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| <b>AGENCY NAME:</b> | <b>South Carolina Department of Mental Health</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>J120</b>                                       | <b>SECTION:</b> | <b>035</b> |

## Fiscal Year 2016-2017 Accountability Report

### SUBMISSION FORM

#### **AGENCY MISSION**

It is the mission of the South Carolina Department of Mental Health to support the recovery of people with mental illnesses.

#### **AGENCY VISION**

The South Carolina Department of Mental Health (DMH) is committed to providing quality mental health services to those in need, improving access to its services, promoting recovery, eliminating stigma, improving collaboration with all our stakeholders, and assuring the highest level of cultural competence among its employees.

The agency believes that people are best served in their own community in the least restrictive settings possible. SCDMH seeks to provide a full array of coordinated mental health services in every community across the state. Mental Health services are most effective when provided in concert with local supports: family, friends, faith communities, other healthcare providers, and other public services including affordable housing, employment, education, leisure pursuits, and other social and clinical supports.

SCDMH is committed to the highest standard of care in its skilled nursing facilities for South Carolina citizens. The Joint Commission has recognized two of the Department's four nursing facilities with the distinction of being nationally accredited. Only about five percent of similar facilities in South Carolina have earned this recognition.

The agency will provide appropriate evaluation and/or treatment to the increasing number of criminal justice involved individuals requiring mental health services, both inpatient and in the community.

SCDMH strives to remain an agency worthy of the highest level of public trust. SCDMH will provide treatment environments that are safe and therapeutic and work environments that inspire and promote innovation and creativity. SCDMH will hire,

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train, support, and retain staff who are culturally and linguistically competent, who are committed to the philosophy of recovery, and who value continuous learning and best practices. The Department will provide services efficiently and effectively, and will strive always to provide interventions that are scientifically proven to support recovery.

SCDMH believes that people with mental illnesses, trauma victims, and others who experience severe emotional distress, are often the object of stigma. Therefore, the agency will build partnerships with the State's educational leadership and institutions, including both K-12 and institutions of higher learning, to enhance curriculum content on mental illness and mental health. The Department will work with employers, other state agencies, federal partners, like-minded healthcare providers, and public media to eliminate stigma associated with mental illnesses. And SCDMH will expect its own staff to be leaders in the anti-stigma campaign.


Please select yes or no if the agency has any major or minor (internal or external) recommendations that would allow the agency to operate more effectively and efficiently.


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

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

|                           | Name              | Phone        | Email                    |
|---------------------------|-------------------|--------------|--------------------------|
| <b>PRIMARY CONTACT:</b>   | William T. Wells  | 843-212-8977 | william.wells@scdmh.org  |
| <b>SECONDARY CONTACT:</b> | D. Stewart Cooner | 803-898-8632 | stewart.cooner@scdmh.org |

I have reviewed and approved the enclosed FY 2016-2017 Accountability Report, which is complete and accurate to the extent of my knowledge.

|   |  |  |         |
|---|--|--|---------|
| <b>AGENCY DIRECTOR<br/>(SIGN AND DATE):</b> |  |  | 9-27-17 |
| <b>(TYPE OR PRINT NAME):</b>                | John H. Magill   |  |         |

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|---|--|--|---------|
| <b>BOARD/CMSN. CHAIR<br/>(SIGN AND DATE):</b> |  |  | 9-27-17 |
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|                              |                         |
|------------------------------|-------------------------|
| <b>(TYPE OR PRINT NAME):</b> | Alison Y. Evans, Psy.D. |
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## **AGENCY'S DISCUSSION AND ANALYSIS**

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

In May, 2017, SCDMH provided its annual list of developments and achievements to an audience that included the Governor, members of the General Assembly and legislative staff, other elected officials, the South Carolina Mental Health Commission, members of the Community Mental Health Centers Advisory Boards, advocates, academic partners, hospital leaders, and other community partners. An excerpt is provided below.

### **2017 Developments and Achievements**

- Shortening the length of time that criminal defendants wait for admission to the Department's secure forensic hospital is the Agency's current number one priority. By law, criminal defendants found incompetent to stand trial due to a mental illness must go through a commitment process to a SCDMH hospital. Because of a significant increase in commitment orders, the length of time that defendants must wait for admission substantially increased. As a result, in June, 2016, the Department made reducing the wait time for forensic admissions its first priority and developed a multi-faceted Action Plan. That Plan, which is ongoing, is showing promising results.
  - The number of defendants awaiting forensic admission has decreased 54% since April, 2016.
  - From January to April of 2017, 100 forensic patients were admitted, an increase of 20% compared to the same time period in 2016.
  - From January to April of 2017, SCDMH discharged 48% more forensic patients to secure or supervised community settings than during the same time period in 2016.
  - Furthermore, the average length of stay from January to April of 2017 has decreased by 40% compared to the same time period in 2016.
- Thanks to the support of the Governor and the General Assembly, SCDMH has increased access to community mental health services. SCDMH has increased productivity and access standards in its community mental health services: from FY14 to FY15, new cases (new/readmissions) increased 3.17%. From FY15 to FY16, new cases (new/readmissions) increased 3.29%. In a majority of mental health centers, patients in crisis can see a Mental Health Professional on the day they walk in, and wait times for appointments with counselors and psychiatrists have been reduced. In FY16, SCDMH community mental health centers provided more than 1.3 million clinical services.
- SCDMH's telepsychiatry programs have provided more than 60,000 psychiatric services.
  - As of April 2017, DMH's innovative and award winning Emergency Department Telepsychiatry Consultation Program has provided more than 33,000 psychiatric consultations in emergency departments across South Carolina. The Program was developed to meet the critical shortage of psychiatrists in South Carolina's underserved areas, and assist hospital emergency rooms by providing appropriate treatment to persons in a behavioral crisis, using real-time, state-of-the-art video-and-voice technology that connects SCDMH psychiatrists to hospital emergency departments throughout the state.
  - Built on the success of telepsychiatry services to emergency departments, SCDMH has equipped its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its

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patients via telepsychiatry. Since August 2013, the Community Telepsychiatry Program has provided more than 28,000 psychiatric treatment services to SCDMH patients throughout South Carolina.

