake of consumers; short-term outpatient treatment; and continuing support services.	\$ 73,146,696	\$ 77,420,294	\$ 15,602,595	\$ 166,169,586	\$ 72,375,453	\$ 86,201,653	\$ 8,173,055	\$ 166,750,161	1.1.1, 1.1.2, 1.2.1, 1.2.2, 1.3.1, 3.2.1, 4.1.2, 5.3.1, 5.3.2, 5.3.3, 6.1.1, 7.2.1, 7.3.1, 7.3.2.
II.B. Inpatient Mental Health	Services delivered in a hospital setting for adult and child consumers whose conditions are severe enough that they are not able to be treated in the community.	\$ 49,466,583	\$ 45,710,026	\$ 5,000	\$ 95,181,609	\$ 44,127,884	\$ 47,327,626	\$ -	\$ 91,455,510	1.1.3, 1.1.4, 1.2.2, 1.3.1, 2.2.1, 5.1.1, 5.2.2.
II.C. Addictions	Services delivered in a hospital setting for adult consumers whose conditions are severe enough that they are not able to be treated in the community.	\$ 8,347,849	\$ 2,865,789	\$ 2,500	\$ 11,216,138	\$ 7,468,745	\$ 3,744,324	\$ -	\$ 11,213,069	1.3.1
II.D. Clinical & Support Services	Nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	\$ 28,207,924	\$ 6,377,846	\$ 176,368	\$ 34,762,137	\$ 28,159,702	\$ 9,848,774	\$ 37,656	\$ 38,046,132	3.2.1, 4.1.2, 6.1.1, 6.1.2, 7.1.1, 7.1.2, 7.3.1, 7.3.2.
II.E. 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.	\$ 24,200,076	\$ 43,348,889		\$ 67,548,965	\$ 23,735,893	\$ 43,631,842	\$ -	\$ 67,367,735	5.1.1, 5.1.2, 5.2.1, 5.2.2,
II.F. 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.	\$ 20,312,212	\$ 337,207		\$ 20,649,418	\$ 20,288,126	\$ 15,515	\$ -	\$ 20,303,641	
III. Employee Benefits	Fringe benefits for all DMH employees.	\$ 52,679,712	\$ 33,264,703	\$ 1,849,789	\$ 87,794,204	\$ 51,440,063	\$ 36,670,476	\$ 894,723	\$ 89,005,262	

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Legal Standards Template

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who your agency must or may serve? (Y/N)	Does the law specify a product or service your agency must or may provide?	If yes, what type of service or product?	If other service or product, please specify what service or product.
1	SECTION 44-9-10.	State	Statutory	SCDMH creation and authority over State's mental hospitals, clinics (community mental health centers) for mental health and alcohol and drug treatment, including the authority to name each facility.	Yes	Yes	Mental health treatment and related services	No Other Service Or product
2	SECTION 44-9-30.	State	Statutory	Creation of South Carolina Mental Health Commission and its authority	No	No	No	
3	SECTION 44-9-40.	State	Statutory	Appointment of the State Director of Mental Health and powers, duties and qualifications.	No	Yes	administer the policies and regulations established by the commission	
4	SECTION 44-9-50.	State	Statutory	Divisions of SCDMH as authorized by State Director and Commission.	Yes	Yes	Mental health treatment and related services	
5	SECTION 44-9-60.	State	Statutory	Appointment of directors of hospitals; employment of personnel.	Yes	Yes	Appointment of directors of hospitals; employment of personnel.	
6	SECTION 44-9-70.	State	Statutory	Administration of Federal funds; development of mental health clinics.	No	Yes	Administration of Federal funds; development of mental health clinics.	
