State of South Carolina
Department of Mental Health

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Mark Binkley
Interim State Director

July 31, 2019

The Honorable John Taliaferro (Jay) West, Subcommittee Chair
South Carolina House of Representatives
Legislative Oversight Committee
Healthcare and Regulatory Subcommittee
Post Office Box 11867
Columbia, South Carolina 29211

Re: February 7, 2019 Letter

Dear Chairman West:

Thank you for your letter of February 7, 2019 transmitting a number of requests for information following the February 5, 2019 Subcommittee hearing.

Attached is the Department's response to those requests. Please let me know if you or other members have any questions about the information provided.

Sincerely,

Mark W. Binkley, JD
Interim State Director of Mental Health

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Answers to Questions from February 7, 2019 Letter of Subcommittee
South Carolina House of Representatives
Legislative Oversight Committee
Healthcare and Regulatory Subcommittee

Governing Body

- **Is the agency aware of efforts by the Governor's office to fill the three vacancies on the Mental Health Commission? If so, what is the status of those efforts?**

The status of the Mental Health Commission is reflected in the Table, below. One vacancy was filled with the confirmation on March 21, 2019 by the Senate of Mr. Gregory Pearce to fill the District 2 vacancy.

The Governor also re-nominated Alison Y. Evans, Psy.D. on February 28, 2019 to continue to represent the District 7 position. She was confirmed by the Senate on April 10, 2019.

Please note that the Statute does authorize Commission members whose terms expire to continue to serve on the Mental Health Commission pending the nomination and confirmation of a replacement.

> **SECTION 44-9-30.** Creation of South Carolina Mental Health Commission; appointment and terms of members; removal; duties; expenses. ……
> (B) The members serve for terms of five years **and until their successors are appointed and qualify. …**

However, in the case of the three current vacancies – District 1, District 4 and District 5 – each of the previous members resigned. Dr. Everard Rutledge, who represented District 1, gave a resignation effective following the December 8, 2017 meeting of the Commission. Beverly Cardwell, who represented District 5, gave a resignation effective following the March 2, 2018 meeting of the Commission. Sharon Wilson, who represented District 4, gave a resignation effective following the July 11, 2019 meeting of the Commission.

SOUTH CAROLINA MENTAL HEALTH COMMISSION

Revised: 3/21/2019

Congressional District	Name & First Meeting	Appt/ReAppt	Senate Conf	Term
1	Currently Vacant* **formerly Rod Rutledge Resigned 12/8/2017*			3/21/19-3/21/24
2	Llewellyn Gregory Pearce, Jr.	2/6/2019	3/21/2019	3/21/17-3/21/22

3	Bob Hiott; July, 2015	4/30/15; 2/1/16	6/16/15; 4/6/16	3/21/16-3/21/21
4	Currently Vacant* **Formerly Sharon Wilson*; *Resigned effective July 12, 2019*			3/21/12-3//21/17
5	Currently Vacant* **Formerly Beverly Cardwell Resigned 3/2/2018*			7/31/13-7/31/18
6	Louise Haynes; May, 2016	5/19/15	4/6/16	3/14/13-3/14/18 *Currently holding over*
7	Alison Y. Evans; May, 2004?	4/30/04; 5/14/09 4/7/15; 2/28/2019	4/10/19	7/31/13-7/31/18

- **What is the Commission's process for regularly reviewing agency policies that govern the operation of DMH?**

The Department's authorized and mandated services are set forth in State law. A variety of other State laws and regulations common to all State agencies govern a significant number of other aspects of the day-to-day operations of the agency, including employment of staff, leave and disciplinary policies, compensation and classification of employees, purchasing of supplies, contracting for services, financial accounting requirements, the recording of expenditures, deposit and withdrawal of funds, the purchasing or leasing of real property, selling real property, and undertaking expenditures for the construction or improvement of buildings. The operation of the Department's licensed hospitals and nursing homes are additionally governed by a multitude of laws and regulations specific to those regulated facilities.

Most of the operational policies of the Department are developed to maintain compliance with laws, regulations or State requirements, and consequently are not reviewed by the Commission.

As set forth in Section 44-9-40, *S.C. Code Ann.*, the Commission hires and supervises a Director to direct the day-to-day operations of the organization.

Per the Commission's Bylaws:

> **Section 6. Chief Executive Officer**. The Chief Executive of the South Carolina Department of Mental Health is the Director of the Department of Mental

Health. The Director is appointed pursuant to Section 44-9-40 of the Code of Laws of South Carolina, 1976, as amended. The Director must be a person of proven executive and administrative ability with appropriate education and substantial experience in the field of mental illness treatment. The Director shall have such powers and duties as are provided by statute and as are directed by the South Carolina Mental Health Commission. The Director shall meet with the Commission and act as Executive Secretary. The Director may not vote, nor make a motion. The Director can discuss and make suggestions to the Commission for its information, where indicated, in its deliberations. The Director shall act for and on behalf of the Commission in reviewing and deciding appeals processed through the Department's grievance procedures. The Director shall assist the Commission in formulating policies and shall prepare for, present to, and review with the Commission at least the following items:

(a) long and short term plans, including a written plan for obtaining financial resources that is consonant with the Department's goals and objectives;
(b) reports on the nature and extent of funding and other available resources;
(c) reports describing the Department's operations;
(d) evaluation reports dealing with the efficiency and effectiveness of the various operations of the Department;
(e) budgets and financial statements;
(f) a written statement of the Department's goals and objectives and a plan for implementing those goals and objectives.

Paragraphs (a) through (f), above, describe the primary means by which the Commission exercises governance of the Department, through the State Director.

Paragraph (a) – seeking financial resources to enable the agency to fulfill its goals and objectives – is evidenced by the annual process the Department utilizes for preparing its annual budget request to the Governor and the General Assembly. The State Director and Senior Management of the Department develop, and the Commission reviews and approves the Department’s request.

The FY 2020 Budget Request for SCDMH reflects the additional financial resources requested of the South Carolina General Assembly as a part of efforts to either supplement, increase, or initiate strategically significant activities as identified by SCDMH Senior Management and the South Carolina Mental Health Commission that further the mission of SCDMH: to support the recovery of people with mental illnesses.

Summary of SCDMH FY2020 Budget Request			
Priority	*Request Type*	*Request Title*	*State Funding*
1	Capital	Certification of State Match (VA Nursing Homes)	$ 37,065,450
2	Recurring	Crisis Stabilization Units	1,000,000
3	Recurring	Improving Local Access	1,000,000
4	Recurring	Sexually Violent Predator Treatment Program	481,974
5	Recurring	Contractual Adjustment - Inpatient Services	1,334,424
6	Recurring	School Mental Health Services	1,250,000
7	Recurring	Psychiatric Medical Services	1,394,000
8	Recurring	First Episode Psychosis (FEP) Program	600,000
9	Recurring	Additional Community Supportive Housing	2,400,000
10	Recurring	Information Technology	2,600,000
11	Recurring	DMH Crime Victims Counseling Support	1,750,000
12	Non-Recurring	Community Mental Health Services - Outpatient EHR	4,500,000
13	Capital	Suicide Prevention - Ligature Resistant Fixtures	1,252,786
14	Capital	Catawba Mental Health Center Construction	12,430,000
15	Capital	AOP Mental Health Center Construction	12,430,000
16	Capital	NE Campus Electrical Distribution System Renovations	3,600,000
17	Capital	Community Buildings Deferred Maintenance	3,000,000
18	Capital	Columbia Area MHC Phase III Construction	4,000,000
19	Capital	Campbell Veterans Nursing Home Renovations	3,940,000
20	Capital	Roddey Pavilion Renovations (Flooring, Laundry)	2,000,000
21	Recurring	Increase in Federal Authorization	3,100,000
22	Recurring	Long Term Care Division	250,000
23	Recurring	Funds for Appointed Counsel in Civil Commitment Proceedings	800,000

Other examples include:

- The Commission meets monthly and receives reports regarding the financial status of the agency and information regarding the operation of the Department's various programs;
- One standing report which is part of the monthly Commission meeting Agenda is a financial report covering the current fiscal year-to-date, showing both actual revenue and expenditures as well as projected revenue and expenditures, and providing a comparison with the prior fiscal year;
- Reports about the performance of the agency's inpatient facilities are presented to the Commission on a quarterly basis;
- Reports about the performance of the agency's community mental health centers are presented monthly;
- As reflected in the Minutes of the Commission's meetings, various other reports about aspects of the Department's operations are regularly presented;
- The State Director's EPMS reflects the Commission's written goals and objectives for the Director and, by extension, the Commission's goals and objectives for the Department. The State Director is expected to ensure that his goals/objectives cascade into each of the Deputy Director's goals, and from there to the center/facility director goals, so as to create a tiered system of alignment.

