

<b>AGENCY NAME:</b>	<b>DEPARTMENT OF MENTAL HEALTH</b>		
<b>AGENCY CODE:</b>	<b>J120</b>	<b>SECTION:</b>	<b>035</b>

---

## Fiscal Year 2020–2021 Accountability Report

---

### SUBMISSION FORM

I have reviewed and approved the data submitted by the agency in the following online forms:

- Reorganization and Compliance
- Strategic Plan Results
- Strategic Plan Development
- Legal
- Services
- Partnerships
- Report or Review

I have reviewed and approved the financial report summarizing the agency's budget and actual expenditures, as entered by the agency into the South Carolina Enterprise Information System.

The information submitted is complete and accurate to the extent of my knowledge.

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

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

FY 2020-2021 Agency Accountability Report  
**Reorganization and Compliance Responses:**

These responses were submitted for the FY 2020-2021 Accountability Report by the

**DEPARTMENT OF MENTAL HEALTH**

**Primary Contact:**

First Name	Last Name	Role/Title	Phone	Email Address
William	Wells	Emergency Preparedness Manager	803-429-2889	william.wells@scdmh.org

**Secondary Contact**

First Name	Last Name	Role/Title	Phone	Email Address
Stewart	Cooner	Deputy Director of Administrative Services	803-898-8632	stewart.cooner@scdmh.org

**Agency Mission**

To support the recovery of people with mental illnesses

**Adopted in:** 2002

**Agency Vision**

As the State's Mental Health Authority, SCDMH will be the provider and employer of choice.

**Adopted in:** 2002

**Recommendations for reorganization requiring legislative change.**

No

**Please list significant events related to the agency that occurred in FY 2020-2021.**

Month Started	Month Ended	Description of Event	Agency Measures Impacted	Other Impacts

**Does the agency intend to make any other major reorganization to divisions, departments, or programs to allow the agency to operate more effectively and efficiently in FY 2021-22?**

**Note: It is not recommended that agencies plan major reorganization projects every year. This section should remain blank unless there is a need for reorganization.**

No

**Is the agency in compliance with S.C. Code Ann. § 2-1-220, which requires submission of certain reports to the Legislative Services Agency for publication online and the State Library? See also S.C. Code Ann. § 60-2-20.**

Yes

**If not, please explain why.**

**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. § 20-1-10 through 20-1-180) and the South Carolina Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 through 26-10-210).**

Yes

These responses were submitted for the FY 2020-2021 Accountability Report by the
DEPARTMENT OF MENTAL HEALTH
Does the law allow the agency to promulgate regulations?
Yes
Please list the law number(s) which gives the agency the authority to promulgate regulations.
SECTION 44-9-30
Has the agency promulgated any regulations?
Yes
Is the agency in compliance with S.C. Code Ann. § 1-22-120(J), which requires an agency to conduct a formal review of its regulations every five years?
Yes

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

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

### **South Carolina Department of Mental Health Values and Goals:**

The South Carolina Department of Mental Health (DMH) 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.

DMH strives to be innovative and productive so as to deliver the best possible service to patients. Diversity is an important factor in achieving this goal. The more that DMH team members collaborate and value differences the closer DMH will get to working in a truly inclusive workplace –a place where every employee can be themselves, in order to reach their potential, while providing culturally competent and inclusive environments to support the recovery of people with mental illnesses.

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 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. DMH 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 Department 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. DMH 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 DMH 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:

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

- Assure quality mental health services are available to meet South Carolina's needs.
- 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.
- 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-DMH settings.

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

On March 13, 2020, South Carolina Governor Henry McMaster declared a State of Emergency in response to the status of the coronavirus pandemic by implementing Executive Order 2020-08. The Department continues to respond and recover to the State of Emergency while continuing to provide critically needed services to the citizens of South Carolina. Providing the most needed of services required setting priorities and assuring the safety of as many people as possible. As a result, most group activities whether clinically therapeutic or clubhouse activities were suspended.

Community Mental Health Centers (CMHCs) and clinics remained open with reduced staff to serve new patients and those with immediate needs. Injectable medications remained available at all clinical sites. While observing all recommended safety precautions, many patients continued to receive services at CMHCs, many more accessed clinicians using telephonic or telehealth services. While all staff are considered essential employees, using the internet allowed many clinical and support staff to work from home. Anyone entering a clinic was screened for symptoms. The E. Roy Stone Veterans Home received a grant from the Center for Medicare/Medicaid Services for the purchase of iPads to allow virtual visits between residents and families and friends.

The Department's three hospital facilities and four nursing homes began limiting visitation. In compliance with Center for Disease Control and DHEC recommendations the Department mandated physical distancing, face coverings, and screening of visitors. A negative COVID test was required of new admissions. Providing a safe, treatment environment during a pandemic, especially for patients with COVID symptoms, remained a priority. tremendous challenge.

The Administration Building remained open. While many staff worked from home, many shared different shifts or even alternating days with other staff. Management met daily (many remotely) due to the ongoing, ever-changing challenges of the pandemic. The South Carolina Mental Health Commission's monthly meetings have been held via Zoom. Policies and procedures and regular updates from management have continued as new guidance has come forth from DHEC and the Center for Disease Control.

The Department was also able to offer services to anyone suffering from the behavioral health effects of COVID. FEMA released funds for an unusual version of the regular Crisis Counseling Program. Instead of traditional outreach services with grant-funded staff canvassing neighborhoods, call centers became available for people in need to call counselors. This effort was immediately supplemented by the Substance Abuse and Mental Health Services Administration (SAMHSA) providing funds to DMH and also the Department of Alcohol and other Abuse Services, resulting in SC Hopes. While the FEMA funding end in June 2021, the monies available from SAMHSA

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

and additional funds of the Consolidated Appropriations Act of 2021, will assure services can continue into Fall, 2022.

DMH and DAODAS use a toll-free resource line for callers experiencing behavioral health concerns. Callers may receive brief supports or resource referrals while access to more intensive clinical supports is available if needed. Also available is a program specifically designed to assist health care workers experiencing a mental illness due to COVID-19 by providing them with access to telehealth services: Healthcare Outreach Team (HOT).

### Changes in Leadership

- Mark W. Binkley, JD, who had the role of Executive Assistant to the State Director is now the Director of Governmental and Legislative Affairs.
- L. Gregory Pearce Jr., was reelected to the Chair of the South Carolina Mental Health Commission in July.
- Janet Bell, APM, CIPM, began serving as the Department's Chief Diversity, Equity, & Inclusion Officer. Ms. Bell began her State service at the SC Department of Health and Human Services (SCDHHS). For many years, Ms. Bell served as SCDHHS' Civil Rights Division Director, which also included the duties of ADA Coordinator and Privacy Official.
- Eleanor Odom-Martin, previously Director of Human Resources, is now the Department's Chief of Staff. In this newly created position, Ms. Odom-Martin serves as a senior advisor to the State Director, managing office affairs and competing interests within the Department to ensure favorable outcomes. She assists the State Director in resolving high-priority and emergent issues that cross organizational lines, coordinate decision-making processes across functional areas and keeps the Director apprised of any potential issues that may arise and that may need immediate attention. She also assists with workforce planning and determining strategies to manage our workforce challenges and supervises the Communications and Cultural Diversity, Equity and Inclusion offices.
- Stewart Cooner is now the Deputy Director for the Division of Administrative Services. In addition to overseeing the Office of Information Technology and Physical Plant Services, which includes Vehicle Management, he retains his previous responsibilities. Those include the provision of administrative support and oversight for the Department's Telepsychiatry programs and telehealth initiatives; compliance with the requirements of the federal Mental Health Block Grant; overseeing the preparation of the Department's annual Accountability Report; management of the Department's contracts with private health insurance carriers; and oversight of the Department's emergency and disaster response services.
- Paul Morris became the Chief Financial Officer for the Department in January 2021. As CFO, Mr. Morris supervises the areas of General/Accounting, Business Office, SCEIS Helpdesk, Reimbursement, Cost Reporting, Contracts/Procurement, Budget and Planning, and Grants Administration.
- Zina Hampton is now the Department's Chief Human Resource Officer.
- In addition, newly appointed Commissioners include:
  - Elliott Levy M.D. is now the Commission Vice Chair. Dr. Levy has served as staff psychiatrist at the Ralph H. Johnson VA Medical Center since 2007 and as an affiliate associate professor in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina since 2012. He previously worked with the South Carolina Department of Mental Health in multiple capacities for more than 20 years. Dr. Levy, who is Board certified for the American Board of Psychiatry and Neurology, received his MD from and completed his residency in Psychiatry at the Medical University of South Carolina. Representing the 1<sup>st</sup> Congressional District, appointed 4/07/21.
  - Bobby H. Mann, Jr., a partner at Temple & Mann Attorneys in Greenville, lives in Taylors, South Carolina. He is a graduate of Francis Marion College and the University of South Carolina School

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

of Law. Mann is an attorney who has been practicing law in the Upstate for 36 years. His work in family law and probate matters have afforded him the opportunity to be involved with mental health issues in both legal and practical capacities. Representing the 4<sup>th</sup> Congressional District, appointed 4/07/21.

- Crystal A. Maxwell, M.D., of Fort Mill, South Carolina, is the founder and chief executive officer of LIGHT Family Wellness, where she also serves as a physician. Board certified in Family Medicine, Dr. Maxwell received her MD from the University of Tennessee School of Medicine, where she also completed her residency. She also holds a physician master's degree in business administration from Auburn University. Representing the Fifth Congressional District, appointed 5/11/21.

