

AGENCY NAME:	Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

2022
Accountability Report

SUBMISSION FORM

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

- Data Template
 - Reorganization and Compliance
 - FY2022 Strategic Plan Results
 - FY2023 Strategic Plan Development
 - Legal
 - Services
 - Partnerships
 - Report or Review
 - Budget
- Discussion Template
- Organizational Template

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.

AGENCY DIRECTOR <i>(SIGN AND DATE):</i>	SIGNATURE ON FILE	Signature Received: 9/15/2022 9:14
<i>(TYPE/PRINT NAME):</i>	Kenneth Rogers, MD	

BOARD/CMSN CHAIR <i>(SIGN AND DATE):</i>	SIGNATURE ON FILE	Signature Received: 9/15/2022 9:14
<i>(TYPE/PRINT NAME):</i>	L. Gregory Pearce, Jr.	

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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

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South Carolina while subsequently identifying services and situations where improvements might prove beneficial. In meeting that responsibility, the Department strives to:

- Assure quality mental health services are available to meet South Carolina's needs.
- 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. While the official State of Emergency has lifted, the Department continues to provide cautiously provide critically needed services to the citizens of South Carolina. While observing all recommended safety precautions, 85% of patients continued to receive services in person at the CMHCs, while the remaining 15% accessed clinicians using telephonic or telehealth services. While all staff are considered essential employees, using the internet allowed some clinical and support staff to work from home.

The Department's three hospital facilities and six nursing homes have discontinued limiting visitation. Providing a safe, treatment environment during a pandemic, especially for patients with COVID symptoms, remains a tremendous challenge. During the height of the pandemic, infected patients were isolated from non-infected individuals. Staff serving either group did not have contact with either the other patients or the staff serving that population. This resulted in limiting the number of beds available and reduced the overall number of bed days at each site. As the effects of COVID-19 lessened, these restrictions were lifted.

The Administration Building remained open. While many staff worked from home, many shared different shifts or even alternating days with other staff. Several South Carolina Mental Health Commission's monthly meetings were held via Zoom. Policies and procedures and regular updates from management continued to adjust as new recommendations and guidance came from South Carolina DHEC and the Center for Disease Control.

The Department offered services to anyone suffering from an addiction or behavioral health effects due to COVID. FEMA released funds for a unique 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 ended in June 2021, the grants available from SAMHSA and additional funds of the Consolidated Appropriations Act of 2021 will assure services can remain available into Spring, 2023.

SCDMH and SC Department of Alcohol and other Drugs of Abuse (DAODAS) use a toll-free resource line for callers experiencing addiction or 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

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specifically designed to assist health care workers experiencing an addiction or mental illness due to COVID-19 by providing them with access to telehealth services: The Healthcare Outreach Team (HOT). Healthcare workers also have access to weekly support groups in which they are able to express their concerns in a closed group format. Financial assistance is available to those seeking mental health treatment at one of our state-run mental health centers.

SCDMH staff also provided group therapy sessions to members of another large state agency whose staff remained in heightened alert 24/7 throughout the pandemic. Initial sessions resembled crisis debriefing groups, allowing participants to discuss their perception of events. In turn, SCDMH clinicians were able to suggest who might benefit from a higher level of treatment services.

Changes in Leadership

- Paul Morris became the Deputy Director for the Division of Administrative Services following the resignation of Stewart Cooner in October, 2021. Mr. Morris retains his previous responsibilities as the Department’s Chief Financial Officer. Mr. Morris now supervises the areas of General/Accounting, Business Office, SCEIS Helpdesk, Reimbursement, Cost Reporting, Contracts/Procurement, Budget and Planning, Grants Administration and Emergency Preparedness and Response.

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, via telehealth when appropriate and where available, or by phone via the DMH Call Center located at the West Ashley Clinic of the Charleston Dorchester Mental Health Center (I would remove or amend this, as during the day time crisis calls are actually transferred to the local Mental Health Center to address). Mobile Crisis services can be accessed via the toll-free number: (833) 364-2274.
 - o Services are available 24/7/365 in each of SC’s sixteen Community Mental Health Centers covering all 46 counties.
 - o Relies upon strong partnerships with local law enforcement agencies, probate courts, local emergency departments, and inpatient facilities.
 - o Provides clinical response to mental health crises within one hour.
 - o Several centers offer telehealth which significantly reduces response times.
 - o In FY 2021, the Mobile Crisis call center fielded more than 23,000 calls and documented more than 7,000 crisis services, safety plans and follow ups contacts.
 - o Mobile Crisis clinicians conducted more than 2,000 mobile responses in the communities of South Carolina.
 - o Mobile Crisis clinicians provided support to local law enforcement requests for mobile crisis intervention more than 400 times.

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- o 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.

988 Comprehensive Crisis Continuum of Care.

South Carolinians in distress and struggling with suicidal thoughts and attempts sought help through various resources, including the following:

- There were 16,176 SC EMS Self Harm Calls in 2020 and 22,618 in 2021. EMS Self-Harm Call Volume has increased 40% when comparing 2020 vs. 2021.
- There were 26,476 calls to the Lifeline from SC.
 - o 18,523 were answered by Mental Health America Greenville County (MHAGC) – currently SC’s only Lifeline call center
 - o 7,953 calls were answered either out of state, by the Veteran’s Crisis Line, or the Spanish Language Line
- There were 4,995 total chats/texts identified as being initiated from SC, with MHAGC answering 4,296.
- From January 2021-November 2021, SCDMH’s Mobile Crisis Program responded to 21,952 calls, with 7,450 crisis calls, resulting in 1,846 mobile responses.
- More than 13,000 conversations from South Carolinians to the Crisis Text Line from October 2020-September 2021.

In October 2020, the federal National Suicide Hotline Designation Act (S. 2661) “988” became law. This was a historic victory for the suicide prevention community and a national recognition of the importance of responding to suicide and mental health crises. The 988 Crisis Continuum of Care is not intended to serve as a public safety resource, but rather to divert non-medical, fire, police, and emergency calls that are suicide or mental health related out of the 911 system and to behavioral health professionals. Further, it aims to go beyond increasing access through the change to a 3-digit number and provide the care those in distress need, when and how they need it, to ensure their return to stability with dignity and safety.

Increased Efforts to Assist Hospital Emergency Departments

Telepsychiatry:

- During FY 2022, SCDMH saw the largest increase in Emergency Departments utilizing Telepsychiatry since its inception. SCDMH physicians are now screening patients in 27 hospitals, which is a 17% increase from the beginning of the FY, representing the largest number of sites accessing telepsychiatry services in the short history of this program.
- The Emergency Department (ED) Telepsychiatry Program was resilient through the COVID-19 Pandemic. Each of the Department’s sixteen Community Mental Health Centers use telepsychiatry and telehealth services to increase availability of services to patients throughout South Carolina.

Crisis Stabilization and Crisis Receiving Units:

- Crisis Stabilization Units (CSUs) offer a wide range of short-term services short of psychiatric hospitalization, such as: 24/7 professional staffing; Medical and nursing services; Psychiatric services; Substance use disorder services; Assessment and Counseling; and, Stabilization and Transition planning.
- These trauma-informed programs may also identify additional treatment needs and provide a “warm hand-off” to follow-up care, from peer supports and outpatient services to more intensive services, such as hospitalization.
- CSU’s are designed to divert people in crisis to a short-term psychiatric setting thereby saving emergency departments and inpatient psychiatric hospital beds only for those who truly need it.

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Currently, SCDMH has two CSUs (in Charleston and Spartanburg) with plans for an additional seven throughout the state.

- Not every individual in crisis will need even a brief stay in a CSU. Some will stabilize with access to a Crisis Receiving Unit (CRU) and trained mental health professionals. The CRU has separate staff and functions on a lower level in the continuum of crisis care than a CSU. A CRU provides stabilization for 23 hours or less. The goal is to add CRU beds in the same locations as the CSUs to provide multiple levels of care.

Expanding Community Access and Resource Sharing

- The Highway to Hope Program now consists of 14 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, Pee-Dee, Aiken Barnwell, Berkeley, Waccamaw, Tri-county and Beckman Community Mental Health Centers. Funds through the COVID Relief Grant are available for the purchase of two additional RVs which will allow for each CMHC to have a vehicle available for mobile services.
- 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 SCDMH 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.
- Currently, SCDMH has embedded positions with law enforcement across the state funded by various grants. These clinicians serve the community in many capacities including treating victims of crime, individuals who have experienced trauma, and those experiencing a psychiatric crisis. Embedded clinicians also serve as liaisons for justice involved individuals through assessment, referral, and re-entry by connecting individuals to the CMHCs. There are clinicians embedded in detention centers and law enforcement agencies in Dorchester, Lexington, Newberry, Richland, Horry, Darlington, Lee, Aiken, Spartanburg, Cherokee, and Berkeley Counties and several CMHCs are in the process of expanding to additional counties. At this time DMH supports Crisis Intervention Teams with the Richland County Sheriff's Department and the Summerville Police Department.

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 approximately 587,161 individuals via social media from 2016-2022, and 1,873,839 individuals through events or media coverage across the state from 2018-2021. From 2021-present, billboard campaigns regarding awareness of resources and messages of hope have been placed across the state. They had 6,247,097 weekly impressions.
- In November 2020, SC became the first state in the nation to launch an interactive mental health screener (www.hope.connectsyou.org) for everyone in the state over the age of 18. This important resource was made possible through partnerships with the American Foundation for Suicide Prevention's (AFSP) National office and SC Chapter. The screener, staffed by SCDMH and DAODAS professionals, has screened 2,161 individuals and directly linked them to care. More than 80% of people

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who take the screener were not in mental health care treatment at the time of screening. The innovative program has been highlighted nationally as a best practice, as well as SCDMH's dedication to caring for South Carolinians.

