



# Public Mental Health in South Carolina



Kenneth Rogers, MD  
State Director of Mental Health

Spring 2021

# Purpose

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This document is designed to serve as an overview of DMH; it highlights segments of the Agency's history, mission, organization, programs, services, and projects and initiatives that many outside of DMH may not be aware of.

This document is a work in progress and will be updated periodically.

If you have questions or comments, contact Tracy LaPointe in the DMH Office of Public Affairs at (803) 898-8582 or [tracy.lapointe@scdmh.org](mailto:tracy.lapointe@scdmh.org).

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# Our History



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# The History of Mental Health in South Carolina

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In the 18<sup>th</sup> century, what to “do” with a mentally ill person depended upon the individual’s status, domestic situation, location, and medical condition.

Insanity was viewed as a private matter and family responsibility, and it was expected that family would render care or pay someone else to do it.

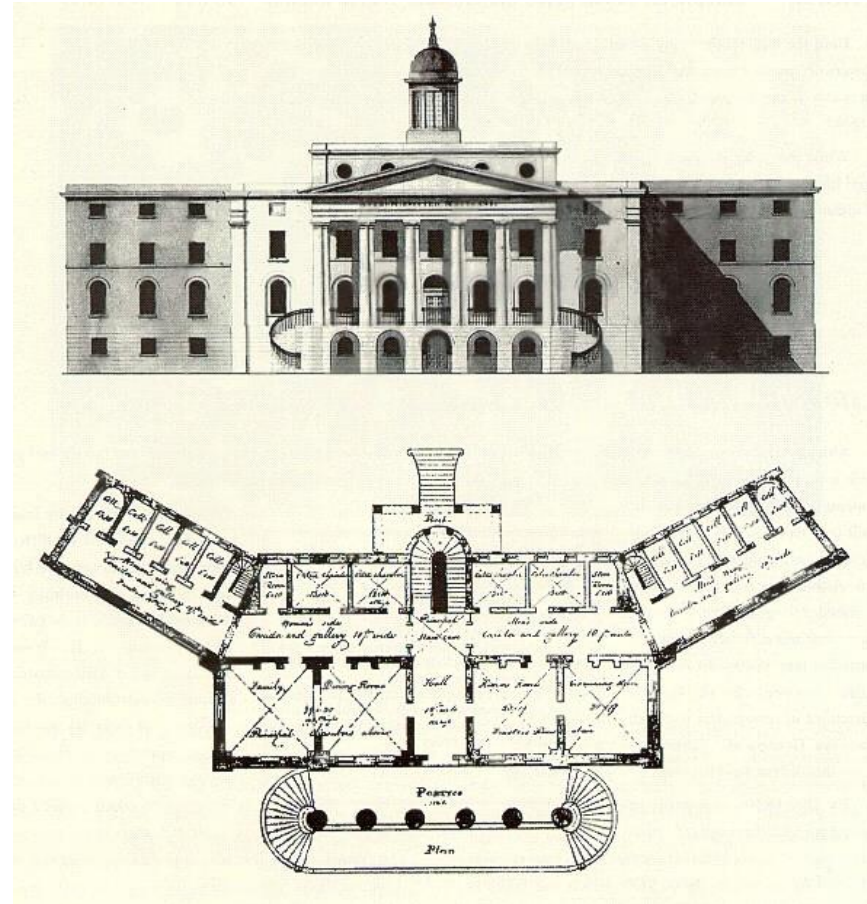
It was not uncommon for the mentally ill to live in workhouses or debtors’ prisons.

# Beginnings

Colonel Samuel Farrow, a member of the House of Representatives, and Major William Crafts, a member of the Senate, worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill. On December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the *SC Lunatic Asylum*.

This legislation made South Carolina one of the first states in the nation (after Virginia and Maryland) to provide *state funding* for the care and treatment of people with mental illnesses.

Renowned architect Robert Mills was enlisted to design the new SC Lunatic Asylum, the cornerstone for which was laid in July of 1822. It featured such innovations as central heating and fireproof ceilings.



## Beginnings, cont.

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- South Carolina's asylum was one of the first in the nation built expressly for the mentally ill.
- South Carolina's mental health system was the third in the U.S., as well as the third *funded by a state government*.
- The asylum did not reach its full capacity of 192 until 1860 – more than 30 years after opening its doors. Many families preferred to care for mentally ill relatives at home, while others wanted them closer to home even if it meant they lived in the county jail or the work house.

# Development

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Dr. Fred Williams, who served as SC State Hospital superintendent from 1915 to 1945, realized that South Carolina's mental health system needed community mental health clinics. As such, he encouraged a program to educate the public about mental illness, its causes, and methods of prevention.

The first clinic to provide services for the mentally ill who did not need hospitalization was opened at the SC State Hospital in 1920. The first permanent outpatient clinic opened in Columbia in 1923. The success of this clinic inspired the opening of traveling clinics in Greenville and Spartanburg in 1924.

By 1927, clinics were established in Florence, Orangeburg, and Anderson. In 1928, a clinic opened in Charleston, with plans for one in Rock Hill.

Reopening of the clinics, which had closed as staff served in WWII, was delayed until late 1947 due to a lack of adequately trained personnel. As clinics continued to grow throughout the state, the need for state and federal funding increased. Help came in 1946 with the passage of Federal Public Law 487.



# The Mental Health Act



*The first outpatient clinic in Columbia, S.C.*

The Mental Health Act provided for a Mental Health Commission to be in charge of all mental health facilities. Communities were required to contribute one third of the cost of clinic or center operation and the state would furnish the remaining two thirds. The Mental Health Commission is still in place to this day and meets monthly.

By 1957, clinics were in operation in six counties.

Major functions of these clinics included: cooperation and consultation with other agencies and professional people in the community; evaluation and treatment of emotional disturbances in adults and children; public education; and training psychiatric and pediatric resident doctors from the Medical College Hospital.

The 1960s ushered in the beginnings of the community mental health movement. The introduction of Medicaid and other improvements in the social welfare system underwrote the treatment of patients in their own communities, and the 1963 Federal Community Mental Health Centers Act provided matching federal funds for construction of community mental health centers.

# Progress

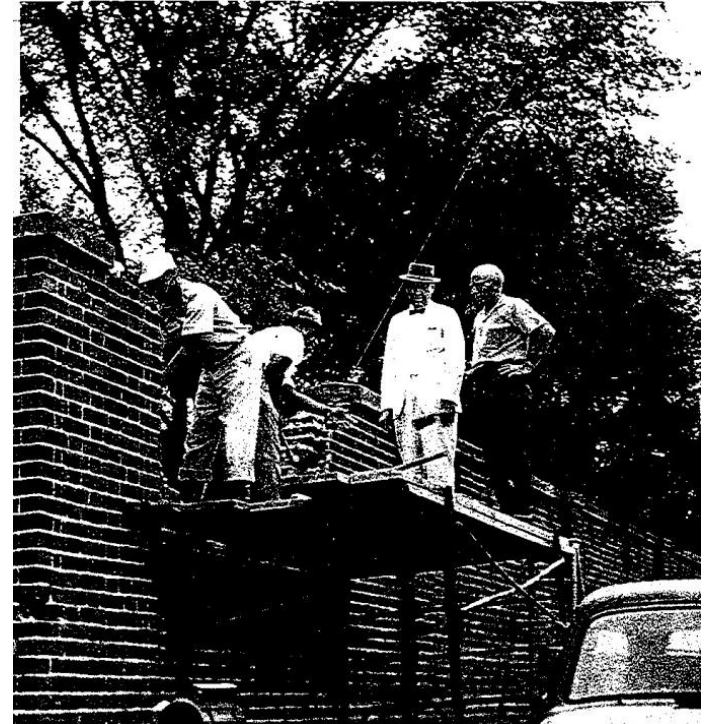
In 1967, the Columbia Area Mental Health Center became the first comprehensive community mental health center in the Southeast. In that same year, William S. Hall, MD, the first “South Carolina State Commissioner of Mental Health,” participated in a ceremony in which part of the wall surrounding the State Hospital came down.

During Dr. Hall's 21 year tenure as commissioner, DMH made strides in community-based care. A comprehensive, statewide mental health care delivery system emerged, and grew to encompass 10 major inpatient facilities and 17 community mental health centers, providing services in all of the state's 46 counties, with more than 6,000 employees.

During the 1970s, South Carolina experienced a number of firsts, including the establishment of a transitional living project to help patients return to the community after long hospital stays, a facility for psychiatric patients who needed long-term care, an alcohol and drug addiction treatment center, and a patient advocacy system to protect the rights of those DMH served.

In 1983, DMH adopted a plan calling for the development of community-based services, the decentralization of hospital services, and a significant decrease in the population of its psychiatric facilities in Columbia. This is what we often hear referred to as “deinstitutionalization.”

Joseph J. Bevilacqua, Ph.D., who became state commissioner of Mental Health in 1985, led with the view that patients treated in the community progress better clinically; people with mental illnesses need and benefit from family and community support. Patients recover faster and stay well longer when receiving services in their communities if such programs are reasonably funded, well organized, and readily available.



*Dr. Hall looks on as part of the wall is taken down.*

# Progress: Community-based Services

In 1989, the SC Department of Mental Health, with support from the National Institute of Mental Health, hosted a national conference to explore how other states shifted to community-based services, how they defined priority populations, and how they planned and located services.

It was determined that the services necessary for the successful transition of patients into communities did not exist and must be developed. It was also clear that some patients could not be safely discharged into the community and should continue to be cared for in DMH facilities until appropriate services could be created.

Some communities struggled to develop community-care programs at first. Patients faced a shortage of appropriate housing options, a lack of crisis care for short-term acute situations, and a lack of employment opportunities.

Still, the Agency moved forward. In 1993, 127 patients from the South Carolina and Crafts-Farrow State Hospitals, moved into seven customized programs in Aiken, Charleston, Columbia, Lexington, Orangeburg, and Sumter. They were provided with appropriate housing, medication monitoring, psychiatric and medical services, supportive community services, meaningful activity, and employment assistance.

In two separate moves between 1992 and 1995, 265 patients were discharged from inpatient facilities to Toward Local Care projects in community mental health centers across the state.

The State Hospital, or “Bull Street” campus is closed. The DMH system now comprises 16 community mental health centers (each with clinics and satellite offices), three psychiatric hospitals one of which is used for treatment of substance use disorders, three veterans’ nursing homes, one community nursing home, and a Sexually Violent Predator Treatment Program.

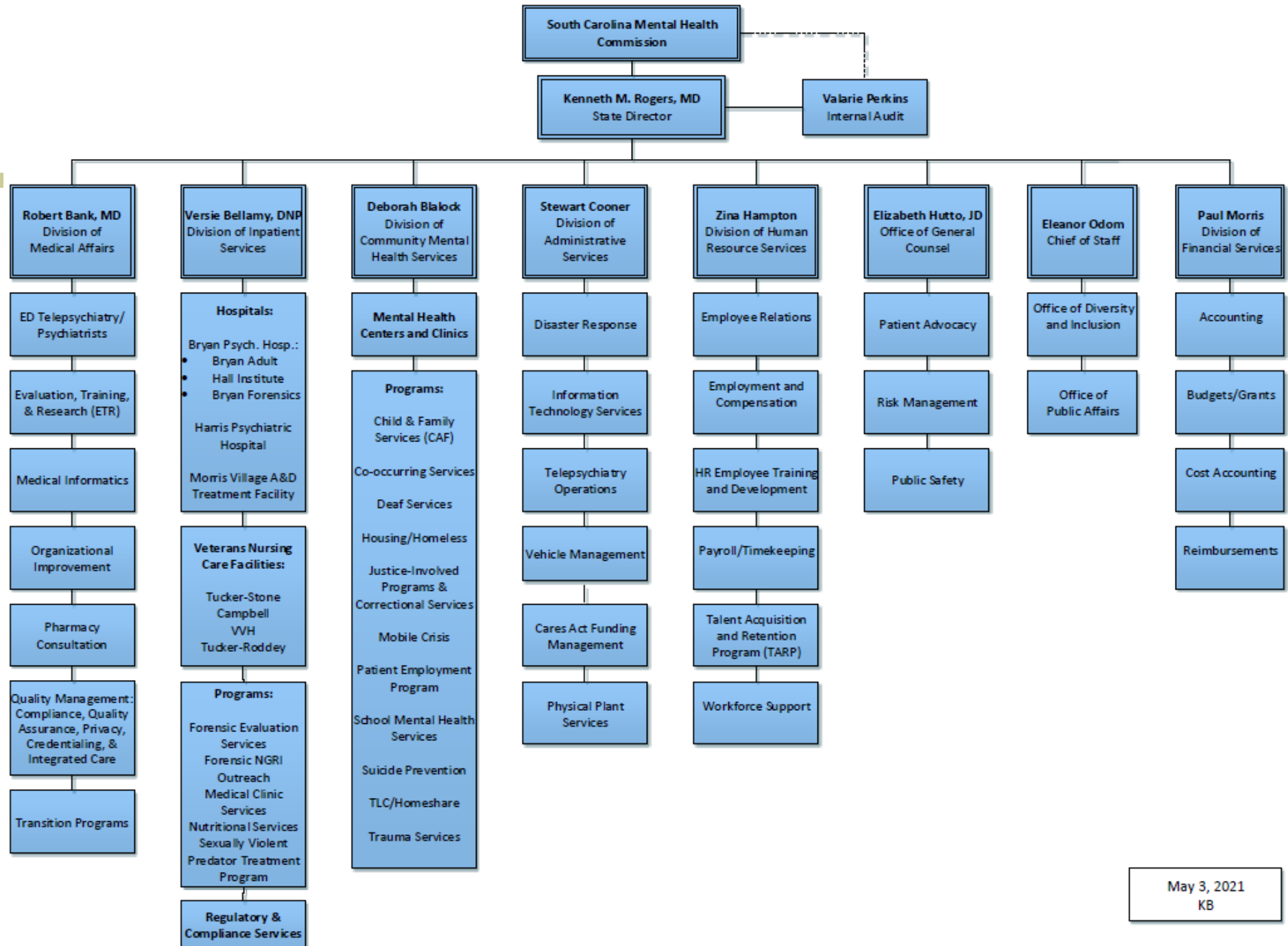
# Governance & Organization



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# Governance

- DMH has been governed by an appointed board of citizens for almost 200 years.
- The current South Carolina Mental Health Commission traces its origins to the Board of Regents of the South Carolina Lunatic Asylum, first appointed in 1827.
- The Mental Health Commission comprises 7 Commissioners, representing each SC Congressional district, appointed by the Governor with the consent of the SC Senate, who serve terms of 5 years.
- The Commission convenes monthly, with meetings rotating among DMH's centers, hospitals, and facilities.



May 3, 2021  
KB

# Clinical Operations



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# Did you know?

- The mission of the South Carolina Department of Mental Health is “to support the recovery of people with mental illnesses”.
- Since opening its first hospital in 1828, DMH has served approximately 4 million South Carolinians.
  - Approximately 3 million patients have been served in DMH outpatient community mental health centers and clinics; approximately 1 million patients have been served in DMH inpatient facilities (hospitals and nursing homes).
- DMH is one of the largest hospital and community-based systems of care in South Carolina:
  - Each year, DMH provides more than 500,000 inpatient bed days.
  - Almost half of DMH inpatient bed days are for nursing home residents.
  - 774 veterans resided in veterans’ nursing homes during FY 2019, resulting in 79,608 bed days at Campbell, 32,163 bed days at Stone, and 79,243 bed days at Veteran’s Victory House, for a total of 191,014 bed days.