- **What is the Commission's process for regularly reviewing regulations governing the operation of DMH?**

  The Department has only four (4) regulations [South Carolina Code of State Regulations; 87-1 through 87-4], addressing:

  1. The qualifications of individuals in order to serve as non-physician Designated Examiners in civil involuntary commitment proceedings;
  2. Parking rules and enforcement;
  3. Forms used in involuntary civil commitment proceedings; and
  4. Obtaining public information maintained by the Department.

  Given that the topics of the regulations address purely operational matters, rather than matters involving policy, the Commission would only review regulations if or when staff were proposing a new regulation or a change to an existing regulation.

Investigations

- **Please provide a list of complaints involving DMH clients or facilities, investigated by the agency or other investigating body, over the past seven years. Specifically include allegations of abuse, neglect, exploitation, or sexual harassment, and structure the response in a manner so as to protect the identities of any alleged victims or alleged perpetrators.**

  Complaints, concerns and allegations of abuse, neglect and exploitation (ANE) are overseen by the SCDMH Office of Patient (Client) Advocacy. The system is divided into two parts: Patient Advocacy and ANE Reporting & Monitoring.

  Patient Advocacy

  The Patient Advocacy System (System) exists to both solicit and respond to complaints or concerns raised by patients or their families. Section 44-22-220 *S.C Code of Laws*.[1] Every center and inpatient facility has at least one assigned advocate who is trained to receive, investigate and respond to complaints.

  Every month, all advocates submit reports of complaints (**PR-3 Form**) (See Attachment 1) to the Director of Patient Advocacy (Advocate). The Advocate regularly consults with advocates on individual cases, reads all reports submitted, and enters the information into the **Advocacy Database** (See Attachment 2). Complaints are categorized by dates, patient and staff names, facilities, **categories of complaints** (See Attachment 3) and brief

[1] **SECTION 44-22-220.** Grievances concerning patient rights; penalties for denial of patient rights.
(A) The department shall develop a system for documenting and addressing grievances concerning patient rights. Grievances concerning patient rights must be reviewed by the department and a determination made concerning whether or not corrective action is warranted. A copy of the written grievance must be forwarded to the Client Advocacy Program and Protection and Advocacy for People with Disabilities.
(B) The department shall develop procedures with time lines to process the grievances in a timely manner. The procedures must be made known to patients.
(C) A person who willfully causes, or conspires with or assists another to cause, the denial to a patient of rights accorded to the patient under this chapter, upon conviction, must be fined not more than one thousand dollars or imprisoned not more than one year, or both. A person acting in good faith, either upon actual knowledge or information thought to be reliable, is immune from criminal liability under the provisions of this subsection.
HISTORY: 1991 Act No. 127, Section 1; 2008 Act No. 266, Section 6, eff June 4, 2008.

narratives in the Database. The data is distributed each month to Division of Inpatient Services (quality assurance, risk management, and facility directors). A redacted database is provided to Protection & Advocacy for People with Disabilities, Inc. In addition, a **Monthly Summary Report** (See Attachment 4A) is provided to the Commission and SCDMH leadership.

The Advocacy Database enables SCDMH to perform searches and run trend analyses. This data is available and used by advocacy, legal, leadership, quality assurance, and risk management to analyze trends by center, facility, or to research complaint history by individual patients or staff. The data is also available, when needed, in decision making by the SCDMH centralized credentialing committee. Finally, the Advocate performs statistical reports of the complaints annually (See Attachment 4B) and in 5-Year increments.

Abuse, Neglect and Exploitation (ANE) Reporting & Monitoring

The Advocate collects, reviews, records and monitors all allegations of ANE in the SCDMH system. Staff are required to report allegations of ANE to the SCDMH Office of Public Safety (PSO) and the SC State Law Enforcement Division Vulnerable Adult Intake Unit (SLED VAIU). Upon receipt of a copy of the report, the Advocate enters the allegation into the **ANE Database System** (See Attachment 5A, 5B, and 5C). The Advocate disseminates the information to selected SCDMH staff (PSO, risk manager, management, legal and HR as appropriate). With each intake, the Advocate requests and documents from supervisory staff what *administrative* action, if any; they will take in response to the allegations pending investigation.

Subsequently, the Advocate coordinates with law enforcement, the Long Term Care Ombudsman and other investigatory entities to facilitate complete and timely investigations. The Advocate ensures that allegations are properly reported by SCDMH staff. The Advocate provides assistance and information to investigators as needed. When the Advocate obtains the results of the investigation, the results are disseminated to the appropriate SCDMH staff and recorded in the database. Each month the Advocate distributes a report of outstanding SLED referrals to SCDMH leadership.

Combining Patient Advocacy and ANE Reporting & Monitoring in the same office has many advantages. The Advocate uses information in each system to monitor the quality of staff and wellbeing of patients. The Advocate reviews all PSO reports and advocacy complaints to identify any events related to potential abuse and neglect and checks these reports against the databases to ensure events have been properly reported. The Advocate also exchanges information with risk management for the same purpose. Each month the Advocate crosschecks the list of open ANE cases with PSO and with SLED and other investigative entities as needed. This information is available for use by selected SCDMH staff (PSO, risk manager, management, legal and HR as appropriate) and to support the decisions of the SCDMH centralized credentialing committee.

Employees

- **Please provide any completed DMH-specific comparative salary studies. Also describe employee retention programs, employee benefits unique to DMH, and recruitment policies.**

Comparative salary studies

The Department has not conducted any SCDMH specific comparative salary studies. The State of South Carolina Classification and Compensation System Study authorized in the 2015-2016 General Assembly Appropriations Act, Proviso 93.33 found the State pays it's the majority of its employees below the pay band midpoint and the midpoint bands and actual pay are not competitive with the in-State public sector market or the in-State private sector market.

Recruitment and Retention Efforts

The SCDMH Office of Human Resources developed a recruitment and retention program focusing efforts on recruiting for hard–to-fill positions, which is called **TARP: Talent Acquisition & Retention Program**. The hare-to-fill positions identified are the following:

- Nurses (RNs, NPs, LPNs) & CNAs
- Licensed Mental Health Professionals
- Social Workers & Public Safety Officers
- Psychologists & Psychiatrists
- Trades Specialists

Recruitment

Efforts include rebranding or repositioning SCDMH to be at the "top of the mind" when thinking about a *career* in health care. "It's not just a job, but a career, with a purpose."

Traditional but effective recruiting/branding efforts:

- Attend career fairs with hiring supervisors to describe available positions and the benefits working for the State and SCDMH;
- Print Media**: S**tickers affixed to front of publication promoting SCDMH job opportunities (*Free Times);* advertisements placed in American Psychiatric Association *(APA)* and South Carolina Nurse Association *(SCNA)* professional publications;
- Distribute promotional items which are more appealing to millennials (cell phone carriers/stands, stress free adult coloring books) to attract applicants as older employees retire;
- Radio ads on B106, KISS 103.1, Millennial radio 95.3, *The Game* (USC & Benedict Football games);
- Television commercials on WIS and WLTX;
- Recruiting using continuous video feeds at selected Department of Motor Vehicles (DMV) service locations around the State;
- Human Resources staff is actively engaged with strategic planning efforts for hospital, nursing home and community mental health services to effectively respond to the Department's hiring and retention needs.