- To date, the Office has trained more than 42,041 individuals in suicide prevention. SCDMH-OSP offers training in suicide prevention, intervention, and postvention, to professional audiences and community members.
- More than 80 school districts, private schools, and educational settings in SC have had some form of Suicide Prevention Training. In 2020, SCDMH offered the *Signs Matter: Early Detection* training for 10,000 school personnel. This training is one of the only trainings available that speaks to identifying warning signs in elementary age children through high school. It also satisfies each educator's training requirement per the SC Jason Flatt Act of 2012. To date, 4,155 have completed the training.
- SCDMH began implementing the Zero Suicide (ZS) healthcare framework in 2018 and have worked to expand this implementation in systems of care throughout the state. The foundational belief of ZS is that suicide deaths for individuals under care within health and behavioral health systems are preventable.
 - o All 16 DMH CMHCs have embedded the ZS approach.
 - o We have trained over 9,385 behavioral health and medical professionals, including over 1,667 clinicians specifically trained in evidenced-based therapy models for treating those with suicidal ideation or those bereaved by suicide.
 - o In 2021, 81,656 SCDMH patients were screened for suicidal ideation, resulting in 2,351 referrals to suicide-specific care in the SCDMH suicide care pathway. SCDMH is one of the first mental health care organizations in the nation to proactively implement universal safety planning with all patients.
 - o In 2021, a total of 37 partners collaborated with ZS including SC Hospital Association, the SC Office of Rural Health, SC Department of Health and Human Services, SC Department of Health and Environmental Control, etc.
 - o SCDMH-OSP has also partnered with Federally Qualified Health Centers, hospital systems, and primary care settings to implement ZS in their systems of care. SCDMH recently hosted our 5th Zero Suicide Academy, focused on implementing this framework within SCDAODAS and other outpatient drug and alcohol abuse authorities.
 - o In partnership with AFSP National and the SC Chapter, SCDMH-OSP provided funding to help sponsor training for two SC residency programs, one pediatric practice in the Low Country, and 42 Lexington Medical Center's (LMC) primary care practices. LMC and SC were recognized as the first large healthcare system in the country to complete this *SafeSide Prevention for the Primary Care Setting* training. In addition, SCDMH-OSP provided *SafeSide Prevention training for Youth Services* for SCDSS, the SC Foster Care Association and youth serving group homes.
- SCHA and SCDMH-OSP partnered to develop the Drive to Zero Suicide award, which is now a part of their suite of Zero Harm awards. In 2021, 20 SC hospitals received the inaugural awards.
- More than 13,000 South Carolinians texted the Crisis Text Line since 2021, with 296 using #HOPE4SC.
- In 2016, DMH collaborated with the AFSP SC Chapter, to form the SC Suicide Prevention Coalition, comprised of local lawmakers, leaders in the non-profit arena and community leadership from public and private sectors. In 2018, the new SC Suicide Prevention Plan 2018-2025 was published. The Coalition most recently unveiled an update to the State Plan earlier this year, along with developing subcommittees that focus on Law Enforcement suicide prevention and 988.
- 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. At the start of this grant, the call center was only answering 5% of the calls and only within one area code in SC. With funding from SCDMH beginning in December 2019, Fiscal Year 2022

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the call center expanded capacity to answer all area codes in SC, with an in-state answer rate average of 68 % of the calls. By June 2022 the call center was answering on average 79% of the calls. Over the past year MHA-GC has been answering on average 1,946 calls each month.

- The SC Communities of Care Grant, funded by the Blue Cross Blue Shield Foundation of SC, was developed to increase community engagement with suicide prevention with nontraditional partners such as faith leaders, local businesses, and different community organizations. This grant is the first of its kind in the nation to bring the Zero Suicide approach to a community level, while embedding trauma-informed practices. This transformative work will change the help-seeking culture in our state.
 - o We have been able to provide 697 Gizmo's Pawesome Guide to Mental Health books in the ten high-risk counties of focus for this grant in SC. The book takes an upstream approach to support the mental health and wellness of young children. Examples of places for this outreach include public libraries, elementary schools, pediatric offices, etc. This outreach is especially important given the 87% increase in EMS self-harm calls in the last year for those under the age of 9 – the highest increase for any age group.
 - o From January 2022-June 2022, outreach coordinators engaged 591 community members regarding suicide prevention.
 - o We have trained 109 individuals in the focus areas in Trauma Informed Suicide Prevention from March 2022-July 2022, 74 community partners have completed additional suicide prevention trainings, such as Start training, and 6 individuals have completed Faith training.
- SCDMH was awarded the SAMHSA 988 Cooperative Agreement grant on April 15th 2022. This awarded \$1.3 million over two years. This grant focuses on enhancing the 988 call-center work-force, improving in-state response and increasing infrastructure to meet the needs of those in a mental health/suicide crisis. With this grant, SCDMH funded 8 call center employees for Mental Health America of Greenville County. SCDMH has also applied to develop a second 988 call center to be located in Charleston County. Both call centers will be necessary to ensure 100% of SC's calls, chat and text are answered in-state and in a timely manner. The second call center is expected to be operational in early 2023.
- OSP's Program Director served as State Lead for the VA/SAMHSA Governor's Challenge to Prevent Suicide in Service Members, Veterans and their Families (SMVF) from 2020-2021. In addition, they served on the SAMHSA's SMVF Technical Assistance Center's 2021 Crisis Intercept Mapping team for Pickens Co. Both of these efforts continue and have provided consultation to other counties/communities in SC to implement these strategies.

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

- SCDMH used recurring funds from the SC General Assembly to provide School Mental Health services to more than 620 public schools across the state. Despite challenges related to COVID and staffing, the program served over 23,000 students. This is a 5% increase over the previous year and the second largest number of students served in schools on record.
- Many school districts are now taking advantage of new funding allowing the hiring of mental health clinicians, often at higher salaries than SCDMH is able to pay. This has presented challenges to the existing service model and reduced the growth of SCDMH professionals in school settings. In order to address, SCDMH is hoping planned salary increases will improve recruitment and retention and thus support its efforts to provide more services to students.

Offering Housing Opportunities

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

- DMH has committed \$3,450,000 in Bull Street/State Hospital sales proceeds for a total of 138 new housing units for patients in 16 development projects since FY18.

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- All 16 MHCs have state-funded Community Housing rental assistance programs, including one that also serves Deaf Services patients. As of June 30, 2022, DMH was assisting 572 patients and their family members in 349 units at an annual cost of less than \$6,500 per unit through its Community Housing Program.
- DMH is the grantee for a HUD Continuum of Care Permanent Supportive Housing grant that provides more than \$350,000 annually for rental assistance for formerly homeless patients and their family members in Greenville and Spartanburg counties. As of June 30, 2022, this program was serving 49 formerly homeless patients and their family members. DMH also provides state matching funds for this grant and two additional grants that serve this population in Richland and Lexington counties.
- DMH’s SAMHSA/PATH (Projects for Assistance in Transition from Homelessness) grant provides funding for outreach and clinical services to individuals with serious mental illnesses and co-occurring disorders who are experiencing homelessness 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, 2021, the PATH provider agencies served a total of over 1,600 individuals.
- DMH is actively engaged in Year Four 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.
 - o Partners include Prisma Health-Midlands, 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.
 - o 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-Midlands 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.
 - o 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 123 SSI/SSDI initial application decisions and achieved a 63% approval rate.
 - o DMH is represented on the South Carolina Interagency Council on Homelessness (SCICH), a state-wide network of advocates, service providers, and funders committed to ending homelessness in SC. The SCICH board includes representatives from eight state agencies and each of the four HUD Continuum of Care lead agencies in the state. The Council meets every other month and focuses on achieving better state-wide coordination among stakeholders to address homelessness in SC.

Employment Opportunities

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

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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 two (2) 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; and 2) 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 face-to-face and 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. Patients are obtaining 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).
 - o IPS staff members are maintaining connections to their IPS team, clinical teams, VR counselors, school counselors, and other community partners. IPS teams are meeting face-to-face and 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.
 - o As of January 1, 2022, (First two quarters in Fiscal Year (FY) 22), IPS programs received 406 referrals for IPS services, provided supported employment services to 632 patients, helped place patients in 192. SC DMH IPS programs employment rate during the first two quarters of FY 22 was 54%. The national IPS employment average is 45%. SC DMH IPS program continues to be one of the state’s leader in IPS Supported Employment. As evident by the being a leader among states in employment rates, requests for participation in National Studies, and being awarded the first national leadership award out of 26 states and 6 countries.

Inpatient Services

Meeting the Long-term Needs of SC Veterans

- Two new State Veteran Homes opened during the year. These are Palmetto Patriots Home in Gaffney and Veteran Village in Florence. Each will eventually serve 104 residents. Plans are underway for two additional veterans’ facilities in Horry and Sumter counties.

Forensic Services:

- SCDMH has been challenged to timely admit criminal defendants found to lack capacity to stand trial and ordered hospitalized pursuant to State law. While that challenge has been difficult for the Department, it is not unusual. Over the past 20 years State mental health agencies nationwide have experienced substantial difficulty in timely admitting increasing numbers of criminal defendants to their State hospitals after they have been found to lack the capacity to stand trial as the numbers of such defendants has increased both in South Carolina and nationally. During the past 20 years SCDMH has expended additional resources and implemented a number of different measures in an effort to decrease the wait times for the hospital admission of committed criminal defendants, but with the

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passage of statutory changes during the last legislative session, two of the agency’s desired measures to address this issue are now underway.

- o The largest category of criminal defendants who are awaiting admission are those who have been found incompetent but “likely to become fit in the foreseeable future” pursuant to S.C. Code Ann. Section 44-23-430, and who are then ordered hospitalized by a Court of General Sessions “for up to 60 days,” in an effort to assist the defendant to gain or re-gain the capacity to stand trial. However, a significant percentage of the defendants hospitalized at the Department of Mental Health for restoration were in fact not restored to capacity within the 60-day time frame provided for in the previous statute. On average, of defendants completing SCDMH restoration treatment, 44% were found to still lack capacity to stand trial after 60 days. Such defendants are then subsequently returned to Court and re-committed to SCDMH through the involuntary civil commitment process in Probate Court, rather than having their criminal charges disposed of.
- o In comparison to other States’ laws, South Carolina’s 60-day law provided the shortest time period for attempting restoration. Moreover, published research indicates that most defendants, whose lack of capacity is due to mental illness, may require up to 6 months of treatment to be restored to capacity to stand trial. Consequently, one of the changes made by the recently passed amendments was to increase the available time period for restoration to 180 days. As a result, the Department expects that the percentage of defendants who are restored to capacity will increase. As the number of defendants who are able return to court for the disposition of their charges increases, there will be a corresponding reduction in the number of defendants recommitted by the Probate Court. The result will be more of the agency’s forensic hospital beds will become available.
- o A majority of other States also permit restoration treatment of criminal defendants to take place in venues other than a hospital. Once a defendant is psychiatrically stable, restoration treatment includes educating the defendant about their charges and the potential penalties, as well as the role of the solicitor, defense counsel and judge. The educational efforts are provided by social work staff, which does not need to occur in a hospital setting unless the defendant requires that level of care.