# DMH's System of Care

## The South Carolina Department of Mental Health:

- Comprises 16 community-based, outpatient mental health centers and dozens of associated clinics and satellite offices, serving all 46 counties in our state;
- Provides services to approximately 100,000 patients per year, approximately 30,000 of whom are children;
- Operates three licensed hospitals, including one for treatment of substance use disorders;
- Operates four nursing homes, including three for veterans;
- Is one of the largest hospital and community-based systems of care in South Carolina;
- Includes operation of a large Forensics program for defendants referred from the state's criminal courts; and
- Includes operation of a Sexually Violent Predator Treatment Program.

# DMH Community Mental Health Centers (CMHCs)

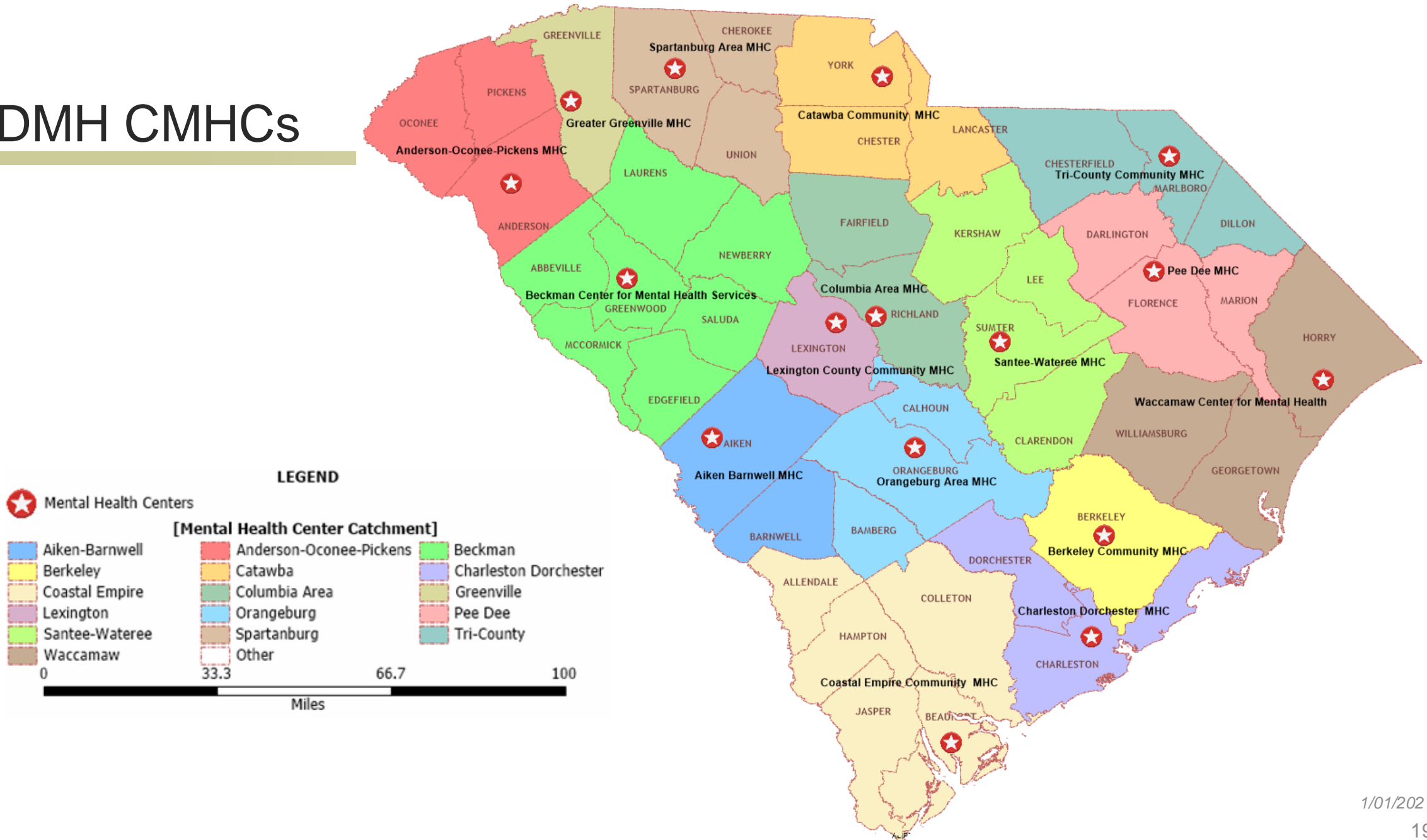
Community mental health centers (CMHCs) provide comprehensive mental health services, offering outpatient, home-based, school, and community-based programs to children, adolescents, adults, and families throughout South Carolina.

## DMH Community Mental Health Centers

Aiken-Barnwell Community Mental Health Center  
Anderson-Oconee-Pickens Mental Health Center  
Beckman Center for Mental Health Services  
Berkeley Community Mental Health Center  
Catawba Community Mental Health Center  
Charleston-Dorchester Mental Health Center  
Coastal Empire Community Mental Health Center  
Columbia Area Mental Health Center  
Greater Greenville Mental Health Center  
Lexington County Community Mental Health Center  
Orangeburg Area Mental Health Center  
Pee Dee Mental Health Center  
Santee-Wateree Community Mental Health Center  
Spartanburg Area Mental Health Center  
Tri-County Community Mental Health Center  
Waccamaw Center for Mental Health

- Each CMHC covers a geographic catchment area; together, they provide services to all 46 SC counties.
- All 16 DMH CMHCs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services.
- Each DMH community mental health center has an advisory board, with 9 to 15 members, including at least one medical doctor. Center boards meet monthly.

# DMH CMHCs



# DMH's Inpatient Hospitals & Facilities

- DMH's Inpatient Services comprises three hospitals, one community nursing care center, three veterans' nursing homes, and a Sexually Violent Predator Treatment Program.
- Each of DMH's psychiatric hospitals is 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.
- 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.
- Each of DMH's four nursing homes is licensed by the SC DHEC and certified by the Centers for Medicare & Medicaid Services.
- Three of the Agency's four nursing homes serve veterans exclusively and are certified by the Department of Veterans Affairs.

# DMH Inpatient Services



**Palmetto Patriots Home**  
Skilled nursing care facility in Gaffney for SC veterans. Expected to open in 2021.



**Patrick B. Harris Psychiatric Hospital**  
Adult psychiatric hospital in Anderson.



**Richard M. Campbell Veterans Nursing Home**  
Skilled nursing care facility in Anderson for SC veterans.



**Veterans Victory House**  
Skilled nursing care facility in Walterboro for SC veterans.



**Sexually Violent Predator Treatment Program**  
Treatment facility in Columbia for persons adjudicated as Sexually Violent Predators.



**C. M. Tucker, Jr. Nursing Care Center**  
Skilled nursing care facility in Columbia comprising the Frank L. Roddey Nursing Facility and the E. Roy Stone Veterans Home. Stone specifically serves SC veterans.



**Veteran Village**  
Skilled nursing care facility in Florence for SC veterans. Expected to open in 2021..



**G. Werber Bryan Psychiatric Hospital Adult Services** - Adult psychiatric care hospital in Columbia.

**Forensics** - Court-ordered stabilization, restoration, evaluation, and ongoing treatment for people found not competent to stand trial or Not Guilty by Reason of Insanity. Located in Columbia.



**William S. Hall Psychiatric Institute at Bryan Hospital** Child and Adolescent psychiatric hospital with acute, residential, and alcohol and drug addiction treatment.



**Morris Village Alcohol and Drug Addiction treatment Center**  
Alcohol and drug use disorder treatment hospital in Columbia.

# DMH Hospitals

## G. Werber Bryan Psychiatric Hospital (Columbia)

G. Werber Bryan Psychiatric Hospital (Bryan) provides inpatient psychiatric treatment to adults and children. It is licensed by the State of South Carolina as a Specialized Hospital and is accredited by The Joint Commission, and has three distinctive parts:



**Adult Services** - Bryan's Adult Services patients are admitted primarily from the 33-county Midlands, Pee Dee, and Lowcountry regions of South Carolina. The majority of patients are civil involuntary admissions.

**Forensics** - The Forensics Division provides inpatient evaluation and treatment, rehabilitation, and outpatient services. Admissions are court-ordered from across SC through the state's criminal justice system.

**William S. Hall Psychiatric Institute at Bryan Psychiatric Hospital (Hall)** - Hall provides inpatient treatment for children and adolescents aged 4-17. It has three inpatient programs: Adolescent Acute, Child Acute, and a program for adolescents with both substance use and psychiatric disorders.

## Patrick B. Harris Hospital (Anderson)

Harris Hospital provides inpatient treatment to adults. It is licensed by the State of South Carolina as a Specialized Hospital and is accredited by The Joint Commission. Patients are admitted from the 13 Upstate counties of South Carolina, and the majority are civil involuntary admissions.

In 2015, Harris was recognized as a 2014 Top Performer on Key Quality Measures by The Joint Commission. The award recognizes accredited hospitals and critical access hospitals that attain and sustain excellence in accountability measure performance. Recognition in the program is based on an aggregation of accountability measure data reported during the previous calendar year.



## Morris Village Alcohol & Drug Addiction Treatment Center (Columbia)

Morris Village provides inpatient treatment for adults with alcohol and drug use disorders, and, when indicated, addiction accompanied by psychiatric illness, often referred to as “dual diagnosis.” It is licensed by the State of South Carolina and is accredited by the Commission on Accreditation of Rehabilitation Facilities.



Patients are admitted to Morris Village from throughout the state, with referrals from community mental health centers, county alcohol and drug commissions, community hospitals, and the judicial system.

The patient population includes both individuals who are voluntarily admitted and individuals who are civil involuntary admissions.



# Other Areas of DMH's Clinical Service Array



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State Director of Mental Health

# DMH Nursing Homes

## **C. M. Tucker, Jr. Nursing Care Center (Columbia)**

Tucker Center is an intermediate and skilled long-term care facility. It is licensed by the state of South Carolina, dually-certified by the Centers for Medicare & Medicaid Services (CMS). It comprises two nursing homes:

### **Frank L. Roddey Nursing Facility**

Provides care to residents from around the state. Referral sources include hospitals, family members, service agencies, and other nursing homes.

### **E. Roy Stone Veterans Home**

Provides long-term nursing care for South Carolina veterans and is additionally certified by the Veterans Administration.



Residents are admitted from across the state.

Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.

Since May 2019, Stone has held a 5-star rating from the Centers for Medicare and Medicaid Services.

## **Richard M. Campbell Veterans Nursing Home (Anderson)**

Campbell is a CMS and VA-certified nursing care facility in Anderson. It admits eligible veterans from across the state and is operated by an independent health care contractor. Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.



## Veterans Victory House (Walterboro)



Veterans Victory House is a CMS and VA-certified nursing care facility in Walterboro.

It admits eligible veterans from across the state and is operated by an independent health care contractor.

Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.

# Veterans Nursing Home Expansion

- 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 a significant need for new veterans' nursing homes. DMH submitted additional State Veterans nursing home construction grant applications to the Department of Veteran's Affairs.
- DMH awarded the construction contracts in April, 2019, and site preparation began in May, 2019. The new State Veterans Nursing Homes will each comprise 104 beds, and are expected to open in the Summer of 2021.
- The Florence facility will be called Veteran Village and the Gaffney facility will be called Palmetto Patriots Home.



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH | VA NURSING HOME - NORTHEAST



S&W  
ARCHITECTURE  
ENGINEERING  
INTERIORS



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH IVA NURSING HOME

# Sexually Violent Predator Treatment Program

- The South Carolina Legislature passed the Sexually Violent Predator Act (SVPA) in 1998, creating a new civil commitment process.
- Under the SVPA, persons previously convicted of a sexually violent offense are screened prior to release from prison to evaluate whether they meet the criteria in the SVPA to be civilly committed to DMH for care and treatment in the Sexually Violent Predator Treatment Program (SVPTP).
- The SVPTP is located within the confines of the Broad River Correctional Institute in Columbia.
- In 2016, a private company, Correct Care Recovery Solutions, contracted with DMH to operate and manage the SVPTP, with DMH maintaining oversight.
- In 2019, the Program moved to a new, state-of-the-art, 268-bed facility on the Department of Corrections Broad River Road campus.



# DMH Portals to Mental Health Services

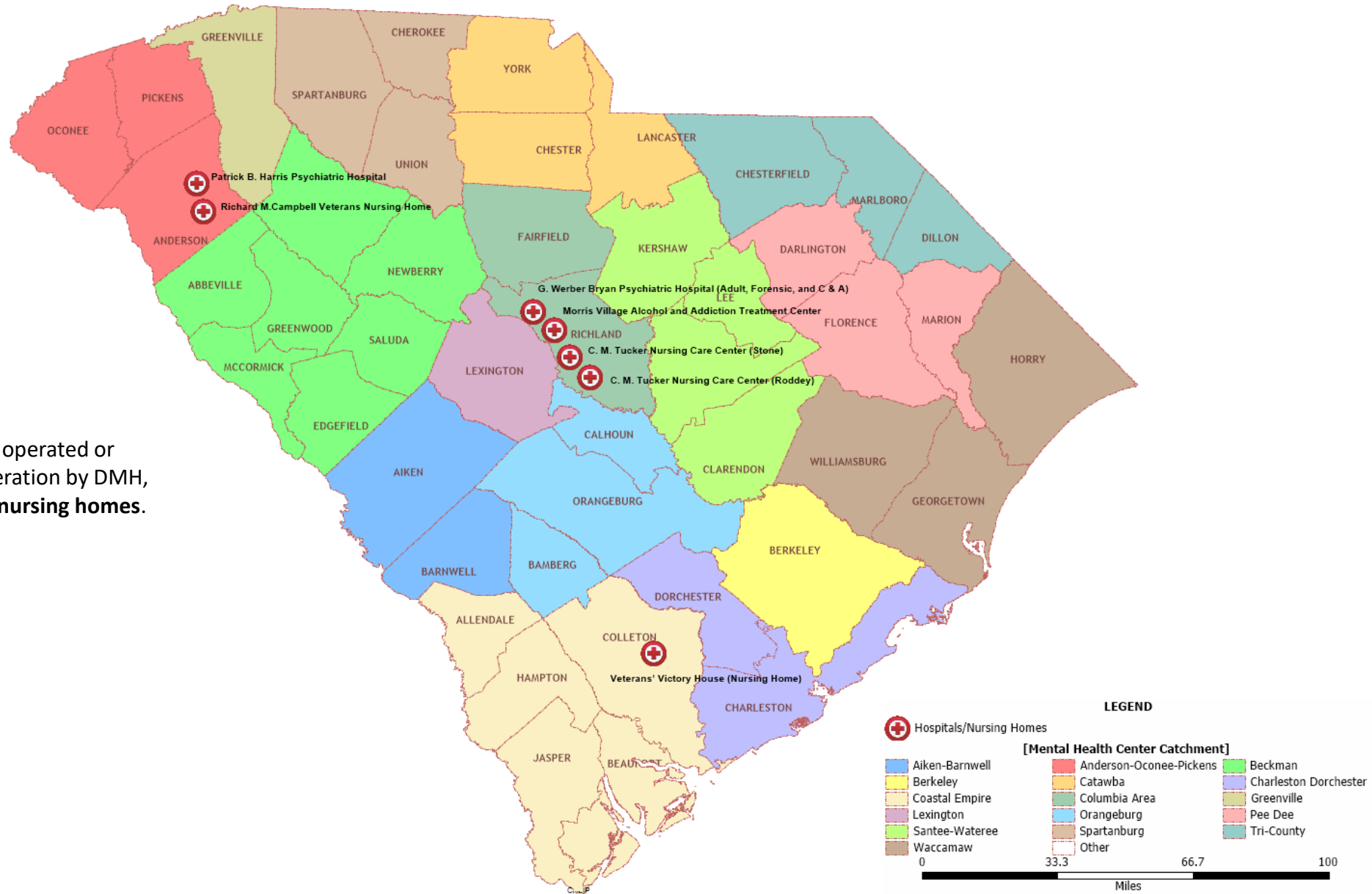
*DMH provides hundreds of portals to access mental health services.*



