

*South Carolina Department of Mental Health
Board Training Manual for
Community Mental Health Center Boards*





State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:

Elliott E. Levy, MD, Chair
Carl E. Jones, Ph.D., Vice Chair
L. Gregory Pearce, Jr.
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Robert Bank, MD
Acting State Director

December 8, 2023

Dear Colleague:

As a board member of a South Carolina Department of Mental Health community mental health center, you play a vital role in the public mental health system. Your efforts, in concert with the executive director, staff, and patients, form a cornerstone for our goal of providing a community-based system of care for people with mental illnesses in South Carolina.

Many of you have asked for more training and information about the state's public mental health system. In response to your requests, the SCDMH has developed this Community Mental Health Center Board Training Manual.

I know how important it is for board members to have adequate information in order to make informed policy decisions. I hope this manual will help you understand our complex system.

The South Carolina Mental Health Commission, community mental health center boards, and SCDMH must work together to address the pressing issues facing public mental health in South Carolina. In this way, we can achieve our goal of providing community-based mental health services.

I thank you for your work as a member of the SCDMH family.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Bank".

Robert Bank, M.D.
Acting State Director



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Dear Board Member:

The close relationship that the South Carolina Department of Mental Health has developed with its community mental health center boards has evolved because it is our joint priority to realize a true community-based system of care for people with mental illnesses in South Carolina. We value the time, energy, and expertise you devote to this mission, and are eager to assist you in any way to become more effective contributors to Center programs.

The purpose of this manual is to provide you with general principles for the operation of community mental health center boards, basic information about the SCDMH, and the laws and statutes that govern our Agency and the statewide SCDMH system of care.

We welcome your comments and feedback on this manual and encourage you to suggest board training topics those covered in this basic training manual.

Our goal is to work with you to improve mental health services. To that end, please know that we appreciate your involvement.

Sincerely,

Deborah S. Blalock
Deputy Director
Community Mental Health Services

Board Training Manual

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Introduction

Welcome to service to your community through your local mental health center. You are a key participant in local and state efforts to improve care and treatment for people with mental illness. Your role as a board member is crucial in this effort.

The purpose of this manual is to assist you in your efforts to understand the entire public mental health system in South Carolina and your invaluable role within this system. The manual is divided into the following components: roles and responsibilities of center boards; illustrative job descriptions; and board bylaws, definitions of services, primary target populations served, and statutory and legal information. The manual is designed to help clarify information from the state-level mental health system while focusing on the statutory information pertaining to all SCDMH center boards, general information about the South Carolina Department of Mental Health, and general services provided by SCDMH mental health centers. The section on the roles and responsibilities of board members includes specific information on functions, job descriptions, and committee roles.

The South Carolina Department of Mental Health wishes to take this opportunity to thank you for your willingness to share your time, ideas, and talents in providing mental health services in your community. Your participation will be crucial in meeting this goal of maintaining a thriving community-based mental health system. We look forward to working with you.

The Community Mental Health Center Board Member *Roles and Responsibilities*

The board of directors links the mental health center to the overall state mental health system of care (SCDMH). The primary responsibility of the center board is to ensure that quality care and treatment are provided by the center. There are four primary local components: the board, the executive director, the staff, and the patients. Integration of mission and roles is crucial in the success of this system. So that you can offer high quality leadership on the board, it is important to understand your role and the role of the other components of the local system of mental health care.

Role of the Board

The traditional description of the relationship between the four components is that the board of directors *establishes* policy, while the executive director *implements* it through the staff of the community mental health center. This description indicates that the roles are clear-cut and simple; however, there are times when the various roles may be blurred. This manual attempts to provide clarity and detail regarding each role. The board, executive director, and staff form a partnership, with each partner having certain primary responsibilities while offering input or monitoring other responsibilities. The role of the board can be summarized in the following 11 areas:

- **Focus on the mission:** The most fundamental responsibility of the board is to ensure that the mission of the mental health center is the focus of all goals and objectives and that all parts of the center work together to accomplish this aim.
- **Develop long-range plans:** In order for a center to know its direction and its "road map" for accomplishing its mission, the board should develop, approve, and periodically evaluate its long-range plans within the context of the SCDMH State Plan. The development of these plans should include representation from the community and the constituents of the center, but the final decision rests with the board.
- **Establish policies:** Policies are basic statements which guide the directions, decisions, and plans of the center. There are three stages in establishing a policy: development, determination, and implementation. During the **development** stage, all who are involved in the center may have input, for example: the board, executive director, staff, and advocacy groups. The actual **determination**, or decision on what the policy will be, is the responsibility of the board within the policy framework established by the South Carolina Mental Health Commission. The **implementation** of policy is the role of the executive director, with the board monitoring the progress and outcomes.
- **Recruit local financial support:** For the center to accomplish its mission to people with mental illness, local support must be developed. The board, as the primary link to these potential resources, has the responsibility for soliciting funds from the community and from local governments. A representative of the board may meet with local elected officials to garner public financial support or meet with local foundations to seek grants for special programs.

- **Assist in hiring the executive director:** During the selection of an executive director, the board plays a major role in making the hiring decision. During the process, the board may appoint several members to participate in a search committee and outline the criteria for potential candidates. The board will select candidates to interview and then forward several finalists to the SCDMH deputy director of Community Mental Health Services (CMHS), and the SCDMH state director for final selection.
- **Establishing committees:** The board may utilize a committee structure to achieve its goals and objectives. Often, the board chair has the responsibility to appoint committees, but it enhances the process if board approval is sought. Standing committees are specified in the by-laws, but temporary, special purpose committees may be established to meet particular needs. An example of a special purpose committee might be one to develop linkages on other social service issues or to secure additional facilities for the center.
- **Holding property:** The board is the legal entity to hold any property purchased by the center utilizing local funds. Generally, it is the responsibility of the executive director to maintain it, but the board is considered the owner. For example, the board may take a lead role in selecting and acquiring space for the center programs, but the executive director is responsible for the ongoing maintenance.
- **Recruitment of future members:** Although board members are normally appointed by the local legislative delegation, members are often contacted for suggestions for new members. Members must keep in mind that they may be asked to recommend potential members who would add to the strength of the board.
- **Integration with the community:** Mental health centers are a key part of a much larger social system network in the community. A major function of the board is to ensure that the center is a participant in that system and that its mission is understood by the community at large. Also, members represent the broad spectrum of needs of the citizens to the local mental health center. Board members may participate in community coalitions or serve as speakers for civil organizations to explain the needs of the mentally ill and the role of the center in meeting these needs.
- **Evaluation of programs:** A key function of the center and the board is to routinely evaluate the effectiveness of center programs and their continued need. Board members should also have a basic knowledge of trends in mental health care and an awareness of their respective mental health center. The board is the link to the community to ensure that the center provides high-quality and effective programs. This evaluation should be a routine function, preferably conducted annually.
- **Self-evaluation:** The board must periodically examine its effectiveness. While a key standard in determining effectiveness is achieving the mission, the board should also analyze and evaluate its processes. This evaluation should include, at a minimum, the problem-solving method used by the board, fulfillment of the roles and responsibilities of the board, respect for the role of the executive director and the staff, and evaluation of the board's committee structure.

Orientation and Training: Understanding the system of providing services to the mentally ill and the role of the board is essential to quality service on the board. An annual orientation session should be held to share information with new members. Also, on-going training of all board members will enable them to remain current on new trends in the care of the mentally ill and new initiatives within the SCDMH system. Board members are encouraged to become familiar with all SCDMH facilities – particularly those which serve their catchment area.

Legal Responsibilities of Board Members

Community mental health center board members have responsibilities established by South Carolina statutes, by the mental health center board bylaws, and by general law applying to all public officers. Public officers are required to exercise the duties of the office with intelligence, diligence, conscientiousness, discretion and, above all, by displaying good faith, honesty, and integrity and acting in the best interest of the mental health center.

Each community mental health center board must exercise its responsibilities in compliance with the provisions of the South Carolina Code of Laws and the rules and regulations of the South Carolina Department of Mental Health. The legal responsibilities, as established by statute, include managing center property, evaluating the center's services and reporting the results of the evaluation to the Department and the center director, soliciting financial support, promoting interagency cooperation, stimulating effective community relations, and reviewing the center's annual plan and budget.