- In September 2015, SCDMH received a major youth suicide prevention grant of \$736,000 per year for five years from the Substance Abuse and Mental Health Services Administration (SAMHSA). The award supports the SC Youth Suicide Prevention Initiative (SCYSPI), an intensive, community-based effort with the goal of reducing suicide among youths and young adults, aged 10 to 24, by 20% statewide by 2025.
  - Using various multi-media platforms, SCYSPI has made great strides in meeting its outreach and awareness goal of 300,000 individuals by year five, having reached more than 100,000 individuals across the state in 2016-2017 alone.
  - SCYSPI offers trainings in suicide prevention to multi-disciplinary audiences and community members. To date, the Initiative has trained more than 4,167 individuals in suicide prevention, including more than 80 law enforcement personnel, more than 100 foster parents, and more than 515 youths.
  - Bamberg Job Corps, the only Job Corps in South Carolina, has adopted the SCYSPI Model Policy and Protocol at its Lowcountry center to enhance its capacity to effectively serve its participants. Moreover, the organization has begun the training portion of its prevention action plan by having the entire staff trained in “ASK about Suicide to Save a Life”.
  - In collaboration with The Regional Medical Center: Orangeburg (tRMC) emergency department, Behavioral Health and Home Health, SCYSPI has developed a Model Protocol for Emergency Departments. The protocol is aimed at ensuring individuals who have survived a suicide attempt are effectively linked to needed community services. SCYSPI looks forward to piloting this protocol in both the Emergency Department at tRMC as well as its ambulatory care centers.
  - SCYSPI has begun implementation of the ZEROSuicide model in Behavioral Health Care settings throughout South Carolina. The foundational belief of ZEROSuicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. SCYSPI will begin piloting the ZEROSuicide approach this year in three DMH mental health centers: Anderson-Oconee-Pickens, Lexington, and Santee-Wateree, with the goal of eventual Agency-wide implementation.
- With funds appropriated by the SC General Assembly in FY15, FY16, and FY17, DMH has continued to expand school-based programs. SCDMH School-based Services are now available in 540 schools across South Carolina.
- Parcel sales of the Bull Street property have continued; additional parcel sales took place in August, September, and December, 2016. The Buyer has continued to remain ahead of the minimum payment schedule required in the Agreement.
  - An accurate accounting of the funds received to date by the Department is maintained and the proceeds are deposited in a segregated account. The Commission has authorized the agency to use the initial sale proceeds to increase additional affordable housing for patients in the community. A funding solicitation will be issued later this year for affordable housing developers to partner with SCDMH to expand housing options for clients across the state.
- Following the September 28, 2016 School shooting in Townville, SC, the Anderson-Oconee-Pickens Community Mental Health Center (AOP), with additional personnel from other SCDMH Upstate community mental health centers, provided crisis counseling and support to the victims, families and school personnel. Following the initial response, AOP continues to provide support for the affected community and the school children and personnel in dealing with the longer term impact of this tragic event.
- SCDMH is actively engaged in year two of its Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI-SC). The \$1.8 Million per year, three-year SAMHSA grant, awarded in late 2015, serves

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individuals who are chronically homeless and have a serious mental illness and has expanded partnerships with a number of organizations, including: Palmetto Health, the University of South Carolina, the United Way of the Midlands, and the South Carolina Interagency Council on Homelessness.

- Palmetto Health is operating an Assertive Community Treatment (ACT) team in Columbia, which provides mental health services to homeless individuals wherever they are, and encourages them to accept available services.
- CABHI-SC is funding five grant-supported positions at Greenville Mental Health Center to expand its existing ACT-Like team to a full fidelity ACT team that will serve an additional 34 chronically homeless patients by the end of the Grant.
- As of April 2017, the two CABHI-SC treatment sites at Palmetto Health and Greenville Mental Health Center are serving a combined total of 40 clients and are committed to serving a total of 109 people by the end of the Grant.
- In addition to funding ACT teams, CABHI-SC also funds four SSI/SSDI Outreach, Access, and Recovery (SOAR) benefits specialists throughout South Carolina. As of March 2017, these specialists have submitted a combined total of 39 applications to connect people with disabilities to SSI/SSDI income supports in order to support their recovery.
- The South Carolina Interagency Council on Homelessness has expanded and includes representation from eight state agencies: DMH, DAODAS, Department of Corrections, Department of Education, HHS, SC Housing, DSS, and DHEC. The Council meets every other month and focuses on achieving better statewide coordination among stakeholders to address homelessness and behavioral health issues.
- SCDMH has received a \$1 Million appropriation to develop crisis stabilization centers in communities.
  - The Charleston community, through a funding partnership comprising local hospitals, the Charleston-Dorchester Community Mental Health Center, law enforcement and others, will open a 10-12 bed center this year.
  - Discussions are ongoing in Spartanburg, Anderson, and Greenville with local community stakeholders, including hospitals, law enforcement, county councils and local alcohol and drug agencies to look at the future development of crisis stabilization centers.
- SCDMH has also entered into agreements with community hospitals to embed mental health professionals to assist EDs in meeting the needs of psychiatric patients. SCDMH currently has this type of partnership in multiple community hospitals, resulting in more than 5,700 dispositions from EDs in FY16.
- The Joint Bond Review Committee and the State Fiscal Accountability Authority gave Phase II approval for a new Santee-Wateree Mental Health Center in June, 2016. The bidding process is complete and the construction contract was awarded in April. Notice to proceed was issued on April 28, the preconstruction conference was held May 4, and the contract completion date is May 2018. The new building will allow the Center to provide comprehensive mental health services under one roof in a state-of-the-art facility. SCDMH is dedicated to supporting and retaining excellent staff.
- Six of DMH’s Nurses were recognized April 22 as Palmetto Gold Nurses. Lakeshia Cannon, RN; Tammy Cleveland, RN, MBA; Michele Dreher, MSN; Sherry S Hall, RN; Mary S Raaf, Nurse Practitioner; and Jonathan Worth, RN, were honored as Registered Nurses who exemplify excellence in nursing practice and commitment to the nursing profession in South Carolina.
- On April 12, Heather Smith received the Victims' Rights Week 2017 Distinguished Humanitarian Award from the SC Victim Assistance Network. Smith, who is a Chief Mental Health Counselor at SCDMH’s Metropolitan Children’s Advocacy Center (formerly known as the Assessment and Resource Center), was nominated by the 11th Circuit Solicitors Office for her “lifelong devotion to treating, supporting, and uplifting survivors of child abuse.”