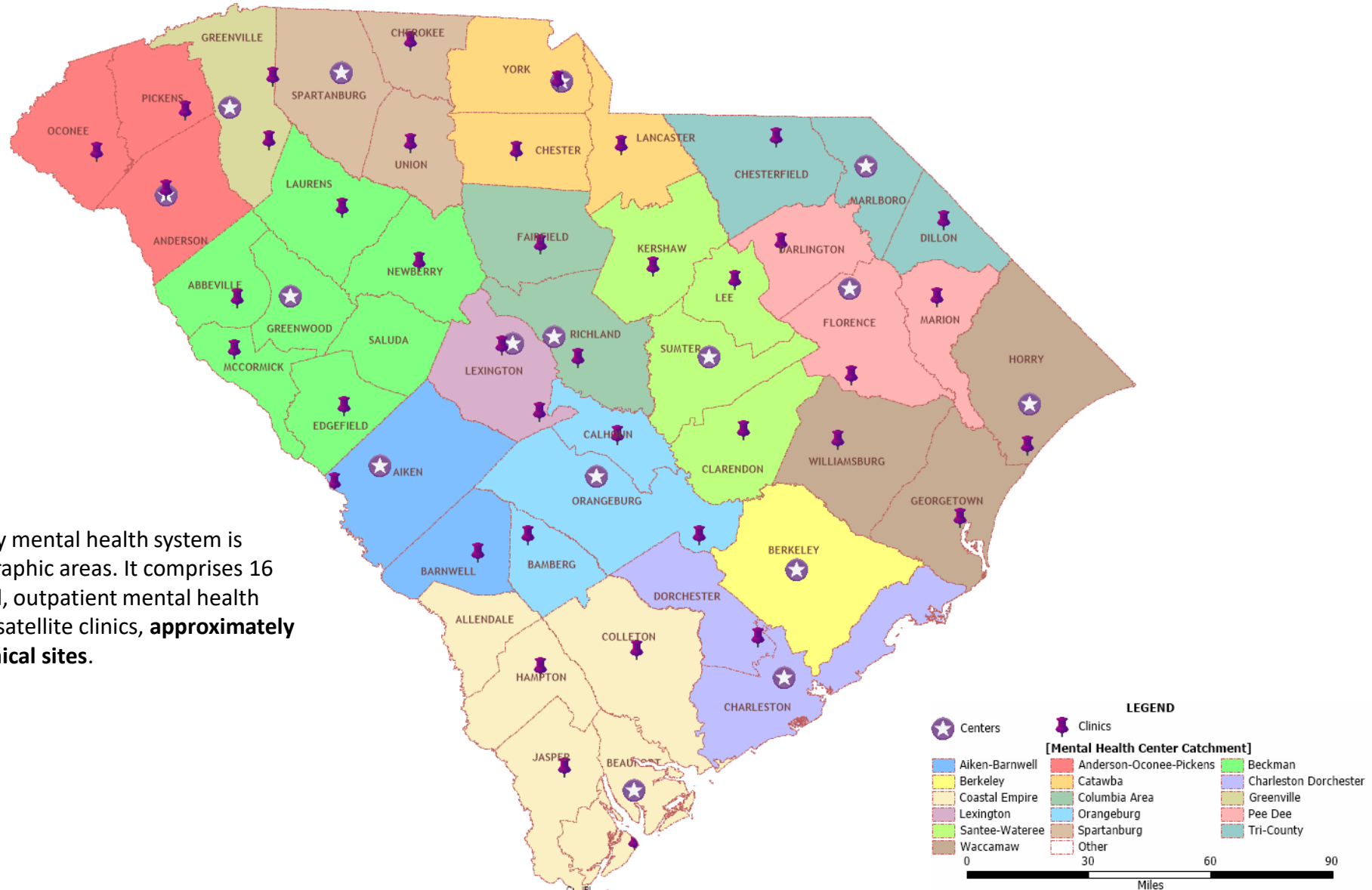
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State Director of Mental Health

# Hospitals & Nursing Homes

Inpatient facilities operated or contracted for operation by DMH, **3 hospitals and 4 nursing homes.**

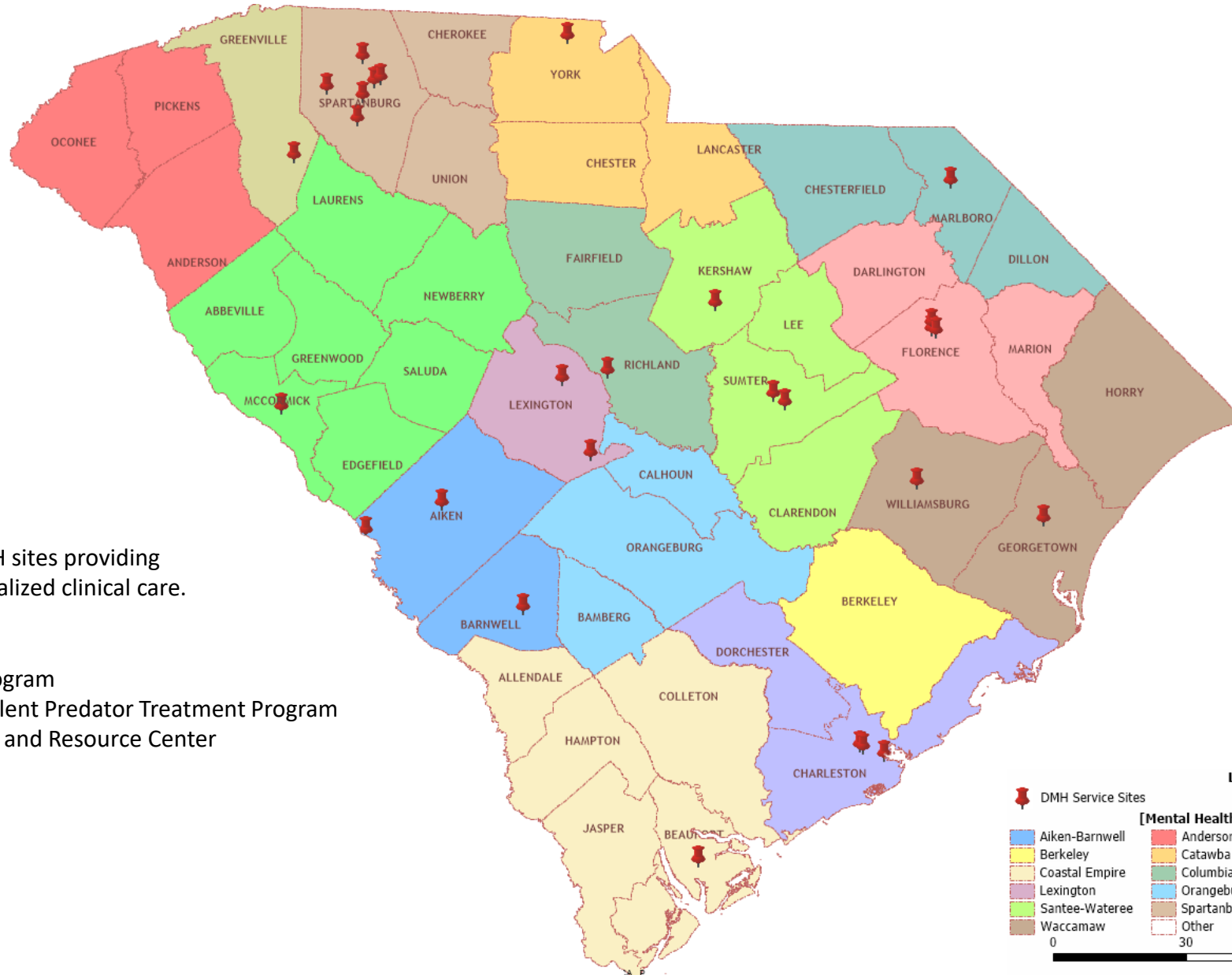


# Outpatient Care: Centers & Clinics



DMH’s community mental health system is divided into geographic areas. It comprises 16 community-based, outpatient mental health centers, with 40+ satellite clinics, **approximately 60 outpatient clinical sites.**

# Specialized Service Sites

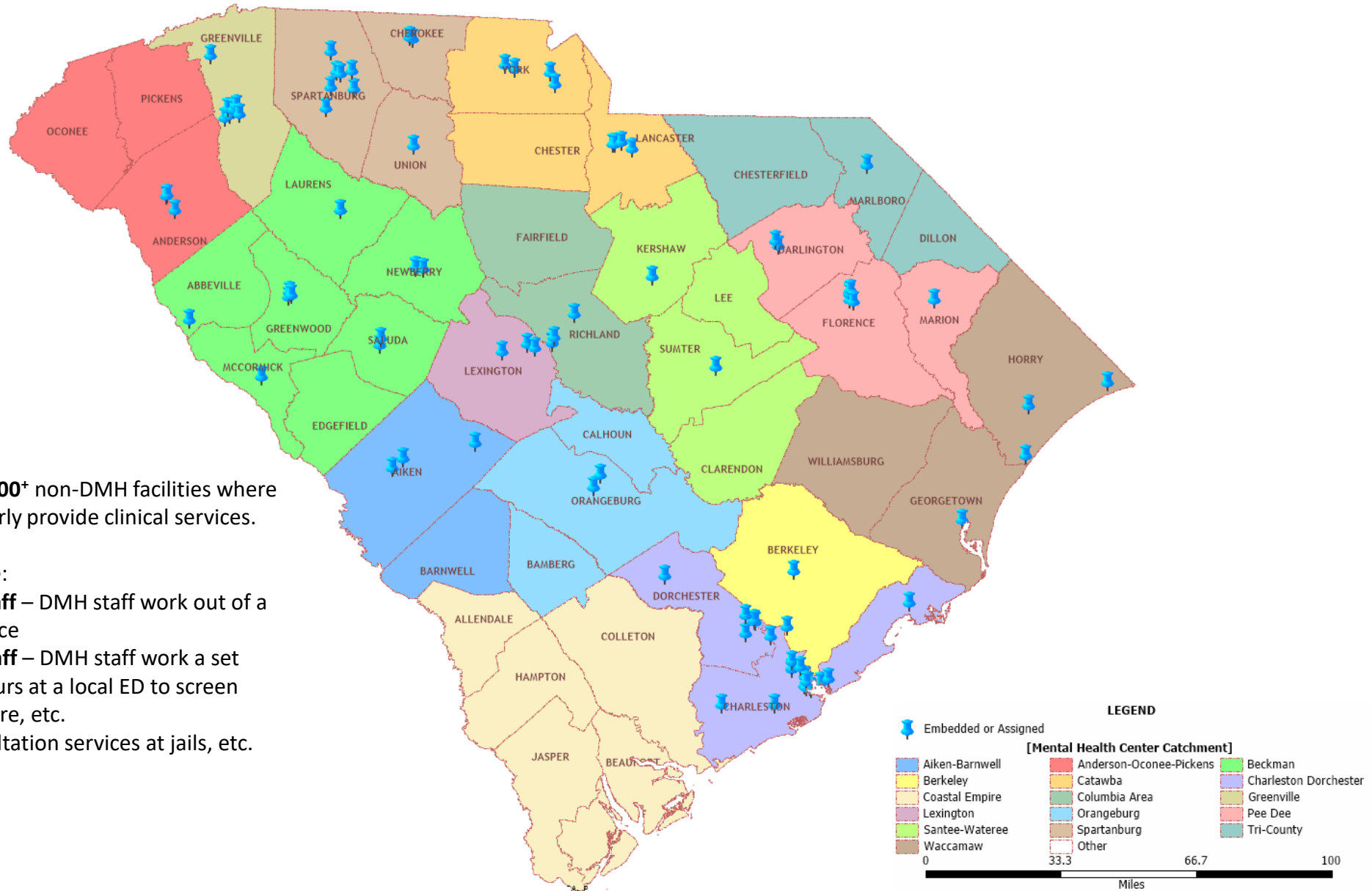


20+ additional DMH sites providing some type of specialized clinical care.

Examples include:

- The Forensic Program
- The Sexually Violent Predator Treatment Program
- The Assessment and Resource Center

# Out-stationed Staff Sites



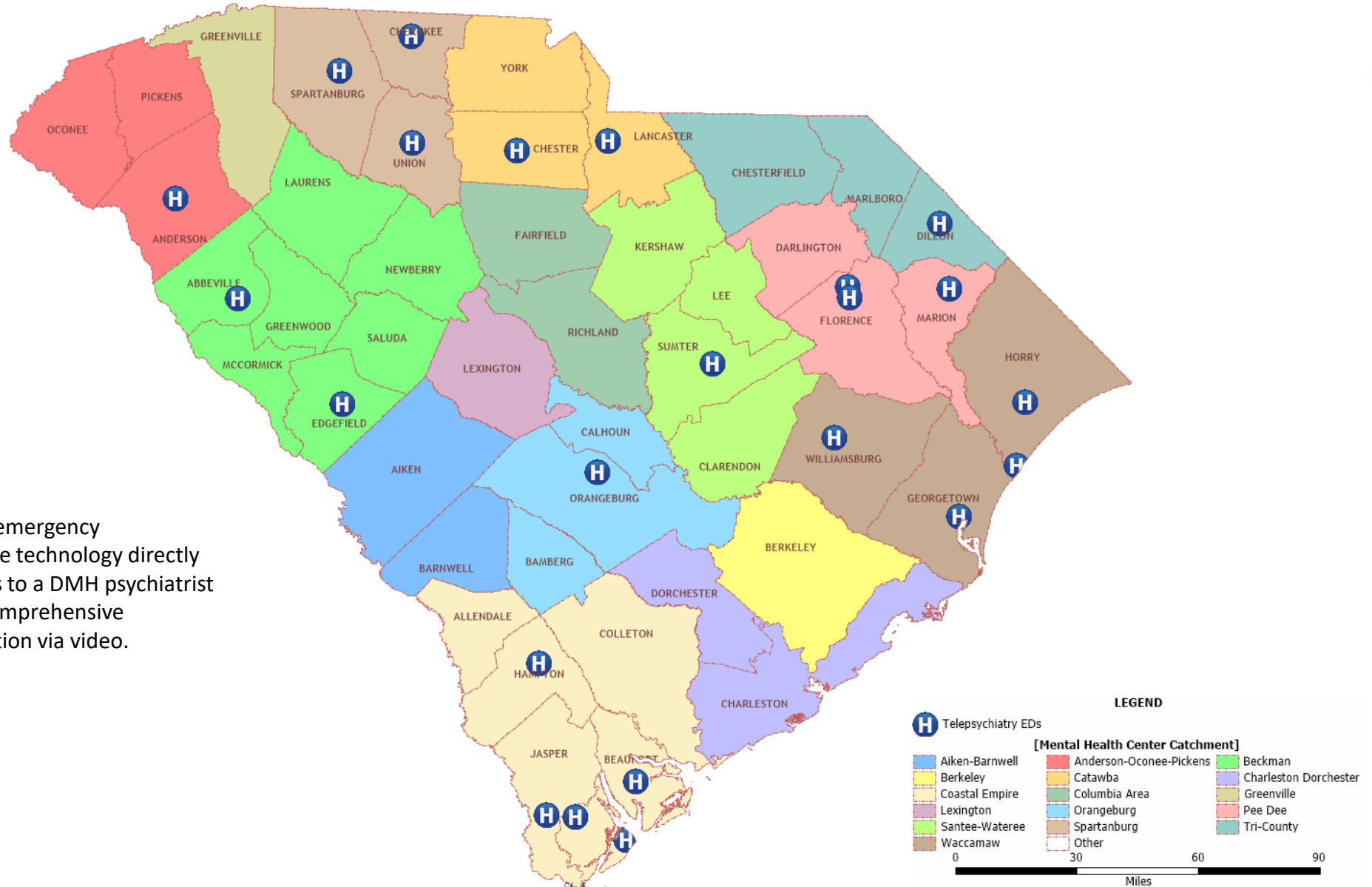
Approximately 100+ non-DMH facilities where DMH staff regularly provide clinical services.

