

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	35

**Fiscal Year 2018–2019
Accountability Report**

SUBMISSION FORM

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

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

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

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

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

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

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

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

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	William T. Wells	843-953-2274	william.wells@scdmh.org
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I have reviewed and approved the enclosed FY 2018–2019 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN AND DATE):	
(TYPE/PRINT NAME):	Mark W. Binkley, JD

BOARD/CMSN CHAIR (SIGN AND DATE):	
(TYPE/PRINT NAME):	L. Gregory Pearce, Jr.

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AGENCY’S DISCUSSION AND ANALYSIS

Agency 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 our stakeholders, and assuring the highest level of cultural competence.

We believe that people are best served in the community of their choice in the least restrictive settings possible. We commit to the availability of a full and flexible array of coordinated services in every community across the state. We believe in services that build upon critical local supports: family, friends, faith communities, healthcare providers, and other public services that offer affordable housing, employment, education, leisure pursuits, and other social and clinical supports.

We are committed to the highest standard of care in our skilled nursing facilities for South Carolina citizens. The Joint Commission has designated two of the Department’s four nursing facilities as nationally accredited. Only about five percent of similar facilities in South Carolina have earned this recognition. We are also determined to provide appropriate evaluation and/or treatment to the increasing number of individuals requiring forensic services, both inpatient and in the community.

We strive to remain an agency worthy of the highest level of public trust. We will provide treatment environments that are safe and therapeutic and work environments that inspire and promote innovation and creativity. We will hire, train, support, and retain staff who are culturally and linguistically competent, who are committed to the philosophy of recovery, and who value continuous learning and best practices. We will provide services efficiently and effectively, and will strive always to provide interventions that are scientifically proven to support recovery.

We believe that people with mental illnesses, trauma victims, and others who experience severe emotional distress are often the object of stigma. Therefore, we 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. We will work with employers, other state agencies, federal agencies, healthcare providers, and public media to eliminate stigma concerning mental illnesses. And we will expect our own staff to be leaders in the anti-stigma campaign.

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

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

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

Changes in Leadership

- Upon the retirement of Mark W. Binkley in the fall of 2018, Debbie Calcote, MA, the executive director of the Berkeley Community Mental Health Center, was appointed as the new deputy director over Administrative Services.
- In addition to her role as Chief Medical Officer of the Division of Inpatient Services, Kimberly Rudd, MD, assumed duties as the Assistant Deputy Director of the Division of Long-term Care.
- Alan Powell announced his retirement as General Counsel for the Department with Elizabeth B. Hutto, JD, selected to take this position in early FY2020.
- As the DIS Director of Veterans Services, Robert “Bobby” Morgan is now overseeing the activities of all three Veteran Nursing Facilities in addition to serving as administrator for the E. Roy Stone State Veterans Home at the CM Tucker Center.
- South Carolina Department of Mental Health’s State Director, John H. Magill, retired in January, 2019. Mr. Magill was appointed by the South Carolina Mental Health Commission in September 2006 and despite the financial crises beginning in 2008, launched the nationally acclaimed Emergency Department Telepsychiatry program using grant funding of The Duke Endowment. Recently retired Mark W. Binkley is serving as Interim Director until such time as the Mental Health Commission appoints a permanent replacement.
- L. Gregory Pearce Jr., was appointed to serve on the South Carolina Mental Health Commission, in April, 2019 and selected as Chair of the Commission in July. Mr. Pearce was originally employed with the South Carolina State Hospital in 1970 as a clinical counselor and completed his DMH career as director of the Crafts-Farrow State Hospital until its closure in 1992.
- In addition, five current DMH employees were promoted to new positions as center directors in FY2019.

Improving Community Mental Health Services:

- DMH has increased access to community mental health services and serves more patients than ever. Since FY2014, the Community Mental Health Services Division increased the percentage of all appointments meeting access standards, the percentage of new cases (new/readmissions), and the number of patients receiving services. Over the past five years, as of June 30, 2019, the number of people served increased by over 8,000 individuals, (10%). In the Agency’s community mental health centers, patients in crisis can see a Mental Health Professional on a walk-in basis. We have significantly reduced wait times for appointments with counselors throughout the state. A number of DMH clinics now offer extended hours of operation.
 - DMH’s Community Mental Health Services (CMHS) Division continues to increase community services for adults. The expected outcome of the additional appropriations is increased outreach to patients living with chronic mental illness who are at risk of hospitalization, by securing appropriate community housing and delivering needed services.
 - CMHS is also using additional appropriated funds to increase community services for children, adolescents, and their families. The additional funding available to Centers will increase the availability of intensive, evidence-based services to meet patients’ needs in the community and prevent hospitalizations and out of home placements.

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- The agency formalized the Justice-Involved Programming (JIP) initiative by hiring a dedicated program manager to provide oversight for supporting SC law enforcement agencies statewide. This effort will communicate with and involve SC jail administrators; SC detention centers; SC Department of Corrections; SC Sheriffs' Association; SC Police Chiefs' Association; State Law Enforcement Division (SLED); SC Department of Probation, Parole and Pardon Services; SC Department of Public Safety; SC Department of Natural Resources; and all state law enforcement agencies
 - Key to the JIP initiative is the continued expansion of existing mental health (MH) courts and the creation of new courts. Mental Health courts aim to divert offenders with a diagnosable mental illness from the criminal justice system and toward the community mental health treatment that supports patient outcomes. Currently there are five (5) MH courts in SC. The agency will collaborate with at least two (2) counties to implement two (2) new courts in FY2020 and increase the capacity of at least one existing court to accommodate 25% more participants.
 - JIP will also partner with the SC Law Enforcement Assistance Program (SCLEAP) in their ongoing efforts supporting the needs of law enforcement and their families.
 - The First Responder Support Team (FRST) opened in Charleston in 2009 and serves the needs of any SC first responder or their family seeking support in a stigma-free setting. JIP will champion the effort to open additional support teams statewide.
- In September 2015, DMH received a The Garrett Lee Smith Memorial Suicide Prevention grant of \$736,000 per year for five years. In 2018, the agency received the Zero Suicide grant of \$700,000 per year from the Substance Abuse and Mental Health Services Administration (SAMHSA). The awards support the suicide prevention program across the lifespan, an intensive, community-based effort with the goal of reducing suicide among South Carolinians by 20% statewide by 2025. In December 2018, the SC Department of Mental Health combined both grant programs to create the SCDMH Office of Suicide Prevention (SCDMH-OSP).
 - Using various multi-media platforms, SCDMH-OSP has surpassed its outreach and awareness goal of 300,000 individuals by year five, having reached more than 488,000 individuals across the state from 2016-2018.
 - SCDMH-OSP offers trainings in suicide prevention to professional audiences and community members. To date, the OSP has trained more than 19,000 individuals in suicide prevention.
 - More than 45 school districts, private schools and educational settings in SC have adopted the SCD-OSP Comprehensive School Suicide Prevention Program.
 - SCDMH-OSP is implementing the ZERO Suicide model in Health Care settings throughout South Carolina. The foundational belief of ZERO Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. All sixteen SCDMH Community Centers have embedded the Zero Suicide model and have trained over 10,398 behavioral health and medical professionals.
- SCD-OSP is also implementing a ZERO Suicide protocol among Federally Qualified Health Centers, hospital systems, and primary care settings.
- In 2016, DMH collaborated with the SC chapters of the American Foundation for Suicide Prevention, to form the SC Suicide Prevention Coalition with the goal of developing a State plan addressing suicide prevention. In 2018, we published the new SC Suicide Prevention Plan 2018-2025.
 - The Coalition, co-chaired by DMH State Director John H. Magill and Senator Katherine Shealy, comprises lawmakers and leaders in the non-profit arena, as well as public and private sectors.
 - In 2016, DMH collaborated with the SC chapters of the American Foundation for Suicide Prevention and Mental Health America, to form the SC Suicide Prevention Coalition with the goal of developing a State plan addressing suicide prevention.
- SAMHSA's Center for Mental Health Services has awarded DMH a Healthy Transitions Grant, effective September 30, 2018, in the amount of \$1 Million per year for five years, to improve access to treatment and

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support services for youth and young adults ages 16-25 who have a serious emotional disturbance or a serious mental illness in Sumter, Kershaw and Lee Counties.