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- SCDMH has partnered with multiple organizations to coordinate and sponsor training for professionals not only in its own organization, but also associated groups, to share information and best practice updates:
  - In late March, more than 400 professionals participated in the second statewide Cultural and Linguistic Competency Summit, designed to increase professionals' and individuals' capacity to effectively address cultural differences among diverse children and families in South Carolina.
  - On April 27 and 28, nearly 500 professionals attended the 2017 Southeastern School Behavioral Health Conference, the goal of which was Moving Toward Exemplary and High Impact School Behavioral Health.
- Like many healthcare providers, SCDMH is faced with enormous challenges in recruiting and retaining all of the healthcare professionals it needs, including competing with other public and private healthcare providers for a limited supply of psychiatrists, nurses, and counselors. The Department is pursuing a number of new measures to reach prospective employees, including dedicating recruiting staff to attend job fairs, expanding the Department's presence on social media, and placing job announcements in professional publications. The Agency's Human Resources office is also streamlining the hiring process with the goal of significantly shortening the time between receiving job applications and being able to offer positions.

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

- Each of SCDMH's 17 community mental health centers is accredited by CARF International, an independent, nonprofit accreditor of human service providers. In addition, Morris Village Treatment Center, the Agency's inpatient drug and alcohol hospital, is also accredited by CARF International.
- SCDMH's psychiatric hospitals are accredited by The Joint Commission, which aims to improve healthcare by evaluating healthcare providers and inspiring them to excel in the provision of safe, effective care of the highest quality and value.
- Each of SCDMH's four nursing homes is licensed by SCDHEC and certified by CMS. Three of the four nursing homes (516 beds) serve veterans exclusively and are certified by the Department of Veterans Affairs. The Tucker Nursing Care Facilities (Roddey-General Nursing Home and Stone-Veterans Nursing Home) are nationally accredited by The Joint Commission (TJC) and represent two of only 10 Nursing homes in South Carolina with this distinction. \*There are 195 nursing homes in the State of South Carolina.
- SCDMH has more than 800 portals by which citizens can access mental health services, including:
  - a network of 17 outpatient community mental health centers, 43 clinics, multiple psychiatric hospitals, one community nursing care center, and three veterans' nursing homes;
  - more than 30 specialized clinical service sites (SCDMH offices that provide some type of clinical care, but do not offer a full array of services found in a center or clinic);
  - more than 20 South Carolina hospitals with Telepsychiatry services;
  - more than 140 community sites (non-SCDMH entities or businesses where SCDMH staff regularly and routinely provide clinical services), and
  - 540 school-based service program sites.

In December, 2016, an attachment to the South Carolina State Plan for Disaster Response, named SCDMH as the agency responsible for the coordination of state level disaster behavioral health responses. The South Carolina Department of Health and Environmental Control (SCDHEC) is the primary response agency for all health and

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medical services and, until this attachment was added to the State Plan, SCDMH was listed as SCDHEC’s primary support in the provision of behavioral health services during times of emergency. As South Carolina has experienced two major events (the Historic Floods of 2015 and Hurricane Matthew in 2016), SCDMH has operated Crisis Counseling Programs in coordination with the Substance Abuse and Mental Health Services Administration, Federal Emergency Management Association, other state agencies, and non-profit organizations that provide services in times of disasters.

SCDMH is determined to maintain the quality of mental health services South Carolina’s citizens have come to expect. Whether this be continuing clinical services at current levels, expanding when necessary or capitalizing upon technological advances to serve people in rural settings where they have traditionally been less well served than in urban communities, SCDMH will remain positioned to meet the mental health treatment needs of the state’s citizens. The Department demonstrated its ability to quickly return to normal operations despite severe flooding in 2015 and Hurricane Matthew in 2016. It also met the broader needs of the state with outreach efforts to serve both first responders and individuals and communities impacted by those events.

Should SCDMH fail to meet any of its goals or objectives, it would impact the health and wellbeing of South Carolinians in direct proportion to the extent of its shortcomings. If CMHCs or hospitals did not have sufficient staff to continue the current levels of service, the system would remain intact but other entities would experience increased demand for their services such as community hospital emergency departments and local law enforcement agencies. Many individuals in need of treatment who would be unable to access private mental health services primarily concentrated in the state’s urban areas, would suffer along with their families.

These considerations are not currently necessary. The Department continues to set performance measures it hopes to accomplish but is not failing if not reaching each. As evidenced by the following tables listing the Department’s goals, strategies, objectives, and performance measures, SCDMH is continuing to provide efficient and effective services for the people it serves.

Agency Name: Department of Mental Health

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Agency Code: J12 Section: 35