The recently passed amendments now permit SCDMH to provide treatment and educational services in a detention facility or as an outpatient through a SCDMH community mental health center. With this new flexibility, SCDMH has contracted with a private company to create a detention facility program and is in the process of creating an outpatient restoration program for defendants on bond. These changes are expected to result in a significant reduction in the number of defendants needing hospital admission and resulting in more timely restoration treatment for those defendants who have been found incompetent to stand trial, but “likely to become fit in the foreseeable future.”

Outstanding Achievements

SC Palmetto Gold Nursing Awards:

- With the exception of 2021, due to COVID, each year Palmetto Gold recognizes South Carolina’s Registered Nurses who exemplify excellence in nursing practice and commitment to the nursing profession. This is accomplished through an annual nomination and selection process that includes nurses from across the state and from a variety of practice settings. Of the 100 nurses selected this year, four are SCDMH employees. They are:
 - o Aldevone Ardoin, MSN, G. Werber Bryan Psychiatric Hospital, Assistant Director of Nursing,
 - o Emily Avant, BS, RN, Santee-Wateree Community Mental Health Center, Nurse Manager,
 - o Erica Mollohan, MRC, BSN, Columbia Area Community Mental Health Center,
 - o Laura Griffith, MBA, BSN, RN, G. Werber Bryan Psychiatric Hospital, Nurse Executive, and

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- o Cheryl K. Randall, ADN, RN, Performance Improvement Liaison, SCDMH Department of Inpatient Services.

Significant Events Regarding SCDMH Director, Kenneth M. Rogers, M.D.

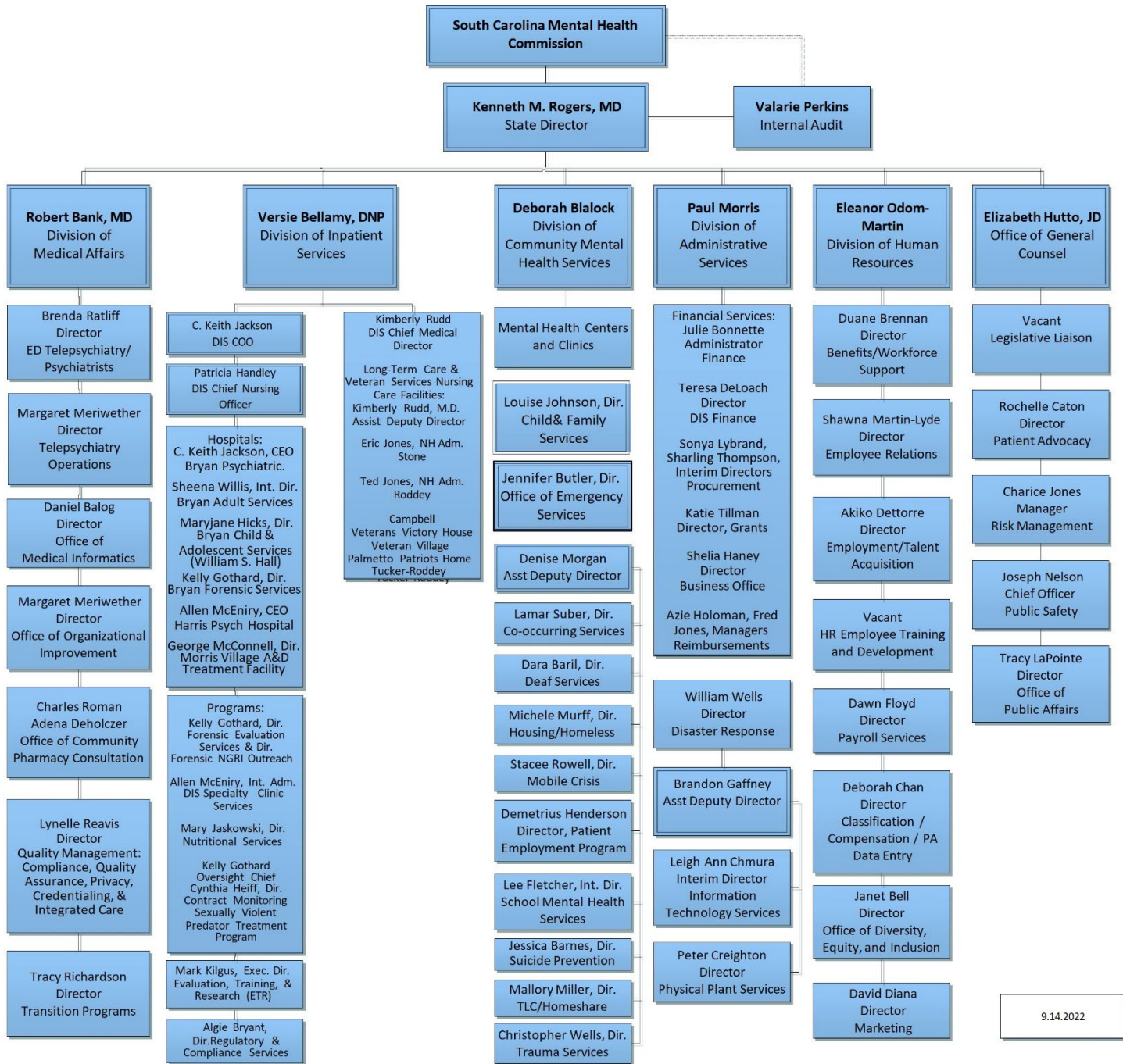
- At the 2021 Annual Meeting of the National Association of State Mental Health Program Directors (NASMHPD), Dr. Kenneth Rogers, SCDMH State Director, was elected to serve on the NASMHPD Board of Directors as the Regional Representative for the Southern Region.
- In January 2022, Dr. Rogers was elected to a two-year term on the NASMHPD Research Institute (NRI) Board of Directors.
- On May 19, 2022, Dr. Rogers testified before the United States Senate Special Committee on Aging at our upcoming hearing, *“Mental Health Care for Older Adults: Raising Awareness, Addressing Stigma, and Providing Support.”* The hearing examined factors contributing to the Nation’s older adult mental health crisis as well as opportunities to improve the mental health system for older adults. Specifically, he was invited to and testified upon the challenges and opportunities state governments experience when integrating various mental health initiatives across agencies.

AGENCY NAME: South Carolina Department of Mental Health

AGENCY CODE: J120

SECTION: 35

S.C. Department of Mental Health Organization Chart



9.14.2022

FY2022

Reorganization and Compliance

as submitted for the Accountability Report by:

J120 - DEPARTMENT OF MENTAL HEALTH

Primary Contact

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

Secondary Contact

First Name	Last Name	Role/Title	Email Address	Phone
Paul	Morris	Deputy Director of Administrative Services	paul.morris@scdmh.org	803-898-7659

Agency Mission	Adopted in:
To support the recovery of people with mental illnesses	2002

Agency Vision	Adopted in:
As the State's Mental Health Authority, SCDMH will be the provider and employer of choice.	2002

Recommendations for reorganization requiring legislative change:
None

Agency intentions for other major reorganization to divisions, departments, or programs to allow the agency to operate more effectively and efficiently in the succeeding fiscal year:
None

Significant events related to the agency that occurred in FY2022

Description of Event	Start	End	Agency Measures Impacted	Other Impacts
Difficulty recruiting and retaining Registered Nurses and Behavioral Health Assistants in inpatient facilities.	July	June	Number of inpatient 'bed days' used at Bryan Civil Hospital will be equal to or greater than the running average of the previous five fiscal years.	
Difficulty recruiting and retaining Masters' Level Clinicians in Community Mental Health Centers.	July	June	Number of inpatient 'bed days' used at Harris Hospital will be equal to or greater than	
Difficulty recruiting and retaining Masters' Level Clinicians in Community Mental Health Centers.	July	June	The percentage of schools in South Carolina with Mental Health Services will increase.	

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
	Yes

Reason agency is out of compliance: (if applicable)

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
	Yes

Does the law allow the agency to promulgate regulations?	Yes
	Yes

Law number(s) which gives the agency the authority to promulgate regulations:	SECTIONS 44-9-30; 44-15-80; 44-25-20 Article X(b); 44-52-200

Has the agency promulgated any regulations?	Yes
	Yes

Is the agency in compliance with S.C. Code Ann. § 1-23-120 (J), which requires an agency to conduct a formal review of its regulations every five years?	No
	No

(End of Reorganization and Compliance Section)

FY2022

Strategic Plan Results

as submitted for the Accountability Report by:

J120 - DEPARTMENT OF MENTAL HEALTH

- Goal 1** Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.
- Goal 2** Maximize available technology to meet needs of staff and patients in as cost efficient manner as possible.
- Goal 3** Implement programs which will improve the lives of citizens.
- Goal 4** Serve patients with skill, dignity, compassion, and respect.
- Goal 5** 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.
- Goal 6** Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.1 Services will be available to people in need. State Objective: Healthy and Safe Families														
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.	3%	2%	3%	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)	0	Patients under the age of 18.	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%	1%	2%	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	Mental Health services will be available.	Patients 18 years of age and older.	7000.050500.000	
1.1.3	Number of inpatient 'bed days' used at Bryan Civil Hospital will be equal to or greater than the running average of the previous five fiscal years.	42103	42103	40528	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	Due to staffing shortages, the availability of beds for Civil Commitments at Bryan was reduced. This is a new performance measure beginning FY 2021.
1.1.4	Number of inpatient 'bed days' used at Harris Hospital will be equal to or greater than the running average of the previous five fiscal years.	35532	35532	31528	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	Due to staffing shortages, Harris was forced to close two lodges for much of FY 2022. This is a new performance measure beginning FY 2021.
1.1.5	Number of inpatient 'bed days' used at Morris Village will be equal to or greater than the running average of the previous five fiscal years.	14700	14700	16953	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	This is a new performance measure beginning FY 2021.
1.1.6	Number of inpatient 'bed days' used at Bryan Forensic will be equal to or greater than the running average of the previous five fiscal years.	57255	57255	63238	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	This is a new performance measure beginning FY 2021.
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	243	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	Forensic assessment and treatment services.	Patients involved in SC judicial proceedings,	7000.100510.000	
1.2 Appointments will be prioritized by need and with goal of reducing hospital admissions. State Objective: Healthy and Safe Families														
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%	95%	96%	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)	Timely delivery of mental health services	Patients requiring Mental Health services.	7000.050500.000	