Non-Traditional Strategies

- Developed a tag line based on research on millennials and others that finds they are looking for meaning or a purpose in their work. The tag line on promos, ads and digital recruiting is "It's not just a job - - it's a CAREER with a PURPOSE!"
- Online Job Postings have been successful in attracting applicants from posting positions on private search engines such as Indeed.com;
- Career Expo – DMH held a one-stop employment career expo for recruiting hard to fill positions. Applicants completed the entire application process from interviewing, background screening and facility tours with many receiving contingency offers of employment.
- Geo Fencing. A Geo Fence provides pop-up ads on mobile devices within a specific limited geographic location such as, smart phones, IPads, and computers. A "fence" is placed around an area delivering thousands of impressions within a 1 mile radius of the address. This tool has been used at the SC Nurses Association Convention and the American Psychiatric Association annual conference. SCDMH was able to digitally follow attendees on all their mobile devices with pop-up ads for 30 days. The agency has expanded the use of Geo Fencing and a comprehensive digital campaign has to local hospitals, technical colleges and to private behavioral health providers.
- Posting hard-to-fill positions utilizing SCDMH's social media (Facebook) presence and the SCDMH website directly links potential applicants to the State's application tracking website, NEO GOV, to enable individuals to quickly apply for available positions.

Retention

As a healthcare provider, SCDMH is unique among State agencies, State employees directly delivering medical care in hospitals, nursing homes, clinics and community residential settings. The diversity of the needed workforce in terms of education, skills and qualifications challenges the agency to employ a variety of retention actions/strategies. The following are highlights of the agency' retention actions/strategies:

- Alignment of applicant/employee qualifications with job duties/requirements. Ensuring employees have the skills and qualifications to be successful in jobs with appropriate coaching and supports.
- SCDMH New Employee Orientation. "I DMH" is the theme for the agency new employee orientation and emphasizes the mission, values and career opportunities in the agency.
- Orientation to work location – e.g. office routines, facility protocols/standards
- Ongoing supervision
- Shift differentials in 24/7 facilities
- Mentor/preceptor in work locations
- Employee Advisory Councils
- Student Loan reimbursement
- Tuition Assistance
- Certified Nursing Assistant certification class
- Continuing Education – CEUs CMEs

- Professional development opportunities
- DMH Mentoring Program
- Supervision for professional licenses
- Variable work schedules – 4/10, Summers for SBMHP
- Out-stationed work locations
- Telepsychiatry as practice options for Psychiatrists and APRNs
- Retention bonuses
- Practice innovations
- Performance Bonuses
- Employee Recognition activities in facilities, divisions, mental health centers and department levels
- Implemented a Suggestion Box to improve the flow of information between employees and Senior Management
- Publicizing success stories, profiles of long-term employees and agency accomplishments on the Department's Intranet, as well as the State's career website (www.careers.sc.gov)

Employee Benefits

There are no unique employee benefits for SCDMH employees. However, the Department works to maximize the options available to State agencies such as Student Loan reimbursement, tuition assistance, continuing educational opportunities and variable work schedules.

Has any turnover analysis occurred for the organizational units experiencing high turnover? If so, provide the results of that analysis.

SCDMH data relative to employee compensation and retention identify the following issues:

- The average age of DMH's nursing staff is 59 years old. Recruiting adequate numbers of Registered Nurses, Licensed Practical Nurses and Advanced Practice Nurses is critical to service delivery in inpatient and outpatient settings.
- Trades workers – plumbers, electricians, HVAC technician, mechanics – vital to maintain the inpatient facilities and vehicle fleet -- experienced a turnover rate of 30.9% in fiscal year 2018.
- The Public Safety Department employs certified Law Enforcement Officers as well as general Security Officers to provide support, security primarily for SCDMH hospitals and inpatient facilities, and transportation for those patients who must be in secure custody when traveling to outside medical appointments or to court. The turnover rate in fiscal year 2018 for Public Safety was 27%. SCDMH competes with local, State and federal law enforcement agencies throughout the State to recruit and retain officers.
- South Carolina and the nation as a whole has a serious shortage of psychiatrists. SCDMH has vacant positions for psychiatrists with specialties in general psychiatry, child psychiatry, forensic psychiatry and geriatric psychiatry. Over the past several years, as competition for

psychiatrists has increased, SCDMH has fewer full time psychiatrist employees and a greater reliance on contracts with these professionals.

- Mental Health Professionals – Master degree prepared counselors -- are the foundation of service delivery in the community mental health center system. The growth of programs such as school mental health services, and intensive community services for adults and children has resulted in an increasing need for MHPs. Turnover and limited qualified applicant pools make filling positions challenging, and hinder the timely implementation and expansion of community mental health services.
- Average turnover rate across SCDMH Divisions for fiscal year 2018 was 27% for the Division of Inpatient Services, 20% for the Division of Community Mental Health Services, and 21% for the Division of Administrative Services.
- There were 884 employee separations from the Department in FY 2018. Of this number 144 (16.3%) took jobs elsewhere, 143 (16.2%) were separated for performance or disciplinary cause, 181 (20.5%) retired, and 416 (47%) left for personal reasons the details of which are unknown. SCDMH is working to modify the category of "personal reasons" by creating additional fields to capture more data for analysis.

Describe the employee evaluation process.

SCDMH's Employee Performance Management System Directive (Number 855-06/3-250) is derived from the South Carolina Department of Administration Office of Human Resources' model policy content and format. All probationary and covered employees must be evaluated at least annually prior to their annual performance review date.

Key Elements:

- Position Descriptions. Provide a written agreement between the employee and the agency identifying specific job duties, performance characteristics, and objectives on which the employee will be appraised. Standardized content for positions such as: School-based mental health professional, fiscal technician/biller, Certified Nursing Assistant in a nursing home, Psychiatrist in an outpatient clinic, Mental Health Center Directors.
- Planning Stages. The supervisor and the employee determine the job duties, performance characteristics, and objectives, and the success criteria which will be used to evaluate the employee's performance at the end of the rating period. The success criteria identify what is expected of the employee in order for the employee to receive a rating of "Meets Performance Requirements."
- Ongoing Communication. The employee and supervisor use the Planning Stage as the basis for ongoing communication about employee performance throughout the rating period.
- Performance Evaluations. The supervisor's cumulative documentation and knowledge of the employee performance is used to rate each job duty, performance characteristic and objective. An overall rating is generated by the supervisor who then shares the evaluation with the designated reviewer for

comment. With supervisor and reviewer signatures in place, the supervisor shares and discusses the evaluation with the employee.

Relationships with Other Entities

- **Provide a list of relationships or cooperative agreements with not-for-profit organizations.**

  The South Carolina Department of Mental Health has collaborations and affiliations with more than 60 educational institutions in South Carolina and more than 5 other states. It also has interagency affiliations with more than 35 government and private entities. Among its other collaborations and affiliations, SCDMH works closely with independent advocacy organizations, non-profits, to improve the quality of lives for persons with mental illness, their families, and the citizens of South Carolina. The independent advocacy organizations include AFSP-SC (American Foundation for Suicide Prevention – South Carolina), FAVOR (Faces and Voices of Recovery), Federation of Families for Children's Mental Health, MHA-SC (Mental Health America – South Carolina), NAMI-SC (National Alliance for the Mentally Ill – South Carolina), and SC SHARE (South Carolina Self Help Association Regarding Emotions).

  Others include United Housing Connections, Pilgrims' Inn, PRISMA Health, United Way of the Midlands, One80 Place, Work-in-Progress, Mental Health America-Greenville County, Dee Norton Lowcountry Children's Center, and the South Carolina Chapter of the Alzheimer's Association.

  Most SCDMH clinical facilities, particularly SCDMH Community Mental Health Centers, also have numerous mutual cooperation agreements with local non-profits that are too numerous to list.

- **How are contracted programs evaluated/audited?**

  Contract VA Nursing Homes

  The Division of Inpatient Services (DIS) manages two veterans' nursing homes contracts: Veterans Victory House located in Walterboro, South Carolina and the Richard M. Campbell Nursing Home located in Anderson, SC. The Division assigns an on-site, fulltime, SCDMH-DIS employee monitor at each home. Each monitor plans and completes audits/reports and participates with SCDMH-DIS oversight as follows:

  - Overall admission process and bed occupancy rate
  - Standards of care provided
  - General maintenance and overall appearance of the facility
  - Conducts random cashier/petty cash audits on a quarterly basis
  - Provides weekly reports to the Director of Veterans Services
  - Participates in person or via tele-conference in DIS committee meetings or other meetings as necessary for the DIS oversight.
  - Responsible for providing on-going oversight for SCDMH while in a survey process not as a participant in the survey process but as a resource regarding any questions regarding SCDMH policy and procedures.