7	SECTION 44-9-80.	State	Statutory	Utilization of Federal funds provided to improve services to patients.	Yes	Yes	Mental health treatment and related services	
8	SECTION 44-9-90.	State	Statutory	Powers and duties of Mental Health Commission	Yes	Yes	form of reports; require reports from state hospital; investigate complaints; adopt regulations; form relationships with other entities	
9	SECTION 44-9-100.	State	Statutory	Additional powers and duties of commission	No	Yes	form corporate body; provide care to penal patients; PR and education programs; collect statistics; provide vocation training; provide statewide system for mental health treatment	
10	SECTION 44-9-110.	State	Statutory	Authority of the Commission to accept gifts and grants on behalf of SCDMH	No	No	No	
11	SECTION 44-9-120.	State	Statutory	Annual report of Commission to Governor and GA	Yes	Yes	Produce annual report to gov. and GA	
12	SECTION 44-11-10.	State	Statutory	SCDMH Inpatient and Outpatient Facilities to be maintained and purposes	Yes	Yes	Mental health treatment and related services	
13	SECTION 44-11-30.	State	Statutory	Establishment, purpose and admission requirements of SCDMH South Carolina Veterans Homes.	Yes	Yes	Mental health treatment and related services	
14	SECTION 44-11-60.	State	Statutory	Establishment of mental health clinics/centers	Yes	Yes	Mental health treatment and related services	
15	SECTION 44-11-70.	State	Statutory	Appointment and powers of SCDMH inpatient facility Public Safety officers.	No	Yes	May employ LEOs	
16	SECTION 44-11-75.	State	Statutory	Entering or refusing to leave state mental health facility following warning or request; penalty.	No	No	No	
17	SECTION 44-11-110.	State	Statutory	Commission and Attorney General approval of easements and rights of way on SCDMH grounds	No	Yes	May permit easements and right-of-ways	
18	SECTION 44-13-05.	State	Statutory	Authority for law enforcement to take individual who appears to be mentally and posing a risk of harm into protective custody.	Yes	Yes	Mental health treatment and related services	
19	SECTION 44-13-10.	State	Statutory	Detention and care of individual by county pending removal to SCDMH inpatient facility.	No	No	No	
20	SECTION 44-13-20.	State	Statutory	Admission of resident ordered committed by foreign court.	Yes	Yes	Mental health treatment and related services	
21	SECTION 44-13-30.	State	Statutory	Removal of patient who is not a citizen of this State.	Yes	Yes	Mental health treatment and related services	
22	SECTION 44-13-40.	State	Statutory	Removal of alien patient.	Yes	Yes	Report undocumented patient to state authorities	

23	SECTION 44-13-50.	State	Statutory	Return of patient to out-of-State mental health facility.	Yes	Yes	Mental health treatment and related services
24	SECTION 44-13-60.	State	Statutory	Transfer of custody of infirm or harmless patient to custodian, guardian or county.	Yes	Yes	Mental health treatment and related services
25	SECTION 44-13-70.	State	Statutory	Admission forms to be kept by probate judges.	No	No	No
26	SECTION 44-15-10.	State	Statutory	Establishment of local mental health programs and clinics/centers	No	Yes	Consent to creation of community mental health programs
27	SECTION 44-15-20.	State	Statutory	Mental health center Services for which funds may be granted.	Yes	Yes	Mental health treatment and related services
28	SECTION 44-15-30.	State	Statutory	Applications for mental health center funds .	Yes	Yes	Receive plans and budgets from local community health programs
29	SECTION 44-15-40.	State	Statutory	Allocation of mental health center funds and review of expenditures.	Yes	Yes	Allocate funds
30	SECTION 44-15-50.	State	Statutory	Grants for mental health center services.	Yes	Yes	May issue grants
31	SECTION 44-15-60.	State	Statutory	Establishment and membership of community mental health center boards.	No	No	No
32	SECTION 44-15-70.	State	Statutory	Powers and duties of community mental health center boards	No	Yes	Standards for community mental health boards
33	SECTION 44-15-80.	State	Statutory	Powers and duties of SCDMH related to mental health centers	Yes	Yes	Mental health treatment and related services
34	SECTION 44-15-90.	State	Statutory	Mental health center unexpended appropriations.	No	Yes	No
35	SECTION 44-23-40.	State	Statutory	Appeal to court from rules and regulations adopted by SCDMH	Yes	Yes	Mental health treatment and related services
36	SECTION 44-23-210.	State	Statutory	Transfer of confined persons to or between SCDMH and DDSN	Yes	Yes	Mental health treatment and related services