- The Community Mental Health Center serving Darlington, Florence and Marion Counties has invigorated DMH’s already growing school-based services.
 - A \$1.2 Million School Mental Health Services grant from The Duke Endowment, awarded in spring 2018, will help DMH implement a countywide school telehealth initiative integrating mental health and primary health care for children in Darlington County (DC Cares). DMH’s Pee Dee Community Mental Health Center, in partnership with the Medical University of South Carolina, the South Carolina Telehealth Alliance, the Darlington One school district, and several local private providers, will make multiple healthcare services available in participating schools. Increased access to healthcare services for students and families is expected to improve student health, reduce absenteeism, and correspondingly improve student achievement. DC Cares plans to reduce the barriers to health care by bringing both services to the students in their school setting. Primary care services are provided via telehealth by a local physician or nurse practitioner with the student seated in the school nurse’s office. Mental health services are available via telehealth by a nurse practitioner at the school mental health counselor’s office.
 - The Reaching Families Project is an ambitious project to enhance student and caregiver engagement in school-based mental health services by utilizing an “Engagement Toolkit” to assist students and families overcome barriers, which prevent them from fully understanding and utilizing available mental health services. REACH is an acronym for “Relationship, Expectancy, Attendance, Clarity, and Homework/participation.”
 - The Pee Dee Resiliency Project (PDRP) is funded by the Blue Cross / Blue Shield of South Carolina Foundation and is a collaborative effort between SCDMH, Pee Dee Mental Health, Children’s Trust, the University of South Carolina School Behavioral Health Team, and the School Districts in Florence, Darlington, and Marion Counties. PDRP is of critical importance for developing school-based mental health programs in the Pee Dee region’s elementary schools.
- With recurring funds appropriated by the SC General Assembly, DMH continues to expand its School Mental Health Program. School Mental Health services are now available in 738 (over 58%) schools across South Carolina and anticipates being in more than 850 (over two thirds) SC schools during the 2019-20 academic year. As a comparison, from June 30, 2014 to the end of FY2019, the School Mental Health Services program has expanded over 60%.
- DMH has launched a new crisis response program, Community Crisis Response and Intervention (CCRI). CCRI is a partnership between DMH and the SC Department of Health and Human Services (HHS) to provide adults and children with clinical screening to de-escalate crises and provide linkage to ongoing treatment and other resources in one of three ways: in person at the location of crisis, in person at a CMHC clinic, or by phone. CCRI services can be accessed via a toll free number: (833) DMH-CCRI (364-2274).
 - Services are now available 24/7/365 in each of SC’s sixteen Community Mental Health Centers and 45 of South Carolina’s 46 counties.
 - Relies upon strong partnerships with local law enforcement offices, probate courts, emergency departments, and inpatient facilities.
 - Additional goals include providing clinical response to mental health crises within one hour to 50% of the state within two years and 100% of the state within four years.
 - DMH is also working with HHS to enable clinical response to mental health crises via telehealth, which would significantly reduce clinical response time.
- People competitively employed generally have better self-esteem and are more open to social activity. "Competitive Employment" is defined as having a job paying at least minimum wage, commensurate to similar jobs (positions) in the community, and open to people without a mental illness or other disability. DMH has provided Individual Placement and Support (IPS) services, a model of supported

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employment for people with mental illness, beginning in 2001. While there are several core principles of IPS, a key ideology is that anyone with a mental illness who wishes to work, should have the opportunity to do so. Employment specialists develop relationships with potential employers and provide ongoing support to patients, with competitive employment in the workforce being the ultimate goal.

- The national benchmark for patients achieving competitive employment while participating in IPS is 40%. DMH success has remained above 50% for each of the past five years and in FY2019 achieved a remarkable 60%.
- Demetrius Henderson, DMH Director of IPS Programs, received the inaugural Rick Martinez Leadership Award at the 2019 International IPS Learning Community meeting in Denver, CO. Dr. Robert Drake presented the award, stating that “As a driving force helping South Carolina to implement effective IPS supported employment services in all of the state’s community mental health centers, he [Mr. Henderson] has enabled thousands of South Carolina citizens with disabilities to succeed in competitive employment and thereby attain greater independence and community integration. He is recognized as an outstanding mental health leader throughout the U.S. and other countries.”
- 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 is a member of the South Carolina Interagency Council on Homelessness DAODAS, Department of Corrections, Department of Education, SC Health and Human Services, SC Housing, DSS, and DHEC. The Council meets every other month and focuses on achieving better statewide coordination among stakeholders to address homelessness and mental health issues.
 - DMH is actively engaged in Year One 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 serious mental illnesses and substance use disorders who are experiencing homelessness.
 - Partners include Prisma Health, Greater Greenville Mental Health Center, USC School of Medicine, Mental Illness Recovery Center, Inc., SC Department of Corrections, Charleston Dorchester Mental Health Center, Waccamaw Center for Mental Health, and United Way of the Midlands.
 - Treatment sites are located in Columbia and Greenville, each providing intensive services using the Assertive Community Treatment (ACT) model. The ACT team in Columbia is operated by Prisma Health and the ACT team in Greenville is operated by Greater Greenville Mental Health Center. Both teams are on track to serve a total of 75 adults over the five-year grant period.
 - 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, connecting them to SSI/SSDI income supports and Medicaid and/or Medicare to support their recovery. These staff are on track to submit a total of 432 SSI/SSDI applications to SSA over the five-year grant period. Beginning in August 2018, SAMHSA awarded DMH a grant of \$1 Million per year for five years, to fund the continuation of the evidence-based intensive treatment services and benefits assistance for individuals with serious mental illnesses and co-occurring disorders who are experiencing homelessness.

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- The Grant will also fund four new SOAR benefits specialist positions, one at the South Carolina Department of Corrections to assist offenders who have serious mental illnesses with applications prior to release, and one each at the Charleston Dorchester, Waccamaw and Greenville mental health centers. More than 500 individuals are expected to be served by the Grant over its five-year term.
- In FY17, DMH received a \$1 Million appropriation from the General Assembly to develop crisis stabilization centers in communities. As of June 30, 2019:
 - The Charleston-Dorchester Mental Health Center, in collaboration with MUSC, Roper Hospital, and the Charleston County Sheriff’s Department, opened the 10-bed Tri-County Crisis Stabilization Center in June 2017. On average, the Center serves over 60 individuals each month.
 - Spartanburg Mental Health Center opened their crisis stabilization center October 17, 2018.
 - Greenville Mental Health Center anticipates their crisis stabilization center opening during FY2020.
 - The Anderson-Oconee-Pickens, Columbia Area, Orangeburg, and Waccamaw mental health centers are currently working with local stakeholders and exploring options to develop Crisis Stabilization Units in their respective areas.
- DMH has entered into agreements with community hospitals to embed mental health professionals to assist hospital emergency departments (EDs) in meeting the needs of psychiatric patients. Several CMHCs have these partnerships, of which, Columbia Area CMHC’s relationship with Prisma Richland Emergency Department is an excellent example. The Interagency Behavioral Health Team is primarily responsible for a dramatic decrease in patients waiting for an appropriate inpatient bed from a week or more in 2004 to less than 44 hours. Columbia Area has a Mental Health Professional on duty at Prisma’s Emergency Department sixteen hours daily, seven days per week.
- Using funds of a three-year, \$1.2 Million grant from The Duke Endowment, DMH is expanding Mental Health Courts in South Carolina. These Courts work by diverting non-violent offenders with a mental illness from the criminal justice system into treatment, all while under the supervision and monitoring of the Court. Funding from the Grant is also being used for an evaluation of outcomes of Mental Health Courts (conducted by the USC School of Medicine), including the extent to which they reduce public expenditures while improving the lives of participating defendants.
- Charleston Dorchester Mental Health Center’s *Highway to Hope* project began in 2010 to address the needs of people in rural settings from Adams Run to Awendaw. Highway to Hope is a converted Recreation Vehicle (RV) with mental health staff providing a full range of services to include: crisis intervention, assessment, case management, individual and family therapy and medication management for adults and children. The RV has also been used in emergency / crisis situations such as the Mother Emmanuel AME massacre and ambush of Florence Law Enforcement Officers to provide a place for grieving members of the community to find assistance. Due to the success of the Highway to Hope program and benefit to the community, several Community Mental Health Centers are planning to develop similar programs in cooperation with healthcare agencies in their areas.

DMH continues to use innovative technology to advance and increase its services.

- In October, 2018, DMH’s Telepsychiatry program provided its 100,000th psychiatric service. DMH operates the largest telemedicine program in SC and is believed to be the largest provider of telepsychiatry service in the United States.
 - The Program was developed to meet the critical shortage of psychiatrists in South Carolina’s underserved areas and assist hospital emergency rooms by providing appropriate treatment to persons in a behavioral crisis, using real-time, state-of-the-art video-and-voice technology that connects DMH psychiatrists to hospital emergency departments throughout the state.