### **Improving Community Mental Health Services**

The Division of Community Mental Health Services (CMHS) continues to develop and expand services to better serve the needs of South Carolina. These initiatives include:

#### Expansion of the Mobile Crisis Programs.

- The DMH Mobile Crisis Program launched in the Lowcountry area of South Carolina in 1985. In 2017, the program began expansion and now provides 24/7/365 statewide crisis services to the citizens of South Carolina. Originally named Community Crisis Response and Intervention (CCRI), the Mobile Crisis Program is a partnership between DMH and the SC Department of Health and Human Services (HHS). Crisis clinicians 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 via the DMH Call Center located at the West Ashley Clinic of the Charleston Dorchester Mental Health Center. Mobile Crisis services can be accessed via a toll-free number.
  - Services are available 24/7/365 in each of SC's sixteen Community Mental Health Centers covering all 46 counties.
  - Relies upon strong partnerships with local law enforcement offices and probate courts, local emergency departments, and inpatient facilities.
  - Provides clinical response to mental health crises within one hour.
  - Several centers offer telehealth which significantly reduces response times.
  - In CY 2020, the crisis call center fielded more than 62,000 calls and documented more than 12,000 crisis services, safety plans and follow ups contacts.
  - Mobile Crisis clinicians conducted more than 2,400 mobile responses in the communities of South Carolina.
  - Mobile Crisis clinicians provided support to local law enforcement requests for mobile crisis intervention more than 1,400 times.
  - Clinicians also conducted countless community presentations educating partners and stakeholders on crisis services. Partners included law enforcement agencies, hospitals, local schools, veteran services, colleges and private providers.

#### Increased Efforts to Assist Hospital Emergency Departments.

- In FY17, DMH 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. Closed due to COVID. Reopened at 50% capacity on July 22, 2021.

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

- Spartanburg Mental Health Center opened their crisis stabilization center October 17, 2018.
- 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.
- PeeDee and Columbia Area CMHC are currently working with community partners to develop crisis stabilization centers in Florence and Richland counties.
- DMH 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.
- Mental Health Courts: Using funds of a three-year, \$1.2 million grant from The Duke Endowment, DMH is expanding Mental Health Courts in South Carolina. These Courts work by diverting non-violent offenders with a mental illness from the criminal justice system into treatment, all while under the supervision and monitoring of the Court. Funding from the Grant is also being used for an evaluation of outcomes of Mental Health Courts (conducted by the USC School of Medicine), including the extent to which they reduce public expenditures while improving the lives of participating defendants. Seven Mental Health Courts are currently in place with five more planned to begin before the end of FY 2022.

#### Expanding Community Access and Resource Sharing

- The Highway to Hope Program now consists of five recreational vehicles (RVs) which primarily serve as mobile office sites in rural areas of SC. In addition to providing assessments, case management, individual and family therapy and medication management, they are also available to support crisis or disaster response. As each RV contains two individual office spaces, other caregivers such as substance misuse counselors or primary medical care can accompany mental health staff. The RVs are currently stationed in the Spartanburg, Charleston Dorchester, Columbia Area, Santee-Wateree and Beckman Community Mental Health Centers.
- The Mental Health Law Enforcement Alliance Project (Alliance) was developed to strengthen mental health and law enforcement collaborations in order to provide services to trauma victims across SC. The project uses an RV designated as the Community Support Unit (CSU) which is available state-wide. Alliance teams consist of DMH clinicians and specially trained law enforcement officers who respond to requests for assistance when children, adults, families or community members experience trauma resulting from violence, natural disaster or other events.

#### Efforts to Reduce Suicide

- Using various multi-media platforms, South Carolina Department of Mental Health's Office of Suicide Prevention (SCDMH-OSP) has surpassed its outreach and awareness goal of 300,000 individuals by year five, having reached more than 569,000 individuals via social media and 559,000 individuals through events or media coverage across the state from 2016-2021.
- SCDMH-OSP offers trainings in suicide prevention to professional audiences and community members. To date, the Office has trained more than 27,000 individuals in suicide prevention.
- More than 45 school districts, private schools and educational settings in SC have adopted the SCDMH-OSP Comprehensive School Suicide Prevention Program.
- SCDMH-OSP is implementing the ZERO Suicide model in Health Care settings throughout South Carolina. The foundational belief of ZERO Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. All sixteen DMH CMHCs have embedded Zero Suicide



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

and we have trained over 5,100 behavioral health and medical professionals, to include over 1000 clinicians specifically trained in evidenced-based therapy models for treating those with suicidal ideation or those bereaved by suicide.

- SCDMH-OSP is also implementing a ZERO Suicide protocol among Federally Qualified Health Centers, hospital systems, and primary care settings.
- In 2016, DMH collaborated with the SC chapters of the American Foundation for Suicide Prevention, to form the SC Suicide Prevention Coalition with the goal of developing a State plan addressing suicide prevention. In 2018, the new SC Suicide Prevention Plan 2018-2025 was published.
  - The Coalition, co-chaired by DMH State Director Dr. Kenneth Rogers, Senator Katherine Shealy and Vanessa Riley, AFSP SC Association Area Director, is comprised of lawmakers and leaders in the non-profit arena, as well as public and private sectors and plans to unveil an update to the 2018-2025 State Plan this fall.
- SCDMH-OSP received a two-year Lifeline Capacity Building Grant in October 2019 for \$741,672 to increase the capacity of the in-state answer rate, as well as increase the volume of calls to better serve South Carolinians in a suicidal crisis. Before this grant, one call center answered only 5% of one area code in the state, which included 11 counties in the Upstate. As of Dec. 2, 2019, the call center opened to all area codes and now answers approximately 68% of our state's calls. The funding has been instrumental in this change.

#### Providing Mental Health Services in Schools and other Non-Clinic Based Sites

- With recurring funds appropriated by the SC General Assembly, DMH continues to expand its School Mental Health Program. Embedding mental health professionals (MHPs) in schools provides accessibility as well as opportunities to increase mental health awareness and prevention. Mental Health Professionals are trained in clinical assessments, evidence-based evaluations and interventions, facilitating psychiatric evaluations and consultation along with crisis interventions.
- DMH MHPs work in hospital emergency departments (ED). As of December 2020, eight Community Mental Health Centers positioned twelve therapists within hospital EDs through a 50-50 cost share agreement.
- In conjunction with South Carolina Infant Mental Health Association, Beckman has developed the Infant and Early Childhood Mental Health Consultation Program. The program focuses on a collaborative, relationship-based approach to support and build the capacity of adults, such as parents, educators, social workers, and/or coaches/technical assistants, to work with children.
- Nine CMHCs have clinicians within or working closely with child advocacy centers to provide mental health care for children who have been victims of abuse or neglect. Participating CMHCs include Aiken-Barnwell, Anderson-Oconee-Pickens, Beckman, Berkeley, Charleston Dorchester, Columbia Area, Greenville Area, Pee Dee and Tri-County CMHC.
- In efforts to work more closely with law enforcement, there are two grant initiatives supporting the practice and priority of placing mental health clinicians in law enforcement agencies. Both the Mental Health/Law Enforcement Alliance and the Victims of Crime Act (VOCA) Initiatives are designed to strengthen resources by integrating mental health and law enforcement initiatives to expand the reach of mental health services across South Carolina. MHPs work to enhance services for individuals within the criminal justice system.
  - The Department formalized the Justice-Involved Programming (JIP) initiative in 2019 and in 2020 combined all justice-involved and emergency programming into the Office of Emergency Services (OES). This effort includes 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

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

Public Safety, SC Department of Natural Resources and all other state law enforcement agencies.

- OES partners with the SC Law Enforcement Assistance Program (SCLEAP) in their ongoing efforts supporting the needs of law enforcement and their families.
- First Responder Support Team (FRST) services are available virtually statewide. The first FRST opened in Charleston in 2009 to serve the needs of any SC first responder or their family seeking support in a stigma-free setting. FRST teams include Aiken FRST, Lowcountry FRST, Midlands FRST and Upstate FRST.

#### Offering Housing and Employment Opportunities

DMH believes safe, affordable housing removes one of the most powerful barriers to recovery. When this basic need is not met, people cycle in and out of homelessness, jails, shelters and hospitals.

- DMH is a member and current chair of the South Carolina Interagency Council on Homelessness (SCICH), a state-wide network of advocates, service providers, and funders committed to ending homelessness in SC that also includes representation from DAODAS, SC Department of Corrections, SC Department of Education, SC Department of Health and Human Services, State Housing Finance and Development Authority, SC Department of Social Services, and SC Department of Health and Environmental Control. The Council meets every other month and focuses on achieving better state-wide 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, 2021, DMH was assisting 592 patients and their family members in 357 units at an annual cost of less than \$6,500 per unit through its Community Housing Program.
  - DMH 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 formerly homeless patients and their family members in five SC counties. As of June 30, 2021, these programs were serving a total of 158 formerly homeless patients and their family members.
  - 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 across the state. Current PATH provider agencies are Greater Greenville Mental Health Center, Waccamaw Center for Mental Health, Mental Illness Recovery Center, Inc. and One80 Place. For the program year that ended August 31, 2020, the PATH provider agencies served a total of over 1,600 individuals.
  - DMH is actively engaged in Year Three 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. More than 500 individuals are expected to be served by the Grant over its five-year term.
    - 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 a total of 75 adults over the five-year grant period.

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

- This grant also funds four 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 received a total of 97 SSI/SSDI initial application decisions and achieved a 63% approval rate.
- Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR) Initiative.
  - SOAR is SAMHSA best practice that increases access to SSA disability programs for individuals with serious mental illnesses who are experiencing homelessness.
  - DMH serves as lead agency and partners with SSA and SC Disability Determination Services.
  - The SOAR initiative achieved a 63% approval rate for initial SOAR applications last year with average decision time of 91 days.
- DMH has committed \$2,600,000 in Bull Street/State Hospital sales proceeds for a total of 104 housing units for patients in 13 development projects since FY18. Funding commitments for at least two additional projects for a total of 30 units are currently pending.

DMH believes employment can be a significant tool for the process of recovery and works with patients and partnering agencies to find employment opportunities.