The State Ethics Act and SCDMH directives provide the ethical guidelines which board members must follow. The primary goals of these guidelines are to avoid a public officer's acting in cases where the officer has a conflict of interest, to avoid the appearance of impropriety, and to ensure the public's business is conducted without the influence of personal interests.

South Carolina law provides important limitations on the legal liability of public officers and employees. The Tort Claims Act covers actions brought against mental health center board members and employees because of an alleged negligent act committed in the course of center employment or official duties that results in injury or death. These actions cannot name individual employees or officers and have a maximum amount of potential collection established by the law. As officers of the South Carolina Department of Mental Health, board members are insured by the coverage purchased by the Department. In addition to tort liability insurance, the Department carries professional liability coverage and automobile liability coverage. If a board member has knowledge of an incident or accident that may result in a claim, the member should report the matter to the SCDMH directly or through the center director.

Any questions regarding legal liability, insurance coverage, or any legal issue should be directed to the Department's General Counsel, who represents all Department officers and employees in their official capacities.

Relationship between the Board and the Executive Director

The board, executive director, and staff form a partnership to accomplish the mission of the center. Often it is difficult to determine the delineation of the different responsibilities of the three components of the local system. The guiding principle for clarifying roles is that the board addresses issues that affect the center as whole, policy concerns, items mandated by law, or requests by the executive director. The executive director administers the policies and puts the programs into action. The board works best when it makes a decision as a group.

Role of the Board Chair

The board chair provides leadership to the board in ensuring that the board meets all of its responsibilities, serves as the chief spokesperson in agency matters, and promotes center programs. Specific responsibilities of the chair are outlined in the community mental health center bylaws, which may include the following:

- **Presiding officer:** The chair presides in all regular and special meetings of the board.
- **Committee appointment:** The chair appoints chairs and members of all standing and ad hoc committees with the ratification of the board.
- **Supervision of the executive director:** The chair works with the SCDMH Central Office to evaluate the executive director. This process ensures that the internal operations of the agency are conducted effectively and efficiency.
- **Planning:** The chair oversees the planning, goal-setting, and evaluation process for the center and ensures that all components of the center work effectively together and as a part of SCDMH.
- **Finances:** The chair appoints the finance committee and monitors the development of the budget and the management of the center.
- **Community relations:** The chair represents the community mental health center within the local community. The chair ensures that the center is a part of the local social service network and the center's mission is understood by the community. Media requests shall be referred to the executive director and the SCDMH Office of Public Affairs.
- **Evaluation of the board:** The chair assumes the leadership role in determining that the board functions effectively and monitors the legal accountability for the board and the center.

Board Committees

Committees provide a structure and process for a board to accomplish many different tasks and to carry out the mission of the mental health center and SCDMH in an orderly, economical way. Committees allow work to be divided so that more can be accomplished than if the entire board were to act on every item of business. Committees also provide an opportunity for individual

board members to use specific skills and talents, such as planning, public relations, or fundraising.

Committees work most effectively when they have a specific area of responsibility (such as community relations), members who are knowledgeable (or ready to learn) about that area, and staff support, as needed.

Most boards have three types of committees: executive, standing, and ad hoc. The functions of the executive committee and any standing committees are often described in the organization's bylaws. The **executive** committee usually plans the overall tasks for the board. If the board does not meet monthly, the executive committee commonly has the authority to act on behalf of the board between meetings. **Standing** committees usually focus on a specific area of center operations, such as finance, planning, or evaluation. **Ad hoc** committees (sometimes called “task forces”) usually focus on a specific issue or task, make recommendations about that issue to the full board, and then disband.

Some common standing committees include finance (or budget), fundraising, community relations (or public relations), human resources, program (or planning), and nominating.