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- Built on the success of telepsychiatry services to emergency departments, DMH has equipped its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its patients via telepsychiatry.
- In May 2018, The Duke Endowment announced that the DMH Community Telepsychiatry Program would receive a \$600,000 award to increase access to psychiatric services by creating a varied roster of clinical care providers and administrative support, including the use of Advanced Practice Registered Nurses and Mental Health Professionals, and designing the most effective team structure for mental health service delivery.
- During FY2019, 20,989 psychiatric services were administered through the use of the community telepsychiatry network.
- During that same FY, psychiatrists using the telepsychiatry program provided 8,916 services to patients in hospital emergency departments.
- In addition to the Community and Emergency Department Programs, telepsychiatry is also being used in:
 - Deaf Services was one of the earliest adopters of video technology, starting in 1996 to use telepsychiatry to meet the needs of patients who wanted direct communication with their doctor or counselor. The pool of available clinicians who are fluent in American Sign Language is very small and, as SCDMH serves the entire state, requires that either the patient or the staff drive great distances to deliver services. Telepsychiatry allows DMH staff to use their time more efficiently.
 - The Emergency Management Services Telehealth Pilot Project was created in an effort to appropriately divert behavioral health patients from local Emergency Departments and hospitals. Funded by an MUSC Telehealth Grant, the Charleston Dorchester Mental Health Center’s Assessment Mobile Crisis Team uses the telehealth technology on all 911 calls which are identified as psychiatric in nature. If the emergency medical staff determine there are no medical concerns, a telehealth connection is used to assess the patient’s needs rather than transporting the person to a hospital emergency department.
 - The Inpatient Services Telepsychiatry Program started because of the periodic need for psychiatric services in DMH’s inpatient facilities across the state.
- In May 2018, DMH completed its year-long implementation of the inpatient Electronic Health Record across the Agency’s system of inpatient psychiatric facilities, helping ensure continuity of patient care and regulatory compliance.

DMH is a dedicated partner in serving the citizens of South Carolina.

- In 2015, then-Governor Nikki Haley created the Domestic Violence Task Force to study the issues surrounding domestic violence in South Carolina and make recommendations to respond to the problem. The Task Force, chaired by the Governor, included representatives from more than 40 organizations at the state and local levels. The Task Force and its subcommittees issued interim reports, resulting in a 2015 report of Proposed Recommendations identifying issues and proposing solutions to address domestic violence in SC.
 - DMH remains an active member of the Task Force and the Domestic Violence Advisory Committee, the latter of which works toward implementing the recommendations in the August 2015 report. Recently, DMH drafted a summary of agency-specific initiatives that meet the recommendations of the report. DMH staff will share this information with the Governor’s staff as well as the members of the Advisory Committee members in the coming months.

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

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- At the 2019 South Carolina Mental Health America’s Annual Birthday Celebration, several DMH employees received recognition.
 - Kimberly Rudd, M.D., Assistant Deputy Director of the Division of Long-term Care and Chief Medical Officer of DIS, was named Champion in the Fight-Psychiatrist of the Year.
 - Mallory Miller, Division of Community Mental Health Services TLC Consultant, received the Champion in the Fight-Dedication of Service award.
 - Noni Richards, DIS Forensic Outreach Clinic Clinical Social Worker, was awarded the Constance Sheppard Champion in the Fight award.
 - Cathy Lance-Timmons, Program Manager at the Pee Dee Mental Health Center, received the Champion in the Fight-Ending Homelessness for Persons with Mental Illness award.
- Andrea “Lanalle” Darden, CAF Services director at the Santee-Wateree MHC, was named a 2019 Champion of Evidence-Based Interventions by the Association for Behavioral and Cognitive Therapies (ABCT). The award recognizes outstanding individuals who have shown exceptional dedication, influence, and social impact through the promotion of evidence-based interventions and who have thereby advanced the mission of ABCT.
- Six DMH Nurses were honored as 2018 Palmetto Gold Nurses. This distinction recognizes, “Registered Nurses who exemplify excellence in nursing practice and commitment to the nursing profession in South Carolina.” They are:
 - Kenneth Davis, BSN, RN – Patrick B. Harris Hospital
 - John Edwards, BS, RN, CIC – SCDMH, Division of Inpatient Services
 - Annie Hutchinson, BSN, RN – CM. Tucker Nursing Care Center – Stone Pavilion
 - Elva “Sandy” Hyre, MSN, RN – SCDMH, Evaluation, Training and Research
 - Holly Scaturro, MSN, RN – Contract Monitoring and Forensic Outpatient Services
 - Janice Thomas, BSN, RN, CWCN – CM. Tucker Nursing Care Center – Roddey Pavilion
- DMH’s Division of Public Safety is accredited by the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA) and is currently the only mental health law enforcement agency in the United States to hold this distinction. Only 12% of law enforcement agencies in South Carolina are CALEA accredited. CALEA accreditation requires law enforcement agencies to demonstrate compliance with professional standards in multiple areas, including policy and procedures, administration, operations, and support services.
- In July 2018, the Joint Council on Children and Adolescents recognized DMH State Director John H. Magill for his years of dedicated service as chair of the Body. Established in August 2007 by DMH and the Department of Alcohol and Drug Abuse Services as a mechanism for transforming the service delivery system for youth and their families, the Council comprises the directors of multiple state agencies, advocacy groups, private organizations, and parents of children with serious mental illness. Its mission requires participating agencies to commit to the delivery of cost-effective, collaborative, quality service for children in need.
- Three DMH Staff became the recipients of the first-ever “Director’s Awards” in recognition of their outstanding work and significant contributions to the South Carolina Department of Mental Health and the citizens it serves.
 - Melanie Gambrell, Beckman Community Mental Health Center Director Manages one of “the most successful of DMH’s many outstanding CMHCs. Through her efforts, the Beckman Center is a model in regards to working with her Board of Directors as well as state and local officials.”
 - Kimberly Rudd, M.D. “Not only serves as the DIS Medical Director and the medical director of Long-Term Care within DIS but also often fills in for other psychiatrists when short-handed. She does everything asked of her and more.”
 - Stewart Cooner, Program Manager “In addition to being the director of the highly respected and esteemed Telepsychiatry Program, contributes extensively to the Agency’s strategic planning efforts.” (All quotes are from John Magill, State Director, Retired).

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- In early August 2018, approximately 1,300 mental health professionals and others with interest in mental health issues from across the country attended the 7th annual Lowcountry Mental Health Conference. The 2018 event, sponsored by the Charleston-Dorchester Mental Health Center and Mental Health Heroes (a non-profit organization serving the mental health community), featured multiple mental health experts and advocates as speakers.
- Each September, DMH and the USC School of Medicine jointly sponsor *A Psychiatric Update*, a daylong, continuing medical education training offered both in-person and via video conference to approximately 200 mental health professionals. This year's event, September 28, will be the 19th annual and feature presentations from physicians and other professionals in various fields of study. The event offers continuing education credit staff can use toward renewal of their professional licenses.

Meeting the needs for Inpatient Services

- The E. Roy Stone State Veterans Home, part of the C. M. Tucker, Jr. Nursing Care Center, is one of three DMH nursing care facilities dedicated to providing long-term care to South Carolina veterans. Stone Pavilion is certified by the Centers for Medicare/Medicaid Services (CMS) and the Veterans Administration. It is accredited by The Joint Commission. Stone currently serves 90 veterans in its three units.
 - Stone has achieved CMS's Five Star rating (their highest rating) on their Nursing Home Compare.
 - Stone received zero citations from the DHEC Certification survey in September 2018.
 - Stone has reduced the usage of antipsychotic/anti-anxiety medications by 54% and resident behavior incidents by 71% due, in part, to participating in a state-wide learning collaborative.
- Recognizing the need for additional capacity for the increasing census of residents, including the need to provide adequate treatment space the current location could not accommodate, the Department in 2016 secured funding from the General Assembly for a new Sexually Violent Predator Treatment Program facility. The 250-bed, secure facility opened in October 2018.
- Anticipating a growing veteran population, DMH applied for funds in 2015 to construct additional State Veterans nursing homes. With guidance from the State's Joint Bond Review Committee, DMH identified areas with significant need for new veterans' nursing homes and proposed three new 104-bed facilities in Florence, Richland, and Cherokee counties. In April 2018, the Department received official notification from the U.S. Department of Veterans Affairs that construction grant funding for two of the three homes had become available.
 - The construction contracts for the Florence and Gaffney homes have been awarded and preliminary site work began in early May. It is projected that the new facilities will likely be ready for occupancy in the summer of 2021. The projects are expected to have a significant impact on the local economies of Florence and Cherokee counties, both during the construction phase, and a recurring annual impact when the nursing homes open, with more than 100 jobs being added to the local economies at each site.