37	SECTION 44-23-220.	State	Statutory	Inpatient admission of persons in jail.	Yes	Yes	Mental health treatment and related services
38	SECTION 44-23-240.	State	Statutory	Criminal liability of anyone causing unwarranted confinement.	No	Yes	No
39	SECTION 44-23-410.	State	Statutory	Determining fitness/capacity to stand trial	Yes	Yes	Mental health treatment and related services
40	SECTION 44-23-420.	State	Statutory	Fitness to stand trial examiner's report.	Yes	Yes	Mental health treatment and related services
41	SECTION 44-23-430.	State	Statutory	Hearing on fitness capacity to stand trial; effect of outcome.	Yes	Yes	Mental health treatment and related services
42	SECTION 44-23-450.	State	Statutory	Reexamination of finding of unfitness.	Yes	Yes	Mental health treatment and related services
43	SECTION 44-23-460.	State	Statutory	Procedure when SCDMH determines forensic patient no longer requires hospitalization.	Yes	Yes	Mental health treatment and related services
44	SECTION 44-23-1080.	State	Statutory	Patients or prisoner denied access to alcoholic, firearms, dangerous weapons and controlled substances.	No	Yes	No
45	SECTION 44-23-1100.	State	Statutory	Confidentiality and disclosure of copies of probate judge forms/documents.	No	No	No
46	SECTION 44-23-1110.	State	Statutory	Charges for patient/client maintenance, care and services.	Yes	Yes	establish the charges for maintenance and medical care for patients
47	SECTION 44-23-1120.	State	Statutory	Liability of estate of deceased patient or client	No	Yes	Present claims for decedent expenses
48	SECTION 44-23-1130.	State	Statutory	Payment contracts for care and treatment by persons legally responsible	No	Yes	Investigate patient associates who may be financially capable of paying for care
49	SECTION 44-23-1140.	State	Statutory	Lien for care and treatment; filing statement; limitation of action for enforcement.	Yes	Yes	Department may pursue a lien for cost of services
50	SECTION 44-23-1150.	State	Statutory	Sexual misconduct with an inmate, patient, or offender.	No	No	No
51	SECTION 62-5-105.	State	Statutory	SCDMH Director or designee may act as conservator for a patient in a SCDMH inpatient facility and funds used for patient's care and maintenance.	Yes	Yes	Conservator for Patient

52	2017-11	State	Executive Order	Every state agency shall be responsible for emergency services as assigned in the South Carolina Emergency Operations Plan and participate in scheduled exercises. Note: there are additional State statutes which require or authorize SCDMH to provide a service or product to a respective court. These include: evaluations and or reports related to: stalking, child need for treatment , Mental health courts, Restoration of gun rights. Federal laws and regulations which significantly impact the Department: SCDMH is a covered entity as defined in the Health Insurance Portability and Accountability Act, (HIPAA) and is subject to the Privacy and Security regulations; 45 CFR Part 164 ,promulgated pursuant to the Act; SCDMH operates several alcohol and drug treatment facilities and program+E93s. Those Programs are subject to 42 CFR Part 2 confidentiality regulations; here of the SCDMH hospitals and all of its four nursing homes are certified Medicaid and Medicare providers by the Centers for Medicare and Medicaid Services (CMS), and are subject to extensive federal regulations governing the Conditions of Participation of those facilities, and Conditions of Participation, 42 CFR Part 485. SCDMH's three State Veterans Nursing Homes are additionally subject to federal Veterans Administration regulations governing the conditions of operation of those facilities, 38 CFR Part 51; SCDMH is also subject to additional Federal laws via Federal contracts and Grants. SCDMH operates several alcohol and drug treatment facilities or programs that are subject to 42 CFR Part 2 confidentiality.	Yes	Yes	Mental health treatment and related services	
53	SECTION 44-17-310, et. seq.	State	Statutory	Care and Commitment of Mentally Ill Persons	Yes	Yes	Mental health treatment and related services	
54	§ 44-17-320	State	Statutory	Discharge of voluntary patient by superintendent	Yes	Yes	Discharge of patients	
55	§ 44-17-330	State	Statutory	Discharge at request of patient or another person	Yes	Yes	Discharge of patients	
56	§ 44-17-340	State	Statutory	Written notice of right to release	Yes	Yes	Inform patient of discharge rights	