Examples include:

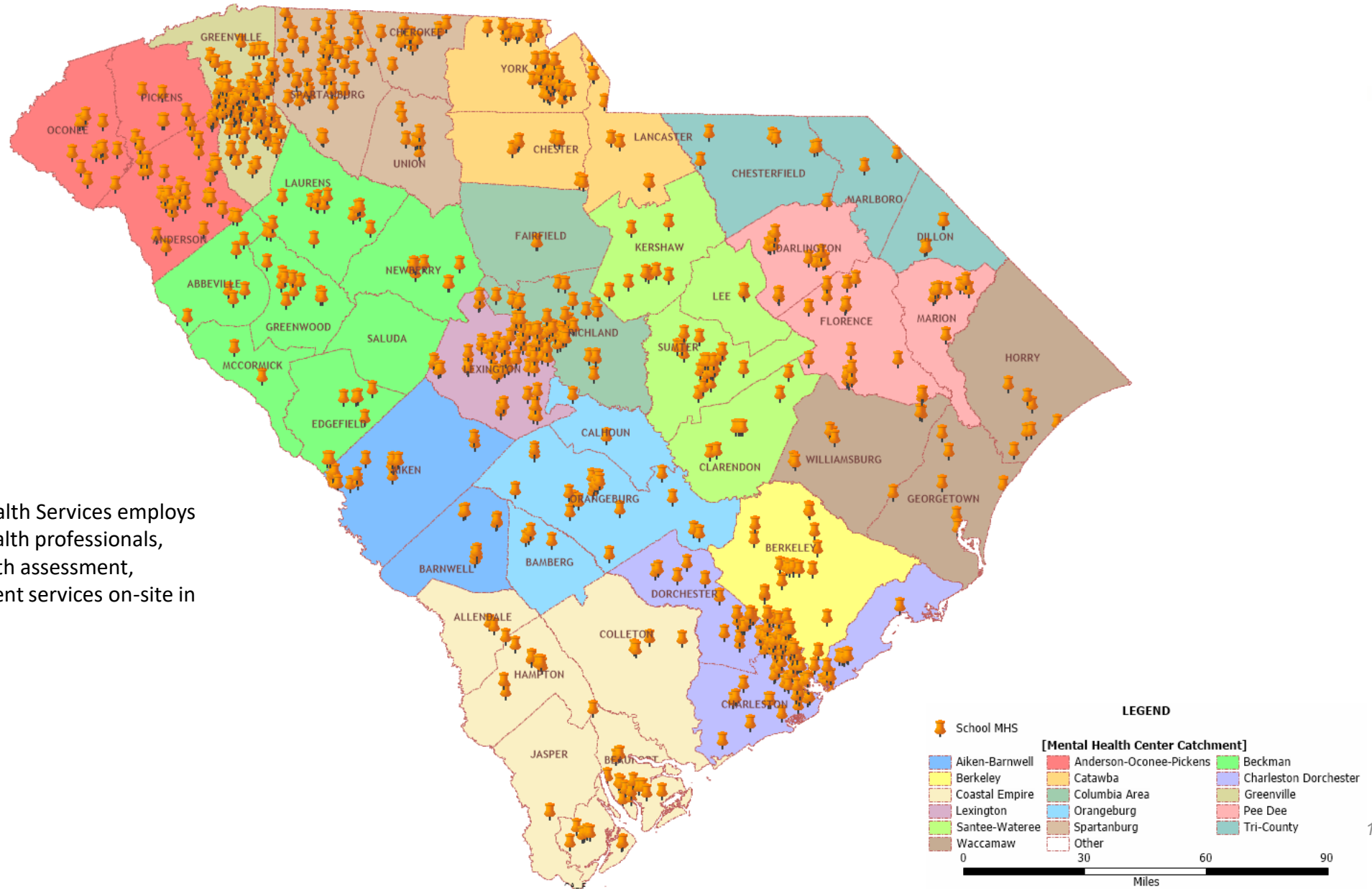
- **Co-located staff** – DMH staff work out of a DJJ or DSS office
- **Embedded staff** – DMH staff work a set number of hours at a local ED to screen patients for care, etc.
- Regular consultation services at jails, etc.

# Emergency Departments Utilizing DMH Telepsychiatry

20+ local hospital emergency departments utilize technology directly linking ED patients to a DMH psychiatrist for face-to-face comprehensive psychiatric evaluation via video.



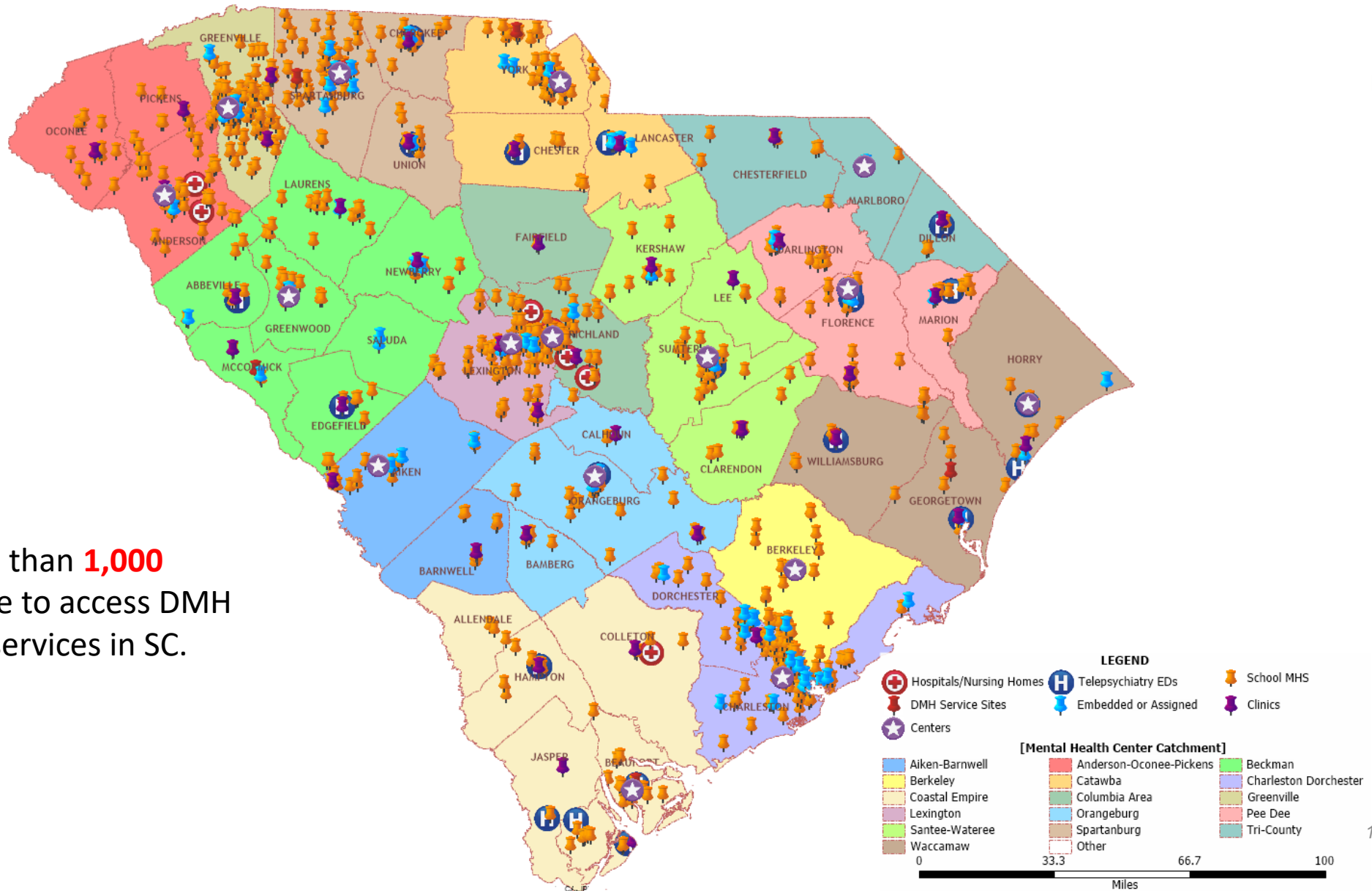
# School Mental Health Services



DMH's School Mental Health Services employs Master's-level mental health professionals, who provide mental health assessment, intervention, and treatment services on-site in **800+ SC schools.**

# 1,000+ Portals to Access DMH Services

There are more than **1,000** portals available to access DMH mental health services in SC.





# A System of Care Designed for Patients

*The right treatment, at the right time, at the right level*



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State Director of Mental Health

# A System of Care Designed for *Patients*

- South Carolina is one of the only states in the US with a state-operated, comprehensive mental health system, resulting in numerous benefits for South Carolinians in need of services. For example, this structure means DMH:
  - Comprises a network of community mental health centers (CMHCs) and associated clinics, covering geographical catchment areas, that provide an inclusive, uniform array of core mental health services;
  - Provides and/or coordinate the necessary vital, non-medical supports for successful recovery, e.g., care coordination, tailored to each patient's needs;
  - Provides transition services to and from inpatient care, including non-clinical services, to support long-term recovery;
  - Facilities are able to provide support as needed to patients of other DMH centers and hospitals, e.g., sharing psychiatrist time via telehealth, providing services to anyone in need following a natural disaster;

# A System of Care Designed for *Patients, cont.*

- Is a Trauma-Informed System, supporting the development and implementation of policies, procedures, and practices that do not create, or recreate, traumatizing events for patients. The Agency ensures all patients are offered evidence-based trauma assessments and offers evidence-based treatment options to patients experiencing trauma-related symptoms.
  - Utilizes a system-wide, secure, electronic medical record, allowing all clinical components access to patient information and providing seamless access to care for patients who may move to a new area in SC but wish to continue services with DMH;
  - Operates according to uniform policies and procedures.
- This unique design also results in decreased costs compared to systems that utilize privatization and contracting out of services.

# DMH: A True System of Care

- The programs, services, and divisions highlighted in this document are designed to ensure that South Carolinians in need receive the right treatment, at the right place, at the right time.
- They work together to ensure that South Carolina's public mental health system is a robust, interconnected, evidence-based **system of care that supports the recovery of people with mental illnesses.**

# DMH: A True System of Care

- Today, we know:
  - Patients treated in the community fare better clinically.
  - People with mental illnesses need family and community support.
  - Patients recover faster and stay well longer when receiving services in their communities.
- Hence, the need for a **continuum** of services providing safe, effective, cost-efficient care, including:
  - Early identification, and prevention.
  - Intensive community treatment, when needed.
  - Community crisis response, intervention, and stabilization.
  - Diversion from unnecessary emergency department visits, hospitalizations, and incarcerations.
  - Inpatient commitment for **only** those who need it.

# DMH: A True System of Care

## TARGET POPULATION

## APPROPRIATE STRATEGY

SCHOOLS, PTAS, CHURCHES, FIRST STEPS, BUSINESSES, FIRST RESPONDERS, CIVIC CLUBS, GENERAL PUBLIC AT FESTIVALS, FAIRS, MARKETS, ETC.

PREVENTION – INFANT & EARLY CHILDHOOD CARE, SCHOOL MENTAL HEALTH, ANTI-STIGMA CAMPAIGNS, CIT\*, MENTAL HEALTH FIRST AID, SUICIDE PREVENTION, STAKEHOLDER MEETINGS, FARMACY TEAMS, ETC.

\*Crisis Intervention Team Training

PATIENTS WITH MILD/MODERATE SYMPTOMS; PATIENTS WITH STABLE CHRONIC SYMPTOMS, BUT IN NEED OF ONGOING CARE, ETC.

IMMEDIATE ACCESS TO EVIDENCED BASED TX & PROGRAMS\* VIA WALK-IN CLINICS, EXTENDED HOURS, TELEPSYCH. INTEGRATED CARE, CARE COORDINATION, PEER SUPPORT, MED. MGT.,

\*CBT, DBT, EMDR, PCIT, TFCBT, MI, IPS, etc.

PATIENTS WITH ACUTE SYMPTOMS OR SIGNIFICANT, UNSTABLE CHRONIC SYMPTOMS

ABOVE; PLUS ICT, MDFT, FEP, FRST\*, HOMELESS OUTREACH, CO-OCCURRING TX, ETC.

\*ICT – Intensive Community Treatment  
MDFT- Multidimensional Family Therapy  
FEP – First Episode Psychosis  
FRST – First Responder Support Teams

PATIENTS WITH EXACERBATION OF SYMPTOMS & IN CRISIS

ABOVE: PLUS CSUs, CCRI, LE & DJJ\* EMBEDDED MHPS, EMS TELEPSYCH, ETC.

\*CSU – Crisis Stabilization Unit  
CCRI – Community Crisis Response & Intervention  
LE – Law Enforcement  
DJJ – Department Of Juvenile Justice

PATIENTS IN AN ED OR JAIL

MENTAL HEALTH COURTS, MHPS IN EDS & JAILS

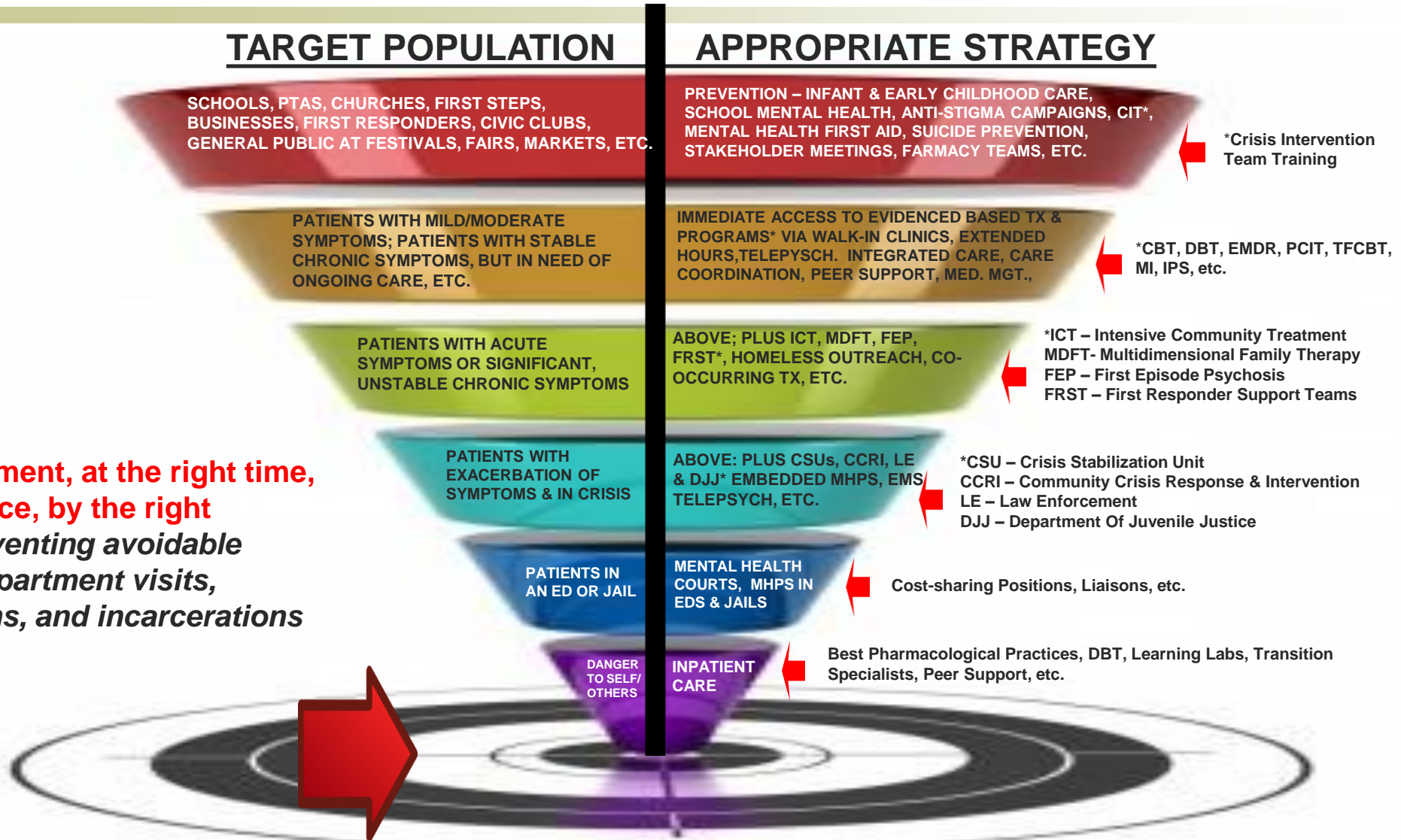
Cost-sharing Positions, Liaisons, etc.