DMH continues to plan for the future:

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

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

- Each of DMH’s 16 community mental health centers is accredited by CARF International, an independent, nonprofit accreditor of human service providers. Morris Village Treatment Center, the Agency’s inpatient drug and alcohol hospital, is also accredited by CARF International.
- DMH’s psychiatric hospitals are accredited by The Joint Commission, which aims to improve healthcare by evaluating healthcare providers and inspiring them to excel in the provision of safe, effective care of the highest quality and value.
- Each of DMH’s four nursing homes is licensed by DHEC and certified by CMS. Three of the four nursing homes (530 beds) serve veterans exclusively and are certified by the Department of Veterans Affairs. The Tucker Nursing Care Facility (Roddey-General Nursing Home and Stone-Veterans Nursing Home) is nationally accredited by The Joint Commission (TJC) and represents one of only six nursing homes in South Carolina with this distinction. **There are approximately 200 nursing homes in the State of South Carolina.*
- DMH has more than 900 portals by which citizens can access mental health services, including:
 - a network of 16 outpatient community mental health centers encompassing over 60 outpatient locations, multiple psychiatric hospitals, one community nursing care center, and three veterans’ nursing homes;
 - more than 30 specialized clinical service sites (DMH offices that provide some type of clinical care, but do not offer a full array of services found in a center or clinic);
 - more than 20 South Carolina hospitals with Telepsychiatry services;
 - more than 140 community sites (non-DMH entities or businesses where DMH staff regularly and routinely provide clinical services), and
 - more than 725 school mental health service program sites.
- Parcel sales of the Bull Street property have continued with the latest transaction bringing the total revenue, as of June 30, 2019, to \$16,338,819.80.

South Carolina Mental Health Commission

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Deborah Blalock
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Versie Bellamy, DNP
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Alan Powell
General Counsel
Legal Office

Valarie Perkins
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Centers:

Region A
Aiken-Barnwell
Columbia Area
Lexington
Orangeburg

Region B
AOP
Beckman
Greenville
Piedmont
Spartanburg

Region C
Catawba
Pee Dee
Santee-Waterlee
Tri-County

Region D
Berkeley
Charleston/Dorchester
Coastal
Waccamaw

Programs:
ACT-Client Employment Program
Child & Family Services (CAF)
Client Affairs
Deaf Services
Housing/Homeless
Jail Services
Multi-Cultural Affairs
Peer Support Services
TLC Recovery/Crisis Stabilization/Continuity of Care
Trauma Services

Hospitals:
Bryan Adult Services
Bryan Forensics
Hall Institute
Harris Hospital
Morris Village

Programs:
SVPTP
Forensic Evaluation Services
Forensic NGRI Outreach
Medical Clinic Services
Nutritional Services

Veterans Nursing Care Facilities:
C.M. Tucker-Stone
Campbell
Veterans Victory House
General Nursing Care Facility:
C.M. Tucker-Roddey

Regulatory & Compliance Services:
Corporate Compliance
In-Patient Controller
Organizational Planning
Performance Improvement
Pharmacy Services

Corporate Compliance
Office of Quality Management
Office of Care Coordination
Telepsychiatry
Evaluation, Training & Research
Pharmacy Consultation

Financial Services
Human Resource Services
Public Safety
Information Technology Services
Physical Plant Services

Legal Office
Risk Management

Public Affairs
Client Advocacy

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Statewide Enterprise Strategic Objective	Type	Item #			Description	2018-19			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	1			Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.							
	S		1.1		Services will be available to people in need.							
	M			1.1.1	SCDMH will increase the number of children and adolescents it serves in community settings.	26,998	27,000	29,288	7/1/2018 - 6/30/2019	Central Office Internet Technology (IT)	Calculated using reporting software	As population of SC increases, it is expected that more people will receive services.
	M			1.1.2	SCDMH will maintain or increase the number of adults seen in community settings.	57,530	57,530	57,559	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Serves as an indicator that people needing services can receive them.
	M			1.1.3	Inpatient "bed days" will remain constant or increase.	553,041	520,000	556,255	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Serves as indicator that available services are used efficiently.
	M			1.1.4	SCDMH will admit a significant number of patients into the inpatient forensic setting.	297	220	236	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Ability to admit new patients indicates previous admissions are being successfully placed in less restrictive settings.
	S		1.2		Appointments will be prioritized by need and with goal of reducing hospital admissions.							
	M			1.2.1	Patients requiring CMHC appointments will be seen in a timely manner according to protocol (priority, urgent, or routine).	95%	90%	94%	7/1/2018 - 6/30/2019	Community Mental Health Services Reporting (CMHS)	Calculated using reporting software	Failure to provide community services when needed may result in unnecessary hospitalizations.
	M			1.2.2	Patients will have scheduled appointments at CMHCs within median of 7 days of discharge from an inpatient psychiatric facility.	3.72	<7	4.69	7/1/2018 - 6/30/2019	CMHS	Calculated using reporting software	Timely transition from hospital to community treatment is indicator of compliance with treatment and medication.
	S		1.3		Reduce the number of patients requiring readmission following discharge from SCDMH hospitals.							
	M			1.3.1	Percentage of patients requiring readmission within thirty days of discharge will be below 5%.	1.20%	<5	2.80%	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Increase of rapid readmissions may indicate a break in the continuity of care between hospitals and CMHCs.
Healthy and Safe Families	G	2			Continue building upon community mental health services to reduce necessity for hospital admissions.							
	S		2.1		Maximize efficiency of staff as increasing number of third party payors become alternatives to traditional Medicaid to maintain services without burdening taxpayers.							
	M			2.1.1	Will maintain or increase number of billable hours in CMHCs.	910,595	910,000	N.A. Will not be used in future reports.	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	This measure was determined to be of no meaningful use. Purpose was to suggest staff productivity but could increase due to other factors such as more staff.

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		Goal	Strategy	Measure		Base	Target	Actual				
	S		2.2		Provide superior community mental health services to reduce need for admissions to inpatient settings.							
	M			2.2.1	Number of admissions to SCDMH inpatient facilities (Werber Bryan and Patrick Harris) will decrease.	548	550	485	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Indicates SCDMH is successfully providing services in patients' communities.
Public Infrastructure and Economic Development	G	3			Maximize available technology to meet needs of staff and patients in as cost efficient manner as possible.							
	S		3.1		Employees will complete required training via computer modules.							
	M			3.1.2	Number of hours employees receive training via computer will increase or remain constant.	4,800	4,800	N.A.	7/1/2018 - 6/30/2019	SCDMH Training Database	Calculated using reporting software	This measure may be adjusted due to some modules no longer being considered mandatory.
	M			3.1.2	Number of modules available will remain constant or increase.	201	200	39	7/1/2018 - 6/30/2019	SCDMH Training Database	Count	The agency has a new training task force to stream line current modules while meeting regulatory and accrediting standards but placing those no longer mandatory into an elective category, remaining available to staff who have a need or interest.
	S		3.2		Hospital Emergency Departments will have access to SCDMH physicians regardless of location.							
	M			3.2.1	The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	24	23	23	7/1/2018 - 6/30/2019	Telepsychiatry Department	Count	Increased ability to provide services in emergency departments has reduced unnecessary hospitalizations and wait times in ERs. Has also demonstrated greater compliance with out-patient treatment.
	M			3.2.2	The number of Community Mental Health Centers utilizing Telepsychiatry services will remain constant or increase.	17 (all)	15	17	7/1/2018 - 6/30/2019	Telepsychiatry Department	Count	Demonstrates ability of physicians to serve rural areas without long drive times.
Public Infrastructure and Economic Development	G	4			Implement programs which will improve the lives of citizens.							
	S		4.1		Patients will be able to achieve and maintain productive, meaningful employment.							
	M			4.1.1	Percentage of SCDMH patients having competitive employment will increase.	16.0%	12.0%	14.0%	7/1/2018 - 6/30/2019	CMHS	Calculated using reporting software	People competitively employed generally have better self-esteem and have more social activity.
	M			4.1.2	Percentage of patients participating in SCDMH employment programs, gaining meaningful employment, will meet or exceed national benchmark (40%).	58.0%	50.0%	60.0%	7/1/2018 - 6/30/2019	CMHS	Calculated using reporting software	Represents benefit of services in SCDMH vocational training and placement as compared to general population of SCDMH patients.