Strategic Planning Template

| Type | Item # |              | Associated Enterprise Objective                | Description   |
|------|--------|--------------|--|---|
|      | Goal   | Strat Object |  |   |
| G    | 1      |              |  | <b>Maintain Clinical Programs at Current Levels</b>   |
| S    |        | 1            |  | <b>Assure resources exist to serve people needing services.</b>   |
| O    |        | 1.1.1        | Healthy and Safe Families                      | Number of people served will increase during FY 2017.   |
| O    |        | 1.1.2        | Healthy and Safe Families                      | Patients and/or their families will be pleased with DMH services.   |
| O    |        | 1.1.3        | Healthy and Safe Families                      | School based service locations will increase during FY.   |
| S    |        | 2            |  | <b>Inpatient Care will be efficient, safe, and effective.</b>   |
| O    |        | 1.2.1        | Public Infrastructure and Economic Development | Department will demonstrate cost-efficiency in the delivery of services.  |
| O    |        | 1.2.2        | Public Infrastructure and Economic Development | Standards of care will be competitive with facilities offering similar types of services.   |
| O    |        | 1.2.3        | Healthy and Safe Families                      | Upon discharge, patients will receive timely follow-up services.  |
| S    |        | 3            |  | <b>People will demonstrate increased levels of competence and independence.</b>   |
| O    |        | 1.3.1        |  | Department will focus services on target populations (severely persistently mentally ill or emotionally disturbed).                   |
| O    |        | 1.3.2        | Education, Training, and Human Development     | Increased percentage of adult patients being gainfully employed.  |
| O    |        | 1.3.3        | Education, Training, and Human Development     | Through TLC and housing programs, patients will find safe, affordable housing in communities.   |
| O    |        | 1.3.4        | Healthy and Safe Families                      | Patients served will demonstrate improvements in psychiatric well-being.  |
| G    | 2      |              |  | <b>Capitalize on Current Technological Advances</b>   |
| S    |        | 1            |  | <b>Decrease hospital Emergency Departments' (EDs) wait times and expenses using Telepsychiatry Services</b>                           |
| O    |        | 2.1.1        | Government and Citizen                         | Demonstrate cost savings for ED patients when telepsychiatry services are available.  |
| O    |        | 2.1.2        | Government and Citizen                         | Demonstrate decreased time patients spend in ED when telepsychiatry is available.   |
| O    |        | 2.1.3        | Government and Citizen                         | Increase the number of hospitals utilizing telepsychiatry annually.   |
| S    |        | 2            |  | <b>Increase physician coverage in rural areas.</b>  |
| O    |        | 2.2.1        | Public Infrastructure and Economic Development | Demonstrate increased physician coverage in rural areas.  |
| S    |        | 3            |  | <b>Use online training to reduce staff time and travel related costs.</b>   |
| O    |        | 2.3.1        | Education, Training, and Human Development     | Demonstrate effectiveness of online training.   |
| O    |        | 2.3.2        | Education, Training, and Human Development     | Maximize use of videoconference equipment to decrease staff time and travel related costs for routine meetings.                       |
| G    | 3      |              |  | <b>SCDMH will be Positioned to Meet an Increased Demand for Services.</b>   |
| S    |        | 1            |  | <b>SCDMH will explain its services to public and elected officials while learning of community needs.</b>                             |
| O    |        | 3.1.1        | Government and Citizen                         | Stake holder meetings will continue across state.   |
| S    |        | 2            |  | <b>Community Mental Health Centers will Increase Efficiency to Meet Demands for Outpatient Services</b>                               |
| O    |        | 3.2.1        | Healthy and Safe Families                      | Increase number of people served in community settings.   |
| O    |        | 3.2.2        | Healthy and Safe Families                      | CMHCs will determine that people have opportunities for services within a reasonable time.  |
| O    |        | 3.2.3        | Healthy and Safe Families                      | Demonstrate increased efficiency in needed services.  |
| O    |        | 3.2.4        | Government and Citizen                         | CMHCs will maintain use of telepsychiatry.  |
| S    |        | 3            |  | <b>SCDMH will meet need for forensic services.</b>  |
| O    |        | 3.3.1        | Government and Citizen                         | Forensic admissions will increase to meet need of communities.  |
| G    | 4      |              |  | <b>SCDMH will be Prepared to Respond to Emergencies</b>   |
| S    |        | 1            |  | <b>SCDMH will meet federal and state expectations for emergency preparedness and response</b>   |
| O    |        | 4.1.1        | Maintaining Safety, Integrity and Security     | Community Mental Health Centers will meet expectations of regulatory requirements for emergency preparedness.                         |
| O    |        | 4.1.2        | Maintaining Safety, Integrity and Security     | SCDMH will have sufficient staff trained and available to assist in state and county emergency operations centers during emergencies. |

Agency Name: Department of Mental Health

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Agency Code: J12 Section: 035

Performance Measurement Template

| Item | Performance Measure  | Last Value                     | Current Target Value | Current Value                  | Future Target Value | Time Applicable | Data Source and Availability   | Calculation Method                  | Associated Objective(s) | Meaningful Use of Measure  |
|------|--|--------------------------------|----------------------|--------------------------------|---------------------|-----------------|--|-------------------------------------|-------------------------|--|
| 1    | SCDMH serves Children in need of services.   | 27,762                         | 27,762               | 26,335                         | 27,000              | July 1-June 30  | Central Office Information Technology (IT) Department                              | Scanned and Tabulated               | 1.1.1, 1.3.1            | Assure that SCDMH is meeting needs of citizens.  |
| 2    | Clients seen at each center will meet the appointment timeframes as determined by need (emergency, urgent, or routine) | 94%                            | 90%                  | 96%                            | 90%                 | July 1-June 31  | July 1-June 32   | Calculated using reporting software | 3.2.2                   | Assure citizens are receiving services within reasonable timeframes.                                 |
| 3    | Hours of billed services in outpatient settings.   | 985,334                        | 985,334              | 920,836                        | 900,000             | July 1-June 31  | July 1-June 32   | Calculated using reporting software | 3.2.3                   | Assure reasonable productivity of staff.   |
| 4    | Employees will receive appropriate training related to strategic goals.  | 4,350                          | 4,250                | 4,550                          | 4,250               | July 1-June 30  | SCDMH Training Database  | Calculated using reporting software | 2.3.1                   | Demonstrate effectiveness of online training.  |
| 5    | Percentage of SCDMH patients employed.   | 11.50%                         | 12%                  | 14%                            | 12%                 | July 1-June 30  | Central Office IT Department   | Calculated using reporting software | 1.3.2                   | Assisting patients gain meaningful employment is an asset to wellness.                               |
| 6    | Percentage of patients in employment program being competitively employed (US benchmark 45%).                          | 62%                            | 50%                  | 56%                            | 50%                 | July 1-June 30  | Central Office IT Department   | Calculated using reporting software | 1.3.2                   | Assisting patients gain meaningful employment is an asset to wellness.                               |
| 7    | Life expectancy in Roddy Pavillion, a skilled nursing facility . (US benchmark 1.2 years).                             | 9                              | 3                    |                                | 3                   | July 1-June 30  | Division of Inpatient Services (DIS)   | Calculated using reporting software | 1.2.2                   | Assure health and safety of patients in SCDMH care.  |
| 8    | Life expectancy in Stone Pavillion, a skilled nursing facilities. (US benchmark 1.2 years).                            | 3                              | 3                    |                                | 3                   | July 1-June 31  | Division of Inpatient Services (DIS)   | Calculated using reporting software | 1.2.2                   | Assure health and safety of patients in SCDMH care.  |
| 9    | Hospital restraint rate based upon 1,000 inpatient hours (US average .62 hours)  | 0.08                           | >0.1                 | 0.06                           | >0.1                | July 1-June 30  | DIS  | Calculated using reporting software | 1.2.2                   | Standards of care will meet or exceed those of similar healthcare providers.                         |
| 10   | Hospital seclusion rate based upon 1,000 inpatient hours (US average .49 hours)  | 0.12                           | >0.15                | 0.19                           | >0.15               | July 1-June 30  | DIS  | Calculated using reporting software | 1.2.2                   | Standards of care will meet or exceed those of similar healthcare providers.                         |
| 11   | Days between inpatient discharge and outpatient appointment.   | Data unavailable at this time. | ≥7 days              | Median = 5 days                | 7 days or less.     | July 1-June 30  | Outpatient Electronic Medical Record (EMR) and DIS Practice Management (PM) System | Calculated using reporting software | 1.2.3                   | Appropriate care will be provided within reasonable time to assure continuity of care.               |
| 12   | Thirty-day hospital readmission rate.  | 5.97%                          | 5.00%                | 0.28%                          | >5%                 | July 1-June 30  | PM   | Calculated using reporting software | 1.2.3, 3.2.2            | Patients will be appropriate for discharge and receive reasonable timeframes for follow-up services. |
| 13   | Percentage of adults expressing satisfaction with services received. (US average 88%).                                 | 89%                            | 88%                  | Data unavailable at this time. | 88%                 | July 1-June 30  | Agency Survey Completed Annually   | Forms scanned and tabulated         | 1.1.2, 1.3.4            | Assess patient satisfaction with SCDMH services.   |
| 14   | Percentage of youths expressing satisfaction with services received. (No US average available).                        | 86%                            | 85%                  | Data unavailable at this time. | 85%                 | July 1-June 30  | Agency Survey Completed Annually   | Forms scanned and tabulated         | 1.1.2, 1.3.4            | Assess patient satisfaction with SCDMH services.   |