- Assists the QA/PI department with any case reviews or Quality Review Boards (QCRBs) which are assigned by the Deputy Director. The QCRB is an internal peer review process to determine the root cause of issues and to promote continuous quality improvement.
- Serves as advocate for the residents and families, providing reports to the SCDMH Director of Client Advocacy.

Issues which do not respond to the above strategies would result in a Letter of Cure from SCDMH Procurement. This includes notification to the vendor regarding which areas of the contract they are breaching and a demand for resolution of the identified issues within a specific timeframe. Failure to correct the issues can result in contract default and ending the contract.

Forensic Patient/Resident Contract Services

SCDMH DIS additionally manages large clinical contracts for the Bryan Psychiatric Hospital Adult Forensic patient population located in Columbia, SC and the Sexually Violent Predators Treatment Program (SVPTP) resident population located at the Broad River Corrections campus in Columbia, SC. The SCDMH DIS Forensic Contract Monitoring Department plans and completes the following auditing/reporting and oversight of contract services as follows:

- Review of records and reports, including medical records, adverse incident, staffing schedules and environmental rounds;
- Auditing/Surveying forms tailored to each facility
- Direct daily on-site observations within each facility during normal working hours
- Patient/Resident/Staff Interviews
- Statistical Comparisons/Trend Analysis
- Contractor's Quality Improvement Processes
- Performance/Partnership Meetings
- Investigating serious adverse incidents

Issues which are identified and not immediately resolved are addressed in twice-monthly Partnership meetings between the DIS Contract Monitoring group and the vendor's Executive Management Group. Progress is tracked via meeting minutes and an Action Log which tracks the issue until resolution. In cases raising a significant concern DIS Contract Monitoring requests Corrective Action Plans/Performance Improvement Plans. Plans addressing specific issues of noncompliance are tracked until completion by the DIS Contract Monitoring group.

For serious adverse incidents, the DIS Contract Monitoring group assists the DIS Quality Assurance/Performance Improvement (QA/PI) Department with any case reviews or Quality Care Review Boards (QCRBs) which are assigned by the DIS Deputy Director.

The QCRB is an internal peer review process to examine the root cause of an adverse event, and identify measures to prevent a re-occurrence. The goal is to promote continuous quality improvement.

Issues which do not respond to the above strategies result in a Letter of Cure from SCDMH Procurement. This includes notification to the vendor regarding which areas of the contract they are breaching and a demand for resolution of the identified issues within a specific timeframe. Failure to correct the issues can result in contract default and ending the contract.

- **How many embedded mental health counselors are in hospital emergency departments? How is the effectiveness of embedded counselors evaluated, and are you able to forecast future needs?**

  SCDMH is one of only a few integrated public mental health systems in the 50 states and 8 U.S. territories, meaning that in addition to State hospitals, the agency also operates the State's community mental health centers. SCDMH community mental health centers have offered to partner with hospitals to share the cost of placing one of the Center's mental health clinicians in the hospital's ED to assist in the evaluation and disposition of psychiatric patients. Currently there are 10 participating hospitals.

  As with the Telepsychiatry Consultation Program, the hospitals which participate have seen that having a mental health professional in their ED has resulted in shorter lengths of stay for psychiatric patients, and improved linkage of those patients with community treatment services.

- **What is the current status of hospital services for mentally ill patients?**

  SCDMH has acknowledged for some time that there are an insufficient number of adult inpatient psychiatric beds in different areas of the State to allow for the timely admission of all adults in need of psychiatric hospitalization. One manner in which this is evidenced is by the number of referrals of patients for admission to the Department's adult psychiatric hospitals who are placed on waiting lists. Another way the shortage is apparent is the number of adult patients reported by hospital emergency rooms who are awaiting transfer to a psychiatric hospital for inpatient mental health care.

  Like most states, the emergency departments in South Carolina's hospitals see a large, and increasing, number of patients in a behavioral health crisis. The crisis generally results from an untreated mental illness, from a substance use disorder or from some combination of the two. Because of a national shortage, many emergency departments in South Carolina do not have access to a psychiatrist or other mental health professional to assist in the evaluation of these patients. Additionally, due to the continuing shift towards community-based treatment in all areas of healthcare, including mental health care and substance use disorder treatment, as well as for financial reasons, the number of available psychiatric

hospital beds in community and State hospitals has declined nationally and in South Carolina. South Carolina has also experienced a large decline in community detoxification programs. In most communities in the State, a hospital emergency department is now the only option for an individual who is grossly intoxicated. Both nationally and in South Carolina, emergency departments have struggled with the issue of behavioral health patients waiting hours, or days, for a psychiatric assessment and an appropriate transfer or discharge plan to address their treatment needs. The issue is generally most serious at smaller, rural hospitals.

The following is an excerpt from the 2018-2019 DHEC State Health Plan:

> ***Because the South Carolina Department of Mental Health (SCDMH) has had substantial decreases over the past several years in inpatient capacity, there are not enough adult inpatient beds available to meet the demand from referral sources for its beds. In a number of regions of the State, this has led to significant numbers of persons in a behavioral crisis waiting in hospital emergency rooms inordinate periods of time for an appropriate inpatient psychiatric bed to become available. These emergency room patients may not have a source of funding.***

Like all agencies of government, SCDMH has limited resources. But while funding limitations is one major reason why the agency has reduced the number of adult psychiatric beds, increased funding alone would not enable the Department to increase its inpatient capacity. Workforce shortages of nurses, psychiatrists, social workers and other direct care mental health staff plays a major role in how much bed capacity is available in SCDMH hospitals. Even when there is available funding, the agency is challenged to fill many of its positions. It is not uncommon at different points in time for a SCDMH hospital to temporarily reduce its *functional* bed capacity due to a loss of medical staff, and increase it when able to hire or contract with another psychiatrist.

The following is another excerpt from the 2018-2019 DHEC State Health Plan:

> ***SCDMH has attempted to alleviate this problem by means of its "Crisis Stabilization Program." Within available funding limits, the "Crisis Stabilization Program" is to provide short-term emergency stabilization of psychiatric patients in the local community, by use of both local hospital beds and non-hospital residential programs, such as community residential care facilities for those patients who do not require a hospital level of care. For patients needing stabilization in a hospital, subject to available funding the SCDMH contracts with one or more local hospitals willing to admit indigent patients assessed by the SCDMH mental health center as needing acute care in return for a daily rate for a defined period. These patients can be cared for in licensed general acute care beds or licensed psychiatric beds.***

As noted, SCDMH has initiated a number of measures aimed at addressing the shortage of adult psychiatric beds. Like public mental health agencies nationwide, SCDMH has expanded community mental health services even as it has reduced hospital beds. Despite limited resources, SCDMH has formed partnerships with local hospitals and other organizations to address the inpatient bed shortage in effective and innovative ways.

PREVENTION AND DIVERSION

Individuals with psychiatric treatment needs should be receiving their mental health treatment in a more appropriate setting than a hospital's ED. SCDMH, through its community mental health centers, offers treatment services to help patients manage their psychiatric illness and avoid the need for emergency care. SCDMH has a total of 60 community mental center and clinic locations throughout South Carolina. Thanks to the support of the Governor and the General Assembly, the Department's appropriations have been increasing, and so have the delivery of community mental health services. Since Fiscal Year 2013, the number of new cases opened by community mental health centers has increased over 10%.

For persons in need of mental health treatment, SCDMH mental health centers have crisis stabilization services to assist patients and avoid the need for them to utilize a hospital ED. Under SCDMH monitored access standards, persons in a mental health emergency who are referred to a mental health center during normal working hours are to be offered to be seen the same day. Persons referred whose situation is determined urgent, but not emergent, are to be offered an appointment within 2 days. Persons seeking services for the first time but who are not otherwise experiencing an emergent or urgent need for care are to be offered an appointment within 7 working days.

In addition to outpatient services, some SCDMH mental health centers have contracts with local hospitals which have psychiatric units. Under such contracts, the mental health center pays for the short term hospitalization of indigent patients who are referred by the center. In Fiscal Year 2018, SCDMH mental health centers purchased over 4,200 local psychiatric hospital bed days for patients.