- **Finance:** Within the financial policies established by SCDMH, this committee often oversees the center’s financial operations. It frequently reviews and makes recommendations about the center’s operating budget, as well as engaging in financial planning for the center’s future.
- **Fundraising:** This committee often sets targets for and assists the center with supplemental fundraising. It may sponsor special events or activities, such as a walk-a-thon or a barbecue. Members of the fundraising committee may also assist in presentations to foundations, businesses, or other potential funding sources for the center. This committee may work very closely with both the finance and the community relations committees.
- **Community relations:** This committee assists the center by making sure that the community (and potential patients) is aware of the center’s services, as well as its needs. This committee works closely with the executive director to tell the story of the organization to the community. This committee also works closely with the SCDMH Office of Public Affairs which provides current information about the mission of and services provided by the Department. Media requests received by this committee shall be referred to the executive director and the SCDMH Office of Public Affairs.
- **Human resources:** In many state agencies, the human resources committee selects, employs, and evaluates the executive director, and approves human resources policies. Within SCDMH, many community mental health center human resources polices are set by the State Human Resource System and applicable state law. The hiring of the executive director is based upon the recommendation of the center board chair and the approval of the SCDMH Central Office. Nevertheless, the human resources committee can play an important role in assessing employee needs and making recommendations to the board, the executive director, and the Central Office of SCDMH. The Human resources

committee has *no role* in center staff human resources issues (e.g., hiring, discipline, termination, etc.).

- **Program (or planning):** Within the context of the overall State Mental Health Plan and the programs established by SCDMH, this committee oversees ongoing center program activities and operations. It often evaluates the effectiveness of those activities, and may recommend a change in focus or priorities, depending upon the needs of the local community. This committee is also often involved in setting or recommending short (one or two-year) and long (three to five-year) range plans for the center.
- **Nominating:** Often considered the single-most important board committee, the nominating committee is responsible for identifying and recruiting potential board members. As such, this committee needs to know what types of people and what types of skills are most needed for the board, and then seek out individuals who possess those skills and characteristics.

Illustrative Job Descriptions

Center Board Member

Purpose:

To be responsible for the long and short range planning, goal setting, and evaluation of the mental health center and to ensure that the center focuses on its stated mission within the framework of SCDMH's mission. In general, board members determine center policy.

Specific Responsibilities:

- Plan for the center's future through long-range and short-range plans, monitor their implementation, and evaluate them on a regular basis.
- Assist in establishing qualifications and criteria and in the selection process in hiring the executive director.
- Recruit local financial support for the center and ensure the center is financially accountable.
- Hold the properties of the center.
- Represent the center in the community through cooperative action and ongoing public relations.
- Represent the varied needs of the community to the mental health center and to the SCDMH Central Office.
- Assess the community and evaluate center programs to ensure that community and patient needs are addressed.
- Ensure that the center and the board operate efficiently.

Requirements:

Board members should be dedicated to the mission of the SCDMH and the center's mission within that framework and have specific experience or knowledge needed by the board, or represent a segment of the population served by the center. Board members should be willing to devote the required time to board service and to represent the center to the community.

Center Board Chair**Purpose:**

Provides leadership to the center board in ensuring that the board meets all of its responsibilities. Serves as the chief spokesperson for the board to the center.

Specific Responsibilities:

- Preside over all regular and special meetings of the board.
- Appoint, with board approval, committees and committee chairs, ensuring that the potential of each board member is actualized.
- Ensure that the committee structure operates smoothly and that the purpose of committees is routinely evaluated.
- Serve as the local representative in the evaluation process of the executive director.
- Oversee the planning and goal-setting process of the center and ensure that it is in the context of the SCDMH State Plan.
- Appoint the finance committee and monitor the financial management of the center through this committee.
- Promotes the center within the local community and serves as the official spokesperson for the board to the center.

Requirements:

Board chairs should be dedicated to the goals and objectives of the center as demonstrated by board service and leadership in a key board function. The chair should be respected in the general community, be willing to expand their knowledge of the board and the center, and willing to commit the time necessary to this role.

Committee Chair**Purpose:**

Provides leadership to the committee to ensure that the committee focuses on its assigned function.

Responsibilities:

- Call and preside over all committee meetings.
- Regularly report to the full board the activities of the committee and seek approval for the direction of the committee.
- Evaluate the function of the committee to ensure that the stated purpose is addressed, and that the committee continues to serve a needed role for the board.

Requirements:

Specific knowledge of the subject area of the committee and a willingness to dedicate the needed time to accomplish the task of the committee.