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
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	2.5	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	Efficient coordination between inpatient and community-based services (continuity of care).	Patients leaving inpatient settings for community placement.	7000.050500.000	
1.3 Reduce the number of patients requiring readmission following discharge from SCDMH hospitals. State Objective: Healthy and Safe Families														
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%	2%	2%	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	Appropriate community supports and discharge planning for people leaving inpatient settings.	Patients transitioning from inpatient settings to community placement.	0100.000000.000	
2.1 Hospital Emergency Departments and CMHCs in rural or otherwise underserved areas will have access to SCDMH physicians regardless of location. State Objective: Public Infrastructure and Economic Development														
2.1.1	The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	23	23	27	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	Community-based services will meet needs of patients.	Mental Health 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	16	Count	equal to or increase	Other	Total number of hospitals participating with Telepsychiatry Program on June 30, 2021.	Internal Records	Telepsychiatry Department	SCDMH will assist hospital emergency departments in proper assessments and referrals of ED patients.	Hospital Emergency Departments	7000.051001.000	
3.1 Patients will be able to achieve and maintain productive, meaningful employment. State Objective: Public Infrastructure and Economic Development														
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%	57%	57%	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	Meaningful employment	Mental Health Patients	7000.050500.000	
4.1 Residents of SCDMH nursing facilities will enjoy high standards of medical care. State Objective: Healthy and Safe Families														
4.1.1	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.)	9.3	6.98	8.6	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	Skilled nursing care.	Nursing home patients	7000.551000.000	
4.1.2	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.)	2.7	2.42	3.4	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	Skilled nursing care.	Nursing home patients	7000.550100.000	
4.2 Standard of care in inpatient facilities will result in reduced need for patient restraint. State Objective: Healthy and Safe Families														
4.2.1	Use of restraints in SCDMH Bryan Hospital inpatient facility will be equal to or below the average of the previous five years' data. National average = 1.09 hours per 1,000 hours of inpatient service (CY2021).	0.13	0.16	0.07	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	Appropriate inpatient services and care	Psychiatric inpatients	7000.100505.000	Data does not include June, 2022. That information is not yet available.

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
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 = 1.09 hours per 1,000 hours of inpatient service (CY2021).	0.02	0.31	0.04	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	Appropriate inpatient services and care	Psychiatric inpatients	7000.101000.000	
4.2.3	Use of seclusion rooms in Bryan Hospital inpatient facility will be equal to or below the average of the previous five years' data. National average = 0.58 hours per 1,000 hours of inpatient service (CY2021).	0.23	0.24	0.34	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	Appropriate inpatient services and care	Psychiatric inpatients	7000.100505.000	Data does not include June, 2022. That information is not yet available.
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 = 0.58 hours per 1,000 hours of inpatient service (CY2021).	0.59	0.44	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	Appropriate inpatient services and care	Psychiatric inpatients	7000.101000.000	
4.3	SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care.										State Objective: Healthy and Safe Families			
4.3.1	Percentage of adults expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).	97%	93%	0%	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	Services will meet patient needs	SCDMH adult patients.	7000.500500.000	
4.3.2	Percentage of youths in School Mental Health Services receiving SCDMH services will remain consistently high (no national average available for youth satisfaction rates).	97%	91%	0%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	number of youths in School Mental Health Services receiving SCDMH services / number of youths in School Mental Health Services	Calculated using reporting software	Central Office IT	Services to meet patient needs	School-aged patients	7000.050500.000	
5.1	SCDMH will trained and prepared for emergencies affecting itself and surrounding communities.										State Objective: Maintaining Safety, Integrity and Security			
5.1.1	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	Essential services will be available following emergencies.	Community patients.	7000.050500.000	
5.1.2	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).	100%	100%	100%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Each staff member represents 25%	County Records	Administration	SCDMH resources will be available to support state during emergencies.	State Emergency Operations Center	7000.500500.000	
6.1	Reduce number of patients in hospital emergency rooms needing inpatient beds for mental health or substance abuse treatment.										State Objective: Healthy and Safe Families			
6.1.1	Number of people awaiting beds will be equal to or less than average of previous five years' data.	2335	2223	2562	Count	equal to or less than	State Fiscal Year (July 1 - June 30).	Total count of people awaiting beds. Data is based upon a "Monday morning snapshot" of hospital emergency departments.	Calculated using reporting software	Central Office IT	Inpatient services being available when needed.	People needing inpatient services.	7000.051001.000	
6.1.2	The number of patients awaiting beds, at time of Monday snapshot (8:30AM), not discharged by 5:00PM, will be equal to or less than average of previous five years' data.	1655	1667	1833	Count	equal to or less than	State Fiscal Year (July 1 - June 30).	Number indicates patients in ED at 8:30 AM still in ED at 5:00PM.	Calculated using reporting software	Central Office IT	Timely assessments and referrals for people in hospital emergency departments.	People in emergency departments.	7000.051001.000	
6.2	School Mental Health Clinicians will be embedded throughout South Carolina schools to manage compliance with appointments and better serve partnering schools.										State Objective: Healthy and Safe Families			

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
6.2.1	The percentage of schools in South Carolina with Mental Health Services will increase.	66%	64%	50%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Schools in South Carolina with Mental Health Services / 1292 schools	Internal Records	CMHS	Timely access and compliance for mental health services.	Patients attending K-12 school settings.	7000.050500.000	Two factors appear to have resulted in a lower number than previous baseline. 1) Staffing shortages are having a negative impact on all but mandated services (such as SVPTP or Bryan Forensic. 2) School districts are now hiring non-DMH clinicians to provide mental health services at salaries above what DMH is currently able to offer.

FY2023

Strategic Plan Development

as submitted for the Accountability Report by:

J120 - DEPARTMENT OF MENTAL HEALTH

- Goal 1** Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.
- Goal 2** Maximize available technology to meet needs of staff and patients in as cost efficient manner as possible.
- Goal 3** Implement programs which will improve the lives of citizens.
- Goal 4** Serve patients with skill, dignity, compassion, and respect.
- Goal 5** 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.
- Goal 6** Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number	Responsible	Notes
1.1 Services will be available to people in need. State Objective: Healthy and Safe Families														
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.	0.0275	0.0243	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)	Mental Health services will be available.	Patients under the age of 18.	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.	0.0151	0.0146	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	Mental Health services will be available.	Patients 18 years of age and older.	7000.050500.000		
1.1.3	Number of inpatient 'bed days' used at Bryan Civil Hospital will be equal to or greater than	40528	41316	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		Due to staffing shortages, the availability of beds for Civil Commitments at Bryan was reduced. This is a new performance measure beginning FY 2021.
1.1.4	Number of inpatient 'bed days' used at Harris Hospital will be equal to or greater than	31528	33530	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		Due to staffing shortages, Harris was forced to close two lodges for much of FY 2022. This is a new performance measure beginning FY 2021.
1.1.5	Number of inpatient 'bed days' used at Morris Village will be equal to or greater than	16953	15827	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		This is a new performance measure beginning FY 2021.
1.1.6	Number of inpatient 'bed days' used at Bryan Forensic will be equal to or greater than	63238	60247	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		This is a new performance measure beginning FY 2021.
1.1.7	SCDMH will admit people into the inpatient forensic setting at a number equal to or greater than previous four years average.	243	236	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	Forensic assessment and treatment services.	Patients involved in SC judicial proceedings,	7000.100510.000		
1.2 Appointments will be prioritized by need and with goal of reducing hospital admissions. State Objective: Healthy and Safe Families														
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.	0.96	0.954	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)	Timely delivery of mental health services	Patients requiring Mental Health services.	7000.050500.000		

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
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.	2.5	3.86	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	Efficient coordination between inpatient and community-based services (continuity of care).	Patients leaving inpatient settings for community placement.	7000.050500.000	
1.3 Reduce the number of patients requiring readmission following discharge from SCDMH hospitals. State Objective: Healthy and Safe Families													
1.3.1	Percentage of patients requiring readmission within thirty days of discharge will be equal to or less than previous five-year average.	0.0185	0.0176	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	Appropriate community supports and discharge planning for people leaving inpatient settings.	Patients transitioning from inpatient settings to community placement.	0100.000000.000	
2.1 Hospital Emergency Departments and CMHCs in rural or otherwise underserved areas will have access to SCDMH physicians regardless of location. State Objective: Public Infrastructure and Economic Development													
2.1.1	The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	27	27	Count	Equal to or greater than	Other	Total number of community mental health centers participating in Telepsychiatry services on June 30, 2021	Internal Records	Telepsychiatry Department	Community-based services will meet needs of patients.	Mental Health 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 greater than	Other	Total number of hospitals participating with Telepsychiatry Program on June 30, 2021.	Internal Records	Telepsychiatry Department	SCDMH will assist hospital emergency departments in proper assessments and referrals of ED patients.	Hospital Emergency Departments	7000.051001.000	
3.1 Patients will be able to achieve and maintain productive, meaningful employment. State Objective: Public Infrastructure and Economic Development													
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%).	0.572	0.567	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	Meaningful employment	Mental Health Patients	7000.050500.000	
4.1 Residents of SCDMH nursing facilities will enjoy high standards of medical care. State Objective: Healthy and Safe Families													
4.1.1	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.)	8.6	7.5	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	Skilled nursing care.	Nursing home patients	7000.551000.000	
4.1.2	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.)	3.4	2.4	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	Skilled nursing care.	Nursing home patients	7000.550100.000	
4.2 Standard of care in inpatient facilities will result in reduced need for patient restraint. State Objective: Healthy and Safe Families													
4.2.1	Use of restraints in SCDMH Bryan Hospital inpatient facility will be equal to or below the average of the previous five years' data. National average = 1.09 hours per 1,000 hours of inpatient service (CY2021).	0.07	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	Appropriate inpatient services and care	Psychiatric inpatients	7000.100505.000	Data does not include June, 2022. That information is not yet available.