57	§ 44-17-410	State	Statutory	Emergency admission of person likely to cause serious harm; procedures; court review; assessment by examiners; initiation of emergency commitment procedures; hearing; right to counsel	Yes	Yes	Emergency admission for mental health treatment	
58	§ 44-17-415	State	Statutory	Physical examination report to accompany certification for emergency admission	Yes	Yes	Provide physical exam report	
59	§ 44-17-430	State	Statutory	Examination under custody of person requiring immediate hospitalization when examination not otherwise possible.	Yes	Yes	Agency may need to perform examination	
60	§ 44-17-440	State	Statutory	Custody and transport of person requiring immediate care; peace officer; friend or relative	Yes	Yes	Permit or perform transports	
61	§ 44-17-450	State	Statutory	Preadmission screening and evaluation in psychiatric emergencies	Yes	Yes	Preadmission screenings and evaluations	
62	§ 44-17-460	State	Statutory	Examinations prior to emergency admissions to psychiatric facilities	No	No		
63	§ 44-17-510	State	Statutory	Petition for judicial commitment; certificate of designated examiner	No	No		
64	§ 44-17-520	State	Statutory	Notice of petition and right to counsel.	No	No		
65	§ 44-17-530	State	Statutory	Appointment of counsel; examination and record	No	No		
66	§ 44-17-540	State	Statutory	Hearing to be held if examiners find mental illness	No	No		
67	§ 44-17-550	State	Statutory	Notice of hearing and rights	No	No		
68	§ 44-17-560	State	Statutory	Removal of proceedings to another county.	No	No		
69	§ 44-17-570	State	Statutory	Conduct of hearing.	No	No		
70	§ 44-17-580	State	Statutory	Hospitalization of person if court finds mental illness and other conditions.	Yes	Yes	Designate facilities to receive committed persons	
71	§ 44-17-600	State	Statutory	No admission based on order more than thirty days after it has been rendered.	No	No		
72	§ 44-17-610	State	Statutory	Commitment to private, county, Veterans' Administration, or other hospital.	No	No		
73	§ 44-17-620	State	Statutory	Appeal.	No	No		
74	§ 44-17-630	State	Statutory	Right to reexamination; notice.	Yes	Yes	Inform patient of rights	
75	§ 44-17-640	State	Statutory	Admission to agency of the United States; jurisdiction retained.	No	No		
76	§ 44-17-660	State	Statutory	Payment of monies to state employees who are not performing their duties as state employees and are not full-time state employees.	No	Yes	Employees may be paid for duties under this section	
77	§ 44-17-810	State	Statutory	Release or discharge upon own recognizance	Yes	Yes	Signing for discharge	
78	§ 44-17-860	State	Statutory	Unlawful taking of person from mental health facility without permission.	No	No		
79	§ 44-17-865	State	Statutory	Department to notify law enforcement officials of patients absent without proper authorization.	Yes	Yes	Notify authorities in event of unauthorized patient departure	
80	§ 44-17-870	State	Statutory	Reconfinement of involuntarily committed patient who has left treatment facility without proper authorization.	No	No		
81	§ 44-17-890	State	Statutory	Discharge or leave of absence during judicial proceeding.	No	No		
82	§ 44-17-900	State	Statutory	Officials not liable for release or discharge of patient.	No	No		
83	SECTION 44-22-20, et. Seq.	State	Statutory	Patients rights	Yes	Yes	Mental health treatment and related services	
84	§ 44-22-30	State	Statutory	Right to counsel for involuntarily committed persons suffering from mental illness or chemical dependency.	No	No		
85	§ 44-22-40	State	Statutory	Consent to electro-convulsive therapy or major medical treatment; determination of ability to give consent; who may give consent.	Yes	Yes	Attending physician may in some circumstances provide consent	
86	§ 44-22-50	State	Statutory	Treatment suited to needs; least restrictive care and treatment.	Yes	Yes	Provision of care guidelines	

87	§ 44-22-60	State	Statutory	Explanation of rights with regard to admission to facility; individualized treatment plan.	Yes	Yes	Must provide notification of rights and treatment plan
88	§ 44-22-70	State	Statutory	Assessment of patient; establishment and review of individualized treatment plan; discharge plan; notice of discharge.	Yes	Yes	Patient assessment and individual treatment plan
89	§ 44-22-80	State	Statutory	Patients rights	Yes	No	
90	§ 44-22-90	State	Statutory	Communications with mental health professionals privileged; exceptions	Yes	Yes	Patients' communications with mental health professionals are confidential with some exceptions