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Statewide Enterprise Strategic Objective	Type	Item #			Description	2018-19			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	5			Serve patients with skill, dignity, compassion, and respect.							
	S		5.1		Residents of SCDMH nursing facilities will enjoy high standards of medical care.							
	M			5.1.1	Life expectancy at Roddy Pavilion (skilled nursing facility) will exceed national average (1.2 years).	6.8	1.2	6.0	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	A determination of whether expected standards of care are achieved.
	M			5.1.2	Life expectancy at Stone Pavilion (skilled nursing facility for veterans) will exceed national average (1.2 years).	1.8	1.2	2.0	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	A determination of whether expected standards of care are achieved.
	S		5.2		Standard of care in inpatient facilities will result in reduced need for patient restraint.							
	M			5.2.1	Use of restraints in SCDMH inpatient facilities will remain below of national average (0.62 hours per 1,000 hours of inpatient service).	0.18	<0.62	0.35	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Low incidence of seclusion or restraint indicates less intrusive treatments are employed effectively.
	M			5.2.2	Use of seclusion rooms in SCDMH inpatient facilities will remain below of national average). (0.36 hours per 1,000 hours of inpatient service).	0.22	<0.36	0.26	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Low incidence of seclusion or restraint indicates less intrusive treatments are employed effectively.
	S		5.3		SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care.							
	M			5.3.1	Percentage of adults expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).	92.0%	88.0%	97.0%	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Indicates whether SCDMH is providing services which improve patients' lives.
	M			5.3.2	Families of youths receiving SCDMH services will meet or exceed national average (US average 86%).	91.0%	86.0%	Did not survey.	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	New surveys targeted mental health school service patients and adults but not family members.
	M			5.3.3	Percentage of youths in School Mental Health Services receiving SCDMH services will remain consistently high (no national average available for youth satisfaction rates).	91.7%	85.0%	97.0%	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	New surveys targeted youths in School Mental Health Services only.
Maintaining Safety, Integrity and Security	G	6			Prepare to provide continuity of critical services to its patients while partnering with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.							
	S		6.1		SCDMH will trained and prepared for emergencies affecting itself and surrounding communities.							
	M			6.1.1	All Community Mental Health Centers will meet Centers for Medicare and Medicaid Studies' rules for emergency preparedness when surveyed for compliance (at least once every three years).	100%	100%	100%	7/1/2018 - 6/30/2019	CMHS	Count	Is warning that failure to correct any deficiency could result in loss of Medicaid reimbursement for that CMHC.
	M			6.1.2	SCDMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency situations.	100%	100%	75%	7/1/2018 - 6/30/2019	Department of Administration	Count	Indicates compliance and cooperation with other state agencies at SEOC.

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Statewide Enterprise Strategic Objective	Type	Item #			Description	2018-19			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	7			Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.							
	S		7.1		Reduce number of patients in hospital emergency rooms needing inpatient beds for mental health or substance abuse treatment.							
	M			7.1.1	Number of people awaiting beds will be reduced. (Data is based upon a "Monday morning snapshot" of hospital emergency departments.)	2,428	<2,400	2,247	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Lower numbers indicate Department's efforts to reduce ED wait times are effective.
	M			7.1.2	Patients awaiting beds, at time of Monday snapshot, will be appropriately placed within 24 hours of their emergency room arrival. Note: Number indicates patients in ED at 8:30 AM still in ED at 5:00PM.	1,919	<1,800	1,754	7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Lower numbers indicate intervention efforts by Department are effective.
	S		7.2		School-based clinicians will be embedded in schools throughout South Carolina in order to manage compliance with appointments and better serve partnering schools.							
	M			7.2.1	The number of schools in South Carolina with a school based counselor will increase.	653	>700	738	7/1/2018 - 6/30/2019	CMHS	Count	Higher number indicates more school-aged children have easier access to mental health services.
	S		7.3		The South Carolina Youth Suicide Prevention Initiative (SCYSPI) will collaborate with a variety of healthcare providers and support agencies to reduce the risk of suicide in teens and young adults.							
	M			7.3.1	SCYSPI will partner with an increasing number of schools in SC.	25	49	45	7/1/2018 - 6/30/2019	SCYSPI	Count	Higher number indicates increased opportunity to engage school administration and students.
	M			7.3.2	SCYSPI will be partnerships with a CMHC, Federally Qualified Health Center, a hospital ED, and an inpatient hospital. Each partnership will be 25% of achieving goal.	New	25%	75%	7/1/2018 - 6/30/2019	SCYSPI	Count	Indicates progress toward goal of reducing youth suicides in SC.

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Statewide Enterprise Strategic Objective	Type	Item #			Description	2019-2020			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	1			Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.							
S	S		1.1		Services will be available to people in need.							
M	M			1.1.1	Percentage of under 18 year-old population in SC served by DMH will be within 0.1% of previous year's percentage. (Last year's number served was 29,288).	2.38%	2.38%		7/1/2019 - 6/30/2020	Central Office Internet Technology (IT)	Calculated using current FY patient count and US Census estimate of previous year (most recent).	As population of SC increases, it is expected that more people will receive services but the percentage of population should be consistent.
M	M			1.1.2	Percentage of adult population in SC served by DMH will be within 0.1% of previous year's percentage. (Last year's number served was 57,559).	1.46%	1.46%		7/1/2019 - 6/30/2020	Central Office IT	Calculated using current FY patient count and US Census estimate of previous year (most recent).	Serves as an indicator that people needing services can receive them.
M	M			1.1.3	Number of inpatient "bed days" used will be equal to or greater than running average of previous five fiscal years.	556,525	535,578		7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Indicates that available services are used efficiently.
M	M			1.1.4	SCDMH will admit people into the inpatient forensic setting at a number equal to or greater than the previous three years' average.	236	258		7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Increase indicates SCDMH working to meet the need of local agencies.
S	S		1.2		Appointments will be prioritized by need and with goal of reducing hospital admissions.							
M	M			1.2.1	Patients requiring CMHC appointments will be seen in a timely manner according to protocol (priority, urgent, or routine). Target is average of previous five years.	94%	≥91%		7/1/2019 - 6/30/2020	Community Mental Health Services Reporting (CMHS)	Calculated using reporting software	Failure to provide community services when needed may result in unnecessary hospitalizations.
M	M			1.2.2	Upon discharge from an inpatient psychiatric facility, patients will have scheduled appointments at CMHCs at a rate equal to or less than the previous five-year average. .	4.69	≤5.2		7/1/2019 - 6/30/2020	CMHS	Calculated using reporting software	Timely transition from hospital to community treatment is indicator of compliance with treatment and medication, decreasing readmissions.
S	S		1.3		Reduce the number of patients requiring readmission following discharge from SCDMH hospitals.							
M	M			1.3.1	Percentage of patients requiring readmission within thirty days of discharge will be equal to or less than previous five-year average.	2.80%	≤3.1		7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Increase of rapid readmissions may indicate a break in the continuity of care between hospitals and CMHCs.

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Statewide Enterprise Strategic Objective	Type	Item #	Description			2019-2020			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
			Goal	Strategy	Measure	Base	Target	Actual				
Healthy and Safe Families	G	2			Continue building upon community mental health services to reduce necessity for hospital admissions.							
S	S		2.1		Provide superior community mental health services to reduce need for admissions to inpatient settings.							
M	M			2.1.1	Number of admissions to SCDMH inpatient facilities (Werber Bryan and Patrick Harris) will decrease.	485	<500		7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Indicates SCDMH is successfully providing services in patients in community settings.
Public Infrastructure and Economic Development	G	3			Maximize available technology to meet needs of staff and patients in as cost efficient manner as possible.							
S	S		3.1		Hospital Emergency Departments and CMHCs in rural or otherwise underserved areas will have access to SCDMH physicians regardless of location.							
M	M			3.1.1	The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	23	≥25		7/1/2019 - 6/30/2020	Telepsychiatry Department	Count	Increased ability to provide services in emergency departments reduces hospitalizations and wait times in EDs and improves compliance with out-patient treatment.
M	M			3.1.2	The number of Community Mental Health Centers utilizing Telepsychiatry services will remain constant or increase. Note: Please see comment in "Meaningful Use of Measure" column.	16	16		7/1/2019 - 6/30/2020	Telepsychiatry Department	Count	On July 1, 2019, Greenville and Piedmont CMHCs combined to form the Greater Greenville CMHC. Purpose of measure is to demonstrate efficient use of physician time in serving rural communities.
Public Infrastructure and Economic Development	G	4			Implement programs which will improve the lives of citizens.							
S	S		4.1		Patients will be able to achieve and maintain productive, meaningful employment.							