DANGER TO SELF/ OTHERS

INPATIENT CARE

Best Pharmacological Practices, DBT, Learning Labs, Transition Specialists, Peer Support, etc.

**TARGET:**  
The right treatment, at the right time, in the right place, by the right provider - Preventing avoidable emergency department visits, hospitalizations, and incarcerations



# DMH's Community Services Array



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State Director of Mental Health

# Community Mental Health Services

- A robust system of community-based services, serving children, adolescents, adults and families, are vital to successful early identification and intervention, stable community placement, and successful recovery.
- To that end, DMH provides core mental health services at all 16 of its community MHCs, including:
  - Psychiatric services
  - Individual and family counseling
  - Services for children, adolescents, adults, and families
  - Peer support
  - Clinical care coordination
  - Housing assistance
  - Vocational services
- The following slides highlight several of these community-based services.



# Child & Family Services



- The CAF Division assumes a leadership role and provides staff support to the Joint Council on Children and Adolescents in the development of a system of care to increase access to services and supports for families living with mental health, substance abuse, and co-occurring concerns.

- CAF Services develops and aspires to implement a seamless statewide system of caring for the children, adolescents, and families of South Carolina including ensuring the use of best practices when appropriate and possible.
- Best Practice programs, which vary among DMH locations, include: Multi Dimensional Family Therapy, Trauma-Focused Cognitive Behavioral Therapy, Dialectic Behavioral Therapy, Parent-Child Interaction Therapy, Attachment and Bio-behavioral Catchup, Motivational Interviewing, and the National Adoption Competency Mental Health Training.

# School Mental Health Services

## **Mission**

To promote academic and personal success by identifying and intervening at early points and to support social and emotional/behavioral well-being of children and youth in SC.

## **Services**

Prevention, early intervention, clinical assessment, individual/family/group therapy, crisis intervention, psychiatric assessment and evaluation, care coordination, and mental health awareness.

## **Resources**

In 2019, the University of South Carolina launched the *John H. Magill School Mental Health Certificate Program*. This paid internship aims to develop a well-qualified workforce of school mental health clinicians. The first group of students included 7 master's level students from 6 degree programs working in 5 DMH mental health centers.

# Intensive Community Treatment

Some DMH patients need a higher level of care to prevent hospitalization. These patients can be referred to Centers' Intensive Community Treatment (ICT) Teams.

## **ICT Teams:**

- Deliver services from multidisciplinary teams made up of mental health professionals, nurses, psychiatrists, care coordinators, nurse practitioners, and peer support specialists.
- Provide a wide range of therapeutic services.
- Patients are offered appointments at least weekly and can likely receive multiple services weekly.
- Each ICT mental health professional has no more than 35 patients.
- ICT services can be delivered in patients' homes or other community locations at times that work best for patients.

# Office of Transition Programs

- In 2019, DMH created the Office of Transition Programs to assist patients who have been hospitalized in DMH facilities for longer-term treatment to move from a hospital setting to the community and toward independent living.
- The office assists patients with their identified needs so they can access community resources in an effective and efficient way post-discharge.
- Transition Specialists work with patients to determine their recovery needs, their preference of where they want to live in the community, and to collaborate with stakeholders to ensure continuous communication as it relates to the patient's discharge plans.
- Transition Specialists ensure effective communication between inpatient/outpatient staff regarding patients' discharge needs and coordinate with all stakeholders (patient, family, clinical care coordinators, certified peer support specialists), streamlining the discharge process and improving the chance for successful transition to the community.

# Clinical Care Coordination & Community Long-Term Care

- In 2013, DMH launched the Office of Clinical Care Coordination with internally transferred staff, with the goal of improving outcomes for patients and reducing healthcare costs.
- Care Coordinators help patients find and access resources such as primary care, housing, entitlement programs, etc.
- Provision of Care Coordination services results in:
  - Decreased re-hospitalizations and emergency room visits
  - Increased utilization of primary care physicians
- Key features of the service include in-home visits and reporting and monitoring of patients' progress in collaboration with referral sources.
- A special program under this division is Community Long-Term Care.
  - Provides in-home support to participants eligible for nursing home care who opt to remain in their homes.
  - Services may include home-delivered meals, personal care aides, incontinence supplies, adult day care, ramps, pest control, and other similar services.
  - As of January 2021, 12 case managers provide services statewide, and case managers served 705 participants with an average of 10-15 new cases added monthly.

# Community Placement

DMH sponsors or supports a variety of living arrangements for patients transitioning out of psychiatric hospital settings or receiving mental health services from one of its 16 community mental health centers.

- DMH community residential options include:
  - **Housing & Homeless Services**, which has funded the development of more than 1,600 housing units across the state for people with mental illnesses.
  - The **TLC Program**, which includes community care residences, Homeshare, supported apartments, rental assistance, and supportive services.
  - **Community Residential Care Facilities (CRCFs)**, DHEC-licensed facilities that offer room, board and a degree of personal care for 2 or more people.

# Housing & Homeless Services

## Statewide Housing Units for People With Mental Illnesses

- Over approximately 30 years, DMH has invested Agency funds to develop more than 1,100 housing units.
- Proceeds from the sale of the “Bull Street” property are now used to fund new housing developments, in partnership with private non-profit and for-profit organizations.

## Community Housing Rental Assistance Program

- This program, launched in 2015, uses more than \$2 million in state funds annually to provide rental assistance and related housing costs for DMH patients statewide.
- Currently, the Program assists 354 units/569 patients and family members at average annual cost of under \$6,500/unit.



## Housing and Urban Development (HUD) Continuum of Care Permanent Supportive Housing Programs

- These programs provide more than \$1.1 million annually for rental assistance for formerly homeless patients and their families in 5 counties.
- They currently assist 127 units/176 patients and family members through partnerships with three nonprofit agencies.

# Housing & Homeless Services, cont.

## **Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH)**

- This grant's funds enable DMH to provide outreach and clinical services to people with serious mental illnesses/co-occurring disorders who are experiencing homelessness in the Columbia, Greenville, Myrtle Beach, and Charleston areas
- PATH programs are projected to serve more than 2,000 individuals annually.

## **Treatment for Adults Experiencing Homelessness in SC**

- In 2018, DMH received a grant of \$1 million per year for five years from the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund a new initiative called *Treatment for Adults Experiencing Homelessness in SC*.
- The Project's target population is individuals experiencing homelessness who also have serious mental illnesses and co-occurring substance use disorders with the goal of increasing access to evidence-based treatment services, peer support, services that support recovery, and connections to permanent housing.
- Treatment sites are located at Prisma Health in Columbia and DMH's Greater Greenville MHC in Greenville, with each providing intensive services using the Assertive Community Treatment model to serve a total of 75 people over the five-year grant period.



# Toward Local Care

- Toward Local Care (TLC) began in 1989 to assist in transitioning patients from DMH inpatient facilities while also assisting local emergency departments and community patients by providing residential and treatment environments to help patients maintain community placement.
- Every DMH community mental health center has a TLC program, with capacity ranging from 10-149 patients.
- As of June of 2019, 4,915 patients had received services through TLC.
- Outcomes:
  - Fewer hospital days and fewer hospital admissions
  - Positive improvement with Daily Living Activities
  - Between FYs 15 and 19, 93% of patients discharged from TLC successfully remained in their communities.

# DMH Community Residential Care Facilities

- DMH-operated community care homes, as well as privately run facilities, are key in the initial success of many community placements, particularly for patients in its Office of Transition Programs.
  - DMH's Community Residential Care Facility (CRCF) program comprises 7 facilities with a capacity of approximately 76 beds, located in Aiken, Richland, Lexington, and Greenville counties.
  - These facilities provide 24/7 supervision and are a path to more independent living arrangements as patients progress.
  - The overall goal of the DMH CRCF Program is to provide patients the opportunity to live in the least restrictive setting.

# Individual Placement & Supported Employment Program (IPS)

- This supported employment evidence-based program is located in all 16 DMH community mental health centers. Each center partners with the local Vocational Rehabilitation Department to provide opportunities for people with serious mental illnesses to become gainfully employed in the community.
- In fiscal year 2019, DMH supported employment programs achieved a 60% average competitive employment rate for people with severe mental illness. During this period, IPS had a total of 497 new people enroll in its programs and placed 346 people in competitive employment.
- In fiscal year 2019, IPS received 1,302 new referrals and provided employment services to 913 patients.
- Nationally, among the 22 states participating in the IPS Dartmouth/Johnson & Johnson studies, South Carolina was ranked third in the highest average employment rate.

# Crisis Programming

*DMH Crisis Response, Stabilization, Suicide Prevention, and Related Programs*



Kenneth Rogers, MD  
State Director of Mental Health

# SC Mobile Crisis

- SC Mobile Crisis is a program created by DMH in partnership with SC Health and Human Services to enhance the Agency's crisis services array by providing statewide capacity for on-site, emergency, psychiatric screening and assessment. Mobile Crisis provides services 24/7/365.
- The Program's goals are to provide access and link those experiencing psychiatric crises to appropriate levels of care, reduce hospitalizations, and reduce unnecessary emergency department visits.
- Mobile Crisis builds partnerships with local law enforcement, hospitals, judges, community providers, and other mental health providers.
- Mobile Crisis provides an extension of DMH community mental health center services:
  - During business hours, DMH mental health centers serve patients by appointment, during walk-in hours, and via phone.
  - Mobile crisis provides mobile response to patients in the community who cannot or are unable to access services.
  - After hours, weekends, and on holidays, teams of 2 mental health professionals respond in person, remotely, or by phone to those experiencing psychiatric emergencies.

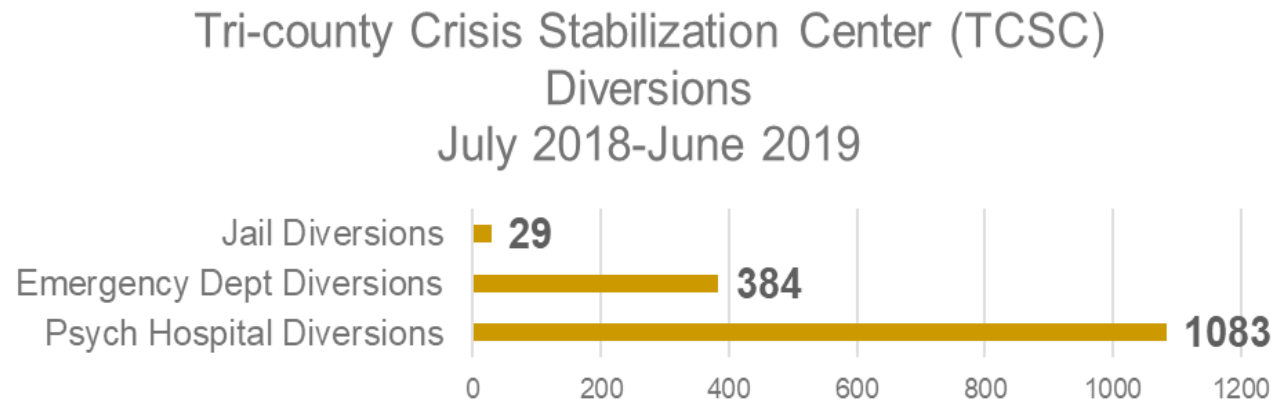
# Highway 2 Hope Mobile Response Program

- In 2020, DMH received a federal grant of \$6,403,686 to provide support to South Carolinians in rural areas who are experiencing mental health and substance use crises or have unmet treatment needs. The primary focus of the initiative is a Mobile Response Program serving nine counties beginning in 2021, called the Highway to Hope Mobile Response Program (H2H).
- H2H will serve both adults and children in some of the most rural areas of South Carolina, utilizing nine RVs operated by DMH staff from the three DMH mental health centers that serve those areas:
  - Pee Dee Mental Health Center (Florence, Darlington, and Marion counties)
  - Tri-County Mental Health Center (Chesterfield, Dillon, and Marlboro counties)
  - Waccamaw Center for Mental Health (Horry, Georgetown, and Williamsburg counties)
- H2H is based on a long-running, highly successful model for rural patients operated by DMH's Charleston-Dorchester MHC since 2010.
- The program will offer both mental health treatment and some basic primary care services directly to those in need who may not have transportation to services otherwise, including:
  - Assessment
  - Crisis services
  - Psychiatric services
  - Individual therapy
  - Basic primary care
  - Nursing care
  - Suicide prevention strategies
- Based on the patient's assessment, the professional care staff will also make referrals to other community resources.
- The RVs will be equipped with telehealth equipment, and the services available will be delivered both in-person and virtually.

# Crisis Stabilization

## The Tri-County Stabilization Center (TCSC) – opened 2017

- The Tri-County Crisis Stabilization Center (TCSC) is a 10-bed, voluntary, adult unit designed to stabilize individuals with increased psychiatric symptoms and divert people from inpatient hospitals, emergency departments, or jails.
- The Center accepts residents from Charleston, Dorchester, and Berkeley counties 24/7/365 from local emergency departments, law enforcement, outpatient providers, and self-referrals.
- The TCSC was opened through a funding partnership comprising MUSC, Roper Saint Francis, Charleston Center, the Charleston County Criminal Justice Coordinating Council, the Charleston County Sheriff's Office, and DMH's Berkeley Mental Health Center and Charleston-Dorchester Mental Health Center.
- In addition to providing intensive psychiatric and clinical services, the TCSC also offers adjunct services on site including peer support, care coordination, and vocational services, as well as referrals for entitlements. In 2019, TCSC also started receiving referrals from Trident Hospital.