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes	
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 = 1.09 hours per 1,000 hours of inpatient service (CY2021).	0.04	0.25	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	Appropriate inpatient services and care	Psychiatric inpatients	7000.101000.000		
4.2.3	Use of seclusion rooms in SCDMH Bryan Hospital inpatient facility will be equal to or below the average of the previous five years' data. National average = 0.58 hours per 1,000 hours of inpatient service (CY2021).	0.34	0.27	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	Appropriate inpatient services and care	Psychiatric inpatients	7000.100505.000	Data does not include June, 2022. That information is not yet available.	
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 = 0.58 hours per 1,000 hours of inpatient service (CY2021).	0.44	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	Appropriate inpatient services and care	Psychiatric inpatients	7000.101000.000		
4.3	SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care.								State Objective: Healthy and Safe Families					
4.3.1	Percentage of adults expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).	0	0.92	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	Services will meet patient needs	SCDMH adult patients.	7000.500500.000		
4.3.2	Percentage of youths in School Mental Health Services receiving SCDMH services will remain consistently high (no national average available for youth satisfaction rates).	0	0.92	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	number of youths in School Mental Health Services receiving SCDMH services / number of youths in School Mental Health Services	Calculated using reporting software	Central Office IT	Services to meet patient needs	School-aged patients	7000.050500.000		
5.1	SCDMH will be trained and prepared for emergencies affecting itself and surrounding communities.								State Objective: Maintaining Safety, Integrity and Security					
5.1.1	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).	1	1	Percent	Equal to or greater than	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	Essential services will be available following emergencies.	Community patients.	7000.050500.000		
5.1.2	SCDMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency	1	1	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Each staff member represents 25%	County Records	Administration	SCDMH resources will be available to support state during emergencies.	State Emergency Operations Center	7000.500500.000		
6.1	Reduce number of patients in hospital emergency rooms needing inpatient beds for mental health or substance abuse treatment.								State Objective: Healthy and Safe Families					
6.1.1	Number of people awaiting beds will be equal to or less than average of previous five years' data.	2562	2313	Count	equal to or less than	State Fiscal Year (July 1 - June 30).	Total count of people awaiting beds. Data is based upon a "Monday morning snapshot" of hospital emergency departments.	Calculated using reporting software	Central Office IT	Inpatient services being available when needed.	People needing inpatient services.	7000.051001.000		
6.1.2	The number of patients awaiting beds, at time of Monday snapshot (8:30AM), not discharged by 5:00PM, will be equal to or less than average of previous five years' data.	1667	1720	Count	equal to or less than	State Fiscal Year (July 1 - June 30).	Number indicates patients in ED at 8:30 AM still in ED at 5:00PM.	Calculated using reporting software	Central Office IT	Timely assessments and referrals for people in hospital emergency departments.	People in emergency departments.	7000.051001.000		
6.2	School Mental Health Clinicians will be embedded throughout South Carolina schools to manage compliance with appointments and better serve partnering schools.								State Objective: Healthy and Safe Families					

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
6.2.1	The percentage of schools in South Carolina with Mental Health Services will increase.	0.496	0.6217	0	equal to or greater than	State Fiscal Year (July 1 - June 30).	schools in South Carolina with Mental Health Services / 1292 schools	Internal Records	CMHS	Timely access and compliance for mental health services.	Patients attending K-12 school settings.	7000.050500.000	Two factors appear to have resulted in a lower number than previous baseline. 1) Staffing shortages are having a negative impact on all but mandated services (such as SVPTP or Bryan Forensic. 2) School districts are now hiring non-DMH clinicians to provide mental health services at salaries above what DMH is currently able to offer.

FY2022

Budget Data

as submitted for the Accountability Report by:

J120 - DEPARTMENT OF MENTAL HEALTH

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
0100.000000.000	General Administration	State Director's Office, General Counsel, Internal Audits, etc	\$ 5,581,115.55	\$ 1,017,834.97	\$ 1,022,446.88	\$ 7,621,397.40	\$ 5,514,069.00	\$ 1,554,868.00	\$ 400,000.00	\$ 7,468,937.00
7000.050500.000	Mental Health Centers	Mental health centers, care coordination, mobile crisis, etc.	\$ 70,558,790.25	\$ 64,618,241.33	\$ 14,058,549.69	\$ 149,235,581.27	\$ 71,393,599.00	\$ 83,809,032.00	\$ 22,300,040.00	\$ 177,502,671.00
7000.051001.000	Projects & Grants	Special projects	\$ 4,812,655.90	\$ 3,443,196.57	\$ 3,486,237.52	\$ 11,742,089.99	\$ 3,535,981.00	\$ 7,422,067.00	\$ 6,845,622.00	\$ 17,803,670.00
7000.051005X000	SC Share	Pass through funding	\$-	\$ 250,000.00	\$-	\$ 250,000.00	\$-	\$ 250,000.00	\$-	\$ 250,000.00
7000.051006X000	Alliance For The Mentally Ill	Pass through funding	\$-	\$ 50,000.00	\$-	\$ 50,000.00	\$-	\$ 50,000.00	\$-	\$ 50,000.00
7000.100500.000	Bryan Psychiatric Hospital	Funded program no longer used	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
7000.100505.000	Bryan Civil	Inpatient psychiatric hospital	\$ 12,049,637.61	\$ 13,709,441.92	\$ 7,500.00	\$ 25,766,579.53	\$ 12,160,633.00	\$ 20,111,032.00	\$-	\$ 32,271,665.00
7000.100510.000	Bryan Forensics	Inpatient psychiatric hospital	\$ 19,358,102.40	\$ 13,826,909.29	\$-	\$ 33,185,011.69	\$ 20,909,683.00	\$ 14,558,260.00	\$-	\$ 35,467,943.00
7000.100515.000	Bryan Child & Adolescent (Hall Institute)	Inpatient psychiatric hospital	\$ 5,253,306.18	\$ 3,342,529.08	\$-	\$ 8,595,835.26	\$ 5,042,592.00	\$ 6,936,446.00	\$-	\$ 11,979,038.00
7000.100600.000	Hall Psychiatric Institute	Funded program no longer used	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
7000.100800.000	Morris Village	Funded program no longer used	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
7000.101000.000	Harris Psychiatric Hospital	Inpatient psychiatric hospital	\$ 9,218,490.45	\$ 11,502,951.58	\$ 7,500.00	\$ 20,728,942.03	\$ 8,844,948.00	\$ 14,855,491.00	\$-	\$ 23,700,439.00
7000.101500.000	Medical Clinics	Inpatient medical clinic	\$ 1,673,215.24	\$ 258,688.53	\$-	\$ 1,931,903.77	\$ 1,734,871.00	\$ 1,240,907.00	\$-	\$ 2,975,778.00
7000.201000.000	Morris Village	Alcohol & drug treatment facility	\$ 9,448,640.26	\$ 1,638,639.34	\$ 7,500.00	\$ 11,094,779.60	\$ 8,101,717.00	\$ 4,698,257.00	\$-	\$ 12,799,974.00
7000.350000.000	Tucker/Dowdy-Gardner Nursing Care Center	Funded program no longer used	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
7000.500500.000	Administrative Services	HR, IT, Financial Services, etc.	\$ 23,106,333.30	\$ 1,434,452.05	\$ 124,730.97	\$ 24,665,516.32	\$ 21,832,007.00	\$ 7,470,964.00	\$-	\$ 29,302,971.00
7000.501000.000	Public Safety Division	Public safety	\$ 1,707,589.80	\$ 487,014.64	\$ 3,375.00	\$ 2,197,979.44	\$ 2,109,343.00	\$ 1,694,293.00	\$ 100,000.00	\$ 3,903,636.00
7000.501500.000	Nutritional	Nutritional services for inpatient facilities	\$ 3,976,165.62	\$ 2,108,288.80	\$-	\$ 6,084,454.42	\$ 4,000,812.00	\$ 2,239,576.00	\$-	\$ 6,240,388.00
7000.502000.000	Training & Research		\$ 2,510,393.41	\$-	\$-	\$ 2,510,393.41	\$ 2,759,904.00	\$ 750,000.00	\$-	\$ 3,509,904.00
7000.550100.000	Stone Pavilion		\$ 4,212,229.09	\$ 3,428,197.04	\$-	\$ 7,640,426.13	\$ 4,247,629.00	\$ 6,719,922.00	\$-	\$ 10,967,551.00
7000.550300.000	Campbell Veterans Home		\$ 5,453,367.54	\$ 16,755,746.11	\$-	\$ 22,209,113.65	\$ 5,669,579.00	\$ 14,467,994.00	\$-	\$ 20,137,573.00
7000.550400.000	Veterans' Victory House		\$ 11,261,382.45	\$ 6,851,680.43	\$-	\$ 18,113,062.88	\$ 8,531,269.00	\$ 12,335,730.00	\$-	\$ 20,866,999.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
7000.551000.000	Roddey Pavilion (Tucker Center)		\$ 7,508,557.82	\$ 10,068,635.38	\$-	\$ 17,577,193.20	\$ 7,557,212.00	\$ 15,926,427.00	\$-	\$ 23,483,639.00
7000.551500.000	Veterans Village		\$ 3,988,348.76	\$-	\$-	\$ 3,988,348.76	\$ 7,576,244.00	\$ 5,375,000.00	\$-	\$ 12,951,244.00
7000.552000.000	Palmetto Patriots Home		\$ 4,515,326.78	\$-	\$-	\$ 4,515,326.78	\$ 7,645,170.00	\$ 5,375,000.00	\$-	\$ 13,020,170.00
7000.600000.000	Sexual Predator Treatment Pgm		\$ 17,829,294.13	\$ 1,611.90	\$-	\$ 17,830,906.03	\$ 21,727,896.00	\$ 1,550,000.00	\$-	\$ 23,277,896.00
7000.600500X000	Lease Payment to SFAA		\$ 2,763,618.76	\$-	\$-	\$ 2,763,618.76	\$-	\$-	\$-	\$-
9500.050000.000	State Employer Contributions		\$ 57,947,042.70	\$ 21,900,255.13	\$ 2,457,416.02	\$ 82,304,713.85	\$ 59,129,022.00	\$ 36,965,185.00	\$ 4,500,000.00	\$ 100,594,207.00
9808.360000X000	Community Supportive Housing MHA - SC		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
9810.070000X000	Electronic Medical Records		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
9813.410000X000	Certification Of State Match - Va Nursing Homes		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
9411.110000X000	Dtn Ctr Medication		\$ 63,216.81	\$-	\$-	\$ 63,216.81	\$ 936,783.19	\$-	\$-	\$ 936,783.19
9411.120000X000	Crisis Stabil Unit		\$ 22,494.16	\$-	\$-	\$ 22,494.16	\$ 1,177,505.84	\$-	\$-	\$ 1,177,505.84
9411.080000X000	Inpatient Services		\$ 2,000,000.00	\$-	\$-	\$ 2,000,000.00	\$-	\$-	\$-	\$-
9411.130000X000	Mental Illness Recov		\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$-	\$-	\$-	\$-
9816.090000X000	Alternative Transportation		\$-	\$-	\$-	\$-	\$ 1,000,000.00	\$-	\$-	\$ 1,000,000.00
9817.100000X000	Detention Center Telepsychiatry		\$-	\$-	\$-	\$-	\$ 843,000.00	\$-	\$-	\$ 843,000.00