- Individual Placement and Support (IPS) is a model of supported employment for people with mental illness. The IPS supported employment programs are a collaboration and partnership between the South Carolina Department of Mental Health and South Carolina Department of Vocational Rehabilitation. The IPS supported employment programs are located in 15 out of 16 Community Mental Health Centers in South Carolina. IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment. Mainstream education and technical training are included as ways to advance career paths.
- The historical success of South Carolina's IPS Programs has provided existing IPS sites the opportunity to participate in national supported employment studies. To date, South Carolina is participating in three (3) national studies: 1) Berkeley Community Mental Health Center and Greater Greenville Community Mental Health IPS programs are participating in a study helping Young Adults ages 16-24 obtain gainful employment or continuing education; 2) Santee-Wateree Community Mental Health and Anderson-Oconee-Pickens Mental Health Center IPS programs are participating in the Supported Employment Demonstration (SED) study helping people with disabilities who were initially denied social security benefits obtain gainful employment; and 3) Pee Dee Community Mental Health IPS program will be participating in the NextGen study helping people with mental health disorders involved in the criminal justice system obtain gainful employment.
- IPS programs continue to provide employment services during the COVID-19 pandemic. IPS programs are providing services remotely via phone, video conferencing, and other electronic means in order to protect people's health. The IPS programs are responding to a rapidly changing labor market by continuing to help people find jobs and build employer partnerships. Rather than contacting employers in person, IPS Specialists are connecting with employers remotely. They are reviewing and updating their employer contact logs to maintain and develop new employer connections. Patients are obtaining

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

job interviews and beginning new employment. In addition, patients are still working in the community, and IPS Specialists are providing employment support services while helping working patients stay as safe as possible at work and avoid contracting COVID-19 (e.g., encouraging patients to follow health and safety practices outlined by employers and/or the Center for Disease Control).

- IPS staff members are maintaining connections to their IPS team, clinical teams, VR counselors, school counselors, and other community partners. IPS teams are meeting remotely to coordinate support for patients. South Carolina VR staff are providing job placements in the community, while IPS Employment Specialists are providing job placements remotely.
- As of December 1, 2020, IPS provided supported employment services to 700 patients, employment support services to 322 patients and employed and assisted in job searches for employment to 267 patients. During the COVID19 pandemic of months of March through December 2021, IPS programs placed 295 patients in new jobs and received 613 new referrals.

#### Promoting Successful Transitions from Hospital to Community Placements

- To increase the likelihood of successful transitions from hospital to community placements, The Dr. Versie J. Bellamy Learning Center, located on the Werber-Bryan Campus on Faison Drive, will be available to accept patients by Fall of 2021. The Discharge Initiative Planning Committee is developing a program which will:
  - Assess patients' needs and preferences for type and location of community placement, preferences for groups and activities.
  - Utilize the Independent Living Skills Survey (ILSS – a comprehensive performance-focused measure of basic functional living skills of individuals with severe and persistent mental illness), develop appropriate evidenced-based/evidenced informed program to focus on the individualized Independent Living Skills needs of each participant.
  - Establish a tier-based housing approach, based on discharge appropriateness.
  - Identify relevant community resources and partners that might benefit patients' transition to independent living.
  - This Learning Center will focus on concepts such as budgeting and paying bills, housekeeping skills, grocery shopping for meal preparation, cooking, home care and any other skills needed to improve opportunity for successful community placement.

#### Inpatient Services Meeting the Need for Long-Term Care

- The Stone Veterans' Pavilion, part of the C. M. Tucker, Jr. Nursing Care Center, is one of three DMH 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 has bed capacity to serve 90 veterans in its three units but, largely due to the pandemic, remained well below capacity throughout FY 2021.
  - Stone has achieved CMS's Five Star rating (their highest rating) on their Nursing Home Compare.
  - Stone received the annual certification from the VA survey in March 2021.
  - Stone has implemented a monitoring system for medication irregularities on all resident units in order to decrease medication errors 25% by December 2021. To date, there has been a 55% decrease in medication irregularities.
  - Stone received funding from the United States Department of Veterans Affairs to renovate the Fewell building. This will create an isolation unit and a quarantine unit so that Stone will

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

be able to better serve residents who have any communicable disease. While not used for patient care since the late 1990s, the Fewell Pavilion is licensed with the Stone facility.

- Two new State Veteran Homes are preparing to open. These are Palmetto Patriots Home in Gaffney and Veteran Village in Florence. Each will have 104 residents. There are plans underway for two additional facilities for veterans in Horry and Sumter counties.

#### Telemental Health (Telepsychiatry) Services for Efficiency and Safety During Pandemic

- As of July 2021, DMH's telemental health programs have provided more than 500,000 mental health services. DMH operates the largest telemental health program in SC.
- The Emergency Department (ED) Telepsychiatry Program was resilient through the COVID-19 Pandemic.
  - Approximately 8,600 telepsychiatry services were provided to patients in FY2021.
  - Demand for the ED Telepsychiatry Program decreased with the onset of the pandemic. The program was able to adapt to the demands of the EDs by decreasing staffing hours when needed. By February 2021, services returned to normal levels and staffing reverted to normal pre-pandemic levels. The program ended the FY providing approximately 300 more services in FY 2021 than in FY 2020.
- Community Mental Health telemental health programs were able to rapidly increase services in FY 2021, in a response to COVID-19.
  - In FY 2021, approximately 321,000 telemental health services were administered through the use of the community telepsychiatry network.
  - During the COVID-19 pandemic DMH's Community Telepsychiatry Program rapidly ramped up its community-based and school-based mental health services with a new telehealth component to ensure continuity of care for its patients: direct-to-consumer (DTC). All of DMH's Community Mental Health Centers have remained open, and are complimented with DTC telehealth services. DMH's DTC presence established a robust supervision and peer consultation regime that ensures the highest standards of care for its patients and their families. Many children and families are continuing to receive services using DTC.
- The Duke Endowment grant for Advanced Practice Registered Nurses (APRN) in the Community Telepsychiatry Program expanded in FY 2021.
  - During COVID-19, APRN's provided an increase of 455% in services versus the time period prior to COVID-19.
  - Adding APRNs as mid-level providers has augmented the psychiatric services and with significant cost savings.
- New DMH Highway to Hope (H2H) program (mentioned earlier in this report) launched in FY2021 and includes a telehealth component.

#### Striving to Become Increasingly Efficient in all Areas

In addition to the many examples provided above, other departments within DMH have focused on increasing efficiencies.

- North East Vehicle Maintenance (VM) Shop completed nearly 1,000 work orders, and although the shop experienced an over 15% increase in cost on the number of parts purchased from the previous year), it reduced its overall "outside" service costs by nearly 4.5% from the previous. This was achieved by instituting a continuing and concurrent training program where by the VM branch sponsored its vehicle maintenance technicians to attend a local training program, which taught the group advanced troubleshooting, diagnostics and repair processes of current and next-generation electrical and mechanical motor vehicle architectures.

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

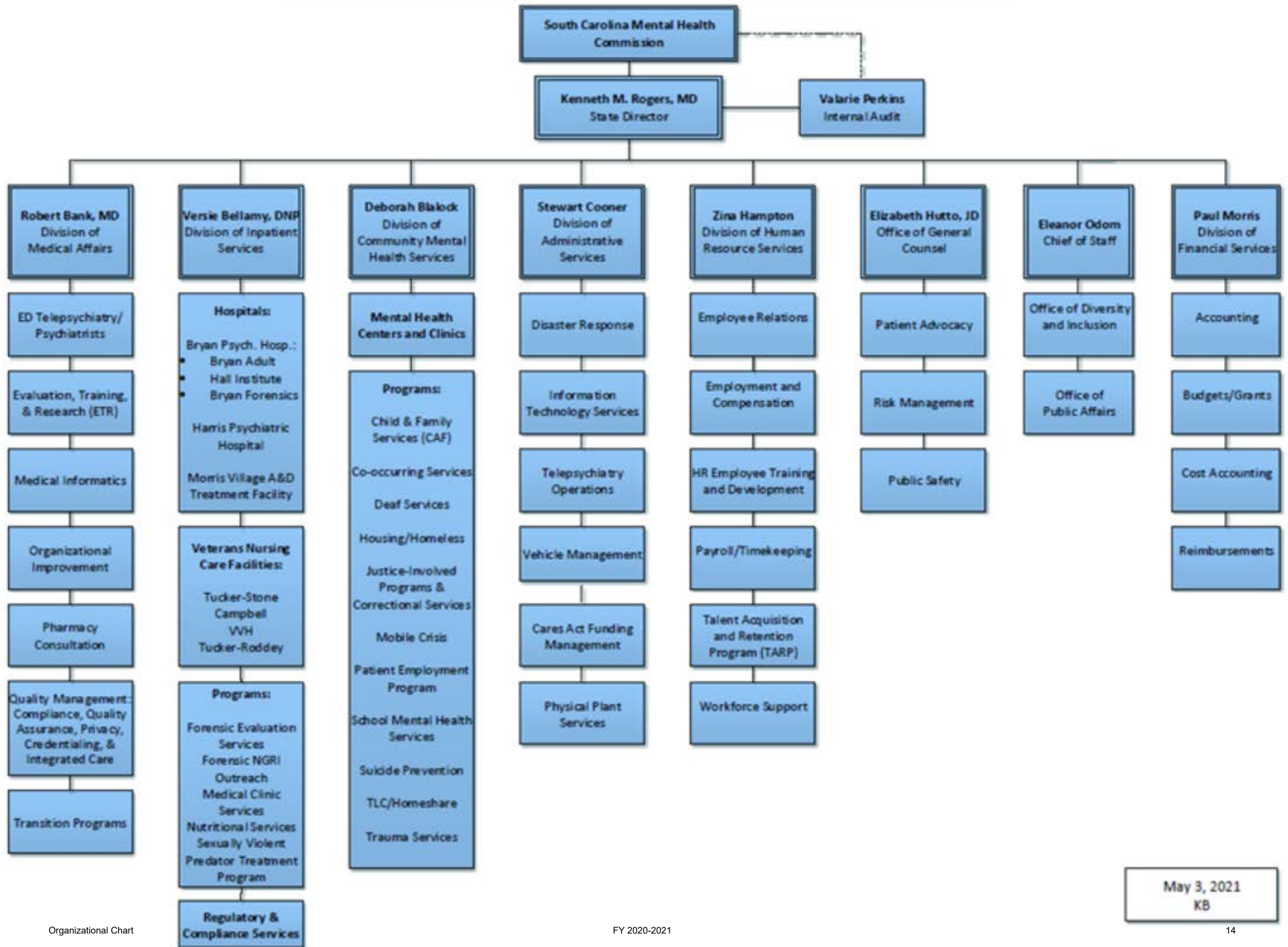
- Transportation Services (TS) completed nearly 12, 500 patient service trips which included 11,681 local, 734 out of town (greater than 30 miles) trips and over a dozen CMHC support missions delivering needed Personal Protective Equipment in response to COVID-19. Other major accomplishments:
  - Implementation of several cost efficient and effective changes including ending temp service contracts by 100%.
  - Restructuring of the TS work force schedule, which provides services 24/7/365, and resulted in ending all overtime costs (approx. \$10,000.00 Annually) and will be able to provide a more sustainable support program for future workforce projections (needs) while reducing the number of equipment operators need by 25%.
- VM Staff successfully managed the Department's fleet consisting of 658 state owned vehicles. Major accomplishments include:
  - 51 vehicle purchases, which includes the purchase if 16 used vehicles which saved the Department \$219,382.00 over the cost of purchasing new.
  - 39 vehicle disposals which returned a net of approximately \$35, 000.00 through Surplus Property Sales to the Department.
  - Completion of over a dozen interagency vehicle transfers, which saved the Department an additional \$259,284.00 from would be purchases by reallocating motor vehicle assets.
  - Restructure of vehicle utilization accountability to eliminate Tripp Log paper waste, a savings of over \$5000.00 annually
- Implementation of a driver's training initiative which resulted in 100% of all VM assigned employees achieving AAA Certification.