***Template for
Board Bylaws
[Name of Mental Health Center]***

Article I - Name

The name of this board shall be the *[name of mental health center]* Board (Board).

Article II - Purpose

Section 1. The purpose of this Board is to administer the *[name of mental health center]*(Center), an outpatient facility of the South Carolina Department of Mental Health (SCDMH) pursuant to Chapter 15, Title 44, Code of Laws of South Carolina (Chapter 15).

Section 2. Pursuant to Chapter 15 and SCDMH rules and regulations, this Board shall:

- (a) Serve as the advisory board for the center.
- (b) Review and evaluate center services and report its findings and recommendations to SCDMH, the center director, and as needed, the public.
- (c) Recruit and promote financial support for the center from local private sources such as business and private foundations and promote public support for local appropriations.
- (d) Develop and implement agreements with health, social service, educational and judicial agencies.
- (e) Advise the center director on the adoption and implementation of Center policies to further effective community relations.
- (f) Review the annual center plan and budget and make recommendations to the center and SCDMH.

Article III- Membership of Board

Section 1. In accordance with Chapter 15:

- (a) This board shall consist of *[the statute requires “not less than seven nor more than fifteen members”, insert the exact total number of Board members]* members representing each county in the center service area in proportion to each county's population.
- (b) Members shall be appointed by the governor upon recommendation of a majority of the members of the legislative delegations of the counties

participating. A county delegation may by resolution, delegate to their county governing body the authority to recommend board members to the governor.

- (c) At least one member shall be a medical doctor licensed to practice medicine in South Carolina. Board membership shall as far as practicable, include representatives of local health, medical and social service agencies, boards and organizations; lay associations concerned with mental health; as well as labor, business and civic groups and the general public. Patient and family representation, including parents of emotionally disturbed children and adolescents, shall also be considered when making recommendations for board membership.

Section 2. The term of each board member shall be four (4) years and until a successor is appointed. A board member may serve consecutive terms.

Section 3. Vacancies must be filled for the unexpired term in the same manner as original appointments. Upon request by the applicable county or on its own initiative, the board may suggest candidates for board membership.

Section 4. Board members are expected to attend at least [*insert number or percentage, e.g. "eight", "seventy-five (75) percent" etc.*] of the regularly scheduled board meetings during each twelve (12) month term of service. Members should notify the board chairperson at least 24 hours before a board meeting to request an excuse for absence. Multiple failures to be excused may require further action of the Board consistent with §1-3-240, Code of Laws of South Carolina.

Section 5. The governor may remove a board member pursuant to §1-3-240, Code of Laws of South Carolina, or as otherwise provided for by law.

Article IV - Officers

Section 1. The officers of the board shall be a chairperson, a vice-chairperson, and a secretary/treasurer.

Section 2. Officers shall be elected from the board membership at the last regular meeting of each calendar year by majority vote. Officers shall serve for a period of [*e.g. "two (2) years"*] and until their successors are installed, subject to their membership on the board.

Section 3. The chairperson shall preside at all meetings and shall have general responsibility for planning the work of the board.

Section 4. The vice-chairperson, in the absence of the chairperson, shall act as presiding officer, and shall assume the duties of the chairperson in the event of vacancy in the office of chairperson.

Section 5. The secretary/treasurer shall be responsible for recording and preserving the minutes of board meetings and executive committee meetings. With the assistance of the director and the administrative staff, the secretary/treasurer shall assure that the following are done: keep lists of members, notify the membership of meetings and take care of records and correspondence.

Section 6. Officers may be removed by two-thirds vote of the board.

Article V - Executive Committee

Section 1. The officers of the board shall serve as members of the executive committee.

Section 2. The Executive Committee shall have general supervision over the affairs of the Board between meetings of the Board. The Executive Committee shall carry out the functions of the Board and shall not act in conflict with any action of the Board. Minutes of each meeting of the Executive Committee shall be given to the Board at the next scheduled Board meeting.

Article VI – Standing Committees

Section 1. The Chairperson shall appoint as standing committees:

[Examples: Policy Committee scope: review Board Bylaws and Center policies for presentation to the Board for consideration/approval, correspondence to Board not pertaining to other committees and other Board issues not pertaining/referred to other Board committees.