FY2022

Legal Data

as submitted for the Accountability Report by:

J120 - DEPARTMENT OF MENTAL HEALTH

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
§ 44-17-320	State	Statutory	Discharge of voluntary patient by superintendent	Requires a service	Discharge of patients	No Change
§ 44-17-330	State	Statutory	Discharge at request of patient or another person	Requires a service	Discharge of patients	No Change
§ 44-17-340	State	Statutory	Written notice of right to release	Requires a service	Inform patient of discharge rights	No Change
§ 44-17-410	State	Statutory	Emergency admission of person likely to cause serious harm; procedures; court review; assessment by examiners; initiation of emergency commitment procedures; hearing; right to counsel	Requires a service	Emergency admission for mental health treatment	No Change
§ 44-17-415	State	Statutory	Physical examination report to accompany certification for emergency admission	Requires a service	Provide physical exam report	No Change
§ 44-17-430	State	Statutory	Examination under custody of person requiring immediate hospitalization when examination not otherwise possible.	Requires a service	Agency may need to perform examination	No Change
§ 44-17-440	State	Statutory	Custody and transport of person requiring immediate care; peace officer; friend or relative	Requires a service	Permit or perform transports	No Change
§ 44-17-450	State	Statutory	Preadmission screening and evaluation in psychiatric emergencies	Requires a service	Preadmission screenings and evaluations	No Change
§ 44-17-460	State	Statutory	Examinations prior to emergency admissions to psychiatric facilities	Not related to agency deliverable		No Change
§ 44-17-510	State	Statutory	Petition for judicial commitment; certificate of designated examiner	Not related to agency deliverable		No Change
§ 44-17-520	State	Statutory	Notice of petition and right to counsel.	Not related to agency deliverable		No Change
§ 44-17-530	State	Statutory	Appointment of counsel; examination and record	Not related to agency deliverable		No Change
§ 44-17-540	State	Statutory	Hearing to be held if examiners find mental illness	Not related to agency deliverable		No Change
§ 44-17-550	State	Statutory	Notice of hearing and rights	Not related to agency deliverable		No Change
§ 44-17-560	State	Statutory	Removal of proceedings to another county.	Not related to agency deliverable		No Change
§ 44-17-570	State	Statutory	Conduct of hearing.	Not related to agency deliverable		No Change
§ 44-17-580	State	Statutory	Hospitalization of person if court finds mental illness and other conditions.	Requires a service	Designate facilities to receive committed persons	No Change
§ 44-17-600	State	Statutory	No admission based on order more than thirty days after it has been rendered.	Not related to agency deliverable		No Change
§ 44-17-610	State	Statutory	Commitment to private, county, Veterans' Administration, or other hospital.	Not related to agency deliverable		No Change
§ 44-17-620	State	Statutory	Appeal.	Not related to agency deliverable		No Change
§ 44-17-630	State	Statutory	Right to reexamination; notice.	Requires a service	Inform patient of rights	No Change
§ 44-17-640	State	Statutory	Admission to agency of the United States; jurisdiction retained.	Not related to agency deliverable		No Change
§ 44-17-660	State	Statutory	Payment of monies to state employees who are not performing their duties as state employees and are not full-time state employees.	Requires a service	Employees may be paid for duties under this section	No Change
§ 44-17-810	State	Statutory	Release or discharge upon own recognizance	Requires a service	Signing for discharge	No Change
§ 44-17-860	State	Statutory	Unlawful taking of person from mental health facility without permission.	Not related to agency deliverable		No Change
§ 44-17-865	State	Statutory	Department to notify law enforcement officials of patients absent without proper authorization.	Requires a service	Notify authorities in event of unauthorized patient departure	No Change
§ 44-17-870	State	Statutory	Reconfinement of involuntarily committed patient who has left treatment facility without proper authorization.	Not related to agency deliverable		No Change
§ 44-17-890	State	Statutory	Discharge or leave of absence during judicial proceeding.	Not related to agency deliverable		No Change
§ 44-17-900	State	Statutory	Officials not liable for release or discharge of patient.	Not related to agency deliverable		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
§ 44-22-100	State	Statutory	Confidentiality of records; exceptions; violations and penalties.	Requires a service	Maintain confidentiality of patient records	No Change
§ 44-22-110	State	Statutory	Access to medical records; appeal of denial of access.	Requires a service	Permit access to patient records	No Change
§ 44-22-120	State	Statutory	Patients' rights; communication with outside; visitors; personal belongings and effects; clothing; religious practice; limits on rights made part of record and valid no more than 30 days.	Requires a service	Conform with patient rights	No Change
§ 44-22-130	State	Statutory	Physical examination of involuntarily committed patient to rule out physical condition mimicking mental illness.	Requires a service	Permit or conduct examination	No Change
§ 44-22-140	State	Statutory	Authorization of, and responsibility for, treatment and medication; guidelines for medication; rights with respect to refusal of treatment.	Requires a service	Authorize medications	Amended
§ 44-22-150	State	Statutory	Restraint; seclusion; physical coercion.	Requires a service	Conform with patient rights	No Change
§ 44-22-160	State	Statutory	Employment within facility; compensation; right to refuse nontherapeutic employment.	Requires a service	Employ patients; conform with patient rights	No Change
§ 44-22-170	State	Statutory	Education of school-aged residents	Not related to agency deliverable		No Change
§ 44-22-180	State	Statutory	Exercise and exercise facilities; right to go outdoors.	Requires a service	Permit exercise	No Change
§ 44-22-190	State	Statutory	Finding employment for mentally disabled citizens.	Requires a service	Coordinate with DEW and VocRehab	No Change
§ 44-22-200	State	Statutory	Move of patient to less restrictive setting; court approval required for move to more restrictive setting.	Requires a service	Move patient to less restrictive setting	No Change
§ 44-22-210	State	Statutory	Temporary leaves of absence.	Requires a service	Permit temporary absences	No Change
§ 44-22-220	State	Statutory	Grievances concerning patient rights; penalties for denial of patient rights.	Requires a service	Develop procedures	No Change
§ 44-22-30	State	Statutory	Right to counsel for involuntarily committed persons suffering from mental illness or chemical dependency.	Not related to agency deliverable		Amended
§ 44-22-40	State	Statutory	Consent to electro-convulsive therapy or major medical treatment; determination of ability to give consent; who may give consent.	Requires a service	Attending physician may in some circumstances provide consent	No Change
§ 44-22-50	State	Statutory	Treatment suited to needs; least restrictive care and treatment.	Requires a service	Provision of care guidelines	No Change
§ 44-22-60	State	Statutory	Explanation of rights with regard to admission to facility; individualized treatment plan.	Requires a service	Must provide notification of rights and treatment plan	No Change
§ 44-22-70	State	Statutory	Assessment of patient; establishment and review of individualized treatment plan; discharge plan; notice of discharge.	Requires a service	Patient assessment and individual treatment plan	No Change
§ 44-22-80	State	Statutory	Patients rights	Requires a service		No Change
§ 44-22-90	State	Statutory	Communications with mental health professionals privileged; exceptions	Requires a service	Patients' communications with mental health professionals are confidential with some exceptions	No Change
§ 44-24-100	State	Statutory	Notice of hearing for emergency or judicial admission.	Not related to agency deliverable		No Change
§ 44-24-110	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		No Change
§ 44-24-120	State	Statutory	Removal of proceedings to another county.	Not related to agency deliverable		No Change
§ 44-24-130	State	Statutory	Hearing; location; testimony; rules of evidence; transcript	Not related to agency deliverable		No Change
§ 44-24-140	State	Statutory	Determination after presentation of evidence.	Not related to agency deliverable		No Change
§ 44-24-150	State	Statutory	Psychiatric evaluations of children; notification of victims.	Not related to agency deliverable		No Change
§ 44-24-160	State	Statutory	Examination and review of child admitted to inpatient program; program of care and treatment.	Requires a service	Examine and review children admitted to facilities	No Change
§ 44-24-170	State	Statutory	Right to reexamination; notice of right; proceedings upon petition for reexamination.	Requires a service	Inform patient of rights	No Change
§ 44-24-180	State	Statutory	Court review of case of child involuntarily admitted.	Not related to agency deliverable		No Change
§ 44-24-190	State	Statutory	Notification to court when child moved to different program; court approval for move to more restrictive program; placement in crisis stabilization.	Requires a service	Notify court of move	No Change
§ 44-24-20	State	Statutory	Voluntary admission; notification of guardian ad litem.	Requires a service	Admit for treatment	No Change
§ 44-24-200	State	Statutory	Unauthorized absence of child from facility or residential program.	Requires a service	Notify authorities in event of unauthorized patient departure	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
§ 44-24-210	State	Statutory	Unlawful to remove child from inpatient facility or residential program without authorization.	Not related to agency deliverable		No Change
§ 44-24-220	State	Statutory	Requirement of discharge planning and continuity of service in community.	Requires a service	Create community plan	No Change
§ 44-24-230	State	Statutory	Provision of community-based treatment as alternative to hospitalization.	Requires a service	Provide or aid in provision of community-based treatment	No Change
§ 44-24-240	State	Statutory	Agencies to participate in planning and provision of services; exchange of records.	Requires a service	Exchange records with other agencies	No Change
§ 44-24-250	State	Statutory	Consultation with parent or guardian; participation in or cooperation with treatment.	Requires a service	Confer with parents/guardians	No Change
§ 44-24-260	State	Statutory	Child's right to communicate, consult, or visit with agency or person having custody, with counsel, or with private mental health service provider.	Requires a service	Permit communications	No Change
§ 44-24-270	State	Statutory	Personal, civil, and property rights of child in treatment program.	Requires a service	Conform with patient rights	No Change
§ 44-24-280	State	Statutory	Use of restraint, seclusion, or physical coercion; corporal punishment prohibited.	Requires a service	Conform with patient rights	No Change
§ 44-24-30	State	Statutory	Admission of child sixteen or older as inpatient; determination of voluntariness; appointment of guardian ad litem.	Not related to agency deliverable		No Change
§ 44-24-40	State	Statutory	Discharge of voluntarily admitted child; grounds for not effecting discharge.	Requires a service	Discharge patients	No Change
§ 44-24-50	State	Statutory	Periodic notification to voluntarily admitted child and parent or guardian of right to release.	Requires a service	Notify of right to release	No Change
§ 44-24-60	State	Statutory	Emergency admission of child to inpatient hospital.	Not related to agency deliverable		No Change
§ 44-24-70	State	Statutory	Taking custody of child needing emergency admission.	Not related to agency deliverable		No Change
§ 44-24-80	State	Statutory	Transportation of child to hospital; parent's or guardian's request to accompany child.	Requires a service	Transport and reimbursement for transport	No Change
§ 44-24-90	State	Statutory	Notification to child and guardian of petition; contents of petition; right to counsel; examination and conclusions.	Not related to agency deliverable		No Change
§ 44-25-20	State	Statutory	Terms of compact	Requires a service	Conform with terms of compact; provision of mental health services	No Change
§ 44-25-30	State	Statutory	Director of Mental Health and Director of Disabilities and Special Needs shall be compact administrators.	Requires a service	Administrate compact	No Change
§ 44-25-40	State	Statutory	Supplementary agreements with other states.	Requires a service	Enter into agreements with other states	No Change
§ 44-25-50	State	Statutory	Family of proposed transferee shall be consulted; probate court shall approve transfer out of State.	Requires a service	Consult with family of patient; probate court	No Change
§ 44-25-60	State	Statutory	Payment of obligations.	Requires a service	Pay obligations	No Change
§ 44-48-100	State	Statutory	Standard for determining predator status; control, care, and treatment of person; release; mistrial procedures; persons incompetent to stand trial.	Requires a service	Comply with SVP institutionalization guidelines; cooperate with other agencies	No Change
§ 44-48-110	State	Statutory	Periodic mental examination of committed persons; report; petition for release; hearing; trial to consider release.	Requires a service	perform periodic examinations	No Change
§ 44-48-120	State	Statutory	Petition for release; hearing ordered by court; examination by qualified expert; burden of proof.	Requires a service	Determine and certify determinations regarding safety to release	No Change
§ 44-48-130	State	Statutory	Grounds for denial of petition for release.	Not related to agency deliverable		No Change
§ 44-48-140	State	Statutory	Restricted release of confidential information and records to agencies and Attorney General	Requires a service	Release records as required	No Change
§ 44-48-150	State	Statutory	Evidentiary records; court order to open sealed records	Requires a service	Seal records under court order	No Change
§ 44-48-160	State	Statutory	Registration of persons released from commitment.	Not related to agency deliverable		No Change
§ 44-48-170	State	Statutory	Involuntary detention or commitment; constitutional requirements.	Requires a service	Conform with constitutional requirements of patient detention	No Change
§ 44-48-20	State	Statutory	Legislative findings.	Not related to agency deliverable		No Change
§ 44-48-30	State	Statutory	Definitions	Not related to agency deliverable		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
§ 44-48-40	State	Statutory	Notification to team, victim and Attorney General regarding release, hearing or parole; effective date of parole or release; immunity.	Requires a service	Notify identified parties upon release of a SVP	No Change