#### Sale of SC State Hospital (Bull Street Property)

- During FY 2021 the Buyer continued to remain ahead of the minimum payment schedule required in the Agreement.
- Only 27 acres of the approximately 185 acres which are the subject of the Agreement remain unsold, and the amount remaining due DMH by September 30, 2021 is less than \$600,000 of the approximate \$18.6 million the agreement requires.
- An accurate accounting of the funds received to date by the Department is maintained and the proceeds are deposited in a segregated account. The State Director ensures the Commission is regularly briefed about the status of the Agreement and all parcel sales, and the Commission continues to direct how the proceeds from the sales are spent by the Department, to ensure they are expended for the benefit of patients. DMH has committed \$2,600,000 in Bull Street/State Hospital sales proceeds for a total of 104 housing units for patients in thirteen development projects since FY 2018. Funding commitments for at least two additional projects for a total of 30 units are currently pending.



# S.C. Department of Mental Health Organization Chart



May 3, 2021  
KB

FY 2020-2021 Agency Accountability Report  
FY2020-21 Strategic Plan Results:

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH

Goal Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.

Strategy 1.1

Statewide Enterprise Objective

Services will be available to people in need.

Healthy and Safe Families

Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
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%	2.56%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Under 18 population of SC served by DMH / totoal population of SC under 18	Calculated using current FY patient count and US Census estimate of previous year (most recent).	Central Office Internet Technology (IT)	Patients under the age of 18.	Mental Health services will be available.	7000.050500.000 and	
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%	1.48%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Percentage of adult population in SC served by DMH / total adult population of SC	Calculated using current FY patient count and US Census estimate of previous year (most recent).	Central Office IT	Patients 18 years of age and older.	Mental Health services will be available.	7000.050500.000	
1.1.3	Number of inpatient "bed days" used will be equal to or greater than running average of previous five fiscal years.	535578	534641	444101	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).		Calculated using reporting software	Central Office IT	People requiring inpatient treatment.	Mental Health services will be available.	see note	Numbers lower due to COVID-19. We had planned to break this into four distinct indicators.
1.1.4	SCDMH will admit people into the inpatient forensic setting at a number equal to or greater than previous four years average.	207	245	200	Count (whole number)	equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of new patients admitted to inpatient forensic setting	Calculated using reporting software	Central Office IT	Patierents involved in SC judicial proceedings,	Forensic asessment and treatment services.	7000.100510.000	













These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF MENTAL HEALTH														
Goal	Serve patients with skill, dignity, compassion, and respect.													
Strategy	5.1										Statewide Enterprise Objective			
Residents of SCDMH nursing facilities will enjoy high standards of medical care.										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
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	9.3	Ratio	equal to or greater than	State Fiscal Year (July 1 - June 30).	Average lifespan per patient in years	Calculated using reporting software (actual calculation is length of stay)	Central Office IT	Nursing home patients	Skilled nursing care.	7000.551000.000	Number is based on length of stay.
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	2.7	Ratio	equal to or greater than	State Fiscal Year (July 1 - June 30).	Average lifespan per patient in years	Calculated using reporting software (actual calculation is length of stay)	Central Office IT	Nursing home patients	Skilled nursing care.	7000.550100.000	Number is based on length of stay.

These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF MENTAL HEALTH														
Goal		Serve patients with skill, dignity, compassion, and respect.												
Strategy	5.2	Statewide Enterprise Objective												
Standard of care in inpatient facilities will result in reduced need for patient restraint.										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
5.2.1	Use of restraints in SCDMH Bryan Hospital Civil inpatient facility will be equal to or below the average of the previous five years' data. National Association of State Mental Health Program Directors Research Institute (NRI) national average - 1.07 per 1000 patient hours. (CY 2020).	0.06	0.146	0.13	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Psychiatric inpatients	Appropriate inpatient services and care	7000.100505.000	
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 Association of State Mental Health Program Directors Research Institute (NRI) national average - 1.07 per 1000 patient hours. (CY 2020).	0.01	0.46	0.02	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in seclusion rooms per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Psychiatric inpatients	Appropriate inpatient services and care	7000.101000.000	
5.2.3	Use of seclusion rooms in SCDMH Bryan Hospital Civil inpatient facility will be equal to or below the average of the previous five years' data. NRI national average - 0.51 per 1000 patient hours (CY 2020).	0.28	0.214	0.23	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Psychiatric inpatients	Appropriate inpatient services and care	7000.100505.000	
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. NRI national average - 0.51 per 1000 patient hours (CY 2020).	0.01	0.36	0.59	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Psychiatric inpatients	Appropriate inpatient services and care	7000.101000.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF MENTAL HEALTH														
Goal	Serve patients with skill, dignity, compassion, and respect.													
Strategy	5.3										Statewide Enterprise Objective			
SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care.											Healthy and Safe Families			
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
5.3.1	Percentage of patients expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).	97%	95%	96%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	number of adults expressing satisfaction with SCDMH services / total number surveyed	Calculated using reporting software	Central Office IT	SCDMH adult patients.	Services will meet patient needs	7000.500500.000	



These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF MENTAL HEALTH														
Goal	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.													
Strategy	6.1										Statewide Enterprise Objective			
SCDMH will trained and prepared for emergencies affecting itself and surrounding communities.											Maintaining Safety, Integrity and Security			
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
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%	Percent	Maintain	State Fiscal Year (July 1 - June 30).	number of community mental health center meeting compliance / number of community mental health centers surveyed	Internal Records	CMHS	Community patients.	Essential services will be available following emergencies.	7000.050500.000	
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%	100%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Each staff member represents 25%	County Records	Administration	State Emergency Operations Center	SCDMH resources will be available to support state during emergencies.	7000.500500.000	



These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF MENTAL HEALTH														
Goal	Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.													
Strategy	7.2									Statewide Enterprise Objective				
School Mental Health Clinicians will be embedded throughout South Carolina schools to manage compliance with appointments and better serve partnering schools.										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
7.2.1	The percentage of schools in South Carolina with Mental Health Services will increase.	64.0%	66.9%	65.8%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	schools in South Carolina with Mental Health Services / 1332 schools	Internal Records	CMHS	Patients attending K-12 school settings.	Timely access and compliance for mental health services.	7000.050500.000	Based upon 850 of 1,332 schools having MH services.

These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF MENTAL HEALTH														
Goal Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.														
Strategy 7.3										Statewide Enterprise Objective				
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.										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
7.3.1	SCYSPI will partner with an increasing number of schools in SC.	45	50	45	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of partnerships	Internal Records	SCYSPI	SC students.	Suicide prevention awareness across multiple schools.	7000.051001.000	
7.3.2	SCYSPI will be partnerships with a CMHC, Federally Qualified Health Center, a hospital ED, and an inpatient hospital.	75%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Each partnership will be 25% of achieving goal.	Internal Records	SCYSPI	SC citizens	Suicide prevention awareness across multiple agencies.	7000.051001.000	

FY 2020-2021 Agency Accountability Report  
FY2021-22 Strategic Plan:

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH

Goal Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.

Strategy 1.1

Statewide Enterprise Objective

Services will be available to people in need.