COMMUNITY CRISIS RESPONSE AND INTERVENTION PROGRAM (CCRI)

The CCRI program was built upon the successes of the Department's Charleston Dorchester Mental Health Center's 31 year old Mobile Crisis program. The CCRI Program began in May of 2018. Since that time it is now operational in 22 of South Carolina's 46 counties. When called by anyone, night or day, CCRI team members triage the situation, and if needed, may deploy anywhere in the community to provide an on-site assessment, and referrals to anyone in psychiatric distress. If the team does not need to physically deploy, its members can address psychiatric crises telephonically on a statewide crisis line and will soon have the capacity in some cases to respond using telehealth equipment. It is the Department's goal for CCRI to cover the entire state by June 30, 2019. The CCRI team

has served over 900 distinct individuals through February 15, 2019, and has safely and successfully been able to divert over 51% of persons served from an emergency department.

CRISIS STABILIZATION UNITS/CENTERS

SCDMH, through its community mental health centers, is continuing to establish local partnerships with hospitals, law enforcement and other local officials to create crisis stabilization centers for individuals experiencing a mental health crisis who can be safely cared for in a non-hospital setting. The agency's Charleston-Dorchester Mental Health Center (CDMHC) opened the Tri-County Crisis Stabilization Center (TCSC) last year. With financial support from MUSC, Roper Hospital, the Charleston Center, and the Charleston County Sheriff's Department, the CDMHC opened a 10 bed residential program to provide short-term psychiatric assessment and treatment services to adults in psychiatric distress, who otherwise might end up in an emergency department, hospital inpatient unit, or jail. Through February 15, 2019, TCSC has served over 915 patients with over 907 of those being safely and successfully diverted from an inpatient unit.

The Department's Spartanburg Mental Health Center opened its crisis stabilization unit, the Eubank Center, in partnership with Spartanburg Regional Hospital System, MHA, Spartanburg County, and the United Way, in October 2018. This unit is open from 1pm through 9 pm, Monday through Friday. Through February 15, 2019, the unit has served over 50 patients and has safely and successfully diverted 24 of those individuals from an inpatient unit. Several other mental health centers are working with community partners to plan additional crisis stabilization units around the state. The Anderson Oconee Pickens Mental Health Center and the Greenville Mental Health Center are also engaged in efforts to identify an actual location and solid funding partners for their crisis stabilization units.

EMERGENCY DEPARTMENT TELEPSYCHIATRY

SCDMH, in partnership with The Duke Endowment (TDE), the University Of South Carolina School of Medicine, the South Carolina Hospital Association, and the South Carolina Department of Health and Human Services, utilized a series of grants as well as State funding to create its award winning Emergency Department Telepsychiatry program. The program provides psychiatric evaluations through telemedicine in emergency departments (EDs) across South Carolina. There are currently 23 participating hospital EDs. These consultations began in March of 2009. South Carolina is the first state to successfully connect patients in hospital EDs statewide with consulting psychiatrists via a secure Internet connection meeting all privacy and confidentiality standards.

The patient in the ED sees the psychiatrist on a high definition flat screen monitor located on a wireless mobile cart in the privacy of the patient's room. The distant SCDMH psychiatrist, in real time, views the patient on a desktop system from their office. With the

clarity of a high definition picture, cameras that the doctor can manipulate remotely, and clear audio, the psychiatrist conducts an assessment with the quality of a "face to face" encounter, just as in the doctor's office.

Emergency department medical professionals participate in the assessment process with the patient's approval. Prior to the tele-video assessment, the psychiatrist obtains and reviews available medical record information including laboratory results from the hospital. The assessment is concluded with written recommendations made to the patient's physician in the ED. Recommendations may range from psychiatric medication, individual and/or family counseling, discharge to a specific community provider for continuing treatment or transfer to a hospital psychiatric unit for inpatient treatment.

When the assessment is concluded, the psychiatrist completes an electronic medical record with treatment recommendations, affixes an electronic signature and sends a confidential copy to the ED for inclusion in the patient's medical record. A copy also goes to the nearest SCDMH mental health center for follow up care.

In addition to State appropriations and grant funding, these hospitals pay a modest user fee for the assessment/consultations, helping to offset its cost. The program provides approximately 700 evaluations in South Carolina EDs per month, and there have been over 46,000 evaluations since the program's inception. Patients have accepted the technology and readily participate in the assessments. Independent evaluations of the program's effectiveness have documented that for participating hospitals, the program has reduced patients' lengths of stay in EDs and increased the rate at which patients' follow-up with community aftercare. Participating hospitals report a high degree of satisfaction with the service.

To our knowledge, South Carolina remains the only state in the nation to design and implement a statewide comprehensive emergency department psychiatric evaluation program. This innovative program has received State and national recognition:

- (2011) The American Psychiatric Association awarded SCDMH and the Department of Neuropsychiatry and Behavioral Science of the USC School of Medicine the Psychiatric Services Achievement Award Silver Medal for the Telepsychiatry Consultation Program.
- (2012) DMH's Telepsychiatry Program received the SC Office of Rural Health's Annual Award.
- (2015) The Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government of Harvard University recognized SCDMH's Program as part of its 2015 Bright Ideas program, honoring government programs at the forefront in innovative action.

- (2015) SCDMH's Telepsychiatry Consultation Program was recognized as a Statewide Telehealth Program of Excellence at the 4th Annual Telehealth Summit.

PLACEMENT OF MENTAL HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

SCDMH is one of only a few integrated public mental health systems in the 50 states and 8 U.S. territories, meaning that in addition to State hospitals, the agency also operates the State's community mental health centers. SCDMH community mental health centers have offered to partner with hospitals to share the cost of placing one of the Center's mental health clinicians in the hospital's ED to assist in the evaluation and disposition of psychiatric patients. Currently there are 10 participating hospitals.

As with the Telepsychiatry Consultation Program, the hospitals which participate have seen that having a mental health professional in their ED has resulted in shorter lengths of stay for psychiatric patients, and improved linkage of those patients with community treatment services.

- **What is the agency's role, if any, in addressing mental illness in the Departments of Corrections and Juvenile Justice?**

Department of Corrections

SCDMH has no current role in providing treatment services to inmates in the Department of Corrections while they remain confined. However, with regard to inmates who are scheduled for release, SCDMH staff collaborates with SCDC medical staff in facilitating the continuation of the individual's mental health medication(s) and arranging an appointment for inmates with a psychiatric disorder to receive outpatient mental health treatment services at a SCDMH community mental health center in the geographic area to which the inmate is moving.

Department of Juvenile Justice

SCDMH has a long history of involvement and collaboration with the Department of Juvenile Justice when a juvenile offender is assessed as having a treatable mental health disorder. The following history provides context for SCDMH's current treatment role with juvenile offenders who have a serious mental illness:

- December of 1990, a class action lawsuit was filed by Protection and Advocacy on behalf of six youth in the South Carolina Department of Juvenile Justice (then known as the Department of Youth Services) alleging unconstitutional conditions of confinement existed, including that juveniles in need of treatment for mental illness or an intellectual disability were not receiving constitutionally adequate treatment.
- The federal court eventually recognized two sub-classes of juveniles: those with a serious mental illness and those with an intellectual disability. The Court subsequently

found that such juveniles were not receiving constitutionally adequate services from SC DYS.

- SCDMH collaborated with the then SC DYS to address the Court's requirements to provide adequate treatment to the Subclass of juveniles in DJJ custody with a serious mental illness. In November, 1993, the Hickory Treatment Unit was opened within the Broad River campus of DJJ, for the purpose of providing residential-like psychiatric treatment. The Unit was staffed by SCDMH clinical staff and DJJ juvenile correctional officers.
- December, 1995, the Hickory program closed and male juveniles from DJJ with a serious mental illness – and who were consequently part of the "Subclass" -- were admitted to the Cooper Building, at that time a part of the Department's William S. Hall Psychiatric Hospital on the agency's former Bull Street campus. The program, named "Options," consisted of 18 beds.
    - In 2001, Options was moved into the main hospital building of Hall Institute (Unit 156.) It had 24 licensed Psychiatric Residential Treatment Facility (PRTF) beds, but a functional capacity of up to 18. It was designed as co-educational, for both males and females committed to DJJ who had been diagnosed with a serious mental illness and included in the "Subclass."
    - In 2003, the program was separated into two programs ("Directions" and "Options") by gender, with females being served in the Directions Program and males being served in the Options Programs. Both PRTF programs primarily served the Subclass population with few referrals from the community.
- During this same period of time – mid 1990's to 2008, SCDMH, SCDJJ and other child serving agencies such as DSS and Continuum of Care, were all placing substantial emphasis on providing intensive community services to at-risk youth and their families – typically adolescents whose behaviors put them at high risk for out-of-home placement, including delinquent behavior that could lead to a commitment to SCDJJ.
- The funding needed to provide intensive "wrap" services to at-risk youth and their families during this period came primarily from Medicaid reimbursement, together with State matching funds appropriated to the different agencies by the General Assembly.
- At one time available service options under the State's Medicaid Plan included Intensive Family Services (IFS), such as Multi-Systemic Therapy (MST), Therapeutic Foster Care (TFC), and Temporary De-escalation Care (TDC – Respite care), and prior to 2008, therapeutic group homes.
- Changes in the State's Medicaid Plan impacting these services were in most cases to "unbundle" the multiple clinical interventions which made up a particular intensive "wrap" service, and require that each intervention be separately documented and billed. Such a change increased the amount of administrative time clinical staff had to spend documenting, and resulted in substantially lowering the overall level of reimbursement

to private community providers, as well as SCDMH community mental health centers, of these intensive wrap services, often below the cost to provide the previous level of services to the adolescent patient and their family.