|    |  |             |             |                                |                        |                         |  |   |                     |   |
|----|--|-------------|-------------|--------------------------------|------------------------|-------------------------|--|---|---------------------|---|
| 15 | Families of Youths satisfied with services (US average 86%).   | 88%         | 86%         | Data unavailable at this time. | 86%                    | July 1-June 30          | Agency Survey Completed Annually                 | Forms scanned and tabulated             | 1.1.2, 1.3.4        | Assess satisfaction of family members of patients with SCDMH services.                        |
| 16 | Number of people served in outpatient settings.  | 82,241      | 82,000      | 82,560                         | 82,000                 | July 1-June 30          | Outpatient EMR and DIS PM System                 | Total clients >18 served by Department  | 1.1.1, 3.2.1        | Satisfactory services are available to people needing SCDMH services.                         |
| 17 | Number of new cases (during FY2015) in community mental health centers.  | 42,490      | 42,000      | 42,470                         | 42,000                 | July 1-June 30          | Outpatient EMR and DIS PM System                 | Total Clients < 18 served by Department | 1.1.1, 3.2.1        | Satisfactory services are available to people needing SCDMH services.                         |
| 18 | ED patients awaiting mental health beds Monday mornings.   | 1853        | >2000       | 2111                           | >2000                  | July 1-June 30          | Central Office IT Department                     | Calculated using reporting software     | 1.1.1, 2.1.3        | Determine effect of SCDMH efforts to better serve people in need of services.                 |
| 19 | ED patients waiting longer than 24 hours for mental health beds Monday mornings.                                 | 1432        | >1500       | 1566                           | >1500                  | July 1-June 30          | Central Office IT Department                     | Calculated using reporting software     | 1.1.1, 2.1.3        | Determine effect of SCDMH efforts to better serve people in need of services.                 |
| 20 | SCDMH hospital admissions.   | 676         | 675         | 700                            | >700                   | July 1-June 30          | Inpatient PM System                              | Total Admissions to inpatient hospitals | 1.1.1, 1.1.2        | Monitor need for inpatient facilities and possible need to explore reasons for same.          |
| 21 | Number of SCDMH staff training programs available by computer.   | 201         | 205         | 201                            | <200                   | July 1-June 30          | SCDMH Training Database                          | Calculated using reporting software     | 2.3.1               | Demonstrate effectiveness of online training.   |
| 22 | Number of hospital Eds participating in telepsychiatry program.  | 23          | 23          | 23                             | 23                     | January 1 - December 31 | Telepsychiatry Department                        | Count                                   | 2.1.3               | Assure innovative services are available to meet needs of people in community settings.       |
| 23 | Schools offering SCDMH counseling services.  | 519         | 520         | 540                            | <550                   | July 1-June 30          | School Based Services Coordinator                | Count                                   | 1.1.1, 1.1.2, 1.1.3 | Determine effect of SCDMH efforts to better serve people in need of services.                 |
| 24 | Division of Inpatient Services Bed Days  | 529,909     | 527,250     | 529,909                        | 520,000                | July 1-June 30          | Central Office IT Department/Inpatient PM System | Calculated using reporting software     | 1.1.1               | Monitor need for inpatient facilities and possible need to explore reasons for same.          |
| 25 | Forensic Admissions  | 220         | 220         | 241                            | 220                    | July 1-June 30          | Central Office IT Department/Inpatient PM System | Calculated using reporting software     | 3.3.1               | Monitor need for inpatient facilities and possible need to explore reasons for same.          |
| 26 | Number of CMHCs providing services via telepsychiatry.   | 8           | 8           | 13                             | 15                     | July 1-June 30          | Telepsychiatry Department                        | Count                                   | 3.2.4               | Assure innovative services are available to meet needs of people in community settings.       |
| 27 | Community Mental Health Centers will meet CARF surveyor expectations for emergency preparedness.                 | New Measure | New Measure | New Measure                    | 100% of CMHCs Surveyed | July 1-June 30          | Quality Assurance                                | Average of CMHCs Surveyed.              | 4.1.1               | Assure SCDMH is able to provide timely services to citizens during emergencies and disasters. |
| 28 | During emergency events and drills appropriate for SCDMH participation, will staff Emergency Operations Centers. | New Measure | New Measure | New Measure                    | 100%                   | July 1-June 30          | Disaster Response Staff                          | Average of EOCs Activated               | 4.1.2               | Assure SCDMH is able to provide timely services to citizens during emergencies and disasters. |

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NOTE: DMH restructured its FY18 Appropriations Act effective July 1, 2017. SCDMH has been advised by the Executive Budget Office to use the FY17 Act for reporting FY17 actuals and the FY18 Act for the FY18 projections.