Healthy and Safe Families

Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
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.	2.56%	2.35%		Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Under 18 population of SC served by DMH / total population of SC under 18	Calculated using current FY patient count and US Census estimate of previous year (most recent).	Central Office Internet Technology (IT)	Patients under the age of 18.	Mental Health services will be available.	7000.050500.000	
1.1.2	Percentage of adult population in SC served by DMH will be within 0.1% of previous year's percentage.	1.48%	1.46%		Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Percentage of adult population in SC served by DMH / total adult population of SC	Calculated using current FY patient count and US Census estimate of previous year (most recent).	Central Office IT	Patients 18 years of age and older.	Mental Health services will be available.	7000.050500.000	
1.1.3	Number of inpatient 'bed days' used at Bryan Civil Hospital will be equal to or greater than	42103	42103		Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Citizens in need of inpatient psychiatric Services.	Citizens in need of inpatient psychiatric Services.	7000.100505.000	
1.1.4	Number of inpatient 'bed days' used at Harris Hospital will be equal to or greater than	35532	35532		Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Citizens in need of inpatient psychiatric Services.	Citizens in need of inpatient psychiatric Services.	7000.101000.000	0
1.1.5	Number of inpatient 'bed days' used at Morris Village will be equal to or greater than	14700	14700		Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Persons requiring substance abuse treatment services.	Persons requiring substance abuse treatment services.	7000.201000.000	
1.1.6	Number of inpatient 'bed days' used at Bryan Forensic will be equal to or greater than	57255	57255		Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Citizens in need of forensic services.	Citizens in need of forensic services.	7000.100510.000	0
1.1.7	SCDMH will admit people into the inpatient forensic setting at a number equal to or greater than previous four years average.	200	235		Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of new patients admitted to inpatient forensic setting	Calculated using reporting software	Central Office IT	Patieients involved in SC judicial proceedings,	Forensic asesment and treatment services.	7000.100510.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF MENTAL HEALTH														
Goal		Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.												
Strategy	1.2									Statewide Enterprise Objective				
Appointments will be prioritized by need and with goal of reducing hospital admissions.										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
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.	97.0%	95.4%		Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Percent of patients seen in a timely manner / total number of patients	Calculated using reporting software	Community Mental Health Services Reporting (CMHS)	Patients requiring Mental Health services.	Timely delivery of mental health services	7000.050500.000	
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. Data measured is the average number of days between discharge and scheduled appointment.	3.78	4.36		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of days between inpatient discharge and first scheduled CMHC appointment for previous five years.	Calculated using reporting software	CMHS	Patients leaving inpatient settings for community placement.	Efficeint coordination between inpatient and community-based services (continuity of care).	7000.050500.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF MENTAL HEALTH														
Goal		Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.												
Strategy	1.3									Statewide Enterprise Objective				
Reduce the number of patients requiring readmission following discharge from SCDMH hospitals.										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
1.3.1	Percentage of patients requiring readmission within thirty days of discharge will be equal to or less than previous five-year average.	2.0%	1.5%		Percent	equal to or less than	State Fiscal Year (July 1 - June 30).	Number of patients requiring readmission within thirty days of discharge / total number of patients discharged	Calculated using reporting software	Central Office IT	Patients transitioning from inpatient settings to community placement.	Appropriate community supports and discharge planning for people leaving inpatient settings.	0100.000000.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF MENTAL HEALTH														
Goal	Maximize available technology to meet needs of staff and patients in as cost efficient manner as possible.													
Strategy	2.1									Statewide Enterprise Objective				
Hospital Emergency Departments and CMHCs in rural or otherwise underserved areas will have access to SCDMH physicians regardless of location.										Public Infrastructure and Economic Development				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
2.1.1	The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	23	23		Count	equal to or increase	Other	Total number of community mental health centers participating in Telepsychiatry services on June 30, 2021	Internal Records	Telepsychiatry Department	Mental Health Patients	Community-based services will meet needs of patients.	7000.050500.000	
2.1.2	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		Count	equal to or increase	Other	Total number of hospitals participating with Telepsychiatry Program on June 30, 2021.	Internal Records	Telepsychiatry Department	Hospital Emergency Departments	SCDMH will assist hospital emergency departments in proper assessments and referrals of ED patients.	7000.051001.000	



These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF MENTAL HEALTH														
Goal	Implement programs which will improve the lives of citizens.													
Strategy	3.1									Statewide Enterprise Objective				
Patients will be able to achieve and maintain productive, meaningful employment.									Public Infrastructure and Economic Development					
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
3.1.1	Percentage of patients participating in SCDMH employment programs, gaining meaningful employment, will meet or exceed average of previous five years. (National benchmark = 40%).	57.0%	56.6%		Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of SCDMH patients having competitive employment / Total Number of SCDMH patients	Calculated using reporting software	CMHS	Mental Health Patients	Meaningful employment	7000.050500.000	



These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF MENTAL HEALTH														
Goal		Serve patients with skill, dignity, compassion, and respect.												
Strategy	4.2	Statewide Enterprise Objective												
Standard of care in inpatient facilities will result in reduced need for patient restraint.										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
4.2.1	Use of restraints in SCDMH Bryan Hospital Civil 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).	0.13	0.16		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Psychiatric inpatients	Appropriate inpatient services and care	7000.100505.000	
4.2.2	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)	0.02	0.31		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in seclusion rooms per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Psychiatric inpatients	Appropriate inpatient services and care	7000.101000.000	
4.2.3	Use of seclusion rooms in SCDMH Bryan Hospital Civil 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).	0.23	0.21		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Psychiatric inpatients	Appropriate inpatient services and care	7000.100505.000	
4.2.4	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)	0.59	0.44		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Psychiatric inpatients	Appropriate inpatient services and care	7000.101000.000	









FY 2020-2021 Agency Accountability Report  
Budget Responses:

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH

			FY 2020-21 Expenditures (Actual)				FY 2021-22 Expenditures (Projected)			
State Funded Program Number	State Funded Program Title	Description of State Funded Program	General	Other	Federal	TOTAL	General	Other	Federal	TOTAL
7000.050500.000	Mental Health Centers	Mental health centers, care coordination, mobile crisis, etc.	\$68,693,596.00	\$67,072,907.00	\$12,138,074.00	\$147,904,577.00	\$69,862,237.00	\$83,809,032.00	\$13,190,928.00	\$166,862,197.00
9500.050000.000	State Employer Contributions		\$52,177,950.00	\$30,100,005.00	\$2,423,864.00	\$84,701,819.00	\$55,110,284.00	\$36,965,185.00	\$2,700,000.00	\$94,775,469.00
7000.100510.000	Bryan Forensics	Inpatient psychiatric hospital	\$22,281,604.00	\$9,948,520.00		\$32,230,124.00	\$25,968,891.00	\$14,558,260.00		\$40,527,151.00
7000.100505.000	Bryan Civil	Inpatient psychiatric hospital	\$8,230,089.00	\$16,700,195.00		\$24,930,284.00	\$8,708,623.00	\$20,111,032.00		\$28,819,655.00
7000.500500.000	Administrative Services	HR, IT, Financial Services, etc.	\$22,526,458.00	\$2,004,727.00	\$124,522.00	\$24,655,707.00	\$21,011,903.00	\$7,370,964.00	\$100,000.00	\$28,482,867.00
7000.101000.000	Harris Psychiatric Hospital	Inpatient psychiatric hospital	\$9,005,953.00	\$12,129,428.00		\$21,135,381.00	\$8,700,181.00	\$14,855,491.00		\$23,555,672.00
7000.551000.000	Roddey Pavilion (Tucker Center)		\$6,097,271.00	\$13,048,333.00		\$19,145,604.00	\$6,307,922.00	\$15,926,427.00		\$22,234,349.00
7000.550300.000	Campbell Veterans Home		\$6,563,317.00	\$11,685,933.00		\$18,249,250.00	\$6,562,639.00	\$13,467,994.00		\$20,030,633.00
7000.051001.000	Projects & Grants	Special projects	\$4,607,172.00	\$3,897,657.00	\$8,890,760.00	\$17,395,589.00	\$4,414,973.00	\$7,422,067.00	\$5,880,000.00	\$17,717,040.00
7000.600000.000	Sexual Predator Treatment Pgm		\$17,341,837.00	\$12,644.00		\$17,354,481.00	\$17,579,283.00	\$1,550,000.00		\$19,129,283.00
7000.550400.000	Veterans' Victory House		\$7,214,480.00	\$9,331,837.00		\$16,546,317.00	\$9,995,553.00	\$13,335,730.00		\$23,331,283.00
7000.201000.000	Morris Village	Alcohol & drug treatment facility	\$7,777,875.00	\$2,209,578.00		\$9,987,453.00	\$8,034,800.00	\$4,698,257.00		\$12,733,057.00
7000.100515.000	Bryan Child & Adolescent (Hall Institute)	Inpatient psychiatric hospital	\$4,399,728.00	\$4,703,969.00		\$9,103,697.00	\$4,954,803.00	\$6,936,446.00		\$11,891,249.00
7000.550100.000	Stone Pavilion		\$3,360,709.00	\$4,503,705.00		\$7,864,414.00	\$3,668,690.00	\$6,719,922.00		\$10,388,612.00
0100.000000.000	General Administration	State Director's Office, General Counsel, Internal Audits, etc	\$5,214,761.00	\$236,562.00	-\$40,099.00	\$5,411,224.00	\$4,679,647.00	\$1,554,868.00	\$400,000.00	\$6,634,515.00
7000.501500.000	Nutritional	Nutritional services for inpatient facilities	\$3,900,930.00	\$341,541.00		\$4,242,471.00	\$3,954,927.00	\$2,239,576.00		\$6,194,503.00
7000.600500X000	Lease Payment to SFAA		\$2,760,494.00			\$2,760,494.00	\$2,763,472.00			\$2,763,472.00
7000.501000.000	Public Safety Division	Public safety	\$1,605,513.00	\$543,259.00	\$56,117.00	\$2,204,889.00	\$1,737,545.00	\$1,794,293.00		\$3,531,838.00