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Statewide Enterprise Strategic Objective	Type	Item #			Description	2019-2020			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
M	M		4.1.1	Percentage of SCDMH patients having competitive employment will be equal to or greater than average of previous five years.	14%	≥13.6		7/1/2019 - 6/30/2020	CMHS	Calculated using reporting software	People competitively employed generally have better self-esteem and have more social activity.	
M	M		4.1.2	Percentage of patients participating in SCDMH employment programs, gaining meaningful employment, will meet or exceed average of previous five years. (National benchmark = 40%).	60%	≥57.4		7/1/2019 - 6/30/2020	CMHS	Calculated using reporting software	Represents benefit of SCDMH vocational training and placement as compared to general population of SCDMH patients.	
Healthy and Safe Families	G	5		Serve patients with skill, dignity, compassion, and respect.								
S	S		5.1	Residents of SCDMH nursing facilities will enjoy high standards of medical care.								
M	M		5.1.1	Life expectancy at Roddy Pavilion (skilled nursing facility) will be equal to or greater than average of previous five years. (National average = 1.2 years.	6.0	≥7.0		7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	A determination of whether expected standards of care are achieved.	
M	M		5.1.2	Life expectancy at Stone Pavilion (skilled nursing facility for veterans) will be equal to or greater than average of previous five years. (National average = 1.2 years.	2.0	≥2.5		7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	A determination of whether expected standards of care are achieved.	
S	S		5.2	Standard of care in inpatient facilities will result in reduced need for patient restraint.								
M	M		5.2.1	Use of restraints in SCDMH inpatient facilities will be equal to or below the average of the previous five years' data. National average = 0.46 hours per 1,000 hours of inpatient service (CY2018).	0.35	≤0.17		7/1/2019 - 6/30/2020	Department of Inpatient Services, Quality Management	Calculated using reporting software	Low incidence of seclusion or restraint indicates less intrusive treatments are employed effectively.	
M	M		5.2.2	Use of seclusion rooms in SCDMH inpatient facilities will be equal to or below the average of the previous five years' data. National average = 0.36 hours per 1,000 hours of inpatient service (CY2018).	0.26	≤0.22		7/1/2019 - 6/30/2020	Department of Inpatient Services, Quality Management	Calculated using reporting software	Low incidence of seclusion or restraint indicates less intrusive treatments are employed effectively.	
S	S		5.3	SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care.								
M	M		5.3.1	Percentage of adults expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).	97%	≥95%		7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Indicates whether SCDMH is providing services which improve patients' lives.	
M	M		5.3.2	Percentage of youths in School Mental Health Services receiving SCDMH services will remain consistently high (no national average available for youth satisfaction rates).	97%	≥95%		7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Indicates SCDMH is providing services which improve patients' lives.	

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Statewide Enterprise Strategic Objective	Type	Item #	Item #			Description	2019-2020			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
			Goal	Strategy	Measure		Base	Target	Actual				
Maintaining Safety, Integrity and Security	G	6				Prepare to provide continuity of critical services to its patients while partnering with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.							
S	S		6.1			SCDMH will trained and prepared for emergencies affecting itself and surrounding communities.							
M	M			6.1.1		All Community Mental Health Centers will meet Centers for Medicare and Medicaid 'Studies' rules for emergency preparedness when surveyed for compliance (at least once every three years).	100%	100%		7/1/2019 - 6/30/2020	CMHS	Count	Any deficiency could potentially result in loss of Medicaid reimbursement for that CMHC.
M	M			6.1.2		SCDMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency situations. (Minimum = 4 staff).	75%	100%		7/1/2019 - 6/30/2020	Department of Administration	County	Indicates compliance with responsibilities outlined in SC Emergency Operations Plan.
Healthy and Safe Families	G	7				Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.							
S	S		7.1			Reduce number of patients in hospital emergency rooms needing inpatient beds for mental health or substance abuse treatment.							
M	M			7.1.1		Number of people awaiting beds will be equal to or less than average of previous five years' data. (Data is based upon a "Monday morning snapshot" of hospital emergency departments.)	2,247	≤2185		7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Lower numbers indicate Department's efforts to reduce ED wait times are effective.
M	M			7.1.2		The number of patients awaiting beds, at time of Monday snapshot (8:30AM), not discharged by 5:00PM, will be equal to or less than average of previous five years' data. Note: Number indicates patients in ED at 8:30 AM still in ED	1,754	≤1680		7/1/2019 - 6/30/2020	Central Office IT	Calculated using reporting software	Lower numbers indicate intervention efforts by Department are effective.
S	S		7.2			School Mental Health Clinicians will be embedded throughout South Carolina schools to manage compliance with appointments and better serve partnering schools.							
M	M			7.2.1		The percentage of schools in South Carolina with Mental Health Services will increase. (Target of 66.88% represents clinicians in 850 of 1271 schools. FY2019 number of schools with Mental Health Services was 738.)	58.06%	66.88%		7/1/2019 - 6/30/2020	CMHS	Count	Higher number indicates more school-aged children have easier access to mental health services.
S	S		7.3			The South Carolina Youth Suicide Prevention Initiative (SCYSPI) will collaborate with a variety of healthcare providers and support agencies to reduce the risk of suicide in teens and young adults.							
M	M			7.3.1		SCYSPI will partner with an increasing number of schools in SC.	45	50		7/1/2019 - 6/30/2020	SCYSPI	Count	Higher number indicates increased opportunity to engage school administration and students.
M	M			7.3.2		SCYSPI will be partnerships with a CMHC, Federally Qualified Health Center, a hospital ED, and an inpatient hospital. Each partnership will be 25% of achieving goal.	75%	100%		7/1/2019 - 6/30/2020	SCYSPI	Count	Indicates progress toward goal of reducing youth suicides in SC.

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Program Template

Program/Title	Purpose	FY 2018-19 Expenditures (Actual)				FY 2019-20 Expenditures (Projected)				Associated Measure(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
I. General Administration	Primarily provides for long-range planning, performance and clinical standards, evaluation and quality assurance and legal counsel.	\$ 3,812,871	\$ 19,490	\$ -	\$ 3,832,362	\$ 4,048,484	\$ 684,926		\$ 4,733,410	3.1.1, 3.1.2, 3.2.1, 4.1.2, 6.1.2, 7.1.1, 7.1.2.
II.A. Community Mental Health Centers	Services delivered from the seventeen mental health centers that include: evaluation, assessment, and intake of consumers; short-term outpatient treatment; and continuing support services.	\$ 69,641,025	\$ 69,387,287	\$ 13,826,320	\$ 152,854,632	\$ 72,375,453	\$ 86,201,653	\$ 8,173,055	\$ 166,750,161	1.1.1, 1.1.2, 1.2.1, 1.2.2, 1.3.1, 3.2.1, 4.1.2, 5.3.1, 5.3.2, 5.3.3, 6.1.1, 7.2.1, 7.3.1, 7.3.2.
II.B. Inpatient Mental Health	Services delivered in a hospital setting for adult and child consumers whose conditions are severe enough that they are not able to be treated in the community.	\$ 44,519,706	\$ 45,977,119		\$ 90,496,826	\$ 44,127,884	\$ 47,327,626		\$ 91,455,510	1.1.3, 1.1.4, 1.2.2, 1.3.1, 2.2.1, 5.1.1, 5.2.2.
II.C. Addictions	Services delivered in a hospital setting for adult consumers whose conditions are severe enough that they are not able to be treated in the community.	\$ 7,372,388	\$ 3,727,362		\$ 11,099,751	\$ 7,468,745	\$ 3,744,324		\$ 11,213,069	1.3.1
II.D. Clinical & Support Services	Nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	\$ 27,454,347	\$ 3,607,196	\$ 92,930	\$ 31,154,472	\$ 28,159,702	9,848,774	\$ 37,656	\$ 38,046,132	3.2.1, 4.1.2, 6.1.1, 6.1.2, 7.1.1, 7.1.2, 7.3.1, 7.3.2.
II.E. Long Term Care	Residential care for individuals and veterans with mental illness whose medical conditions are persistently fragile enough to require long-term nursing care.	\$ 22,336,763	\$ 43,750,531		\$ 66,087,294	\$ 23,735,893	\$ 43,631,842		\$ 67,367,735	5.1.1, 5.1.2, 5.2.1, 5.2.2,
II.F. Sexual Predator Treatment Program	Treatment for civilly-committed individuals found by the courts to be sexually violent predators. Mandated by the Sexually Violent Predator Act, Section 44-48-10 et al.	\$ 19,813,740	\$ 194,451		\$ 20,008,192	\$ 20,288,126	\$ 15,515		\$ 20,303,641	
III. Employee Benefits	Fringe benefits for all DMH employees.	\$ 47,921,850	\$ 29,553,137	\$ 1,321,110	\$ 78,796,097	\$ 51,440,063	\$ 36,670,476	\$ 894,723	\$ 89,005,262	