# Crisis Stabilization, cont.

## Ray C. Eubanks, Jr. Support Center – opened 2018

- This peer drop-in, “living room”-concept hospital diversion program in Spartanburg is staffed and operated by DMH’s Spartanburg Area MHC in space donated by the Spartanburg Regional Healthcare System.
- The Eubanks Center:
  - Provides individuals with mental illnesses an additional support system outside of clinical settings.
  - Includes 3 Peer Support Specialists, 2 clinicians, 1 part-time care coordinator.
  - Has resulted in the diversion of 55 individuals from emergency rooms or hospitals from its opening to the start of the COVID-19 pandemic.
  - Is gradually reopening as the pandemic recedes.
- Services Include:
  - Housing subsidies
  - An automated appointment reminder system
  - Individual Placement and Support
  - Access to Advance Practice Registered Nurses
  - Intensive Care Teams
  - Intensive Family Support





# DMH Telepsychiatry Programs

*Using Technology to Improve & Expand Services*



Kenneth Rogers, MD  
State Director of Mental Health

# DMH Telepsychiatry Programs

- DMH has seven telepsychiatry programs:
  - Emergency Department Telepsychiatry
  - Community Telepsychiatry
  - Inpatient Services Telepsychiatry
  - EMS Telehealth Pilot Project
  - Deaf Services Telepsychiatry
  - School Telehealth
  - Nursing Home Telepsychiatry

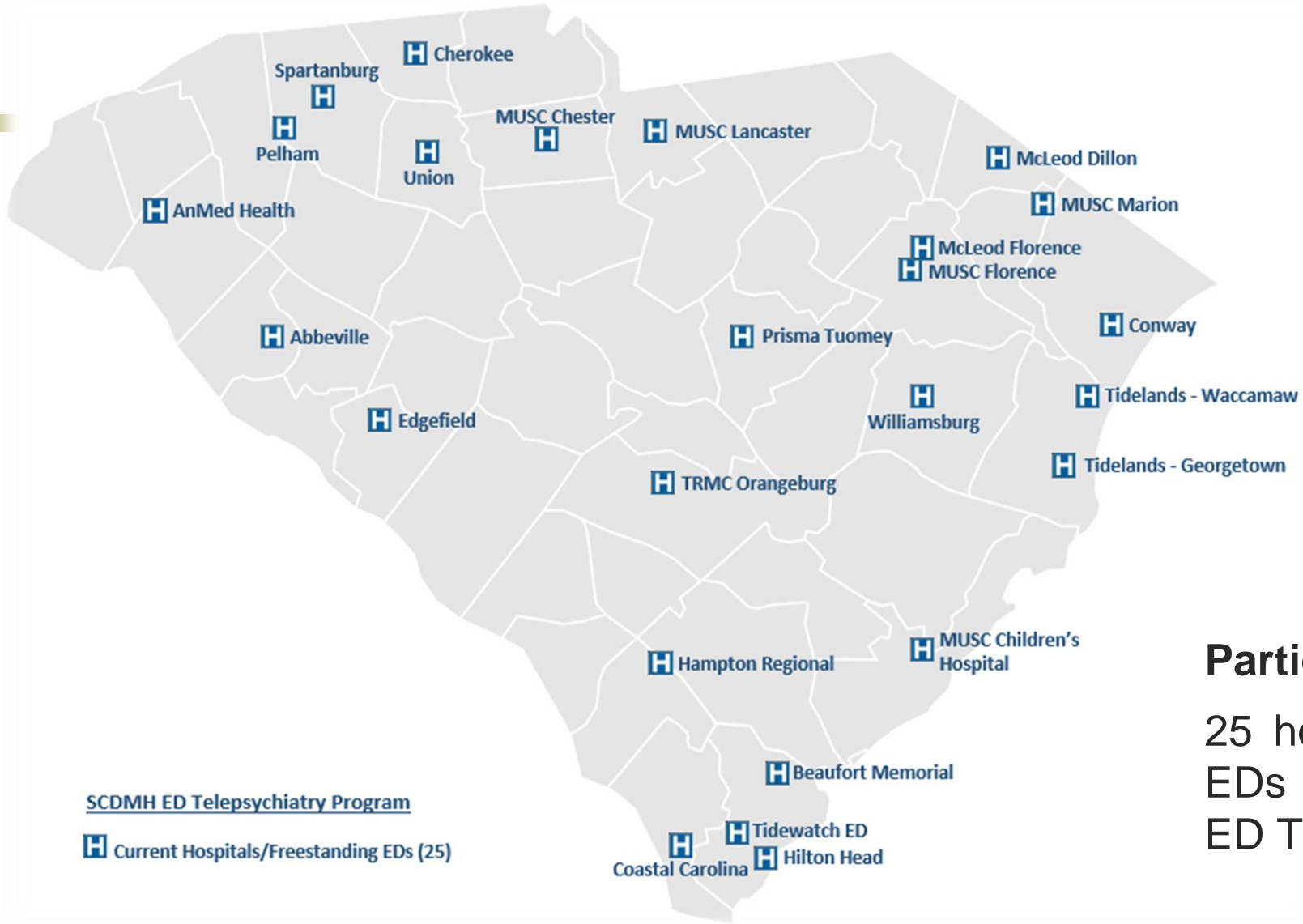


# Emergency Department Telepsychiatry

- DMH partnered with The Duke Endowment in 2007 to create an innovative solution to the overcrowding of psychiatric patients in local hospital emergency departments - the *SCDMH Emergency Department Telepsychiatry Program*.
- This statewide service delivery model provides remote access from South Carolina emergency departments to psychiatrists when a psychiatric consultation is required.
- The Program is a critical component to meeting the increased demand on emergency departments to treat patients with psychiatric and co-occurring disorders.
- SC was the first state to successfully connect patients in EDs statewide with telepsychiatrists.

## **Program Outcomes:**

- Shorter lengths of stay
- Fewer inpatient admissions
- Significantly lower total charges for initial visits and subsequent hospitalization for patients who received telepsychiatry services in the ED than those who did not



## Participation

25 hospitals and freestanding EDs participate in the DMH ED Telepsychiatry Program.

# Community Telepsychiatry

- Built on the success of the *SCDMH Emergency Department Telepsychiatry Program* and due to the need for full-spectrum community mental health services in rural areas of SC, DMH launched its Community Telepsychiatry Program.
- Many DMH community mental health centers operate mental health clinics in rural counties that are distant from the main center. DMH equipped its community mental health centers and clinics to provide psychiatric treatment services to patients via telepsychiatry.
- Recruiting psychiatrists is challenging in many locations, especially rural areas. Driving to remote rural clinics consumes valuable time better spent serving patients.
- This technology provides patients in need of mental health care, both scheduled and urgent, access to psychiatric services.
- Using telepsychiatry within catchment networks allows psychiatrists based at the main center to serve satellite clinics without having to travel to those locations.
- DMH also recruited Agency psychiatrists to supplement areas experiencing a shortage of available psychiatric time by utilizing telepsychiatry. These psychiatrists are located in a central geographic location and provide telepsychiatry services from that central location to locations across the state.

# Inpatient Services Telepsychiatry

- Also built on the success of the Emergency Department Telepsychiatry Program, DMH is equipping its inpatient facilities to provide psychiatric evaluation and treatment services to patients using telepsychiatry.
- The Inpatient Services Telepsychiatry Program started because of the periodic need for psychiatric services in DMH's inpatient facilities across the state – specifically in the area of Neurology.
- DMH will provide a full spectrum of telepsychiatry services across the Agency when the Division of Inpatient Services has fully implemented its telepsychiatry program.



# Emergency Management Telehealth Pilot

- In 2017, the Assessment Mobile Crisis (AMC) team at DMH's Charleston-Dorchester Mental Health Center (CDMHC) began a Telehealth Pilot Project with Charleston County EMS (CCEMS).
- Funded by an MUSC Telehealth Grant, the pilot project was created in an effort to appropriately divert behavioral health patients from local emergency departments and hospitals.
- CCEMS uses telehealth technology on all 911 calls identified as psychiatric in nature:
  - First, a staffed ambulance is dispatched to evaluate the individual for medical needs for emergency transport.
  - If there are no medical concerns, a CCEMS supervisor with telehealth equipment is dispatched to the scene.
  - AMC is contacted by the supervisor, and the staff establish a video connection using HIPAA compliant software.
- Using telehealth assessments has significantly decreased the time needed to complete interventions, and has allowed ambulances to quickly return to service without transporting to the ED.
- Based on the Pilot's success, CDMHC was able to expand the Program to Mount Pleasant in 2020.

# Deaf Services Telepsychiatry

- The DMH Deaf Services Program was one of the earliest adopters of video technology, and began using telepsychiatry to meet the needs of patients who wanted direct communication with their doctor or counselor in 1996.
- Providing services to a linguistic minority like the Deaf community requires specialized skills.
- The pool of available clinicians who are fluent in American Sign Language (ASL) is very small. Because DMH serves the entire state, that meant either patients or ASL-fluent staff would have to travel (sometimes significant) distances to receive/deliver services in-person.
- Telepsychiatry allowed DMH to expand the reach of fluent staff, enabling it to serve more patients, more frequently, and on a more flexible schedule.
- When given a choice, Deaf and Hard of Hearing patients consistently say they prefer to work with a clinician who can communicate with them directly via the video system than use an interpreter.



# School Telehealth Services

- DMH is currently using telehealth as a platform for school mental health since the Centers for Medicare & Medicaid Services expanded eligibility for telehealth services in response to the COVID-19 pandemic. Telehealth services are provided by school mental health clinicians and telepsychiatry services are provided by psychiatrists.
- The following DMH community mental health centers provide telepsychiatry in schools:
  - Anderson-Oconee-Pickens MHC
  - Beckman CMHS
  - Charleston-Dorchester MHC
  - Columbia Area MHC
  - Greater Greenville MHC
  - Lexington County CMHC
  - Pee Dee MHC
  - Santee-Wateree MHC
- Benefits of School Mental Health Telehealth Services:
  - Improved efficiency of serving patients - some Centers were sending doctors to schools to see patients.
  - Less “out-of-seat time” for students. Providing psychiatric services in schools helps keep students in school.
  - More communication between school mental health professionals and prescribing providers - increased opportunities to staff cases and gain recommendations from doctors/nurse practitioners.
  - Helps reduce stigma associated with mental health treatment.

# Nursing Home Telepsychiatry

- In the summer of 2020, DMH's offices of Telepsychiatry and Network & Information Technology, along with the University of South Carolina worked together to deploy telepsychiatry services at DMH's C. M. Tucker Nursing Care Center.
- Services are provided to the resident's bedside via a telehealth cart. The sturdy and light-weight cart is able to maneuver through the nursing home halls, into patient rooms, and over any floor covering in its path to deliver services to residents in their time of need.
- The nursing home pilot is in its infancy; as services continue, DMH will analyze the benefits to and outcomes for patients and, hopefully, expand into other DMH facilities via telehealth carts.

# Specialty Programs & Services

*A Service Array for Specialized Populations*



Kenneth Rogers, MD  
State Director of Mental Health

# Specialty Programs & Services

- As part of its treatment continuum, DMH offers programs and services to reach populations with particular needs that require specialized care.
- These initiatives are designed to ensure those in need receive appropriate services, at the right time, in the right place, from the most appropriate provider, helping prevent avoidable emergency department visits, hospitalizations, and incarcerations.
- They focus on:
  - Prevention
  - Diversion
  - Early Identification & Intervention
  - Education & Support for Special Populations
- The following slides describe some of these programs and services within DMH.

# Office of Suicide Prevention

The DMH Office of Suicide Prevention's (OSP) efforts include:

- A comprehensive school suicide prevention program.
- Provision of extensive information, resources, and trainings statewide to multiple organizations and groups.
- Best-practice suicide safety policy and protocol development in DMH mental health centers and hospitals.
- Follow-up/aftercare planning and development.
- De-stigmatization and awareness training.
- Tiered, comprehensive best-practices for community members and multi-disciplinary audiences.
- Cultural competency trainings focused on high risk populations (e.g., LGBTQI+, individuals living with serious mental illnesses, trauma-informed care, etc.).
- Post-intervention consultation following loss to suicide.
- Coalition and taskforce development, statewide.
- Engagement with statewide resource provision, i.e., National Suicide Prevention Lifeline, Crisis Text Line, etc.
- Creation and provision of the first statewide interactive screener for mental health and substance use for those over 18, in partnership with the SC Department of Alcohol and Other Drug Abuse Services.

# Mental Health Courts

- Mental Health Courts aim to divert non-violent, adult offenders with serious mental illness from the criminal justice system.
- These Courts generally function as partnerships comprising an assigned judge (frequently a Probate Court judge), the local DMH mental health center, and the Solicitor's Office.
- South Carolina currently has Mental Health Courts in the following counties:
  - Aiken, Berkeley, Charleston, Greenville, Horry, Richland, and York
- In 2017, DMH received a grant from The Duke Endowment to increase the number of Mental Health Courts and/or increase the capacity of existing courts, and to evaluate the outcomes of existing Courts.
- In addition, DMH receives \$400,000 in recurring State appropriations from the General Assembly to increase the number of mental health courts and the capacity of exiting courts.

# Embedded Mental Health Professionals

Embedded Mental Health Professionals (MHPs) support individuals, families, and communities by working with organizations outside of the DMH system to identify people who need referral to community-based resources and connection to mental health care.

## **DMH has embedded MHPs in:**

- Law enforcement agencies
  - 7 Victims of Crime Act-funded MHPs serve child and adult victims of crime throughout Charleston and Dorchester counties.
  - 5 MHPs with the Mental Health/Law Enforcement Alliance Project support victims of trauma.
- Detention Centers & Jail Liaisons
  - These MHPs identify detained offenders in need of referrals to mental health care and continuity of care in the community.
- 911 Consolidated Dispatch
  - 1 MHP in Charleston County, who helps take calls that are mental health-related and supports Dispatch in determining the appropriate response.
- Local Hospital Emergency Departments
  - 10 DMH community mental health centers have MHPs embedded in local hospital EDs to support the mental health needs of patients in the ED, including referral to community treatment and determining the need for inpatient admission.
- Non-DMH Crisis Intervention Team
  - In 2021, DMH is embedding an MHP with the Richland County Sheriff's Office who will respond alongside an ununiformed officer to calls involving mental health situations for de-escalation and crisis response.

# Behavioral Health for First Responders

- In 2013, DMH joined the South Carolina State Firefighters' Association, the South Carolina Fire Academy, and the National Fallen Firefighters Foundation, in launching a pilot program to provide behavioral health support to South Carolina's 17,500 firefighters.
- The goal is to ensure that behavioral health supports are available to firefighters when needed and that the care provided represents best-practices.
- The Program provides clinical intervention, firefighter peer teams provide first-tier response, and DMH provides second-tier clinical support.
- The Program is the first of its kind in the nation, and serves as a national and international model.
- Appropriately trained DMH staff are available at the following centers under this regional pilot program:
  - Beckman CMHS
  - Berkeley MHC
  - Charleston/Dorchester MHC
  - Columbia Area MHC
  - Pee Dee MHC



# First Responders – Support

DMH's First Responder Support Team (FRST) provides clinical support statewide to support the mental health needs of first responders.

- FRST began in Charleston County with services from the Charleston-Dorchester Community Mental Health Center in 2007.
- In 2020, FRST expanded statewide.

DMH provides support to the SC Law Enforcement Assistance Program (SC LEAP):

- SC LEAP is a partnership including SLED, the South Carolina Department of Natural Resources, the South Carolina Department of Public Safety, and the South Carolina Department of Probation, Parole, and Pardon Services, to provide support to law enforcement and other first responders statewide.
- DMH MHPs provide support in local debriefings and post-critical incident seminars.
- Clinicians involved in this collaboration are trained in Eye Movement Desensitization & Reprocessing as well as Critical Incident Stress Management.



# First Responders – Training

## Crisis Intervention Training (CIT)

- This 5-day training teaches law enforcement officers how to respond safely and appropriately to people with serious mental illness in crisis.
- Officers learn to recognize the signs of psychiatric distress, de-escalation techniques, and how to link people with treatment., avoiding officer injuries, consumer deaths, and tragedy for the community, as well as linking people with appropriate treatment.
- Classes are taught by a CIT Trainer from the National Alliance on Mental Illness-SC, DMH staff, law enforcement peers, and sometimes other community providers (e.g., county substance use disorder treatment providers).