§ 44-48-50	State	Statutory	Multidisciplinary team; appointments; review of records; membership.	Requires a service	Assessment for SVP designation	No Change
§ 44-48-60	State	Statutory	Prosecutor's review committee; scope of review; membership requirements.	Not related to agency deliverable		No Change
§ 44-48-70	State	Statutory	Petition for probable cause determination.	Not related to agency deliverable		No Change
§ 44-48-80	State	Statutory	Determination of probable cause; taking person into custody; hearing; evaluation.	Requires a service	Receive SVP as designated by court	No Change
§ 44-48-90	State	Statutory	Trial; trier of fact; continuation of trial; assistance of counsel; access of examiners to person; payment of expenses.	Not related to agency deliverable		No Change
§ 44-52-10	State	Statutory	Definitions.	Not related to agency deliverable		No Change
§ 44-52-110	State	Statutory	Involuntary commitment; conduct of hearing and effect of findings.	Requires a service	Receive patients; ask court for order to cooperate	No Change
§ 44-52-120	State	Statutory	Involuntary commitment; period of treatment.	Requires a service	Send notice of intent to discharge to court	No Change
§ 44-52-130	State	Statutory	Transfer of patient.	Requires a service	Transfer to another facility; seek court approval when needed	No Change
§ 44-52-140	State	Statutory	Release of patient for temporary leave of absence.	Requires a service	Permit temporary absences	No Change
§ 44-52-150	State	Statutory	Reconfinement of involuntarily committed patient who has left treatment facility without permission.	Requires a service	Provide written notice to LEO	No Change
§ 44-52-160	State	Statutory	Violation of conditions of release; supplemental proceedings and recommitment.	Requires a service	Provide written statement to court	No Change
§ 44-52-165	State	Statutory	Patients receiving alcohol and drug addiction services prohibited from possessing alcohol, firearms, weapons, or drugs; penalties; unlawful to allow.	Requires a service	Prevent patient access to drugs/alcohol	No Change
§ 44-52-20	State	Statutory	Voluntary admission.	Requires a service	Admit voluntary patients; notify patients of rights	No Change
§ 44-52-200	State	Statutory	Authority of State Department of Mental Health.	Requires a service	Adopt procedures, regulations, forms, etc. Visit and treat patients at facilities.	No Change
§ 44-52-210	State	Statutory	Comprehensive program for chemically dependent persons.	Requires a service	Approve Division plans/designations	No Change
§ 44-52-30	State	Statutory	Discharge of voluntary patient.	Requires a service	Discharge of patients	No Change
§ 44-52-40	State	Statutory	Release of voluntary patient.	Requires a service	Review requests for release	No Change
§ 44-52-50	State	Statutory	Procedure for emergency admission.	Requires a service	Receive emergency patients	No Change
§ 44-52-60	State	Statutory	Preliminary judicial review of emergency admission; patient's attorney's access to documents.	Not related to agency deliverable		No Change
§ 44-52-65	State	Statutory	Transfer of patients under emergency commitment.	Requires a service	Transfer to less-restrictive settings	No Change
§ 44-52-70	State	Statutory	Involuntary commitment; examination; report; commencement of judicial proceedings.	Requires a service	Petition court	No Change
§ 44-52-80	State	Statutory	Involuntary commitment; notice of hearing.	Not related to agency deliverable		No Change
§ 44-52-90	State	Statutory	Contents of report; background investigation; counsel to have access to reports.	Requires a service	Submit reports to the court	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
2017-11	State	Executive Order	Every state agency shall be responsible for emergency services as assigned in the South Carolina Emergency Operations Plan and participate in scheduled exercises. Note: there are additional State statutes which require or authorize SCDMH to provide a service or product to a respective court. These include: evaluations and or reports related to: stalking, child need for treatment , Mental health courts, Restoration of gun rights. Federal laws and regulations which significantly impact the Department: SCDMH is a covered entity as defined in the Health Insurance Portability and Accountability Act, (HIPAA) and is subject to the Privacy and Security regulations; 45 CFR Part 164 ,promulgated pursuant to the Act; SCDMH operates several alcohol and drug treatment facilities and program+E93s. Those Programs are subject to 42 CFR Part 2 confidentiality regulations; here of the SCDMH hospitals and all of its four nursing homes are certified Medicaid and Medicare providers by the Centers for Medicare and Medicaid Services (CMS), and are subject to extensive federal regulations governing the Conditions of Participation of those facilities, and Conditions of Participation, 42 CFR Part 485. SCDMH's three State Veterans Nursing Homes are additionally subject to federal Veterans Administration regulations governing the conditions of operation of those facilities, 38 CFR Part 51; SCDMH is also subject to additional Federal laws via Federal contracts and Grants. SCDMH operates several alcohol and drug treatment facilities or programs that are subject to 42 CFR Part 2 confidentiality.	Requires a service	Mental health treatment and related services	No Change
SECTION 44- 24-10, et seq.	State	Statutory	Commitment of Children in Need of Mental Health Treatment	Requires a service	Mental health treatment and related services	No Change
SECTION 44-11-10.	State	Statutory	SCDMH Inpatient and Outpatient Facilities to be maintained and purposes	Requires a service	Mental health treatment and related services	No Change
SECTION 44-11-110.	State	Statutory	Commission and Attorney General approval of easements and rights of way on SCDMH grounds	Requires a service	May permit easements and right-of-ways	No Change
SECTION 44-11-30.	State	Statutory	Establishment, purpose and admission requirements of SCDMH South Carolina Veterans Homes.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-11-60.	State	Statutory	Establishment of mental health clinics/centers	Requires a service	Mental health treatment and related services	No Change
SECTION 44-11-70.	State	Statutory	Appointment and powers of SCDMH inpatient facility Public Safety officers.	Requires a service	May employ LEOs	No Change
SECTION 44-11-75.	State	Statutory	Entering or refusing to leave state mental health facility following warning or request; penalty.	Not related to agency deliverable		No Change
SECTION 44-13-05.	State	Statutory	Authority for law enforcement to take individual who appears to be mentally and posing a risk of harm into protective custody.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-13-10.	State	Statutory	Detention and care of individual by county pending removal to SCDMH inpatient facility.	Not related to agency deliverable		No Change
SECTION 44-13-20.	State	Statutory	Admission of resident ordered committed by foreign court.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-13-30.	State	Statutory	Removal of patient who is not a citizen of this State.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-13-40.	State	Statutory	Removal of alien patient.	Requires a service	Report undocumented patient to state authorities	No Change
SECTION 44-13-50.	State	Statutory	Return of patient to out-of-State mental health facility.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-13-60.	State	Statutory	Transfer of custody of infirm or harmless patient to custodian, guardian or county.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-13-70.	State	Statutory	Admission forms to be kept by probate judges.	Not related to agency deliverable		No Change
SECTION 44-15-10.	State	Statutory	Establishment of local mental health programs and clinics/centers	Requires a service	Consent to creation of community mental health programs	No Change
SECTION 44-15-20.	State	Statutory	Mental health center Services for which funds may be granted.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-15-30.	State	Statutory	Applications for mental health center funds .	Requires a service	Receive plans and budgets from local community health programs	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
SECTION 44-15-40.	State	Statutory	Allocation of mental health center funds and review of expenditures.	Requires a service	Allocate funds	No Change
SECTION 44-15-50.	State	Statutory	Grants for mental health center services.	Requires a service	May issue grants	No Change
SECTION 44-15-60.	State	Statutory	Establishment and membership of community mental health center boards.	Not related to agency deliverable		No Change
SECTION 44-15-70.	State	Statutory	Powers and duties of community mental health center boards	Requires a service	Standards for community mental health boards	No Change
SECTION 44-15-80.	State	Statutory	Powers and duties of SCDMH related to mental health centers	Requires a service	Mental health treatment and related services	No Change
SECTION 44-15-90.	State	Statutory	Mental health center unexpended appropriations.	Requires a service		No Change
SECTION 44-17-310, et. seq.	State	Statutory	Care and Commitment of Mentally Ill Persons	Requires a service	Mental health treatment and related services	No Change
SECTION 44-22-20, et. Seq.	State	Statutory	Patients rights	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-1080.	State	Statutory	Patients or prisoner denied access to alcoholic, firearms, dangerous weapons and controlled substances.	Requires a service		No Change
SECTION 44-23-1100.	State	Statutory	Confidentiality and disclosure of copies of probate judge forms/documents.	Not related to agency deliverable		No Change
SECTION 44-23-1110.	State	Statutory	Charges for patient/client maintenance, care and services.	Requires a service	establish the charges for maintenance and medical care for patients	No Change
SECTION 44-23-1120.	State	Statutory	Liability of estate of deceased patient or client	Requires a service	Present claims for decedent expenses	No Change
SECTION 44-23-1130.	State	Statutory	Payment contracts for care and treatment by persons legally responsible	Requires a service	Investigate patient associates who may be financially capable of paying for care	No Change
SECTION 44-23-1140.	State	Statutory	Lien for care and treatment; filing statement; limitation of action for enforcement.	Requires a service	Department may pursue a lien for cost of services	No Change
SECTION 44-23-1150.	State	Statutory	Sexual misconduct with an inmate, patient, or offender.	Not related to agency deliverable		No Change
SECTION 44-23-210.	State	Statutory	Transfer of confined persons to or between SCDMH and DDSN	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-220.	State	Statutory	Inpatient admission of persons in jail.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-240.	State	Statutory	Criminal liability of anyone causing unwarranted confinement.	Requires a service		No Change
SECTION 44-23-40.	State	Statutory	Appeal to court from rules and regulations adopted by SCDMH	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-410.	State	Statutory	Determining fitness/capacity to stand trial	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-420.	State	Statutory	Fitness to stand trial examiner's report.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-430.	State	Statutory	Hearing on fitness capacity to stand trial; effect of outcome.	Requires a service	Mental health treatment and related services	Amended
SECTION 44-23-450.	State	Statutory	Reexamination of finding of unfitness.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-460.	State	Statutory	Procedure when SCDMH determines forensic patient no longer requires hospitalization.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-25-10, et. seq.	State	Statutory	Interstate Compact on Mental Health	Requires a service	Mental health treatment and related services	No Change
SECTION 44-48-10, et. seq.	State	Statutory	Sexually Violent Predator commitment, detention, treatment and release	Requires a service	Sexually Violent Predator Treatment	No Change
SECTION 44-52-5, et. seq.	State	Statutory	Alcohol and Drug Abuse Commitment	Requires a service	Alcohol and Drug Treatment	No Change
SECTION 44-9-10.	State	Statutory	SCDMH creation and authority over State's mental hospitals, clinics (community mental health centers) for mental health and alcohol and drug treatment, including the authority to name each facility.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-9-100.	State	Statutory	Additional powers and duties of commission	Requires a service	form corporate body; provide care to penal patients; PR and education programs; collect statistics; provide vocation training; provide statewide system for mental health treatment	No Change
SECTION 44-9-110.	State	Statutory	Authority of the Commission to accept gifts and grants on behalf of SCDMH	Not related to agency deliverable		No Change
SECTION 44-9-120.	State	Statutory	Annual report of Commission to Governor and GA	Requires a service	Produce annual report to gov. and GA	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
SECTION 44-9-30.	State	Statutory	Creation of South Carolina Mental Health Commission and its authority	Not related to agency deliverable		No Change
SECTION 44-9-40.	State	Statutory	Appointment of the State Director of Mental Health and powers, duties and qualifications.	Requires a service	administer the policies and regulations established by the commission	No Change
SECTION 44-9-50.	State	Statutory	Divisions of SCDMH as authorized by State Director and Commission.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-9-60.	State	Statutory	Appointment of directors of hospitals; employment of personnel.	Requires a service	Appointment of directors of hospitals; employment of personnel.	No Change
SECTION 44-9-70.	State	Statutory	Administration of Federal funds; development of mental health clinics.	Requires a service	Administration of Federal funds; development of mental health clinics.	No Change
SECTION 44-9-80.	State	Statutory	Utilization of Federal funds provided to improve services to patients.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-9-90.	State	Statutory	Powers and duties of Mental Health Commission	Requires a service	form of reports; require reports from state hospital; investigate complaints; adopt regulations; form relationships with other entities	No Change
SECTION 62-5-105.	State	Statutory	SCDMH Director or designee may act as conservator for a patient in a SCDMH inpatient facility and funds used for patient's care and maintenance.	Requires a service	Conservator for Patient	No Change
Section 44-23-10(23) - 26	State	Statute	Procedures and conditions for release of neurologically impaired criminal defendants who are not competent to stand trial and cannot be committed.	Not related to agency deliverable.		Amended