Agency Name: Department of Mental Health

Fiscal Year 2018-2019
Accountability Report

Agency Code: J120 Section: 035

Legal Standards Template

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who your agency must or may serve? (Y/N)	Does the law specify a product or service your agency must or may provide?	If yes, what type of service or product?	If other service or product, please specify what service or product.
1	SECTION 44-9-10.	State	Statutory	SCDMH creation and authority over State's mental hospitals, clinics (community mental health centers) for mental health and alcohol and drug treatment, including the authority to name each facility.	Yes	Yes	Mental health treatment and related services	No Other Service Or product
2	SECTION 44-9-30.	State	Statutory	Creation of South Carolina Mental Health Commission and its authority	No	Yes	No	
3	SECTION 44-9-40.	State	Statutory	Appointment of the State Director of Mental Health and powers, duties and qualifications.	No	Yes	No	
4	SECTION 44-9-50.	State	Statutory	Divisions of SCDMH as authorized by State Director and Commission.	Yes	Yes	Mental health treatment and related services	
5	SECTION 44-9-60.	State	Statutory	Appointment of directors of hospitals; employment of personnel.	No	Yes	No	
6	SECTION 44-9-70.	State	Statutory	Administration of Federal funds; development of mental health clinics.	No	Yes	No	
7	SECTION 44-9-80.	State	Statutory	Utilization of Federal funds provided to improve services to patients.	Yes	Yes	Mental health treatment and related services	
8	SECTION 44-9-110.	State	Statutory	Authority of the Commission to accept gifts and grants on behalf of SCDMH	No	Yes	No	
9	SECTION 44-9-120.	State	Statutory	Annual report of Commission to Governor	No	Yes	No	
10	SECTION 44-11-10.	State	Statutory	SCDMH Inpatient and Outpatient Facilities to be maintained and purposes	Yes	Yes	Mental health treatment and related services	
11	SECTION 44-11-30.	State	Statutory	Establishment, purpose and admission requirements of SCDMH South Carolina Veterans Homes.	Yes	Yes	Mental health treatment and related services	
12	SECTION 44-11-60.	State	Statutory	Establishment of mental health clinics/centers	Yes	Yes	Mental health treatment and related services	
13	SECTION 44-11-70.	State	Statutory	Appointment and powers of SCDMH inpatient facility Public Safety officers.	No	Yes	No	
14	SECTION 44-11-75.	State	Statutory	Entering or refusing to leave state mental health facility following warning or request; penalty.	No	Yes	No	
15	SECTION 44-11-110.	State	Statutory	Commission and Attorney General approval of easements and rights of way on SCDMH grounds	No	Yes	No	
16	SECTION 44-13-05.	State	Statutory	Authority for law enforcement to take individual who appears to be mentally and posing a risk of harm into protective custody.	Yes	Yes	Mental health treatment and related services	
17	SECTION 44-13-10.	State	Statutory	Detention and care of individual by county pending removal to SCDMH inpatient facility.	No	Yes	No	
18	SECTION 44-13-20.	State	Statutory	Admission of resident ordered committed by foreign court.	Yes	Yes	Mental health treatment and related services	
19	SECTION 44-13-30.	State	Statutory	Removal of patient who is not a citizen of this State.	Yes	Yes	Mental health treatment and related services	
20	SECTION 44-13-40.	State	Statutory	Removal of alien patient.	No	Yes	No	
21	SECTION 44-13-50.	State	Statutory	Return of patient to out-of-State mental health facility.	Yes	Yes	Mental health treatment and related services	
22	SECTION 44-13-60.	State	Statutory	Transfer of custody of infirm or harmless patient to custodian, guardian or county.	Yes	Yes	Mental health treatment and related services	
23	SECTION 44-13-70.	State	Statutory	Admission forms to be kept by probate judges.	No	Yes	No	
24	SECTION 44-15-10.	State	Statutory	Establishment of local mental health programs and clinics/centers	No	Yes	No	
25	SECTION 44-15-20.	State	Statutory	Mental health center Services for which funds may be granted.	Yes	Yes	Mental health treatment and related services	
26	SECTION 44-15-30.	State	Statutory	Applications for mental health center funds .	No	Yes	No	
27	SECTION 44-15-40.	State	Statutory	Allocation of mental health center funds and review of expenditures.	No	Yes	No	
28	SECTION 44-15-50.	State	Statutory	Grants for mental health center services.	No	Yes	No	
29	SECTION 44-15-60.	State	Statutory	Establishment and membership of community mental health center boards.	No	Yes	No	
30	SECTION 44-15-70.	State	Statutory	Powers and duties of community mental health center boards	No	Yes	No	
31	SECTION 44-15-80.	State	Statutory	Powers and duties of SCDMH related to mental health centers	Yes	Yes	Mental health treatment and related services	
32	SECTION 44-15-90.	State	Statutory	Mental health center unexpended appropriations.	No	Yes	No	

33	SECTION 44-23-40.	State	Statutory	Appeal to court from rules and regulations adopted by SCDMH	Yes	Yes	Mental health treatment and related services
34	SECTION 44-23-210.	State	Statutory	Transfer of confined persons to or between SCDMH and DDSN	Yes	Yes	Mental health treatment and related services
35	SECTION 44-23-220.	State	Statutory	Inpatient admission of persons in jail.	Yes	Yes	Mental health treatment and related services
36	SECTION 44-23-240.	State	Statutory	Criminal liability of anyone causing unwarranted confinement.	No	Yes	No
37	SECTION 44-23-410.	State	Statutory	Determining fitness/capacity to stand trial	Yes	Yes	Mental health treatment and related services
38	SECTION 44-23-420.	State	Statutory	Fitness to stand trial examiner's report.	Yes	Yes	Mental health treatment and related services
39	SECTION 44-23-430.	State	Statutory	Hearing on fitness capacity to stand trial; effect of outcome.	Yes	Yes	Mental health treatment and related services
40	SECTION 44-23-450.	State	Statutory	Reexamination of finding of unfitness.	Yes	Yes	Mental health treatment and related services
41	SECTION 44-23-460.	State	Statutory	Procedure when SCDMH determines forensic patient no longer requires hospitalization.	Yes	Yes	Mental health treatment and related services
42	SECTION 44-23-1080.	State	Statutory	Patients or prisoner denied access to alcoholic, firearms, dangerous weapons and controlled substances.	No	Yes	No
43	SECTION 44-23-1100.	State	Statutory	Confidentiality and disclosure of copies of probate judge forms/documents.	No	Yes	No
44	SECTION 44-23-1110.	State	Statutory	Charges for patient/client maintenance, care and services.	No	Yes	No
45	SECTION 44-23-1120.	State	Statutory	Liability of estate of deceased patient or client	No	Yes	No
46	SECTION 44-23-1130.	State	Statutory	Payment contracts for care and treatment by persons legally responsible	No	Yes	No
47	SECTION 44-23-1140.	State	Statutory	Lien for care and treatment; filing statement; limitation of action for enforcement.	No	Yes	No
48	SECTION 44-23-1150.	State	Statutory	Sexual misconduct with an inmate, patient, or offender.	No	Yes	No
49	SECTION 62-5-105.	State	Statutory	SCDMH Director or designee may act as conservator for a patient in a SCDMH inpatient facility and funds used for patient's care and maintenance.	Yes	Yes	Conservator for Patient
50	2017-11	State	Executive Order	Every state agency shall be responsible for emergency services as assigned in the South Carolina Emergency Operations Plan and participate in scheduled exercises. Note: there are additional State statutes which require or authorize SCDMH to provide a service or product to a respective court. These include: evaluations and or reports related to: stalking, child need for treatment , Mental health courts, Restoration of gun rights. Federal laws and regulations which significantly impact the Department: SCDMH is a covered entity as defined in the Health Insurance Portability and Accountability Act, (HIPAA) and is subject to the Privacy and Security regulations; 45 CFR Part 164 , promulgated pursuant to the Act; SCDMH operates several alcohol and drug treatment facilities and program+E93s. Those Programs are subject to 42 CFR Part 2 confidentiality regulations; here of the SCDMH hospitals and all of its four nursing homes are certified Medicaid and Medicare providers by the Centers for Medicare and Medicaid Services (CMS), and are subject to extensive federal regulations governing the Conditions of Participation of those facilities, and Conditions of Participation, 42 CFR Part 485. SCDMH's three State Veterans Nursing Homes are additionally subject to federal Veterans Administration regulations governing the conditions of operation of those facilities, 38 CFR Part 51; SCDMH is also subject to additional Federal laws via Federal contracts and Grants. SCDMH operates several alcohol and drug treatment facilities or programs that are subject to 42 CFR Part 2 confidentiality.	Yes	Yes	Mental health treatment and related services
51	SECTION 44-9-90 and 100.	State	Statutory	Powers and duties of Mental Health Commission.	Yes	Yes	Mental health treatment and related services
52	44-9-100	State	Statutory				
53	SECTION 44-17-310, et. seq.	State	Statutory	Care and Commitment of Mentally Ill Persons	Yes	Yes	Mental health treatment and related services
54	§ 44-17-320	State	Statutory				
55	§ 44-17-330	State	Statutory				
56	§ 44-17-340	State	Statutory				
57	§ 44-17-410	State	Statutory				