Finance Committee scope: review Center fiscal matters, especially If requiring Board participation, e.g. Center budget.

Programs/Services Committee scope: advisory and public relations capacity with Center Executive Director to identify community needs, concerns and issues related to Center programs and services.]

Section 2. The Board may create such committees as are required, in addition to those listed in Section 1, for the adequate functioning of the Board.

Section 3. Committee members shall serve only while the chairperson appointing them shall be in office, but shall be eligible for reappointment.

Section 4. All committees and sub-committees shall keep minutes of meetings and forward copies of the minutes to the board. At the Board meeting following the receipt of committee or sub-committees minutes, the Board shall review the minutes. The board may approve the minutes and thereby approve and ratify the actions taken by committee or sub-committee. The Board may disapprove any item in the minutes and thereby disapprove the itemized action of the committee or sub-committee.

Article VII - Meetings of the Board, Committees and Subcommittees

- Section 1. For every meeting of the Board or Board committee or sub-committee, a simple majority of the members of the Board, committee or sub-committee shall constitute a quorum. Members shall notify the respective chairperson in advance of their inability to attend a meeting so that a quorum may be assured in order to convene the meeting.
- Section 2. Notice of all Board, committee, and sub-committee meetings shall be posted and meeting minutes recorded in accord with the South Carolina Freedom of Information Act, Chapter 4 of Title 30, Code of Laws of South Carolina (FOIA).
- Section 3. All Board, committee, and sub-committee meetings shall be open to the public unless an executive session has been called in accordance with the FOIA. They shall conduct all meetings in accordance with *Robert's Rules of Order*.
- Section 4. Minutes of all Board, committee, and sub-committee meetings shall be recorded and preserved in accordance with the FOIA.
- Section 5. A member who is present at a Board, committee, or sub-committee meeting at which action on any matter is taken shall be presumed to have assented to the action unless his or her dissent is noted in the minutes.
- Section 6. Regular meetings of the Board shall be held [*e.g. "the second Tuesday of each month at 6:30 p.m."*]. Special meetings may be called by the chairperson or upon petition of executive committee or a majority of the members of the Board not serving as officers. Notice of such meetings shall be made public as required by the South Carolina Freedom of Information Act.
- Section 7. One of the regularly scheduled Board meetings shall be an annual meeting for review of the preceding year's activities, review of the bylaws, the installation of new officers (as needed), and recognition of retiring Board members.

Article VIII - Voting Of the Board

- Section 1. A simple majority of the members present shall determine all questions when a quorum is present.

Article IX - Amendments

Subject to Chapter 15, the By Laws may be amended by a majority vote of the Board at any time, if the proposed amendments shall have been read at a previous meeting of the Board, or if it has been mailed to each member at least thirty (30) days before action is taken.

REVISED AND ADOPTED _____, 20__.

_____,
CHAIRPERSON, _____ BOARD

Definitions of Services and Patient Populations

General Terms

[Note: specific definitions below are usually not the same as statutory and other medical/legal definitions: e.g. related to emergency admission, judicial admission, forensic evaluations, etc.]

1. Mental health and mental illness: These terms may be defined in a very general or global fashion. A more concise definition may be gleaned from the Global Assessment of Functioning Scale (GAF) in the *Diagnostic and Statistical Manual (DSM- V)* or its latest version and herein referenced as DSM.

The GAF scale "considers psychological, social and occupational functioning on a hypothetical continuum of mental health-illness" (DSM p.32). Therefore, at the high end of the scale, mental health may be defined as "absent" or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns. If symptoms are present, they are transient and expected reactions to psychosocial stressors. At the midpoint of the scale, it is possible to begin defining mental illness: "moderate symptoms (e.g., flat affect, occasional panic attack) or some difficulty in social, occupational or school functioning (e.g., few friends, conflicts with co-workers)." Descending the scale, a person presents a danger of hurting self or others.

A textbook definition of "mental health" is positive striving and includes such terms as growth, development, maturity, responsibility, self-fulfillment, adaptation to stress, and successfully coping with life. Mental illness can be described in terms of the absence of mental health. Problems arise in developing an explicit set of criteria because of subjectivity and culture-bounds in our values, i.e., what is appropriate or acceptable behavior in one place may not be in another.