FY2022

Services Data

as submitted for the 2022 Accountability Report by:

J120 - DEPARTMENT OF MENTAL HEALTH

Description of Service	Description of Direct Customer	Customer Name	Others Impacted by Service	Division or major organizational unit providing the service.	Description of division or major organizational unit providing the service.	Primary negative impact if service not provided.	Changes made to services during FY2022	Summary of changes to services
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.	No Change	
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.	No Change	
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.	No Change	
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.	No Change	
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.	No Change	
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.	No Change	

Description of Service	Description of Direct Customer	Customer Name	Others Impacted by Service	Division or major organizational unit providing the service.	Description of division or major organizational unit providing the service.	Primary negative impact if service not provided.	Changes made to services during FY2022	Summary of changes to services
The Department of Mental Health is licensed for 530 beds in three locations across South Carolina to serve those who have served their country. These homes are in Walterboro, Columbia, and Anderson and are certified by the Department of Veterans Affairs.	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.	No Change	
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.	No Change	
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.	No Change	

FY2022

Partnerships Data

as submitted for the 2022 Accountability Report by:

J120 - DEPARTMENT OF MENTAL HEALTH

Type of Partner Entity	Name of Partner Entity	Description of Partnership	Change to the partnership during the past fiscal year
State Government	Department of Alcohol and Other Drug Abuse Services	1. "No Wrong Door" initiative. 2. Morris Village Alcohol & Drug Addiction Treatment Center	No Change
State Government	Department of Corrections	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.	No Change
State Government	Department of Education	Identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. SCDMH often places staff onsite through its school-based services program.	No Change
State Government	Department of Health & Human Services (HHS)	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.	No Change
State Government	Department of Health and Environmental Control	Licenses Mental Health inpatient facilities. Serves as primary agency for state emergencies in Health and Medical Emergency Support Functions with Mental Health serving as chief support for mental health services.	No Change
State Government	Department of Juvenile Justice (DJJ)	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.	No Change
State Government	Department of Social Services	Works closely with DSS to assure appropriate treatment services for children and adolescents (and their families) in foster care services.	No Change
State Government	Department of Vocational Rehabilitation (SCVRD)	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.	No Change
State Government	Disabilities and Special Needs	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.	No Change
State Government	Emergency Management Division	Provides staff to assist in emergency preparedness and recovery efforts in communities affected by disasters.	No Change
Higher Education Institute	Medical University of South Carolina (MUSC)	Residents receive educational experiences and supervision through scheduled rotations community setting. Medical Students and Physician Assistant students rotate regularly 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.	No Change

Type of Partner Entity	Name of Partner Entity	Description of Partnership	Change to the partnership during the past fiscal year
Higher Education Institute	University of South Carolina School of Medicine	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.	No Change

FY2022

Reports Data

as submitted for the Accountability Report by:

J120 - DEPARTMENT OF MENTAL HEALTH

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
State Auditor's Report		Agreed upon procedures report		Annually	South Carolina state agency or agencies	Available on another website			Report is generated by State Auditor who is responsible for scheduling audit. This report has not been completed for FY2021 nor FY2022.