58	§ 44-17-415	State	Statutory					
59	§ 44-17-420	State	Statutory					
60	§ 44-17-430	State	Statutory					
61	§ 44-17-440	State	Statutory					
62	§ 44-17-450	State	Statutory					
63	§ 44-17-460	State	Statutory					
64	§ 44-17-510	State	Statutory					
65	§ 44-17-520	State	Statutory					
66	§ 44-17-530	State	Statutory					
67	§ 44-17-540	State	Statutory					
68	§ 44-17-550	State	Statutory					
69	§ 44-17-560	State	Statutory					
70	§ 44-17-570	State	Statutory					
71	§ 44-17-580	State	Statutory					
72	§ 44-17-600	State	Statutory					
73	§ 44-17-610	State	Statutory					
74	§ 44-17-620	State	Statutory					
75	§ 44-17-630	State	Statutory					
76	§ 44-17-640	State	Statutory					
77	§ 44-17-660	State	Statutory					
78	§ 44-17-810	State	Statutory					
79	§ 44-17-860	State	Statutory					
80	§ 44-17-865	State	Statutory					
81	§ 44-17-870	State	Statutory					
82	§ 44-17-890	State	Statutory					
83	§ 44-17-900	State	Statutory					
84	SECTION 44-22-20, et. Seq.	State	Statutory	Patients rights	Yes	Yes	Mental health treatment and related services	
85	§ 44-22-30	State	Statutory					
86	§ 44-22-40	State	Statutory					
87	§ 44-22-50	State	Statutory					
88	§ 44-22-60	State	Statutory					
89	§ 44-22-70	State	Statutory					
90	§ 44-22-80	State	Statutory					
91	§ 44-22-90	State	Statutory					
92	§ 44-22-100	State	Statutory					
93	§ 44-22-110	State	Statutory					
94	§ 44-22-120	State	Statutory					
95	§ 44-22-130	State	Statutory					
96	§ 44-22-140	State	Statutory					
97	§ 44-22-150	State	Statutory					
98	§ 44-22-160	State	Statutory					
99	§ 44-22-170	State	Statutory					
100	§ 44-22-180	State	Statutory					
101	§ 44-22-190	State	Statutory					
102	§ 44-22-200	State	Statutory					
103	§ 44-22-210	State	Statutory					
104	§ 44-22-220	State	Statutory					
105	SECTION 44- 24-10, et seq.	State	Statutory	Commitment of Children in Need of Mental Health Treatment	Yes	Yes	Mental health treatment and related services	
106	§ 44-24-20	State	Statutory					
107	§ 44-24-30	State	Statutory					
108	§ 44-24-40	State	Statutory					
109	§ 44-24-50	State	Statutory					
110	§ 44-24-60	State	Statutory					
111	§ 44-24-70	State	Statutory					

112	§ 44-24-80	State	Statutory					
113	§ 44-24-90	State	Statutory					
114	§ 44-24-100	State	Statutory					
115	§ 44-24-110	State	Statutory					
116	§ 44-24-120	State	Statutory					
117	§ 44-24-130	State	Statutory					
118	§ 44-24-140	State	Statutory					
119	§ 44-24-150	State	Statutory					
120	§ 44-24-160	State	Statutory					
121	§ 44-24-170	State	Statutory					
122	§ 44-24-180	State	Statutory					
123	§ 44-24-190	State	Statutory					
124	§ 44-24-200	State	Statutory					
125	§ 44-24-210	State	Statutory					
126	§ 44-24-220	State	Statutory					
127	§ 44-24-230	State	Statutory					
128	§ 44-24-240	State	Statutory					
129	§ 44-24-250	State	Statutory					
130	§ 44-24-260	State	Statutory					
131	§ 44-24-270	State	Statutory					
132	§ 44-24-280	State	Statutory					
133	SECTION 44-25-10, et. seq.	State	Statutory	Interstate Compact on Mental Health	Yes	Yes	Mental health treatment and related services	
134	§ 44-25-20	State	Statutory					
135	§ 44-25-30	State	Statutory					
136	§ 44-25-40	State	Statutory					
137	§ 44-25-50	State	Statutory					
138	§ 44-25-60	State	Statutory					
139	SECTION 44-48-10, et. seq.	State	Statutory	Sexually Violent Predator commitment, detention, treatment and release	Yes	Yes	Sexually Violent Predator Treatment	
140	§ 44-48-20	State	Statutory					
141	§ 44-48-30	State	Statutory					
142	§ 44-48-40	State	Statutory					
143	§ 44-48-50	State	Statutory					
144	§ 44-48-60	State	Statutory					
145	§ 44-48-70	State	Statutory					
146	§ 44-48-80	State	Statutory					
147	§ 44-48-90	State	Statutory					
148	§ 44-48-100	State	Statutory					
149	§ 44-48-110	State	Statutory					
150	§ 44-48-120	State	Statutory					
151	§ 44-48-130	State	Statutory					
152	§ 44-48-140	State	Statutory					
153	§ 44-48-150	State	Statutory					
154	§ 44-48-160	State	Statutory					
155	§ 44-48-170	State	Statutory					
156	SECTION 44-52-5, et. seq.	State	Statutory	Alcohol and Drug Abuse Commitment	Yes	Yes	Alcohol and Drug Treatment	
157	§ 44-52-10	State	Statutory					
158	§ 44-52-20	State	Statutory					
159	§ 44-52-30	State	Statutory					
160	§ 44-52-40	State	Statutory					
161	§ 44-52-50	State	Statutory					
162	§ 44-52-60	State	Statutory					
163	§ 44-52-65	State	Statutory					
164	§ 44-52-70	State	Statutory					

165	§ 44-52-80	State	Statutory					
166	§ 44-52-90	State	Statutory					
167	§ 44-52-110	State	Statutory					
168	§ 44-52-120	State	Statutory					
169	§ 44-52-130	State	Statutory					
170	§ 44-52-140	State	Statutory					
171	§ 44-52-150	State	Statutory					
172	§ 44-52-160	State	Statutory					
173	§ 44-52-165	State	Statutory					
174	§ 44-52-200	State	Statutory					
175	§ 44-52-210	State	Statutory					

Agency Name:	Department of Mental Health	
Agency Code and Section:	J120	35

Customer Template

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

Agency Name: Department of Mental Health

**Fiscal Year 2018-2019
Accountability Report**

Agency Code and Section: J120 035

Partner Template

Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Goal(s)
University of South Carolina School of Medicine	Higher Education Institute	SCDMH has contracts with the University of South Carolina School of Medicine, Department of Neuropsychiatry and Behavioral Science. DMH provides clinical rotation for 1st, 2nd, 3rd and 4th year medical students from the School of Medicine. The medical students are assigned DMH physician preceptors and rotate through the centers and facilities. There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psych) that rotate through SCDMH centers and facilities.	1.1.2
Medical University of South Carolina (MUSC)	Higher Education Institute	Residents receive educational experiences and supervision through scheduled rotations community setting. Medical Students and Physician Assistant students rotate regularly 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.	1.1.1 1.1.2
Department of Alcohol and Other Drug Abuse Services	State Government	1. "No Wrong Door" initiative. Addiction Treatment Center 2. Morris Village Alcohol & Drug	
Department of Corrections	State Government	Corrections provides secure residential setting for SCDMH to provide treatment services to people who have served their sentence for sexual offense but still deemed to be a danger to society and who are civilly committed to DMH for sex offender treatment.	
Disabilities and Special Needs	State Government	The SCDMH/DDSN relationship is a collaboration to ensure services, treatment, and where applicable, appropriate housing for patients with a dual diagnosis (mental health and intellectual disabilities). Disabilities and Special Needs, with SCDMH support, operates two group homes serving people whom are patients of both agencies. One is specifically designed for people who would otherwise be in an inpatient forensic setting.	
Department of Education	State Government	Identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. SCDMH often places staff onsite through its school-based services program.	1.1.1 7.2.1 7.3.1
Emergency Management Division	State Government	Provides staff to assist in emergency preparedness and recovery efforts in communities affected by disasters.	6.1.1 6.1.2
Department of Health and Environmental Control	State Government	Licenses Mental Health inpatient facilities. Serves as primary agency for state emergencies in Health and Medical Emergency Support Functions with Mental Health serving as chief support for mental health services.	6.1.1
Department of Health & Human Services (HHS)	State Government	SCDMH serves approximately 50,000 Medicaid eligible clients per year and, other than State appropriations, Medicaid is the Department's largest single payer source. HHS is the State Agency responsible for the administration of the Medicaid program and, therefore, the relationship between HHS and DMH is critical to our agency's mission and those 50,000 clients we serve who are also covered by Medicaid.	1.1.3 2.1.1
Department of Juvenile Justice (DJJ)	State Government	SCDMH has a memorandum of agreement with DJJ to assist with transfers of juveniles with mental health needs to the care of SCDMH for treatment. We have four community mental health centers with staff located in county DJJ county offices. An additional staff is placed at the DJJ Broad River Road Correctional Facility.	7.3.1
Department of Social Services	State Government	Works closely with DSS to assure appropriate treatment services for children and adolescents (and their families) in foster care services.	7.2.1 7.3.1
Department of Vocational Rehabilitation (SCVRD)	State Government	Individual Placement and Support (IPS) is an evidenced-based supported employment best practice model and provided through a collaboration between SCDMH and SCVRD. The goal of this partnership is to place people with serious mental illness in competitive employment.	4.1.1 4.1.2