**Agency Name:** Department of Mental Health

**Fiscal Year 2017-18  
Accountability Report**

**Agency Code:** J12 **Section:** 035

**Program Template**

| Program/Title                                  | Purpose   | FY 2015-16 Expenditures (Actual) |               |               |                | FY 2016-17 Expenditures (Projected) |               |               |                | Associated Objective(s)   |
|--|---|----------------------------------|---------------|---------------|----------------|-------------------------------------|---------------|---------------|----------------|---|
|  |   | General                          | Other         | Federal       | TOTAL          | General                             | Other         | Federal       | TOTAL          |   |
| I. General Administration                      | Primarily provides for long-range planning, performance and clinical standards, evaluation and quality assurance, personnel management, communications, information resource management, legal counsel, financial, and procurement. | \$ 3,802,375                     | \$ 109,366    | \$ -          | \$ 3,911,741   | \$ 3,757,249                        | \$ 333,985    | \$ -          | \$ 4,091,234   | 1.3.1, 2.3.1, 2.3.2, 3.1.1  |
| II.A. Community Mental Health Centers          | Services delivered from the 17 community mental health centers and 43 mental health clinics that include: evaluation, assessment, and intake of consumers; short-term outpatient treatment; and continuing support services.        | \$ 64,175,591                    | \$ 64,432,665 | \$ 14,559,875 | \$ 143,168,130 | \$ 64,500,143                       | \$ 70,835,259 | \$ 12,375,868 | \$ 147,711,269 | 1.1.1, 1.1.2, 1.1.3, 1.3.1, 1.3.2, 1.3.3, 1.3.4, 2.2.1, 3.2.1, 3.2.2, 3.3.3 |
| II.B. Inpatient Behavioral Health              | Services delivered in a hospital setting for adult and child consumers whose conditions are too severe to be treated in the community.  | \$ 48,190,331                    | \$ 45,514,783 | \$ -          | \$ 93,705,114  | N/A                                 | N/A           | N/A           | N/A            | 1.1.1, 1.2.2, 2.1.1, 2.3.1, 2.3.2   |
| II.C. Tucker/Dowdy-Gardner Nursing Care Center | Residential care for individuals whose medical conditions are persistently fragile enough to require long-term nursing care.  | \$ 4,874,517                     | \$ 13,415,470 | \$ -          | \$ 18,289,987  | N/A                                 | N/A           | N/A           | N/A            | 1.2.2   |
| II.D. Support Services                         | Nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services  | \$ 23,645,688                    | \$ 2,474,581  | \$ -          | \$ 26,120,269  | N/A                                 | N/A           | N/A           | N/A            | 1.2.1, 1.2.2, 1.2.3, 3.2.1, 3.2.2   |
| II.E. Veterans Services                        | Residential nursing care for veterans.  | \$ 18,070,109                    | \$ 25,927,915 | \$ -          | \$ 43,998,024  | N/A                                 | N/A           | N/A           | N/A            | 1.1.1, 1.1.2, 1.2.1, 1.2.2  |
| II.F. Sexual Predator Treatment Program        | Treatment for civilly-committed individuals found by the courts to be sexually violent predators. Mandated by the Sexually Violent Predator Act, Section 44-48-10 et al.  | \$ 14,518,772                    | \$ -          | \$ -          | \$ 14,518,772  | N/A                                 | N/A           | N/A           | N/A            | 1.1.1, 1.2.1, 1.2.2   |



| Agency Name: |                          | Department of Mental Health |             | Fiscal Year 2017-18<br>Accountability Report   |  |   |  |
|--------------|--------------------------|-----------------------------|-------------|--|--|---|--|
| Agency Code: |                          | J12                         | Section:    | 035  | Legal Standards Template   |   |  |
| Item #       | Law Number               | Jurisdiction                | Type of Law | Statutory Requirement and/or Authority Granted   | Does this law specify who (customer) the agency must or may serve? (Y/N) | Does the law specify a deliverable (product or service) the agency must or may provide? (Y/N) |  |
| 1            | SECTION 44-9-10.         | State                       | State       | SCDMH creation and authority over State's mental hospitals, clinics (community mental health centers) for mental health and alcohol and drug treatment, including the authority to name each facility. | Yes  | Yes   |  |
| 2            | SECTION 44-9-30.         | State                       | Statute     | Creation of South Carolina Mental Health Commission and its authority  | No   | No  |  |
| 3            | SECTION 44-9-40.         | State                       | Statute     | Appointment of the State Director of Mental Health and powers, duties and qualifications.  | No   | No  |  |
| 4            | SECTION 44-9-50.         | State                       | Statute     | Divisions of SCDMH as authorized by State Director and Commission.   | Yes  | Yes   |  |
| 5            | SECTION 44-9-60.         | State                       | Statute     | Appointment of directors of hospitals; employment of personnel.  | No   | No  |  |
| 6            | SECTION 44-9-70.         | State                       | Statute     | Administration of Federal funds; development of mental health clinics.   | No   | No  |  |
| 7            | SECTION 44-9-80.         | State                       | Statute     | Utilization of Federal funds provided to improve services to patients.   | Yes  | No  |  |
| 8            | SECTION 44-9-90 and 100. | State                       | Statute     | Powers and duties of Mental Health Commission.   | Yes  | Yes   |  |
| 9            | SECTION 44-9-110.        | State                       | Statute     | Authority of the Commission to accept gifts and grants on behalf of SCDMH  | No   | No  |  |
| 10           | SECTION 44-9-120.        | State                       | Statute     | Annual report of Commission to Governor  | No   | No  |  |
| 11           | SECTION 44-11-10.        | State                       | Statute     | SCDMH Inpatient and Outpatient Facilities to be maintained and purposes  | Yes  | Yes   |  |
| 12           | SECTION 44-11-30.        | State                       | Statute     | Establishment, purpose and admission requirements of SCDMH South Carolina Veterans Homes.  | Yes  | Yes   |  |
| 13           | SECTION 44-11-60.        | State                       | Statute     | Establishment of mental health clinics/centers   | No   | Yes   |  |
| 14           | SECTION 44-11-70.        | State                       | Statute     | Appointment and powers of SCDMH inpatient facility Public Safety officers.   | No   | No  |  |
| 15           | SECTION 44-11-75.        | State                       | Statute     | Entering or refusing to leave state mental health facility following warning or request; penalty.  | No   | No  |  |
| 16           | SECTION 44-11-110.       | State                       | Statute     | Commission and Attorney General approval of easements and rights of way on SCDMH grounds   | No   | No  |  |