These responses were submitted for the FY 2020-2021 Accountability Report by the										
DEPARTMENT OF MENTAL HEALTH										
			FY 2020-21 Expenditures (Actual)				FY 2021-22 Expenditures (Projected)			
7000.101500.000	Medical Clinics	Inpatient medical clinic	\$1,678,668.00	\$55,010.00		\$1,733,678.00	\$1,725,905.00	\$1,240,907.00		\$2,966,812.00
7000.502000.000	Training & Research		\$1,438,528.00	\$50,879.00		\$1,489,407.00	\$1,980,848.00	\$750,000.00		\$2,730,848.00
7000.551500.000	Veterans Village			\$596,000.00		\$596,000.00	\$5,627,814.00	\$5,375,000.00		\$11,002,814.00
7000.051005X000	SC Share	Pass through funding		\$250,000.00		\$250,000.00		\$250,000.00		\$250,000.00
9810.070000X000	Electronic Medical Records		\$225,164.00			\$225,164.00				
7000.552000.000	Palmetto Patriots Home			\$52,000.00		\$52,000.00	\$5,627,815.00	\$5,375,000.00		\$11,002,815.00
7000.051006X000	Alliance For The Mentally Ill	Pass through funding		\$50,000.00		\$50,000.00		\$50,000.00		\$50,000.00

FY 2020-2021 Agency Accountability Report

Legal Responses:

These responses were submitted for the FY 2020-2021 Accountability Report by the

DEPARTMENT OF MENTAL HEALTH

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Discharge of voluntary patient by superintendent	Requires a service	§ 44-17-320	State	Statutory	Discharge of patients
Discharge at request of patient or another person	Requires a service	§ 44-17-330	State	Statutory	Discharge of patients
Written notice of right to release	Requires a service	§ 44-17-340	State	Statutory	Inform patient of discharge rights
Emergency admission of person likely to cause serious harm; procedures; court review; assessment by examiners; initiation of emergency commitment procedures; hearing; right to counsel	Requires a service	§ 44-17-410	State	Statutory	Emergency admission for mental health treatment
Physical examination report to accompany certification for emergency admission	Requires a service	§ 44-17-415	State	Statutory	Provide physical exam report
Examination under custody of person requiring immediate hospitalization when examination not otherwise possible.	Requires a service	§ 44-17-430	State	Statutory	Agency may need to perform examination
Custody and transport of person requiring immediate care; peace officer; friend or relative	Requires a service	§ 44-17-440	State	Statutory	Permit or perform transports
Preadmission screening and evaluation in psychiatric emergencies	Requires a service	§ 44-17-450	State	Statutory	Preadmission screenings and evaluations
Examinations prior to emergency admissions to psychiatric facilities	Not related to agency deliverable	§ 44-17-460	State	Statutory	
Petition for judicial commitment; certificate of designated examiner	Not related to agency deliverable	§ 44-17-510	State	Statutory	
Notice of petition and right to counsel.	Not related to agency deliverable	§ 44-17-520	State	Statutory	
Appointment of counsel; examination and record	Not related to agency deliverable	§ 44-17-530	State	Statutory	
Hearing to be held if examiners find mental illness	Not related to agency deliverable	§ 44-17-540	State	Statutory	
Notice of hearing and rights	Not related to agency deliverable	§ 44-17-550	State	Statutory	
Removal of proceedings to another county.	Not related to agency deliverable	§ 44-17-560	State	Statutory	
Conduct of hearing.	Not related to agency deliverable	§ 44-17-570	State	Statutory	
Hospitalization of person if court finds mental illness and other conditions.	Requires a service	§ 44-17-580	State	Statutory	Designate facilities to receive committed persons
No admission based on order more than thirty days after it has been rendered.	Not related to agency deliverable	§ 44-17-600	State	Statutory	
Commitment to private, county, Veterans' Administration, or other hospital.	Not related to agency deliverable	§ 44-17-610	State	Statutory	
Appeal.	Not related to agency deliverable	§ 44-17-620	State	Statutory	
Right to reexamination; notice.	Requires a service	§ 44-17-630	State	Statutory	Inform patient of rights
Admission to agency of the United States; jurisdiction retained.	Not related to agency deliverable	§ 44-17-640	State	Statutory	
Payment of monies to state employees who are not performing their duties as state employees and are not full-time state employees.	Requires a service	§ 44-17-660	State	Statutory	Employees may be paid for duties under this section
Release or discharge upon own recognizance	Requires a service	§ 44-17-810	State	Statutory	Signing for discharge
Unlawful taking of person from mental health facility without permission.	Not related to agency deliverable	§ 44-17-860	State	Statutory	
Department to notify law enforcement officials of patients absent without proper authorization.	Requires a service	§ 44-17-865	State	Statutory	Notify authorities in event of unauthorized patient departure
Reconfinement of involuntarily committed patient who has left treatment facility without proper authorization.	Not related to agency deliverable	§ 44-17-870	State	Statutory	

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Discharge or leave of absence during judicial proceeding.	Not related to agency deliverable	§ 44-17-890	State	Statutory	
Officials not liable for release or discharge of patient.	Not related to agency deliverable	§ 44-17-900	State	Statutory	
Confidentiality of records; exceptions; violations and penalties.	Requires a service	§ 44-22-100	State	Statutory	Maintain confidentiality of patient records
Access to medical records; appeal of denial of access.	Requires a service	§ 44-22-110	State	Statutory	Permit access to patient records
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.	Requires a service	§ 44-22-120	State	Statutory	Conform with patient rights
Physical examination of involuntarily committed patient to rule out physical condition mimicking mental illness.	Requires a service	§ 44-22-130	State	Statutory	Permit or conduct examination
Authorization of, and responsibility for, treatment and medication; guidelines for medication; rights with respect to refusal of treatment.	Requires a service	§ 44-22-140	State	Statutory	Authorize medications
Restraint; seclusion; physical coercion.	Requires a service	§ 44-22-150	State	Statutory	Conform with patient rights
Employment within facility; compensation; right to refuse nontherapeutic employment.	Requires a service	§ 44-22-160	State	Statutory	Employ patients; conform with patient rights
Education of school-aged residents	Not related to agency deliverable	§ 44-22-170	State	Statutory	
Exercise and exercise facilities; right to go outdoors.	Requires a service	§ 44-22-180	State	Statutory	Permit exercise
Finding employment for mentally disabled citizens.	Requires a service	§ 44-22-190	State	Statutory	Coordinate with DEW and VocRehab
Move of patient to less restrictive setting; court approval required for move to more restrictive setting.	Requires a service	§ 44-22-200	State	Statutory	Move patient to less restrictive setting
Temporary leaves of absence.	Requires a service	§ 44-22-210	State	Statutory	Permit temporary absences
Grievances concerning patient rights; penalties for denial of patient rights.	Requires a service	§ 44-22-220	State	Statutory	Develop procedures
Right to counsel for involuntarily committed persons suffering from mental illness or chemical dependency.	Not related to agency deliverable	§ 44-22-30	State	Statutory	
Consent to electro-convulsive therapy or major medical treatment; determination of ability to give consent; who may give consent.	Requires a service	§ 44-22-40	State	Statutory	Attending physician may in some circumstances provide consent
Treatment suited to needs; least restrictive care and treatment.	Requires a service	§ 44-22-50	State	Statutory	Provision of care guidelines
Explanation of rights with regard to admission to facility; individualized treatment plan.	Requires a service	§ 44-22-60	State	Statutory	Must provide notification of rights and treatment plan
Assessment of patient; establishment and review of individualized treatment plan; discharge plan; notice of discharge.	Requires a service	§ 44-22-70	State	Statutory	Patient assessment and individual treatment plan
Patients rights	Requires a service	§ 44-22-80	State	Statutory	
Communications with mental health professionals privileged; exceptions	Requires a service	§ 44-22-90	State	Statutory	Patients' communications with mental health professionals are confidential with some exceptions
Notice of hearing for emergency or judicial admission.	Not related to agency deliverable	§ 44-24-100	State	Statutory	
Examiners' reports; disposition of child when report does not recommend judicial admission, recommends judicial admission, or is divided.	Not related to agency deliverable	§ 44-24-110	State	Statutory	
Removal of proceedings to another county.	Not related to agency deliverable	§ 44-24-120	State	Statutory	
Hearing; location; testimony; rules of evidence; transcript	Not related to agency deliverable	§ 44-24-130	State	Statutory	
Determination after presentation of evidence.	Not related to agency deliverable	§ 44-24-140	State	Statutory	
Psychiatric evaluations of children; notification of victims.	Not related to agency deliverable	§ 44-24-150	State	Statutory	