- With the changes, the availability of ***quality*** private providers of intensive wrap services and respite services to children and adolescents has largely disappeared. Even when intensive community "wrap" services are appropriate for a particular youth, institutional care, such as in a Psychiatric Residential Treatment Facility (PRTF) or hospital is now frequently the only available option. Unfortunately even access to PRTFs for adolescents in State care or custody has become increasingly limited, especially for juvenile justice involved youth.
- Some observations from a couple of long-serving staff of SCDMH mental health centers who provide children's services:

  Just to give an example of the significance of the changes, before 2008, the Mental Health Center's Out-of-Home-Placement (OOHP) case manager made rounds to staff kids and visit placements at TFCs, TDCs, PRTFs, therapeutic group homes, and regularly attended all treatment team meetings. The Director of services for Children, Adolescents and their Families (CAF) at the Center and the OOHP case manager regularly staffed all children in residential care to look at step down options, and kids frequently transferred to and from various levels of care depending on their needs as their behaviors and symptoms improved in treatment. The CAF staff had a full range of Medicaid funded resources and available providers for that child while they were in a residential setting—psychological evaluations, genetics testing, neurology work ups, medical work ups, etc, -- and they were facilitated without issue.

  The CAF staff were able to frequently step kids down to IFS using Multi-Systemic Therapy (MST) or Family Preservation services. The Center had a full working team of 4 therapists and 1 supervisor. The mental health center staff were notified by the treatment facility immediately if there were critical incidents involving a kid in placement, and were very involved with the facility staff in resolving any conflicts that arose between parents, the PRTF, the child, or other agencies. The CMHC averaged less than 8 kids total in placement for a fiscal year (closer to 5-6 in many years), including subclass inclusion kids from DJJ; the number of kids in PRTF level of care averaged 4-6 annually.

  Currently, the OOHP case manager at the CMHC spends the majority of her time calling PRTF admissions staff trying to get a kid admitted. When she is made aware of treatment team meetings, she attends, but it's often wasted time as they've changed the date without telling her, or moved ahead of the agenda and completed that meeting before she gets there, again without contacting her. That typically happens at least twice a month. Therapists at the PRTFs do not return phone calls and families are only minimally included. Currently, the Center averages between

10-12 kids in OOHP at the PRTF level of care per fiscal year (approximately ¾ of those are kids for which the Center has recommended OOHP; the others are in OOHP because parents placed their child independently of the Center's recommendations or against the recommendation of the Center, but have asked the Center to remain involved to case manage). End result is more kids in OOHP, more placements at inappropriate levels of care, and more money spent by the State on residential care for the kids who need and would benefit far more from intensive community mental health services.

…….

The continuity of care from acute inpatient to community-based services has significantly been impacted by the gaps in services. Children are cycling from acute care back to home due to a lack of access to community-based services and long waiting periods to get into a PRTF. Inadequate access to appropriate discharge options often leads to backlogs in the hospital, holding children past their medical necessity to be in an acute setting.

As for treatment for sexual perpetrators, we have almost none/no providers on the outpatient side. On the residential side, they generally only take those who have been adjudicated.

We have a lot of training needs both in the public and private sectors to be able to fill the gaps as the gaps do not only fall outside of DMH. We need a better billing structure to be able to support providers being able to provide these services. Bringing back a bundled IFS service ensures that we are better able to fully serve these families in a more comprehensive manner. Having to bill discreet services for every contact with a family each day sometimes leads to 3-6 tickets per day and some services (time) are not able to be captured.

- In 2010, as the number of adolescents committed to DJJ significantly declined, so did the number of juveniles subclassed and transferred to SCDMH **(table, below)**.
- By December, 2010 the Directions RTF for females was reduced to zero census due to the declining need for female PRTF beds, especially by the DJJ subclass population.
- The number of juveniles from DJJ referred for to SCDMH was declining overall **(table, below).**
- In July, 2012 the Mental Health Commission made the decision to relocate the Hall Institute from the Bull Street campus to the Department's G. Werber Bryan Psychiatric Hospital (BPH) in Northeast Columbia;
- The decision to relocate Hall Institute included the plan to discontinue PRTF services at Hall upon relocation, not only due to the decreasing demand for PRTF services, but because of the increasing demand for acute hospital services for children and adolescents.

- The plan for the new Hall Institute at BPH included an increase in hospital beds for adolescents and children.
- That downward trend in numbers of juveniles from DJJ referred to SCDMH changed dramatically in calendar year 2015 following changes to the diagnostic criteria in the Memorandum of Agreement (MOA) between DMH and DJJ as to when a juvenile would be considered "seriously mentally ill."

SMI Inclusion Numbers- Calendar years 2001-2018

Year	Number
2001	69
2002	52
2003	95
2004	61
2005	41
2006	63
2007	57
2008	65
2009	63
2010	44
2011	33
2012	27
2013	27
2014	22
2015	**118**
2016	**109**
2017	**117**
2018	87

- As reflected, above, there was a dramatic – over 500% -- increase in the number of committed DJJ juveniles referred in 2015, following the change in the diagnostic criteria.
- The diagnostic criteria was revised in the MOA to reflect changes which had been made the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM is published by the American Psychiatric Association, and historically has served as the principal authority for psychiatric diagnoses.
- The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) was published in 2013, superseding the DSM-IV-TR, which was published in 2000.
- In trying to determine why there was such an enormous increase in the number of referrals following the change in the diagnostic criteria, it appears that one significant reason was that the DSM-5 discarded Axis V (Global Assessment of Functioning, known as GAF).

- GAF scores had previously been part of the information considered prior to including a juvenile committed to DJJ for referral to SCDMH.
- Certain mental health diagnosis were ***presumptively*** considered a diagnoses warranting a transfer to SCDMH, but certain other mental health diagnoses required an assessment of the juvenile's "degree of debilitation," and response to prior efforts by DJJ to treat the juvenile in a DJJ facility.
- Example from prior MOA:

> ***A. <u>CRITERIA FOR INCLUSION</u>***
>
> *DJJ juveniles served under this agreement will meet the following diagnostic criteria as having a serious mental illness, as updated by DSM-IV criteria:*
>
> *<u>Category I.</u>*
>
> ***The following diagnoses are presumptively considered by diagnosis as requiring treatment services beyond the capability of DJJ.*** *A juvenile must be determined to have a seriously mental illness in accord with criteria established by the American Psychiatric Association and be unable to interpret their environment in an acute and realistic manner and require intense specialized care. Using diagnoses as delineated in the DSM IV, any juvenile who has been professionally diagnosed as having any of the following illnesses shall be considered seriously mentally ill:*
>
> *1. Pervasive Developmental Disorder (Autism, Rhett's, and Childhood Disintegrative Disorder).*
> *2. Cognitive disorders (Delirium, Dementia, and Amnestic Disorder).*
> *3. Psychotic Disorders (Schizophrenia, Schizophreniform, Schizoaffective, Delusional Disorder, and Psychotic Disorder Not Otherwise Specified).*
> *4. Dissociative Identity Disorder*
> *5. Major Depression Recurrent and Single Episode (Active).*
> *6. Bipolar Disorders (All Subtypes).*
>
> *<u>Category II.</u>*
>
> *In addition,* ***other juveniles who carry DSM-IV diagnoses may require further assessment to determine the degree of debilitation caused by their illness as requiring treatment services beyond the capability of DJJ.*** *Axis V (the global assessment scale) of the DSM-IV shall be used to determine the status of these juveniles. A score of fifty or below on this axis usually indicates that the juvenile is handicapped by his illness to the degree that he cannot be adequately cared for at DJJ facilities.* ***Accordingly, juveniles who score fifty or below on this axis and who have the following professionally diagnosed illnesses will be considered seriously mentally ill requiring treatment services beyond the capability of DJJ after they have been unsuccessfully treated (behavioral interventions and psychotropic medications as prescribed by the treating physician) in a DJJ facility****:*
>
> *1. Asperger's Disorder*
> *2. Pervasive Developmental Disorder NOS*
> *3. Eating Disorders*