## Applied Suicide Intervention Skills Training (ASIST) – DMH Office of Suicide Prevention

- LivingWorks ASIST is a two-day, face-to-face workshop that trains participants how to prevent suicide by recognizing signs, providing skilled intervention, and developing a safety plan to keep someone alive.
- Developed more than 35 years ago, ASIST is a continually updated, evidence-based training.
- DMH's Office of Suicide Prevention Training Team provides this training to SC first responders of all types.



In this Sept. 2, 2015 file photo, New York City Police Officer Lamont Edwards talks to actor Nathan Purdee during a Crisis Intervention Training class at the New York Police Department Police Academy, in New York. (AP Photo/Mary Altaffer, File)

# Metropolitan Children's Advocacy Center



The Metropolitan Children's Advocacy Center (Met CAC) is accredited through the National Children's Alliance in Washington, DC. It is the only state-funded CAC in South Carolina.

DMH collaborates with the USC School of Medicine's Department of Pediatrics and Prisma Health Children's Hospital to provide integrated services for children suspected of being sexually or physically abused.

In partnership with the Children's Law Center of the University of South Carolina School of Law, the Met CAC also provides *ChildFirst*, a training in forensic interviewing techniques provided quarterly for law enforcement and child protection professionals.

The Met CAC, which is a program under DMH's Columbia Area Mental Health Center, serves more than 1,000 children each year.

The Metropolitan Children's Advocacy Center provides:

- Forensic interviews and medical exams
- Expert testimony in Family and Criminal Court
- Victim advocacy services
- Coordination of the Richland County Child Abuse Investigation Multidisciplinary Team



# Metropolitan Children's Advocacy Center: Outcomes

- In calendar year 2019, the Met CAC served a total of 1,818 children, providing 577 interviews and 1,304 medical exams.
- Of those:
  - 767 were suspected of having been sexually abused
  - 972 were suspected of having been physically abused
  - 505 were suspected of having been abused by neglect, domestic violence, drug endangerment, or having witnessed a violent crime.

## Statewide Training: *ChildFirst South Carolina*

- *ChildFirst South Carolina* is a 5-day, multidisciplinary training for child protection professionals provided by the Met CAC in partnership with the Children's Law Center.
- From its inception in 2001 through 2019, *ChildFirst South Carolina* has trained:
  - 370 law enforcement officers
  - 350 child protective services case managers
  - 355 children's advocacy center forensic interviewers
  - 55 prosecutors



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# Deaf Services



- DMH's Deaf Services Program provides a continuum of outpatient and inpatient mental health services to persons who are Deaf and Hard of Hearing.
- The Program uses innovative technological and human service program initiatives to ensure all services are delivered in a cost-effective and timely manner, statewide.
- *Services:*
  - Outpatient services for children, families, and adults, using itinerant counselors who are part of regional teams located across the state.
  - School Mental Health services in collaboration with public school systems statewide.
  - Residential services in supported apartments at locations statewide.
  - Use of telemedicine across a variety of platforms to provide accessible services to rural areas.
  - Inpatient services at Patrick B. Harris Hospital and William S. Hall at Bryan Hospital.
  - A 24/7 crisis hotline (803) 339-3339 or DEAFHOTLINE@scdmh.org for Deaf and Hard of Hearing SC residents.
  - Sign language interpreters and Communication Access Realtime Translation by request for DMH appointments and crisis interventions.

# Additional Specialty Services at DMH

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- Dialectical Behavioral Therapy (DBT)
- Mental Health/Primary Health Integration
- Multi Dimensional Family Therapy (MDFT)
- Parent Child Interaction Therapy (PCIT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- Infant and Early Childhood Mental Health Consultation (IECMHC)
- First Episode Psychosis (FEP) Programming

# Collaborations & Affiliations

*Building Partnerships to Meet South Carolina's Needs*



Kenneth Rogers, MD  
State Director of Mental Health

# University of SC School of Medicine

- DMH has contracts with the University of South Carolina's School of Medicine (USCSOM) and Department of Neuropsychiatry and Behavioral Science.
- There has been a long collaborative relationship between DMH and the Department of Neuropsychiatry and Behavioral Science at the USCSOM, which provides clinical consultation and training delivery to DMH staff on a range of clinical topics.
- DMH provides clinical rotation for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> year medical students from the School of Medicine. The students are assigned DMH physician preceptors and rotate through DMH's centers and facilities.
- There are 4 fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psychiatry) that rotate through DMH centers and facilities, which the Agency supports via contract.



# Medical University of South Carolina (MUSC)

- Residents from the MUSC Residency Training Program receive educational experiences and supervision in Psychiatry through scheduled rotations at the Charleston Dorchester Mental Health Center (CDMHC).
- CDMHC is involved with learning collaborative including DMH, the Crime Victim's Center at MUSC, and the Dee Norton Lowcountry Children's Center. This initiative revolves around Trauma-Focused Cognitive Behavioral Therapy.
- Residents train with CDMHC's First Responder Support Team and Mobile Crisis.
- Medical students rotate regularly through CDMHC throughout the academic year.
- DMH has a contract with MUSC to provide forensic evaluation of adult criminal defendants in 10 counties in South Carolina:
  - Allendale
  - Bamberg
  - Beaufort
  - Berkeley
  - Charleston
  - Colleton
  - Georgetown
  - Hampton
  - Horry
  - Jasper

# Disaster Preparedness & Response

- DMH is part of the SC Emergency Planning Committee for People with Functional Needs, a committee comprising organizations and agencies that came together after Hurricane Hugo.
- The Committee was among the first organized in the U.S. to act as a resource for state leadership in planning and providing resources for people with functional needs. It Committee holds daily conference calls whenever the State Emergency Operations Center (SEOC) is activated.
- When activated, DMH staff at the SEOC allocate available resources to meet the needs of affected communities.
- As the State Mental Health authority, DMH is eligible to apply for Crisis Counseling Program grants. These programs engage communities and individuals with services designed to facilitate recovery following disasters.

# Disaster Preparedness & Response, cont.

## Crisis Counseling Program Grants

- Crisis Counseling Programs are funded by the Federal Emergency Management Agency (FEMA) with oversight and guidance of the Substance Abuse and Mental Health Services Administration.
- Crisis counselors provide educational or supportive contacts, individual and group counseling, assessments and referrals, and resource linking to individuals and communities impacted by disasters.
- Characteristics of Crisis Counseling Programs:
  - Strengths-based
  - Outreach-oriented
  - Assumes natural resilience & competence
  - Culturally competent
  - Not diagnostic nor clinical
  - Non-traditional settings
  - Bolster Community Support Systems
  - Resiliency
- FEMA has awarded DMH more than \$11,750,000 following the 2015 Floods and Hurricanes Matthew and Florence.

# Affiliations

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- The South Carolina Department of Mental Health has affiliations with more than 60 educational institutions in South Carolina and more than 5 other states.
- The DMH's affiliation with the University of South Carolina includes activity therapy, clinical counseling, medical students, nursing students, social work, psychology interns, psychology graduate studies, and residents and fellows in psychiatry.

# Affiliations, cont.

- Allen University
- Anderson University
- Appalachian State University
- Argosy University-Atlanta, Georgia
- Aspen University-Denver, CO
- ATEC Technical College
- ATSU/SOMA Medical School, AZ
- AT Still Medical University
- Augusta State University
- Benedict College
- Campbell University, North Carolina
- Capella University
- Central Carolina Technical College
- Citadel
- Clemson University
- Columbia International University
- Coker College
- East Carolina University
- ECPI University
- Edward Via College of Osteopathic Medicine
- Erskine College
- Florence-Darlington Tech. College
- Francis Marion University
- Furman University
- Gardner Webb University, NC
- Grand Canyon University
- Greenville Technical College
- Horry Georgetown Technical College
- Kaplan University
- Lander University School of Nursing
- Lenoir–Rhyne University
- Liberty University
- Limestone College
- Longwood University, VA
- Low Country Technical College
- Medical University of South Carolina
- Mesa University, Arizona
- Midlands Technical College
- Northeastern Technical College
- Orangeburg Calhoun Tech. College
- Piedmont College, GA
- Piedmont Technical College
- Presbyterian College of Pharmacy
- Professional Development & Training Services
- Regent University, Virginia Beach
- Rush University Medical Center
- Simmons College
- South University
- University of Akron
- University of North Carolina
- University of North Dakota
- University of South Alabama
- University of Southern Indiana
- University of Southwest Hobbs, NM
- South Carolina College of Pharmacy
- Tri County Technical
- Trident Technical College
- USC (Activity Therapy, Clinical Counseling, Medical Students, Social Work, Psychology Interns, Psychology Grad. Studies)
- USC – Lancaster
- USC – Upstate
- USC School of Medicine –Neuropsychiatry & Behavioral Science Residency Training Programs (Child, General, Geropsychiatric and Forensics)
- USC School of Preventive Residency
- Vanderbilt University, TN
- Wake Forest University, NC
- Walden University
- Webster University
- Williams Carey University
- Winthrop University
- Wofford College
- York Technical College

# Affiliations: Advocacy Organizations

DMH works closely with independent advocacy organizations to improve the quality of life for people with mental illness, their families, and the citizens of SC.

- **AFSP-SC** – the American Foundation for Suicide Prevention SC
- **The Federation of Families** for Children’s Mental Health – SC
- **MHA-SC** – Mental Health America of South Carolina
- **NAMI-SC** – the National Alliance for the Mentally Ill in South Carolina
- **SC SHARE** – SC Self Help Association Regarding Emotions, the state’s only patient-run advocacy organization
- **Disability Rights-SC** – formerly Protection and Advocacy for People with Disabilities, Inc.

# Affiliations: Interagency

## ■ SC Departments of:

- Alcohol and Other Drug Abuse Services
- Corrections
- Disabilities and Special Needs
- Education
- Emergency Management
- Employment and Workforce
- Employment Security Commission
- Health and Environmental Control
- Health & Human Services
- Juvenile Justice
- Social Services
- Vocational Rehabilitation

## ■ SC:

- Alzheimer's Association
- American College of Mental Health Administrators
- American Red Cross
- Assistive Technology Program
- Christian Action Council
- Commission for the Blind
- Commission on Minority Affairs
- Continuum of Care and Developmental Disability Council

- Department of Children's Advocacy
- Development Disabilities Council
- Disabled American Veterans
- Independent Living Council
- Lieutenant Governor's Office on Aging
- Mental Illness Recovery Center, Inc.
- Migrant and Health Program
- National Association of Consumer/Survivor Mental Health Administrators
- National Association of State Mental Health Program Directors
- National Center for Missing & Exploited Children
- Santee-Lynches Council on Government
- School for the Deaf & the Blind
- Southeastern Kidney Council
- Substance Abuse and Mental Health Services Administration
- The National Research Institute
- The Salvation Army
- United Way Association of South Carolina
- United Way of the Midlands
- USC: Center for Public Health Preparedness
  - Arnold School of Public Health
- Veterans Administration

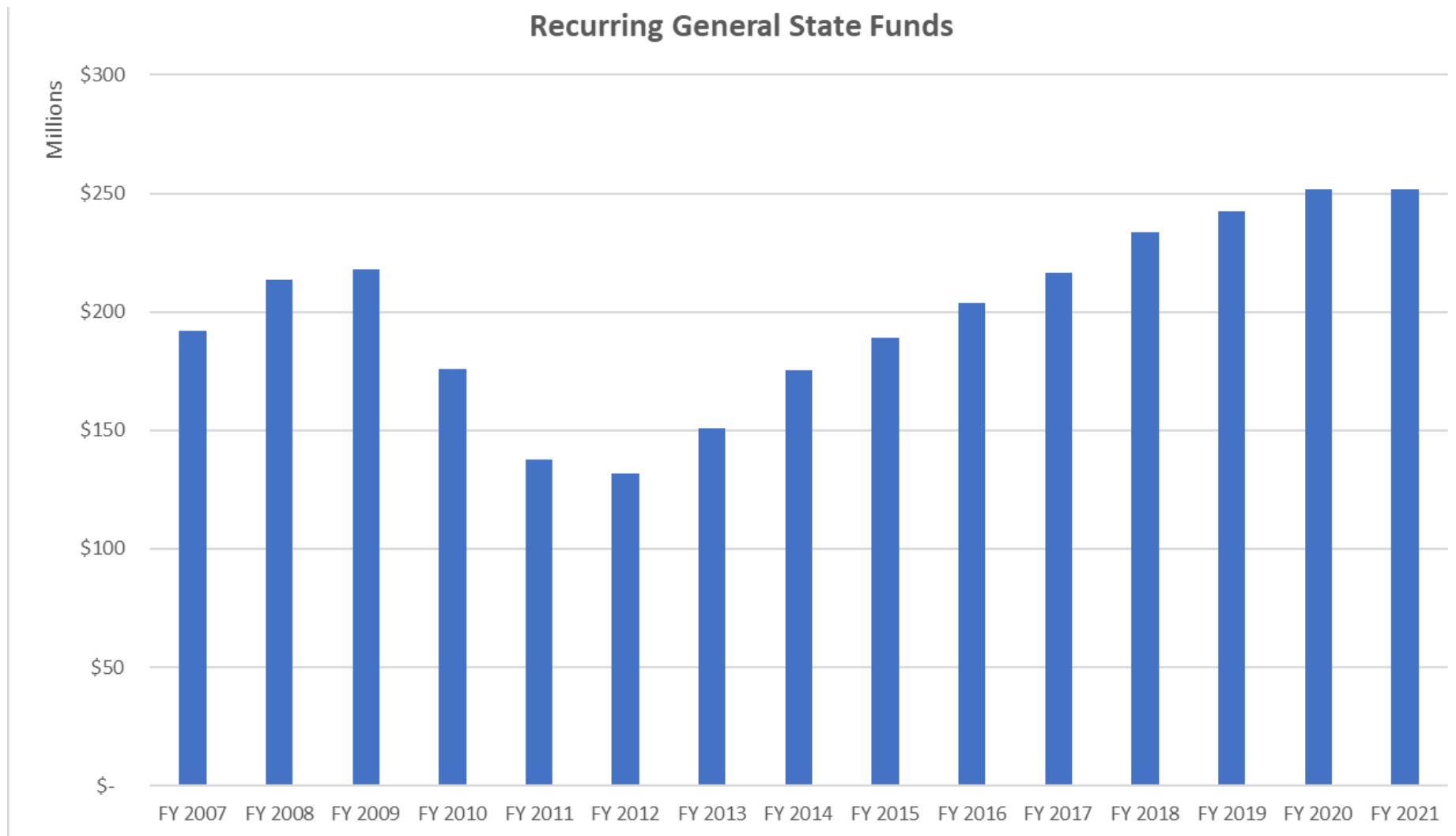
# Budget



Kenneth Rogers, MD  
State Director of Mental Health



# Budget: History of State Funding



# Budget: State Appropriation History

<b>Fiscal Year</b>	<b>State Appropriations</b>
2007	\$191,793,392
2008	\$213,724,472
2009	\$217,892,366
2010	\$176,001,571
2011	\$137,889,163
2012	\$131,596,677
2013	\$150,669,318
2014	\$175,310,415
2015	\$188,913,720
2016	\$203,582,260
2017	\$216,320,260
2018	\$233,479,587
2019	\$242,354,289
2020	\$251,644,350
2021	\$251,644,350

# Internal Oversight & Quality Assurance



Kenneth Rogers, MD  
State Director of Mental Health

# Compliance

- The South Carolina Mental Health Commission and the SC Department of Mental Health built and implemented a Compliance Program consistent with the procedural and structural guidance provided by the Office of Inspector General (OIG) of the Department of Health and Human Services to advance the prevention of fraud, abuse, and waste and the Federal Sentencing Guidelines.
- The goal of the Program is to implement a process for the continuous development, implementation, and refinement of internal controls and practices that promote adherence to applicable federal and state laws, identify, address and correct areas of risk, and further relevant policies of the Department, particularly those that support compliance activities.
- The South Carolina Mental Health Commission and the DMH expect all staff to conform to the standards of conduct as stated in its Code of Ethics and Conduct.