2. Mission: An overall philosophy that defines an agency's purpose for carrying out activities and is the basis for formulating program plans and direction. The SCDMH's mission is to support the recovery of people with mental illness.

3. Goal: An aim that one strives to attain that is in keeping with the stated mission.

4. Objective: A specific activity by which a goal may be attained.

5. Target: One component of an objective, usually completed by a certain date.

6. Patient: An individual who experiences symptoms of mental illness and who uses the services of the South Carolina Department of Mental Health and who, with the family, has a voice in determining program and service needs and goals.

7. Target population: A particular group of patients in need of specialized services. The group has unique identifying characteristic that define the special services that are needed (e.g., deaf mentally ill, who would require the same services as other mentally ill persons, but those services must be delivered either through sign language, speech reading, or home-made signs).

8. Program: A logical grouping of clinical or non-clinical functions required to be

performed within a community mental health center. This grouping is designed as a basis for supervision, planning, budgeting, evaluation, and statistical reporting.

9. Services: Specific discreet activities provided to or with a patient as specified by quality assurance standards and contained currently in SCDMH Directive 782-96 (6-100). These services are provided to specified target populations within programs and components based upon patient needs. Services are not necessarily limited to one or more target populations, programs, or components.

Primary Target Populations

Adult/Elderly

1. Severe mental illness: A category in which a person suffers from a serious, persistent mental illness as classified in the DSM that impairs their ability to carry out the normal activities of daily living. This person requires ongoing treatment and support. This category includes psychiatrically disabled people aged 18 or older (with no upper limit) who are considered psychiatrically disabled when they:

- have a clinically verifiable psychiatric diagnosis of schizophrenia or major affective disorder or other psychosis or severe personality disorder; or
- require ongoing and frequent mental health center intervention in order to maintain community tenure; or
- have functional limitations as evidenced by requiring assistance to meet the basic needs of food, clothing, and shelter; or
 - work in competitive, non-sheltered settings; or
 - engage in social, recreational and vocational activities; or
 - carry out daily living skills; or
 - develop and sustain meaningful interpersonal relationships or participate in services.

2. Chemically dependent/mentally ill: A population category in which the patient is diagnosed per the DSM as suffering from both mental illness and psychoactive substance abuse/dependence.

3. Chemically dependent: A population category in which the patient is diagnosed per the DSM as suffering from psychoactive substance abuse/dependence.

4. Dementia/MI: Those persons aged 18 or older who have been previously diagnosed with mental illness whose current diagnosis is primary dementia.

5. Others: Persons aged 18 or older and their families, who are experiencing a disruption in their normal level of functioning and who can reasonably be expected to have the capability of resuming their normal level of functioning through appropriate psychotherapeutic interventions, or who have the potential for growth above their normal level of functioning, and:

- there are generally an identifiable developmental, familial, or environmental stresses(s) precipitating the onset of dysfunctional behavior or an identifiable pattern of maladaptive behaviors that can be modified through cognitive learning, environmental manipulation, and/or other medical/psychiatric interventions, such

as medications;

- the disruption in level of functioning is generally a temporary disabling condition that can develop into a chronic problem if untreated or ineffectively treated; or
- length of treatment is generally dependent upon the intensity of debilitating factors, the length of stress period prior to treatment. The availability of support resources.

Priority concerns and efforts are directed toward people experiencing severe and persistent symptoms of mental illness and disruptive emotional distress associated with such issues as poverty, housing, employment, physical or sexual abuse, or other problems.

Children/Adolescents/Families

1. Moderate to severe emotionally disturbed/mentally ill child/adolescent: A person between the age of birth to age 18 who manifests a substantial disorder of cognitive or emotional processes that lessens or impairs to a marked degree that child's capacity either to develop or to exercise age-appropriate or aged-adequate behavior or both.

Such behavior includes, but is not limited to, marked disorders of mood or thought processes, severe difficulties with self-control and judgment including behavior dangerous to self or others, and serious disturbances in the ability to care for and relate to others.

The presence of epilepsy, developmental disability, organic brain syndrome, physical or sensory handicaps, or brief periods of intoxication caused by alcohol or other substances is not sufficient to meet the criteria for a child to be served as emotionally disturbed/mentally ill, but does not exclude a child with these problems who is otherwise determined to fulfill the criteria.