4. *Attention Deficit/Hyperactivity Disorder*
5. *Mental Disorder due to a general medical condition (Personality Change, Mood, and Anxiety); and Mental Disorder Not Otherwise Specified due to a general medical condition.*
6. *Personality Disorders (Borderline, Paranoid, Schizoid, and Personality Disorder, N.O.S.).*
7. *Cyclothymic or Dysthymic Disorder*
8. *Post Traumatic Stress Disorder*

Regardless of the presumptive inclusion or exclusion of a juvenile by diagnosis under Category I or II, DJJ or DMH may initiate a case-by-case staffing of any juvenile diagnosed with a mental illness and in need of treatment for a mental illness, to otherwise consider inclusion or exclusion for services under this agreement.

Juveniles meeting the above diagnostic criteria and served under this Agreement will be referred to as "DJJ Juveniles with a Serious Mental Illness."

- The World Health Organization's Disability Assessment Schedule was added to Section III of the DSM-5 under Assessment Measures, as a suggested, but not required, method to assess functioning, but was not incorporated into the DMH/DJJ revised 2014 MOA because it had only been developed for use with adults.
- Beginning in 2015, SCDMH and other State agencies, including the Department of Social Services (DSS), began to experience significant difficulties in securing admission to Psychiatric Residential Treatment Facility (PRTF) beds for children and adolescents in State custody who were in need of that level of care.
- Apparently due to:
    - the increased number of South Carolina PRTF beds following the ending of Medicaid reimbursement to Group Homes in 2008;
    - the diminishing or flat demand for PRTF beds due to State agency controls on utilization of Out-of-Home placements which existed until 2014; and
    - the South Carolina Medicaid reimbursement rate for PRTF services being lower than surrounding States,

  PRTFs in South Carolina had begun marketing their services in other States. Based on information from SC DHHS, it recently appeared that approximately two-thirds of South Carolina PRTF beds are occupied by children/adolescents from other states, which generally pay a higher daily rate for PRTF level of care in their Medicaid programs than does SC Medicaid.
- At the March 5, 2019 meeting of the Regulatory and Healthcare sub-committee meeting, Ms. Phyllis Ross of Protection and Advocacy spoke of the current inability of DMH and DJJ to timely transfer juveniles with a Serious Mental Illness from DJJ, and cited the closure in 2015 of the Options PRTF at Hall Institute.
- By 2015, however, when the problems with PRTF access became serious, the 2012 decision to relocate Hall Institute to Bryan Psychiatric Hospital (BPH) was already well

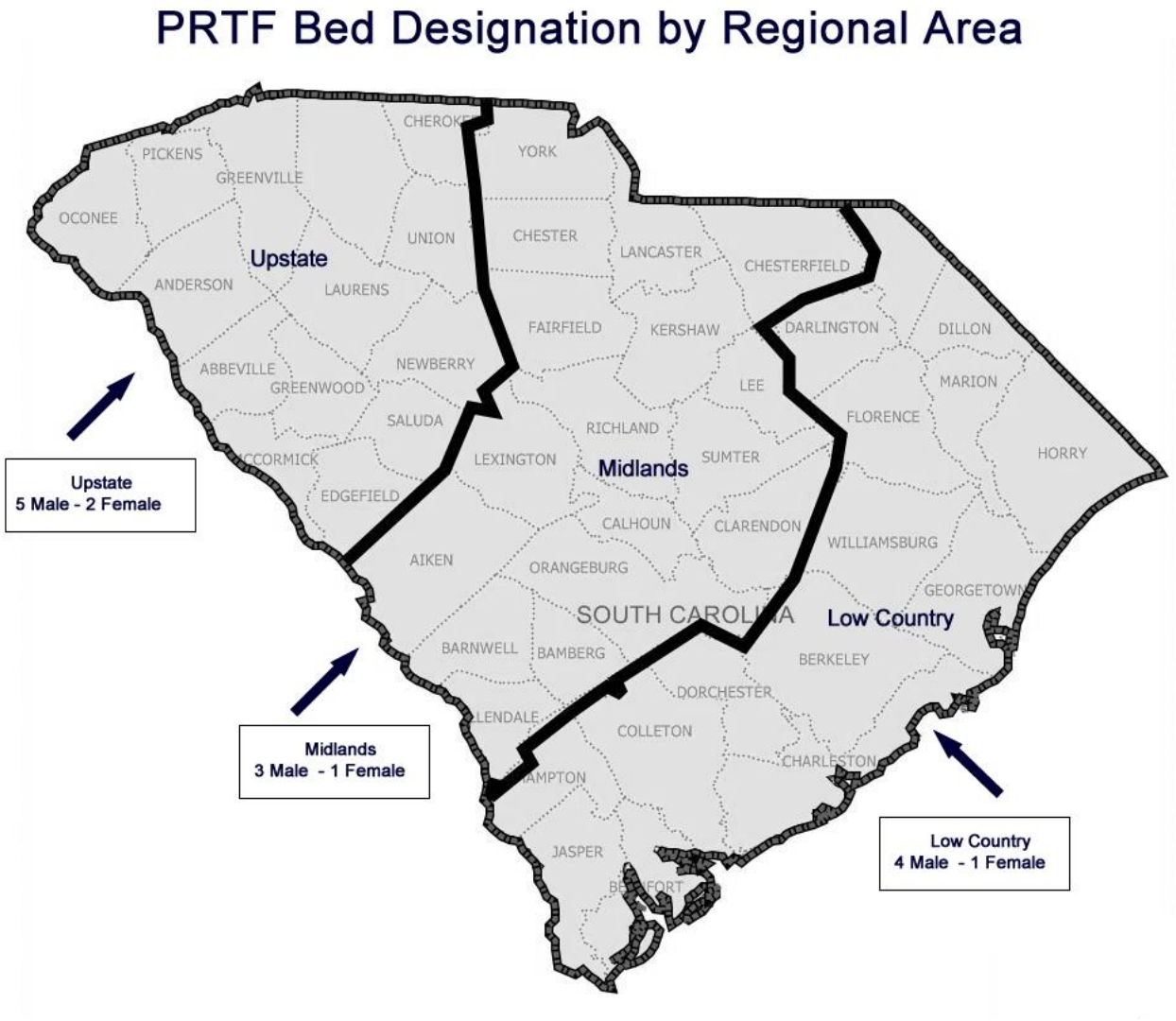
underway with a major construction project ongoing at BPH. As noted, because of the declining demand for Hall's PRTF beds, the relocation plan included discontinuing PRTF services at Hall upon relocation. The Options PRTF at Hall Institute closed in September, 2015.

- In an effort to improve access, SCDMH issued a Request for Proposals (RFP) in July of 2015. The purpose of the Solicitation was to contract with private PRTFs around the State to have up to 16 contracted beds – 12 male and 4 female -- available for SCDMH to refer SCDJJ-committed youth with a serious mental illness (SMI) and obtain their admission within the timeframes required by the DMH/DJJ MOA.