|    |                            |       |         |  |     |     |
|----|----------------------------|-------|---------|--|-----|-----|
| 17 | SECTION 44-13-05.          | State | Statute | Authority for law enforcement to take individual who appears to be mentally and posing a risk of harm into protective custody. | Yes | Yes |
| 18 | SECTION 44-13-10.          | State | Statute | Detention and care of individual by county pending removal to SCDMH inpatient facility.  | Yes | Yes |
| 19 | SECTION 44-13-20.          | State | Statute | Admission of resident ordered committed by foreign court.  | Yes | Yes |
| 20 | SECTION 44-13-30.          | State | Statute | Removal of patient who is not a citizen of this State.   | Yes | Yes |
| 21 | SECTION 44-13-40.          | State | Statute | Removal of alien patient.  | Yes | Yes |
| 22 | SECTION 44-13-50.          | State | Statute | Return of patient to out-of-State mental health facility.  | Yes | Yes |
| 23 | SECTION 44-13-60.          | State | Statute | Transfer of custody of infirm or harmless patient to custodian, guardian or county.  | Yes | Yes |
| 24 | SECTION 44-15-10.          | State | Statute | Establishment of local mental health programs and clinics/centers  | Yes | Yes |
| 25 | SECTION 44-15-20.          | State | Statute | Mental health center Services for which funds may be granted.  | Yes | Yes |
| 26 | SECTION 44-15-30.          | State | Statute | Applications for mental health center funds .  | No  | No  |
| 27 | SECTION 44-15-40.          | State | Statute | Allocation of mental health center funds and review of expenditures.   | No  | Yes |
| 28 | SECTION 44-15-50.          | State | Statute | Grants for mental health center services.  | No  | No  |
| 29 | SECTION 44-15-60.          | State | Statute | Establishment and membership of community mental health center boards.   | No  | No  |
| 30 | SECTION 44-15-70.          | State | Statute | Powers and duties of community mental health center boards   | Yes | Yes |
| 31 | SECTION 44-15-80.          | State | Statute | Powers and duties of SCDMH related to mental health centers  | Yes | Yes |
| 32 | SECTION 44-15-90.          | State | Statute | Mental health center unexpended appropriations.  | No  | No  |
| 33 | Section 44-17-10, et. seq. | State | Statute | Care and Commitment of Mentally Ill Persons  | Yes | Yes |
| 34 | SECTION 44-22-20.          | State | Statute | Patients right to writ of habeas corpus.   | No  | No  |
| 35 | SECTION 44-22-30.          | State | Statute | Involuntary Patients right to counsel  | Yes | No  |
| 36 | SECTION 44-22-40.          | State | Statute | Consent to treatment   | Yes | Yes |
| 37 | SECTION 44-22-50.          | State | Statute | Treatment suited to needs; least restrictive care and treatment.   | Yes | Yes |
| 38 | SECTION 44-22-60.          | State | Statute | Explanation of rights with regard to admission to inpatient facility; individualized treatment plan.                           | Yes | Yes |
| 39 | SECTION 44-22-70.          | State | Statute | Assessment, individualized treatment plan; discharge plan; notice of discharge.  | Yes | Yes |

|    |                    |       |         |  |     |     |
|----|--------------------|-------|---------|--|-----|-----|
| 40 | SECTION 44-22-80.  | State | Statute | Patients' rights.  | Yes | no  |
| 41 | SECTION 44-22-90.  | State | Statute | Communications with mental health professionals privileged; exceptions.                            | Yes | Yes |
| 42 | SECTION 44-22-100. | State | Statute | Confidentiality of records; exceptions; violations and penalties.                                  | Yes | Yes |
| 43 | SECTION 44-22-110. | State | Statute | Access to medical records; appeal of denial of access.   | Yes | Yes |
| 44 | SECTION 44-22-120. | State | Statute | Patients' rights communication, personal belongings and effects, clothing, religious practice etc. | Yes | Yes |
| 45 | SECTION 44-22-130. | State | Statute | Physical exam of involuntary inpatient to rule out physical conditions mimicking mental illness.   | Yes | Yes |
| 46 | SECTION 44-22-140. | State | Statute | Authorization and responsibility for treatment, medication and qualified right to refuse.          | Yes | Yes |
| 47 | SECTION 44-22-150. | State | Statute | Patient Restraint; seclusion; physical coercion.   | Yes | Yes |
| 48 | SECTION 44-22-160. | State | Statute | Employment within inpatient facility; compensation; right to refuse nontherapeutic employment.     | Yes | Yes |
| 49 | SECTION 44-22-170. | State | Statute | Education of school-aged patients .  | Yes | Yes |
| 50 | SECTION 44-22-180. | State | Statute | Exercise and exercise facilities; patient ight to go outdoors.                                     | Yes | Yes |
| 51 | SECTION 44-22-190. | State | Statute | DEW and VR assist SCDMH to find employment for mentally disabled                                   | Yes | Yes |
| 52 | SECTION 44-22-200. | State | Statute | Movement of patients; court approval required for move to more restrictive setting.                | Yes | Yes |
| 53 | SECTION 44-22-210. | State | Statute | Patient Temporary leaves of absence.   | Yes | Yes |
| 54 | SECTION 44-22-220. | State | Statute | Grievances concerning patient rights; penalties for denial of patient rights.                      | Yes | Yes |
| 55 | SECTION 44-23-40.  | State | Statute | Appeal to court from rules and regulations adopted by SCDMH  | Yes | No  |
| 56 | SECTION 44-23-210. | State | Statute | Transfer of confined persons to or between SCDMH and DDSN  | Yes | Yes |
| 57 | SECTION 44-23-220. | State | Statute | Inpatient admission of persons in jail.  | Yes | Yes |
| 58 | SECTION 44-23-240. | State | Statute | Criminal liability of anyone causing unwarranted confinement.                                      | No  | No  |
| 59 | SECTION 44-23-410. | State | Statute | Determining fitness/capacity to stand trial  | Yes | Yes |
| 60 | SECTION 44-23-420. | State | Statute | Fitness to stand trial examiner's report.  | Yes | Yes |
| 61 | SECTION 44-23-430. | State | Statute | Hearing on fitness capacity to stand trial; effect of outcome.                                     | Yes | Yes |
| 62 | SECTION 44-23-450. | State | Statute | Reexamination of finding of unfitness.   | Yes | Yes |