91	§ 44-22-100	State	Statutory	Confidentiality of records; exceptions; violations and penalties.	Yes	Yes	Maintain confidentiality of patient records
92	§ 44-22-110	State	Statutory	Access to medical records; appeal of denial of access.	Yes	Yes	Permit access to patient records
93	§ 44-22-120	State	Statutory	Patients' rights; communication with outside; visitors; personal belongings and effects; clothing; religious practice; limits on rights made part of record and valid no more than 30 days.	Yes	Yes	Conform with patient rights
94	§ 44-22-130	State	Statutory	Physical examination of involuntarily committed patient to rule out physical condition mimicking mental illness.	Yes	Yes	Permit or conduct examination
95	§ 44-22-140	State	Statutory	Authorization of, and responsibility for, treatment and medication; guidelines for medication; rights with respect to refusal of treatment.	Yes	Yes	Authorize medications
96	§ 44-22-150	State	Statutory	Restraint; seclusion; physical coercion.	Yes	Yes	Conform with patient rights
97	§ 44-22-160	State	Statutory	Employment within facility; compensation; right to refuse nontherapeutic employment.	Yes	Yes	Employ patients; conform with patient rights
98	§ 44-22-170	State	Statutory	Education of school-aged residents	No	No	
99	§ 44-22-180	State	Statutory	Exercise and exercise facilities; right to go outdoors.	Yes	Yes	Permit exercise
100	§ 44-22-190	State	Statutory	Finding employment for mentally disabled citizens.	Yes	Yes	Coordinate with DEW and VocRehab
101	§ 44-22-200	State	Statutory	Move of patient to less restrictive setting; court approval required for move to more restrictive setting.	Yes	Yes	Move patient to less restrictive setting
102	§ 44-22-210	State	Statutory	Temporary leaves of absence.	Yes	Yes	Permit temporary absences
103	§ 44-22-220	State	Statutory	Grievances concerning patient rights; penalties for denial of patient rights.	Yes	Yes	Develop procedures
104	SECTION 44- 24-10, et seq.	State	Statutory	Commitment of Children in Need of Mental Health Treatment	Yes	Yes	Mental health treatment and related services
105	§ 44-24-20	State	Statutory	Voluntary admission; notification of guardian ad litem.	Yes	Yes	Admit for treatment
106	§ 44-24-30	State	Statutory	Admission of child sixteen or older as inpatient; determination of voluntariness; appointment of guardian ad litem.	No	No	
107	§ 44-24-40	State	Statutory	Discharge of voluntarily admitted child; grounds for not effecting discharge.	Yes	Yes	Discharge patients
108	§ 44-24-50	State	Statutory	Periodic notification to voluntarily admitted child and parent or guardian of right to release.	Yes	Yes	Notify of right to release
109	§ 44-24-60	State	Statutory	Emergency admission of child to inpatient hospital.	No	No	
110	§ 44-24-70	State	Statutory	Taking custody of child needing emergency admission.	No	No	
111	§ 44-24-80	State	Statutory	Transportation of child to hospital; parent's or guardian's request to accompany child.	Yes	Yes	Transport and reimbursement for transport
112	§ 44-24-90	State	Statutory	Notification to child and guardian of petition; contents of petition; right to counsel; examination and conclusions.	No	No	
113	§ 44-24-100	State	Statutory	Notice of hearing for emergency or judicial admission.	No	No	
114	§ 44-24-110	State	Statutory	Examiners' reports; disposition of child when report does not recommend judicial admission, recommends judicial admission, or is divided.	No	No	
115	§ 44-24-120	State	Statutory	Removal of proceedings to another county.	No	No	
116	§ 44-24-130	State	Statutory	Hearing; location; testimony; rules of evidence; transcript	No	No	
117	§ 44-24-140	State	Statutory	Determination after presentation of evidence.	No	No	
118	§ 44-24-150	State	Statutory	Psychiatric evaluations of children; notification of victims.	No	No	
119	§ 44-24-160	State	Statutory	Examination and review of child admitted to inpatient program; program of care and treatment.	Yes	Yes	Examine and review children admitted to facilities
120	§ 44-24-170	State	Statutory	Right to reexamination; notice of right; proceedings upon petition for reexamination.	Yes	Yes	Inform patient of rights
121	§ 44-24-180	State	Statutory	Court review of case of child involuntarily admitted.	No	No	
122	§ 44-24-190	State	Statutory	Notification to court when child moved to different program; court approval for move to more restrictive program; placement in crisis stabilization.	Yes	Yes	Notify court of move