2. Others: The same as "others" in the adult/elderly population except that this category includes persons between birth and age 18.

Special Populations

Categories of mental health patients who have special needs that either do not match primary target populations or include patients from multiple primary target populations. This category includes but is not limited to the following:

1. Developmentally disabled: These are individuals with significant, sub-average intellectual functioning and deficits in adaptive behavior who also have an additional discrete mental disorder(s).

2. Deaf/hard of hearing: Adults and children who have serious psychiatric disorders or emotional disturbances and have a significant hearing loss. This includes the following sub-populations:

a) Patients who are deaf: Those individuals who identify themselves as culturally deaf and have a significant hearing loss. These individuals may communicate by American Sign Language, by the use of speech reading and residual hearing, by idiosyncratic sign/gesture systems, or by some other manual communication system such as Cued Speech or Signed English.

b) Patients who are hard of hearing: Those individuals with a significant hearing loss that impairs their ability to hear and understand speech but do not identify themselves as deaf. These individuals may communicate in a variety of ways but are most likely to use residual hearing and speech reading.

c) Patients who are deaf/blind: Those individuals who have a both a significant hearing loss and a significant vision loss.

3. Homeless: Persons who suffer from mental illness, are in need of mental health services, have no permanent residence, and lack resources or a support system.

4. Elderly: Persons over the age of 65, who have complex problems and needs and who have mental disorders that require treatment, perhaps including long-term care.

5. Minority outreach: A special project or effort to increase participation and/or tailor programs or services to selected groups such as African/American, Hispanic, rural, etc.

6. Others: Categories of projects or patients selected by SCDMH or mental health centers for special, discrete identification for programmatic or accounting purposes (e.g. grants, temporary special emphasis).

7. Offenders with mental illness, etc.: Adult persons who have an identified mental illness and/or mental illness and substance use disorder and are incarcerated in a local jail, supervised probation, and returning to local communities from prison.

Statutory and Legal Information

The role and mission of the South Carolina Department of Mental Health and its community mental health centers are defined by the Code of Laws of South Carolina. The role of a mental health center board member is also defined in part by state law. The most pertinent laws are summarized below. Full text of applicable laws is available online and through your mental health center executive director. Questions concerning those laws and other legal issues may be directed to the SCDMH Office of General Counsel.

Chapter 9 of Title 44 of the Code of Laws of South Carolina creates the State Department of Mental Health, and gives it jurisdiction over the state's psychiatric hospitals, alcohol and drug facilities, and community mental health centers. It also establishes the South Carolina Mental Health Commission as the governing board of directors for SCDMH statewide.

Chapter 15 of Title 44 of the Code of Laws of South Carolina covers local mental health programs, boards, and centers. It specifies how community mental health center(s) are to be established, what geographic areas they will cover, and how they shall be governed and administered.

Center board(s) must consist of at least seven and not more than fifteen members representing the counties in the center's service area in proportion to each county's population. At least one board member must be a medical doctor licensed to practice medicine in South Carolina. To the extent feasible, other board members are to include representation from county health departments and welfare boards, hospital boards, medical societies, lay groups, and business, labor and civic associations, as well as the general public. Patient and family representation, including parents of emotionally disturbed children and adolescents, must be considered when making recommendations for board membership. Board members are appointed by the governor upon the recommendation of a majority of the county legislative delegation.

Subject to state statutes and SCDMH rules and regulations, boards are authorized to:

- be the administrative agency for center programs (e.g., guiding, advising, and assisting the center's executive director on the internal policies necessary to implement statewide and local priorities);
- employ the center's executive director and, through him/her, the staff necessary to carry out the center's programs;
- promote statewide priorities and establish local priorities;
- review and evaluate center services, the annual plan and budget, and make recommendations about them to the center's executive director and SCDMH;
- seek local public and private financial support for the center;
- promote, arrange, and implement working agreements with local agencies; and
- advise the center's executive director on the adoption and implementation of center policies to further effective community relations.

For more information about the South Carolina Department of Mental Health, visit our web site at www.scdmh.net.