Agency Name: Department of Mental Health

Fiscal Year 2017-18  
Accountability Report

Agency Code: J12 Section: 35

Customer Template

| Divisions or Major Programs      | Description  | Service/Product Provided to Customers   | Customer Segments <i>Specify only for the following Segments: (1) Industry; Name; (2) Professional Organization; Name; (3) Public; Demographics.</i>   |
|----------------------------------|--|---|--|
| Community Mental Health Centers  | Approximately 80,000 adult citizens of South Carolina with mental illness. This number includes forensic services mentioned below. | The Department of Mental Health primarily serves adults with chronic, severe mental illness. While the Department does treat patients with less serious disorders, those suffering the most difficult severe remains its priority.  | General Public<br><br>3) People 18 years of age or older. No income requirements.  |
| Community Mental Health Centers  | Approximately 30,000 Children and Adolescents of South Carolina and their families.  | The Department of Mental Health primarily serves children and adolescents with major mental illness or severe emotional disorders and their families.   | General Public<br><br>3) Children and adolescents (and their families) from birth through age 17. No income requirements.  |
| Department of Inpatient Services | Citizens in need of forensic services.   | This includes criminal defendants who require psychiatric evaluations to determine whether they are mentally able to assist in their own defense when charged with a crime in South Carolina. The Department of Mental Health also serves patients found Not Guilty by Reason of Insanity.  | Judicial Branch<br><br>The Department's forensic services are available for any adult (18 years of age or older) in the south Carolina judicial services that requires a mental health evaluation or treatment.    |
| Inpatient Psychiatric            | Persons requiring substance abuse treatment services.  | The Department of Mental Health operates a treatment facility with approximately 100 beds. Morris Village Treatment Center, the Agency's inpatient drug and alcohol treatment facility, is licensed by the South Carolina Department of Health and Environmental Control (DHEC) and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services. | General Public<br><br>3) All South Carolina residents aged 18 or older. All patients must be diagnosed with a substance abuse disorder.  |
| Veterans                         | Veterans in need of skilled nursing care.  | The Department of Mental Health is licensed for 530 beds in three locations across South Carolina to serve those who have served their country. These homes are in Walterboro, Columbia, and Anderson and are certified by the Department of Veterans Affairs.  | General Public<br><br>3) Any person residing in South Carolina for at least one year who has received a general discharge or an honorable discharge from military service and who requires long term nursing care. |



**Agency Name:****Department of Mental Health****Fiscal Year 2017-18  
Accountability Report****Agency Code:****J12****Section:****035****Partner Template**

| Name of Partner Entity                              | Type of Partner Entity     | Description of Partnership  | Associated Objective(s) |
|---|----------------------------|---|-------------------------|
| University of South Carolina School of Medicine     | Higher Education Institute | SCDMH has contracts with the University of South Carolina School of Medicine, Department of Neuropsychiatry and Behavioral Science. DMH provides clinical rotation for 1st, 2nd, 3rd and 4th year medical students from the School of Medicine. The medical students are assigned DMH physician preceptors and rotate through the centers and facilities. There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psych) that rotate through SCDMH centers and facilities                                |                         |
| Medical University of South Carolina (MUSC)         | Higher Education Institute | Residents receive educational experiences and supervision through scheduled rotations community setting. Medical Students and Physician Assistant students rotate regularly though Charleston Dorchester Mental Health Center (CDMHC) throughout the academic year. CDMHC is involved with a learning collaborative between Mental Health, the Crime Victim's Center at MUSC and the Dee Norton Lowcountry Children's Center. Contracts with MUSC to provide forensic evaluation of adult criminal defendants in a dozen counties in the low-country of South Carolina. |                         |
| Department of Alcohol and Other Drug Abuse Services | State Government           | 1. "No Wrong Door" initiative.<br>2. Morris Village Alcohol & Drug Addiction Treatment Center   |                         |
| Department of Corrections                           | State Government           | Corrections provides secure residential setting for SCDMH to provide treatment services to people who have served their sentence for sexual offense but still deemed to be a danger to society and who are civilly committed to DMH for sex offender treatment.   |                         |

|  |                  |  |  |
|--|------------------|--|--|
| Disabilities and Special Needs                 | State Government | The SCDMH/DDSN relationship is a collaboration to ensure services, treatment, and where applicable, appropriate housing for patients with a dual diagnosis (mental health and intellectual disabilities). Disabilities and Special Needs, with SCDMH support, operates two group homes serving people whom are patients of both agencies. One is specifically designed for people who would otherwise be in an inpatient forensic setting. |  |
| Department of Education                        | State Government | Identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. SCDMH often places staff onsite through its school-based services program.  |  |
| Emergency Management Division                  | State Government | Provides staff to assist in emergency preparedness and recovery efforts in communities affected by disasters.  |  |
| Department of Health and Environmental Control | State Government | Licenses Mental Health inpatient facilities. Serves as primary agency for state emergencies in Health and Medical Emergency Support Functions with Mental Health serving as chief support for mental health services.  |  |
| Department of Health & Human Services (HHS)    | State Government | SCDMH serves approximately 50,000 Medicaid eligible clients per year and, other than State appropriations, Medicaid is the Department's largest single payer source. HHS is the State Agency responsible for the administration of the Medicaid program and, therefore, the relationship between HHS and DMH is critical to our agency's mission and those 50,000 clients we serve who are also covered by Medicaid.                       |  |
| Department of Juvenile Justice (DJJ)           | State Government | SCDMH has a memorandum of agreement with DJJ to assist with transfers of juveniles with mental health needs to the care of SCDMH for treatment. We have four community mental health centers with staff located in county DJJ county offices. An additional staff is placed at the DJJ Broad River Road Correctional Facility.   |  |