123	§ 44-24-200	State	Statutory	Unauthorized absence of child from facility or residential program.	Yes	Yes	Notify authorities in event of unauthorized patient departure
124	§ 44-24-210	State	Statutory	Unlawful to remove child from inpatient facility or residential program without authorization.	No	No	
125	§ 44-24-220	State	Statutory	Requirement of discharge planning and continuity of service in community.	Yes	Yes	Create community plan
126	§ 44-24-230	State	Statutory	Provision of community-based treatment as alternative to hospitalization.	Yes	Yes	Provide or aid in provision of community-based treatment

127	§ 44-24-240	State	Statutory	Agencies to participate in planning and provision of services; exchange of records.	Yes	Yes	Exchange records with other agencies
128	§ 44-24-250	State	Statutory	Consultation with parent or guardian; participation in or cooperation with treatment.	Yes	Yes	Confer with parents/guardians
129	§ 44-24-260	State	Statutory	Child's right to communicate, consult, or visit with agency or person having custody, with counsel, or with private mental health	Yes	Yes	Permit communications
130	§ 44-24-270	State	Statutory	Personal, civil, and property rights of child in treatment program.	Yes	Yes	Conform with patient rights
131	§ 44-24-280	State	Statutory	Use of restraint, seclusion, or physical coercion; corporal punishment prohibited.	Yes	Yes	Conform with patient rights
132	SECTION 44-25-10, et. seq.	State	Statutory	Interstate Compact on Mental Health	Yes	Yes	Mental health treatment and related services
133	§ 44-25-20	State	Statutory	Terms of compact	Yes	Yes	Conform with terms of compact; provision of mental health services
134	§ 44-25-30	State	Statutory	Director of Mental Health and Director of Disabilities and Special Needs shall be compact administrators.	Yes	Yes	Administrate compact
135	§ 44-25-40	State	Statutory	Supplementary agreements with other states.	Yes	Yes	Enter into agreements with other states
136	§ 44-25-50	State	Statutory	Family of proposed transferee shall be consulted; probate court shall approve transfer out of State.	Yes	Yes	Consult with family of patient; probate court
137	§ 44-25-60	State	Statutory	Payment of obligations.	Yes	Yes	Pay obligations
138	SECTION 44-48-10, et. seq.	State	Statutory	Sexually Violent Predator commitment, detention, treatment and release	Yes	Yes	Sexually Violent Predator Treatment
139	§ 44-48-20	State	Statutory	Legislative findings.	No	No	
140	§ 44-48-30	State	Statutory	Definitions	No	No	
141	§ 44-48-40	State	Statutory	Notification to team, victim and Attorney General regarding release, hearing or parole; effective date of parole or release; immunity.	Yes	Yes	Notify identified parties upon release of a SVP
142	§ 44-48-50	State	Statutory	Multidisciplinary team; appointments; review of records; membership.	Yes	Yes	Assessment for SVP designation
143	§ 44-48-60	State	Statutory	Prosecutor's review committee; scope of review; membership requirements.	No	No	
144	§ 44-48-70	State	Statutory	Petition for probable cause determination.	No	No	
145	§ 44-48-80	State	Statutory	Determination of probable cause; taking person into custody; hearing; evaluation.	Yes	Yes	Receive SVP as designated by court
146	§ 44-48-90	State	Statutory	Trial; trier of fact; continuation of trial; assistance of counsel; access of examiners to person; payment of expenses.	No	No	
147	§ 44-48-100	State	Statutory	Standard for determining predator status; control, care, and treatment of person; release; mistrial procedures; persons incompetent to stand trial.	Yes	Yes	Comply with SVP institutionalization guidelines; cooperate with other agencies
148	§ 44-48-110	State	Statutory	Periodic mental examination of committed persons; report; petition for release; hearing; trial to consider release.	Yes	Yes	perform periodic examinations
149	§ 44-48-120	State	Statutory	Petition for release; hearing ordered by court; examination by qualified expert; burden of proof.	Yes	Yes	Determine and certify determinations regarding safety to release
150	§ 44-48-130	State	Statutory	Grounds for denial of petition for release.	No	No	
151	§ 44-48-140	State	Statutory	Restricted release of confidential information and records to agencies and Attorney General	Yes	Yes	Release records as required
152	§ 44-48-150	State	Statutory	Evidentiary records; court order to open sealed records	Yes	Yes	Seal records under court order
153	§ 44-48-160	State	Statutory	Registration of persons released from commitment.	No	No	