# Compliance, cont.

- DMH's Compliance program:
  - is ongoing and the objectives are consistent with the Agency's mission;
  - provides employees education regarding Compliance;
  - includes lines of communication for dissemination of information related to compliance and for the reporting of suspected violations of federal and state laws and regulations;
  - Includes a system to investigate allegations of noncompliance;
  - regularly monitors and audits activities; and
  - enforces appropriate conduct and discipline.
  
- DMH's Compliance Officer provides the SC Mental Health Commission with timely and accurate information at least twice a year, so they may make informed judgments concerning compliance with law and business performance.
- DMH's Compliance Committee comprises the state director, the director of Quality Management and Compliance (QMC), and directors of divisions and other key staff of the Department who are responsible for assisting and advising the QMC director in implementing and maintaining the integrity of the Compliance Program and ethical conduct of employees.
- Committee members are also responsible for the prevention, identification, monitoring, and control of risks in coordination with the director of QMC.

# Quality Management Advisory Committee

DMH's Quality Management Advisory Committee (QMAC) includes:

- Compliance:
  - promotes and monitors DMH's adherence to state and federal laws and regulations, as well as to requirements of third party payors for the delivery and billing of quality services.
- Quality Assurance:
  - establishes methods and procedures to ensure that services provided are of the highest quality.
  - systematically monitors performance against established standards for practice and implements actions for improvements as needed to ensure that service delivery is appropriate and meets the needs of DMH's patients.
- QMAC's primary focus is addressing challenges and opportunities for improving efficiency and effectiveness of the compliance program by:
  - routinely identifying opportunities for improvement in the delivery of services.
  - ensuring the Agency's clinical programs meet the current requirements.
  - remaining alert about the ever changing reimbursement standards for providers of clinical services.
- Over time, QMAC began to broaden its focus to include compliance and identifying opportunities for improvement in the delivery of services.

# Internal Audit

- DMH's Office of Internal Audit serves as an independent function to examine and evaluate Agency activities as a service to the South Carolina Mental Health Commission and the DMH state director.
  
- Internal Audit's overall objectives are to:
  - evaluate internal controls and safeguard Agency assets.
  - test for compliance with State, Federal, and Agency requirements.
  - identify opportunities for revenue enhancement, cost savings, and overall operational improvements.
  - coordinate audit effects (when requested) with the SC Office of Inspector General, State Auditor's Office, Legislative Audit Counsel, and other external auditors.
  - deter and identify theft, fraud, waste and abuse.
  - protect the assets of the State of South Carolina.
  
- As a result, the Office of Internal Audit provides analyses, recommendations, counsel, and information about activities or processes reviewed, usually in the form of an audit report.

# Multi-Cultural Council & Chief Diversity & Inclusion

- The Department considers cultural competence part of its mission, believing that cultural competency is driven by leadership, and should be staff and patient-oriented. DMH understands that services are more effective when they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served.
- The Department believes that multiculturalism should be embedded in all organizational units and that continuous efforts must be made to recruit, retain, and develop a culturally diverse workforce.
- The DMH Multicultural Council is charged with the responsibility of advising and guiding Agency leadership in the creation and maintenance of a linguistically and culturally competent workforce, service divisions, programs, and collaborative endeavors, reflective of the diversity of the population served and local communities.
- In 2020, DMH hired its first ever Chief Diversity and Inclusion Officer, who works as a member of Senior Management to help define the overarching vision, identity, and strategy of all Agency divisions and programs, and collaborates with Leadership to assess and remove existing policies, practices, procedures, and norms that may support unfair or biased delivery of services, hiring/promotional practices, and conduct/performance approaches.



# Patient Advocacy

- DMH's Advocacy Program is designed to:
  - prevent patient rights violations and advocate for the provision of quality of care in a humane environment.
  - review, investigate and resolve patient rights complaints or issues.
  - monitor the number and types of complaints to identify systemic areas of concern.
  
- All DMH inpatient and outpatient facilities have an assigned advocate.
  
- Advocates:
  - inform patients about their rights, help them speak for themselves, or speak on their behalf.
  - assist patients with questions and complaints about rights and services.
  - bring issues to Agency officials for resolution.
  
- If a patient or a family member has a question or concern regarding rights, an assigned advocate will interview the patient, staff, and others, as necessary. The advocate will then review records, documents, or policies and attempt to negotiate a satisfactory result on behalf of the patient.

# Patient Advisory Boards

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- Patient Advisory Boards (PABs) exist to provide mechanisms for positive collaboration and communication, and to empower patients at all Departmental levels.
- PABs provide unique and independent opportunities for input and involvement in the areas of planning, policy-making, program evaluation, and service provision.
- Most states have a statewide or regional PAB, but DMH is among just a few state systems that have mandated the establishment of PABs at every center and hospital.

# Research & Institutional Review Board

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- DMH recognizes the need for safeguarding the rights and welfare of research subjects and their private health information.
- In accordance with Department of Health and Human Services regulations, the DMH has an established Institutional Review Board.
- The DMH's online IRB manual, posted on the DMH web site, provides researchers with tools and information necessary to ensure these obligations are met and facilitates the research process.
- The DMH IRB meets monthly.

# Planning for the Future



Kenneth Rogers, MD  
State Director of Mental Health

# Staff Training

## ■ Computerized Online Learning Modules

- Provide training to staff to meet regulatory/accrediting standards while minimizing travel to and from Columbia.
- Tailored curricula have been developed for staff who provide care to meet the special needs of our patients.

## ■ Other Online Resources for Staff

- Free or low cost Continuing Education Credit are offered, via Distance Learning.
- Staff are sent updated offerings monthly.
- Staff are able to take the continuing education offerings online as time permits, at home, or at work.

# Staff Training, cont.

DMH's clinical staff of physicians, nurses, social workers, and psychologists provides diagnostic and therapeutic services upon which its patients and their families depend. The skills of the clinical staff enhance patient care throughout this unified system of care.

DMH understands that the single-most important service the Agency provides is compassionate care that respects patients' dignity and individuality. Clinical staff serve in a variety of inpatient and outpatient care areas throughout our state, affording them the opportunity to use their full range of skills.

DMH understands that collaboration is invaluable in providing the best possible care to our patients. As such, the Agency encourages its staff to pursue and participate in research opportunities.

# Executive Leadership Development

- In 2008, DMH implemented an Executive Leadership Development Program to groom new leadership candidates for the Agency; 5 staff completed the Program.
- In 2009, 7 DMH staff completed the Program.
- In 2010, the Agency devised a Special Executive Leadership Development Program, to prepare future leaders by tapping into the corporate knowledge and expertise of 12 of the Agency's current leaders. This knowledge and expertise was captured, preserved, and passed on through a manual, which was developed in-house. 12 DMH staff completed the Program.
- The 2011 Program focused on physicians as leaders in behavioral healthcare; 10 physicians completed the Program.
- In 2013, the program focused on preparing future leaders at its community mental health centers. 12 DMH staff completed the Program.
- 2014's Program focused on Inpatient Services. 12 DMH staff completed the Program.
- In 2017, 17 DMH staff completed the Program.
- In 2019, 10 DMH staff completed the Program.

# Grants Administration

- The DMH Office of Grants Administration seeks out funding opportunities and manages federal and non-federal grants in all aspects of grant management for the Agency.
- Grants Administration's mission is to support the recovery of people with mental illnesses by increasing the accessibility and variety of services by securing grant funding.
- Grant status as of March 31, 2021:
  - 48 Total Grants, \$222,261,332 total dollar value\*
  - 28 Federal Grants, \$150,332,598 total dollar value
  - 2 VA Capital Project Grants, \$57,951,343, total expended federal
  - 18 Non-federal Grants, \$13,977,391 total dollar value

\*Note: Amount does not include the COVID Block Grant allocation of \$12,436,240, which is currently pending approval.



# Looking Forward: The Sale of “Bull Street”

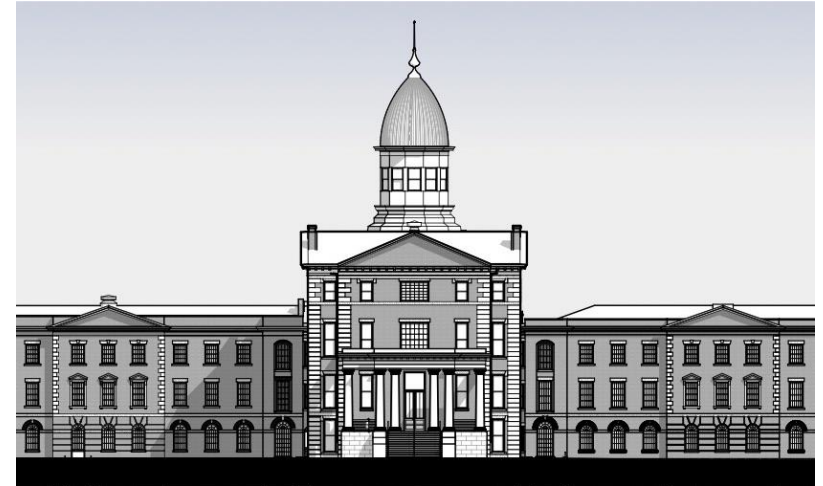
- **February, 2007** – The SC Supreme Court issued a declaratory judgment stating that the Bull Street property was subject to a charitable trust, and the proceeds from any sale of the property must go to DMH in trust for the care and treatment of the mentally ill.
- **December, 2010** – DMH signed a contract with Hughes Development Corporation (Hughes) of Greenville, SC to purchase the property, in a phased manner over 7 years for, \$15 Million.
- **July, 2013** – The City of Columbia and Hughes signed a Development Agreement, confirming the re-zoning of the property to permit mixed uses – retail, residential, and commercial – to be developed on the property. The Agreement also committed the City to fund substantial infrastructure improvements, such as installing water and sewer lines, as the property is developed.
- **October, 2014** – DMH deeded the first parcels of the property into private ownership, and received the first sale proceeds (\$1.5 Million).
- **December, 2015** – The William S. Hall Psychiatric Institute, the DMH’s child and adolescent psychiatric hospital and the last facility still operating on the campus, closed, and all patients and staff moved to newly renovated units at G. Werber Bryan Psychiatric Hospital.



# The Sale of “Bull Street”, cont.

- **April, 2016** – Spirit Communications (now Segra) Park, a 365-day per year multi-use sports and entertainment venue, opened. It is the home ballpark for the Columbia Fireflies.
- **April, 2016** – The First Base Building, a retail and office building developed by Hughes, opened adjacent to Segra Park.
- **January, 2020** – The iconic and historic Babcock building is transferred, and a private developer from Virginia begins the process of renovating the building into upscale apartments.
- Proceeds from the sale of the Bull Street property must be used to benefit patients of DMH. As of August, 2020 the SC Mental Health Commission had authorized the expenditure of \$10 million of the proceeds, \$6.5 million, for the development of additional community housing for patients and \$3.5 million for the replacement of equipment in the Inpatient Services central kitchen facility in Columbia.
- **March, 2021** – Approximately 85% of the Bull Street property has been transferred to private ownership. The Buyer has continued to exceed – remain ahead of – the minimum payment schedule required in the Agreement.

*Renderings courtesy of Clachan Properties*



# Awards & Recognition



Kenneth Rogers, MD  
State Director of Mental Health

# Recent Awards & Recognition

## 2019

- DMH Director of IPS Programs Demetrius Henderson received the inaugural *2019 Rick Martinez Leadership Award* at the 2019 International IPS Learning Community meeting in Denver, CO. Dr. Robert Drake presented the award, stating that, “Mr. Henderson has been a steadfast leader since 2001 and a driving force to help South Carolina implement effective IPS supported employment services in all of the state’s community mental health centers.”
- Andrea (Lanalle) Darden, CAF Director, Santee-Wateree Mental Health, has been named a *2019 Champion of Evidence-Based Interventions*, a distinction given by the Association for Behavioral and Cognitive Therapies. “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,” explained Davi Lakind, PhD, Postdoctoral Fellow in the department of Psychology at the University of South Carolina, who nominated Darden.
- Stone Veterans Pavilion was ranked as one of the top nursing care facilities in South Carolina and the nation by both the Centers for Medicare and Medicaid Services and, earning the facility a 5-star rating - the highest obtainable.

## 2018

- DMH’s Division of Public Safety earned a four-year accreditation from the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA), making it the only mental health law enforcement agency in the United States to hold this distinction.

## 2016

- SC Mental Health Commission Chair Alison Y. Evans, PsyD, received the President’s Award at the 38th Annual Cross-Cultural Conference in Myrtle Beach. The Action Council for Cross-Cultural Mental Health and Human Services recognized Dr. Evans for “both her dedicated involvement with mental health advocacy in our state, as well as her work in the field of Education.”

# Recent Awards & Recognition

## 2016, cont.

- DMH's Pee Dee Mental Health Center received the Johnson & Johnson-Dartmouth College 2016 National Achievement Award for its Independent Individual Placement & Supported Employment program. Pee Dee joins the Agency's Charleston-Dorchester and Greenville Mental Health Centers in this honor; the Centers received this prestigious award in 2008 and 2014, respectively.
- DMH was recognized by Work in Progress for its support of and commitment to its clients since the organization's birth in 1996. Work In Progress' mission is to assist people with mental illness with obtaining, retaining, and maintaining competitive employment opportunities throughout Richland and Lexington counties in South Carolina.

## 2015

- Harris Hospital was recognized as a Top Performer on Key Quality Measures for 2014 by The Joint Commission. The award recognizes accredited hospitals and critical access hospitals that attain and sustain excellence in accountability measure performance, based on an aggregation of accountability measure data reported during the previous calendar year.
- DMH's Telepsychiatry Consultation Program was recognized as a Statewide Telehealth Program of Excellence at the 4th Annual Telehealth Summit.
- The Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government of Harvard University recognized DMH's Telepsychiatry Consultation Program as part of its 2015 Bright Ideas program, honoring government programs at the forefront in innovative action.

# Recent Awards & Recognition

## 2014

- Charleston Dorchester MHC received the Connect 4 Mental Health Community Innovation Award, which recognizes organizations across the US that innovate and collaborate to address serious mental illness in their communities.
- Johnson & Johnson-Dartmouth selected Greenville MHC as recipient of the 2014 Achievement Award for its IPS program (in collaboration with vocational rehabilitation partner, the South Carolina Vocational Rehabilitation Department).

## 2013

- The Joint Commission recognized Patrick B. Harris Psychiatric as a Top Performer on key Quality Measures for 2012 in its *Improving America's Hospitals* annual report.

## 2012

- DMH's Telepsychiatry Consultation Program received the SC Office of Rural Health's Annual Award.

## 2011

- The American Psychiatric Association awarded DMH and the Department of Neuropsychiatry and Behavioral Science of the University of South Carolina School of Medicine the Psychiatric Services Achievement Award Silver Medal for the Telepsychiatry program.

# How can I help?

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- Advocate in your local community for funds for indigent patients.
- Participate in community forums.
- Establish or join local coalitions.
- Get to know the governing board of your local mental health center.
- Get to know the governing boards of your local mental health advocacy groups.
- Seek positions on these boards.
- Join advocacy groups.



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