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Examination and review of child admitted to inpatient program; program of care and treatment.	Requires a service	§ 44-24-160	State	Statutory	Examine and review children admitted to facilities
Right to reexamination; notice of right; proceedings upon petition for reexamination.	Requires a service	§ 44-24-170	State	Statutory	Inform patient of rights
Court review of case of child involuntarily admitted.	Not related to agency deliverable	§ 44-24-180	State	Statutory	
Notification to court when child moved to different program; court approval for move to more restrictive program; placement in crisis stabilization.	Requires a service	§ 44-24-190	State	Statutory	Notify court of move
Voluntary admission; notification of guardian ad litem.	Requires a service	§ 44-24-20	State	Statutory	Admit for treatment
Unauthorized absence of child from facility or residential program.	Requires a service	§ 44-24-200	State	Statutory	Notify authorities in event of unauthorized patient departure
Unlawful to remove child from inpatient facility or residential program without authorization.	Not related to agency deliverable	§ 44-24-210	State	Statutory	
Requirement of discharge planning and continuity of service in community.	Requires a service	§ 44-24-220	State	Statutory	Create community plan
Provision of community-based treatment as alternative to hospitalization.	Requires a service	§ 44-24-230	State	Statutory	Provide or aid in provision of community-based treatment
Agencies to participate in planning and provision of services; exchange of records.	Requires a service	§ 44-24-240	State	Statutory	Exchange records with other agencies
Consultation with parent or guardian; participation in or cooperation with treatment.	Requires a service	§ 44-24-250	State	Statutory	Confer with parents/guardians
Child's right to communicate, consult, or visit with agency or person having custody, with counsel, or with private mental health service provider.	Requires a service	§ 44-24-260	State	Statutory	Permit communications
Personal, civil, and property rights of child in treatment program.	Requires a service	§ 44-24-270	State	Statutory	Conform with patient rights
Use of restraint, seclusion, or physical coercion; corporal punishment prohibited.	Requires a service	§ 44-24-280	State	Statutory	Conform with patient rights
Admission of child sixteen or older as inpatient; determination of voluntariness; appointment of guardian ad litem.	Not related to agency deliverable	§ 44-24-30	State	Statutory	
Discharge of voluntarily admitted child; grounds for not effecting discharge.	Requires a service	§ 44-24-40	State	Statutory	Discharge patients
Periodic notification to voluntarily admitted child and parent or guardian of right to release.	Requires a service	§ 44-24-50	State	Statutory	Notify of right to release
Emergency admission of child to inpatient hospital.	Not related to agency deliverable	§ 44-24-60	State	Statutory	
Taking custody of child needing emergency admission.	Not related to agency deliverable	§ 44-24-70	State	Statutory	
Transportation of child to hospital; parent's or guardian's request to accompany child.	Requires a service	§ 44-24-80	State	Statutory	Transport and reimbursement for transport
Notification to child and guardian of petition; contents of petition; right to counsel; examination and conclusions.	Not related to agency deliverable	§ 44-24-90	State	Statutory	
Terms of compact	Requires a service	§ 44-25-20	State	Statutory	Conform with terms of compact; provision of mental health services
Director of Mental Health and Director of Disabilities and Special Needs shall be compact administrators.	Requires a service	§ 44-25-30	State	Statutory	Administrate compact

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Supplementary agreements with other states.	Requires a service	§ 44-25-40	State	Statutory	Enter into agreements with other states
Family of proposed transferee shall be consulted; probate court shall approve transfer out of State.	Requires a service	§ 44-25-50	State	Statutory	Consult with family of patient; probate court
Payment of obligations.	Requires a service	§ 44-25-60	State	Statutory	Pay obligations
Standard for determining predator status; control, care, and treatment of person; release; mistrial procedures; persons incompetent to stand trial.	Requires a service	§ 44-48-100	State	Statutory	Comply with SVP institutionalization guidelines; cooperate with other agencies
Periodic mental examination of committed persons; report; petition for release; hearing; trial to consider release.	Requires a service	§ 44-48-110	State	Statutory	perform periodic examinations
Petition for release; hearing ordered by court; examination by qualified expert; burden of proof.	Requires a service	§ 44-48-120	State	Statutory	Determine and certify determinations regarding safety to release
Grounds for denial of petition for release.	Not related to agency deliverable	§ 44-48-130	State	Statutory	
Restricted release of confidential information and records to agencies and Attorney General	Requires a service	§ 44-48-140	State	Statutory	Release records as required
Evidentiary records; court order to open sealed records	Requires a service	§ 44-48-150	State	Statutory	Seal records under court order
Registration of persons released from commitment.	Not related to agency deliverable	§ 44-48-160	State	Statutory	
Involuntary detention or commitment; constitutional requirements.	Requires a service	§ 44-48-170	State	Statutory	Conform with constitutional requirements of patient detention
Legislative findings.	Not related to agency deliverable	§ 44-48-20	State	Statutory	
Definitions	Not related to agency deliverable	§ 44-48-30	State	Statutory	
Notification to team, victim and Attorney General regarding release, hearing or parole; effective date of parole or release; immunity.	Requires a service	§ 44-48-40	State	Statutory	Notify identified parties upon release of a SVP
Multidisciplinary team; appointments; review of records; membership.	Requires a service	§ 44-48-50	State	Statutory	Assessment for SVP designation
Prosecutor's review committee; scope of review; membership requirements.	Not related to agency deliverable	§ 44-48-60	State	Statutory	
Petition for probable cause determination.	Not related to agency deliverable	§ 44-48-70	State	Statutory	
Determination of probable cause; taking person into custody; hearing; evaluation.	Requires a service	§ 44-48-80	State	Statutory	Receive SVP as designated by court
Trial; trier of fact; continuation of trial; assistance of counsel; access of examiners to person; payment of expenses.	Not related to agency deliverable	§ 44-48-90	State	Statutory	
Definitions.	Not related to agency deliverable	§ 44-52-10	State	Statutory	
Involuntary commitment; conduct of hearing and effect of findings.	Requires a service	§ 44-52-110	State	Statutory	Receive patients; ask court for order to cooperate
Involuntary commitment; period of treatment.	Requires a service	§ 44-52-120	State	Statutory	Send notice of intent to discharge to court
Transfer of patient.	Requires a service	§ 44-52-130	State	Statutory	Transfer to another facility; seek court approval when needed
Release of patient for temporary leave of absence.	Requires a service	§ 44-52-140	State	Statutory	Permit temporary absences
Reconfinement of involuntarily committed patient who has left treatment facility without permission.	Requires a service	§ 44-52-150	State	Statutory	Provide written notice to LEO
Violation of conditions of release; supplemental proceedings and recommitment.	Requires a service	§ 44-52-160	State	Statutory	Provide written statement to court

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Patients receiving alcohol and drug addiction services prohibited from possessing alcohol, firearms, weapons, or drugs; penalties; unlawful to allow.	Requires a service	§ 44-52-165	State	Statutory	Prevent patient access to drugs/alcohol
Voluntary admission.	Requires a service	§ 44-52-20	State	Statutory	Admit voluntary patients; notify patients of rights
Authority of State Department of Mental Health.	Requires a service	§ 44-52-200	State	Statutory	Adopt procedures, regulations, forms, etc. Visit and treat patients at facilities.
Comprehensive program for chemically dependent persons.	Requires a service	§ 44-52-210	State	Statutory	Approve Division plans/designations
Discharge of voluntary patient.	Requires a service	§ 44-52-30	State	Statutory	Discharge of patients
Release of voluntary patient.	Requires a service	§ 44-52-40	State	Statutory	Review requests for release
Procedure for emergency admission.	Requires a service	§ 44-52-50	State	Statutory	Receive emergency patients
Preliminary judicial review of emergency admission; patient's attorney's access to documents.	Not related to agency deliverable	§ 44-52-60	State	Statutory	
Transfer of patients under emergency commitment.	Requires a service	§ 44-52-65	State	Statutory	Transfer to less-restrictive settings
Involuntary commitment; examination; report; commencement of judicial proceedings.	Requires a service	§ 44-52-70	State	Statutory	Petition court
Involuntary commitment; notice of hearing.	Not related to agency deliverable	§ 44-52-80	State	Statutory	
Contents of report; background investigation; counsel to have access to reports.	Requires a service	§ 44-52-90	State	Statutory	Submit reports to the court
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.	Requires a service	2017-11	State	Executive Order	Mental health treatment and related services



**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Commitment of Children in Need of Mental Health Treatment	Requires a service	SECTION 44- 24-10, et seq.	State	Statutory	Mental health treatment and related services
SCDMH Inpatient and Outpatient Facilities to be maintained and purposes	Requires a service	SECTION 44-11-10.	State	Statutory	Mental health treatment and related services
Commission and Attorney General approval of easements and rights of way on SCDMH grounds	Requires a service	SECTION 44-11-110.	State	Statutory	May permit easements and right-of-ways
Establishment, purpose and admission requirements of SCDMH South Carolina Veterans Homes.	Requires a service	SECTION 44-11-30.	State	Statutory	Mental health treatment and related services
Establishment of mental health clinics/centers	Requires a service	SECTION 44-11-60.	State	Statutory	Mental health treatment and related services
Appointment and powers of SCDMH inpatient facility Public Safety officers.	Requires a service	SECTION 44-11-70.	State	Statutory	May employ LEOs
Entering or refusing to leave state mental health facility following warning or request; penalty.	Not related to agency deliverable	SECTION 44-11-75.	State	Statutory	
Authority for law enforcement to take individual who appears to be mentally and posing a risk of harm into protective custody.	Requires a service	SECTION 44-13-05.	State	Statutory	Mental health treatment and related services
Detention and care of individual by county pending removal to SCDMH inpatient facility.	Not related to agency deliverable	SECTION 44-13-10.	State	Statutory	
Admission of resident ordered committed by foreign court.	Requires a service	SECTION 44-13-20.	State	Statutory	Mental health treatment and related services
Removal of patient who is not a citizen of this State.	Requires a service	SECTION 44-13-30.	State	Statutory	Mental health treatment and related services
Removal of alien patient.	Requires a service	SECTION 44-13-40.	State	Statutory	Report undocumented patient to state authorities
Return of patient to out-of-State mental health facility.	Requires a service	SECTION 44-13-50.	State	Statutory	Mental health treatment and related services
Transfer of custody of infirm or harmless patient to custodian, guardian or county.	Requires a service	SECTION 44-13-60.	State	Statutory	Mental health treatment and related services
Admission forms to be kept by probate judges.	Not related to agency deliverable	SECTION 44-13-70.	State	Statutory	
Establishment of local mental health programs and clinics/centers	Requires a service	SECTION 44-15-10.	State	Statutory	Consent to creation of community mental health programs
Mental health center Services for which funds may be granted.	Requires a service	SECTION 44-15-20.	State	Statutory	Mental health treatment and related services
Applications for mental health center funds .	Requires a service	SECTION 44-15-30.	State	Statutory	Receive plans and budgets from local community health programs
Allocation of mental health center funds and review of expenditures.	Requires a service	SECTION 44-15-40.	State	Statutory	Allocate funds
Grants for mental health center services.	Requires a service	SECTION 44-15-50.	State	Statutory	May issue grants