154	§ 44-48-170	State	Statutory	Involuntary detention or commitment; constitutional requirements.	Yes	Yes	Conform with constitutional requirements of patient detention
155	SECTION 44-52-5, et. seq.	State	Statutory	Alcohol and Drug Abuse Commitment	Yes	Yes	Alcohol and Drug Treatment
156	§ 44-52-10	State	Statutory	Definitions.	No	No	
157	§ 44-52-20	State	Statutory	Voluntary admission.	Yes	Yes	Admit voluntary patients; notify patients of rights
158	§ 44-52-30	State	Statutory	Discharge of voluntary patient.	Yes	Yes	Discharge of patients
159	§ 44-52-40	State	Statutory	Release of voluntary patient.	Yes	Yes	Review requests for release
160	§ 44-52-50	State	Statutory	Procedure for emergency admission.	Yes	Yes	Receive emergency patients
161	§ 44-52-60	State	Statutory	Preliminary judicial review of emergency admission; patient's attorney's access to documents.	No	No	
162	§ 44-52-65	State	Statutory	Transfer of patients under emergency commitment.	Yes	Yes	Transfer to less-restrictive settings
163	§ 44-52-70	State	Statutory	Involuntary commitment; examination; report; commencement of judicial proceedings.	Yes	Yes	Petition court
164	§ 44-52-80	State	Statutory	Involuntary commitment; notice of hearing.	No	No	
165	§ 44-52-90	State	Statutory	Contents of report; background investigation; counsel to have access to reports.	Yes	Yes	Submit reports to the court
166	§ 44-52-110	State	Statutory	Involuntary commitment; conduct of hearing and effect of findings.	Yes	Yes	Receive patients; ask court for order to cooperate
167	§ 44-52-120	State	Statutory	Involuntary commitment; period of treatment.	Yes	Yes	Send notice of intent to discharge to court

168	§ 44-52-130	State	Statutory	Transfer of patient.	Yes	Yes	Transfer to another facility; seek court approval when needed	
169	§ 44-52-140	State	Statutory	Release of patient for temporary leave of absence.	Yes	Yes	Permit temporary absences	
170	§ 44-52-150	State	Statutory	Reconfinement of involuntarily committed patient who has left treatment facility without permission.	Yes	Yes	Provide written notice to LEO	
171	§ 44-52-160	State	Statutory	Violation of conditions of release; supplemental proceedings and recommitment.	Yes	Yes	Provide written statement to court	
172	§ 44-52-165	State	Statutory	Patients receiving alcohol and drug addiction services prohibited from possessing alcohol, firearms, weapons, or drugs; penalties; unlawful to allow.	Yes	Yes	Prevent patient access to drugs/alcohol	
173	§ 44-52-200	State	Statutory	Authority of State Department of Mental Health.	No	Yes	Adopt procedures, regulations, forms, etc. Visit and treat patients at facilities.	
174	§ 44-52-210	State	Statutory	Comprehensive program for chemically dependent persons.	No	Yes	Approve Division plans/designations	

Service/Product Provided to Customers	Customer Segments	<i>Specify only for the following Segments: (1) Industry: Name; (2) Professional Organization: Name; (3) Public: Demographics.</i>	Divisions or Major Programs	Description
The Department of Mental Health primarily serves adults with chronic, severe mental illness. While the Department does treat patients with less serious disorders, those suffering with the most difficult symptoms remains its priority.	General Public	3) People 18 years of age or older. No income requirements.	Community Mental Health Centers	Approximately 82,000 adult citizens of South Carolina with mental illness. This number includes forensic services mentioned below.
The Department of Mental Health primarily serves children and adolescents with major mental illness or severe emotional disorders and their families.	General Public	3) Children and adolescents (and their families) from birth through age 17. No income requirements.	Community Mental Health Centers	Approximately 28,000 Children and Adolescents of South Carolina and their families.
Inpatient psychiatric services for children and adolescents and substance use treatment for adolescents. Patients are admitted from throughout the state primarily through Emergency Departments. However referrals may come from community mental health centers, Department of Social Services, the family court system, and the Department of Juvenile Justice. The majority of patients are admitted through probate court, family court, or are voluntary admissions.	General Pubic	3) Children and adolescents ages 4 through 17.	Department of Inpatient Services, Child and Adolescent	Citizens in need of inpatient mental health services.