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Establishment and membership of community mental health center boards.	Not related to agency deliverable	SECTION 44-15-60.	State	Statutory	
Powers and duties of community mental health center boards	Requires a service	SECTION 44-15-70.	State	Statutory	Standards for community mental health boards
Powers and duties of SCDMH related to mental health centers	Requires a service	SECTION 44-15-80.	State	Statutory	Mental health treatment and related services
Mental health center unexpended appropriations.	Requires a service	SECTION 44-15-90.	State	Statutory	
Care and Commitment of Mentally Ill Persons	Requires a service	SECTION 44-17-310, et. seq.	State	Statutory	Mental health treatment and related services
Patients rights	Requires a service	SECTION 44-22-20, et. Seq.	State	Statutory	Mental health treatment and related services
Patients or prisoner denied access to alcoholic, firearms, dangerous weapons and controlled substances.	Requires a service	SECTION 44-23-1080.	State	Statutory	
Confidentiality and disclosure of copies of probate judge forms/documents.	Not related to agency deliverable	SECTION 44-23-1100.	State	Statutory	
Charges for patient/client maintenance, care and services.	Requires a service	SECTION 44-23-1110.	State	Statutory	establish the charges for maintenance and medical care for patients
Liability of estate of deceased patient or client	Requires a service	SECTION 44-23-1120.	State	Statutory	Present claims for decedent expenses
Payment contracts for care and treatment by persons legally responsible	Requires a service	SECTION 44-23-1130.	State	Statutory	Investigate patient associates who may be financially capable of paying for care
Lien for care and treatment; filing statement; limitation of action for enforcement.	Requires a service	SECTION 44-23-1140.	State	Statutory	Department may pursue a lien for cost of services
Sexual misconduct with an inmate, patient, or offender.	Not related to agency deliverable	SECTION 44-23-1150.	State	Statutory	
Transfer of confined persons to or between SCDMH and DDSN	Requires a service	SECTION 44-23-210.	State	Statutory	Mental health treatment and related services
Inpatient admission of persons in jail.	Requires a service	SECTION 44-23-220.	State	Statutory	Mental health treatment and related services
Criminal liability of anyone causing unwarranted confinement.	Requires a service	SECTION 44-23-240.	State	Statutory	
Appeal to court from rules and regulations adopted by SCDMH	Requires a service	SECTION 44-23-40.	State	Statutory	Mental health treatment and related services
Determining fitness/capacity to stand trial	Requires a service	SECTION 44-23-410.	State	Statutory	Mental health treatment and related services
Fitness to stand trial examiner's report.	Requires a service	SECTION 44-23-420.	State	Statutory	Mental health treatment and related services
Hearing on fitness capacity to stand trial; effect of outcome.	Requires a service	SECTION 44-23-430.	State	Statutory	Mental health treatment and related services



**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Reexamination of finding of unfitness.	Requires a service	SECTION 44-23-450.	State	Statutory	Mental health treatment and related services
Procedure when SCDMH determines forensic patient no longer requires hospitalization.	Requires a service	SECTION 44-23-460.	State	Statutory	Mental health treatment and related services
Interstate Compact on Mental Health	Requires a service	SECTION 44-25-10, et. seq.	State	Statutory	Mental health treatment and related services
Sexually Violent Predator commitment, detention, treatment and release	Requires a service	SECTION 44-48-10, et. seq.	State	Statutory	Sexually Violent Predator Treatment
Alcohol and Drug Abuse Commitment	Requires a service	SECTION 44-52-5, et. seq.	State	Statutory	Alcohol and Drug Treatment
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.	Requires a service	SECTION 44-9-10.	State	Statutory	Mental health treatment and related services
Additional powers and duties of commission	Requires a service	SECTION 44-9-100.	State	Statutory	form corporate body; provide care to penal patients; PR and education programs; collect statistics; provide vocation training; provide statewide system for mental health treatment
Authority of the Commission to accept gifts and grants on behalf of SCDMH	Not related to agency deliverable	SECTION 44-9-110.	State	Statutory	
Annual report of Commission to Governor and GA	Requires a service	SECTION 44-9-120.	State	Statutory	Produce annual report to gov. and GA
Creation of South Carolina Mental Health Commission and its authority	Not related to agency deliverable	SECTION 44-9-30.	State	Statutory	
Appointment of the State Director of Mental Health and powers, duties and qualifications.	Requires a service	SECTION 44-9-40.	State	Statutory	administer the policies and regulations established by the commission
Divisions of SCDMH as authorized by State Director and Commission.	Requires a service	SECTION 44-9-50.	State	Statutory	Mental health treatment and related services
Appointment of directors of hospitals; employment of personnel.	Requires a service	SECTION 44-9-60.	State	Statutory	Appointment of directors of hospitals; employment of personnel.
Administration of Federal funds; development of mental health clinics.	Requires a service	SECTION 44-9-70.	State	Statutory	Administration of Federal funds; development of mental health clinics.
Utilization of Federal funds provided to improve services to patients.	Requires a service	SECTION 44-9-80.	State	Statutory	Mental health treatment and related services
Powers and duties of Mental Health Commission	Requires a service	SECTION 44-9-90.	State	Statutory	form of reports; require reports from state hospital; investigate complaints; adopt regulations; form relationships with other entities
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.	Requires a service	SECTION 62-5-105.	State	Statutory	Conservator for Patient

**FY 2020-2021 Agency Accountability Report  
Services Responses:**

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH**

Description of Service	Description of Direct Customer	Customer Name	Others Impacted By the Service	Agency unit providing the service	Description of agency unit	Primary negative impact if service not provided
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.	3) People 18 years of age or older. No income requirements.	Severely, persistently mentally ill.	All SC citizens	Community Mental Health Centers	Approximately 82,000 adult citizens of South Carolina with mental illness. This number includes forensic services mentioned below.	Severely, persistently mentally ill adults would remain untreated.
The Department of Mental Health primarily serves children and adolescents with major mental illness or severe emotional disorders and their families.	3) Children and adolescents (and their families) from birth through age 17. No income requirements.	Children and adolescents with major mental illness or severe emotional disorders and their families.	All SC citizens	Community Mental Health Centers	Approximately 28,000 Children and Adolescents of South Carolina and their families.	Children and adolescents with major mental illness or severe emotional disorders would remain untreated.
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.	3) Children and adolescents ages 4 through 17.	Children and adolescents with major mental illness or severe emotional disorders.	All SC citizens	Department of Inpatient Services, Child and Adolescent	Citizens in need of inpatient mental health services.	Children and adolescents with major mental illness or severe emotional disorders needing inpatient services may remain untreated.
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.	3) Adults over the age of 17.	Severely, persistently mentally ill adults.	All SC citizens	Department of Inpatient Services, Adult Civil Involuntary Admissions	Citizens in need of inpatient psychiatric Services.	Severely, persistently mentally ill adults needing inpatient services may remain untreated.
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.	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.	Severely, persistently mentally ill adults who may be criminal defendants or have been found Not Guilty by Reason of Insanity.	All SC citizens	Department of Inpatient Services, Forensic	Citizens in need of forensic services.	Courts may lose ability to determine fair trials for mentally ill adults involved in criminal justice.

These responses were submitted for the FY 2020-2021 Accountability Report by the

DEPARTMENT OF MENTAL HEALTH

Description of Service	Description of Direct Customer	Customer Name	Others Impacted By the Service	Agency unit providing the service	Description of agency unit	Primary negative impact if service not provided
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.	3) All South Carolina residents aged 18 or older. All patients must be diagnosed with a substance abuse disorder.	Adults with substance abuse disorders.	All SC citizens	Department of Inpatient Services, Substance Abuse	Persons requiring substance abuse treatment services.	Low-income SC residents may be unable to afford inpatient substance abuse treatment.
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.	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.	SC residents who are veterans who require long-term nursing care.	Family members and other caregivers.	Veterans	Veterans in need of skilled nursing care.	Inability of SC to honorably serve veterans needing long-term 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.	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.	People needing long-term nursing care.	Family members and other caregivers.	Tucker/Dowdy	Adults in need of nursing care.	Inability of SC to provide long-term nursing care to those without financial resources.
The Department currently treats over 200 individuals convicted of crimes that have served their sentences yet have been adjudicated as sexually violent predators and civilly committed for sex offender treatment.	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.	Sexually violent predators.	All SC citizens	Sexual Predator	Sexually Violent Predators	Potential sexual predators, who are deemed a threat to others, would be released from incarceration into the community.

## Agency Partnerships Responses:

These responses were submitted for the FY 2020-2021 Accountability Report by the

DEPARTMENT OF MENTAL HEALTH

Name of Partner Entity	Type of Partner Entity	Description of Partnership
Department of Alcohol and Other Drug Abuse Services	State Government	1. "No Wrong Door" initiative. 2. Morris Village Alcohol & Drug Addiction Treatment Center
Department of Corrections	State Government	Collaborate in order to link inmates with a mental illness who are scheduled for release with a DMH Community Mental Health Center for continued treatment upon their release.
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.
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.
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.
Department of Juvenile Justice (DJJ)	State Government	SCDMH has defined the Severely Mentally Ill (SMI) inclusion criteria 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.
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.
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.
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.
Emergency Management Division	State Government	Provides staff to assist in emergency preparedness and recovery efforts in communities affected by disasters.
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 through 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.
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.

FY 2020-2021 Agency Accountability Report  
Reports Responses:

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF MENTAL HEALTH

Report Name	Law Number (If required)	Summary of Information Requested in the Report	Most Recent Submission Date	Reporting Frequency	Type of Entity	Method to Access the Report	Direct access hyperlink or agency contact
State Auditor's Report		Agreed upon procedures report		Annually	South Carolina state agency or agencies	Available on another website	