Inpatient psychiatric services at facilities in Richland and Anderson Counties with a total of 319 beds to serve all counties in South Carolina. The majority of patients are involuntary admissions.	General Public	3) Adults over the age of 17.	Department of Inpatient Services, Adult Civil Involuntary Admissions	Citizens in need of inpatient psychiatric Services.
This includes criminal defendants who require psychiatric evaluations to determine whether they are mentally able to assist in their own defense when charged with a crime in South Carolina. The Department of Mental Health also serves patients found Not Guilty by Reason of Insanity.	Judicial Branch	The Department's forensic services are available for any adult (18 years of age or older) in the south Carolina judicial services that requires a mental health evaluation or treatment.	Department of Inpatient Services, Forensic	Citizens in need of forensic services.
The Department of Mental Health operates a treatment facility with approximately 100 beds. Morris Village Treatment Center, the Agency's inpatient drug and alcohol treatment facility, is licensed by the South Carolina Department of Health and Environmental Control (DHEC) and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services.	General Public	3) All South Carolina residents aged 18 or older. All patients must be diagnosed with a substance abuse disorder.	Department of Inpatient Services, Substance Abuse	Persons requiring substance abuse treatment services.
The Department of Mental Health is licensed for 530 beds in three locations across South Carolina to serve those who have served their country. These homes are in Walterboro, Columbia, and Anderson and are certified by the Department of Veterans Affairs.	General Public	3) Any person residing in South Carolina for at least one year who has received a general discharge or an honorable discharge from military service and who requires long term nursing care.	Veterans	Veterans in need of skilled nursing care.
The Department has 308 licensed beds for general purpose skilled nursing beds at Tucker Care / Roddey Pavilion. The Tucker Nursing Care Facilities (Roddey, the general nursing home, and Stone, a veterans' nursing home) are nationally accredited by the Joint Commission and represent two of 10 Nursing homes in South Carolina with this distinction.	General Public	3) Any resident of South Carolina who requires long term nursing care. Priority is given to patients of DMH hospitals primarily in need of nursing care.	Tucker/Dowdy	Adults in need of nursing care.
The Department currently serves over 180 individuals convicted of crimes that have served their sentences yet have been adjudicated as sexually violent predators and civilly committed for sex offender treatment.	Judicial Branch	3) People adjudicated as sexually violent predators who have completed their sentence but who, it has been determined, remain a danger to other people in the community. This is located within the confines of facilities maintained by the South Carolina Department of Corrections.	Sexual Predator	Sexually Violent Predators

Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Goal(s)
University of South Carolina School of Medicine	Higher Education Institute	SCDMH 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 SCDMH centers and facilities.	1.1.2
Medical University of South Carolina (MUSC)	Higher Education Institute	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 (CDMHC) throughout the academic year. CDMHC is 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.	1.1.1 1.1.2
Department of Alcohol and Other Drug Abuse Services	State Government	1. "No Wrong Door" initiative. Treatment Center 2. Morris Village Alcohol & Drug Addiction	
Department of Corrections	State Government	Corrections provides secure residential setting for SCDMH 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	State Government	The SCDMH/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 SCDMH 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	State Government	Identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. SCDMH often places staff onsite through its school-based services program.	1.1.1 7.2.1 7.3.1
Emergency Management Division	State Government	Provides staff to assist in emergency preparedness and recovery efforts in communities affected by disasters.	6.1.1 6.1.2
Department of Health and Environmental Control	State Government	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.	6.1.1
Department of Health & Human Services (HHS)	State Government	SCDMH 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.	1.1.3 2.1.1
Department of Juvenile Justice (DJJ)	State Government	SCDMH has a memorandum of agreement with DJJ to assist with transfers of juveniles with mental health needs to the care of SCDMH 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.	7.3.1
Department of Social Services	State Government	Works closely with DSS to assure appropriate treatment services for children and adolescents (and their families) in foster care services.	7.2.1 7.3.1
Department of Vocational Rehabilitation (SCVRD)	State Government	Individual Placement and Support (IPS) is an evidenced-based supported employment best practice model and provided through a collaboration between SCDMH and SCVRD. The goal of this partnership is to place people with serious mental illness in competitive employment.	4.1.1 4.1.2