Statement of Need

While there is considerable existing PRTF bed capacity in the state, SCDMH and SCDJJ are currently experiencing extensive delays in accessing the PRTF beds within the judicially mandated timeframe of 90-days for SCDJJ-committed youth with SMI. The privately-operated PRTF provider network has demonstrated its ability to address the clinical care needs of SCDJJ-committed youth with SMI under the same treatment programming as any other youth in need of treatment. However, the state is currently experiencing increased service demand and delays as SCDJJ-committed youth with SMI have to be placed on "waiting lists" for a PRTF bed. The current wait time for admissions ranges from 4-6 weeks to as much as 3 months. This delay in their transfer to an appropriate treatment facility within the 90-day timeframe is a critical clinical care issue for these youth who are in urgent need of treatment. Current PRTF utilization patterns, longer stays in treatment, and changing family court trends have been identified as possible contributing factors to the increase in service demand and corresponding decreased access to PRTF beds. In order to prevent treatment delays and any adverse impact on these youth's clinical condition due to having to be maintained in a correctional facility for an extended period of time, SCDMH is seeking to initiate provider financial incentives to create guaranteed/priority access to existing PRTF beds for this population of SCDJJ-committed youth. Based upon an analysis of WSHPI/DJJ service data and consultation with SCDMH and SCDJJ placement staff, SCDMH has identified the following regional PRTF bed needs:

Region	Counties Served	PRTF Beds Needed	
		Male	Female
UPSTATE	Oconee, Pickens, Anderson, Greenville, Spartanburg, Cherokee, Union, Laurens, Newberry Saluda, Edgefield, McCormick, Greenwood, Abbeville	**5**	**2**
MIDLANDS	York, Chester, Lancaster, Chesterfield, Fairfield, Kershaw, Lee, Richland, Sumter, Lexington, Aiken, Barnwell, Orangeburg, Bamberg, Allendale, Calhoun, Clarendon	**3**	**1**
LOW COUNTRY	Marlboro, Darlington, Dillon, Marion, Florence, Horry, Georgetown, Williamsburg, Berkeley, Dorchester, Charleston, Colleton, Beaufort, Hampton, Jasper	**4**	**1**
	TOTALS:	**12**	**4**



- The mechanism used in the RFP was to contract with PRTFs for a daily amount of money per bed – the Accelerated Admission Fee -- over and above the State's Medicaid reimbursement, in return for priority access being granted to those beds for juveniles referred by SCDMH.

  Bidding and Payment

  The Offeror shall specify an Accelerated Admission Fee as a price per bed under this solicitation that shall guarantee SCDMH priority access to the designated PRTF beds and indicate the region(s) to which the bid applies. The Accelerated Admission Fee would be paid annually, billable monthly. If bidding on multiple regions, the Offeror shall specify a price per bed per region. Price differentials shall not be paid based upon gender.

- Despite its effort, SCDMH only received proposals for a total of 9 beds, and that has since diminished to 4, as one PRTF contract was terminated.

- On April 16, 2019, SCDMH reissued a Solicitation for up to 15 beds. http://webprod.cio.sc.gov/SCSolicitationWeb/solicitationAttachment.do?solicitnumber=5400016350 However, only the currently remaining vendor responded, still with a total of 4 beds.
- Recognizing that additional PRTF beds was not the only need to better serve the high need juveniles with a serious mental illness, the Department's FY 2019 budget request included sought a recurring appropriation of $2,000,000 related to providing additional intensive community mental health services for adolescents at high risk for commitment to SC DJJ:

Child and Adolescent Intensive Community and Residential Services

$2,000,000

- *State recurring funds are needed to increase the available array of intensive community mental health services and short-term therapeutic residential services for adolescents with a mental illness who are at high risk for institutionalization. Examples would be children and adolescents with a mental illness who have come into contact with the juvenile justice system and/or hospital emergency departments.*
- *At one time available service options under the State's Medicaid Plan included Intensive Family Services, such as Multi-Systemic Therapy (MST), Therapeutic Foster Care (TFC), and Temporary De-escalation Care (TDC – Respite care), and prior to 2008, therapeutic group homes.*
- *Changes in the Medicaid plan impacting these services were in most cases to "unbundle" the multiple clinical interventions which made up a particular intensive "wrap" service, and require that each intervention be separately documented and billed. Such a change increased the amount of administrative time clinical staff had to spend documenting, and resulted in substantially lowering the overall level of reimbursement to private community providers, as well as SCDMH community mental health centers, of these intensive wrap services, often below the cost to provide the previous level of services to the adolescent patient and their family.*
- *With the changes, the availability of intensive wrap services and respite services to children and adolescents by quality private providers has largely disappeared. Even when intensive community "wrap" services are appropriate for a particular youth, institutional care, such as in a Psychiatric Residential Treatment Facility (PRTF) or hospital is now frequently the only available option. Unfortunately even access to PRTFs for adolescents in State care or custody has become increasingly limited, especially for juvenile justice involved youth.*
- *The requested funds would enable DMH to initially add four (4) MST teams in year one, bringing the current total to nine (9), and to expand by an additional two (2) teams in year two as earned revenue begins to reduce the amount of State funds needed to sustain an existing MST team.*
- *The requested funds would also enable the agency to serve an estimated 40 to 50 youth annually in a therapeutic group home setting, based on an average length of stay of 3 to 4 months.*

- The requested funds were appropriated, and SCDMH community mental health centers (CMHCs) are currently in the process of developing additional teams to provide evidence-based intensive community mental health services to children and adolescents at high risk and their families.

- SCDMH has had numerous meetings with DJJ about the MOA and the inability to transfer some of the juveniles referred to SCDMH within the 90 day timeframe in the MOA. These meetings are on-going, and a re-draft of the MOA is currently under review.
- SCDMH and SCDJJ are also increasingly using their limited State appropriated funds to cost-share the full cost of residential placements for transferred juveniles, even when such juveniles are Medicaid eligible. For example, Medicaid does not reimburse group homes, a type of placement periodically utilized for juveniles unable to receive their treatment services while residing at home. The two agencies are currently on track to expend approximately $1,000,000 in State funds in FY 2019 on residential placements for DJJ involved juveniles with a serious mental illness.

- **Describe mental health diversion courts. Has the agency evaluated the effectiveness of the program? Does it need to be expanded? If so, where should the expansion occur?**

Mental Health Courts

Mental health courts are adult criminal specialty courts with a separate docket dedicated to the diversion of non-violent felony and misdemeanor offenders with mental illness from the criminal justice system to appropriate community treatment services and resources. The program is voluntary and the individual's guilty plea to the charges or their sentencing are held in abeyance until the individual completes or fails their treatment conditions as directed by the court, which generally last for one year. The financial impacts include reduced costs to the local emergency and crisis response systems and reduced costs to the criminal justice system, particularly jails. The goal of every mental health court program is to engage mentally ill offenders in treatment in order to promote recovery and reduce re-offense.

South Carolina mental health courts typically handle cases involving individuals with serious psychiatric disorders with minor criminal charges. A high percentage of the individuals admitted to the programs have co-occurring substance use disorders.

South Carolina has had established mental health courts since 2003 in Charleston and Columbia. Mental health courts also now exist in Greenville, Horry and York counties, as well. Mental health courts are created through a collaborative process involving local stakeholders across the criminal justice and mental health systems, and all participating entities are needed to not only establish, but to operate, such courts.

The model which is generally followed includes:

- Appointment of a willing Probate Court judge to serve as the Mental Health Court.

- The local SCDMH community mental health center (CMHC) tasking a Mental Health Professional (MHP) to do assessments/screenings of defendants who have applied for acceptance. The resulting assessments are provided to the Solicitor and defendant's counsel and will be reviewed as part of the decision process of accepting a defendant for participation.
- If accepted, the defendant is given certain conditions which must be met, typically accepting needed treatment services through the local CMHC.
    - Defendants are billed for those services to the same extent as any patient. Some participants have Medicaid eligibility, some are self-pay [no-pay]. The SCDMH CMHC does not distinguish in the providing of treatment services to the mental health court participants to the fact that they were referred through the Mental Health Court. The defendants are community residents and the CMHC would provide those individuals with needed mental health services regardless of how they were referred.
    - The Centers involved generally assign one or two particular clinicians who have experience working with patients with criminal justice history to provide services to these participant/patients.
    - Most defendants have a co-occurring substance use disorder, and in such cases will be ordered to also receive substance use treatment and possibly attend AA or NA. Some defendants may also need to be referred to Care Coordination. Normally drug testing is required for participants, as well.
- The local CMHC also tasks one or more of its employees – usually the same MHP who does the initial assessments -- to appear in the Mental Health Court when the participating defendants in the program are returning to Court for their periodic reviews, in order to provide the Court with information about whether the defendant is complying with treatment and other terms-of-their-participation. This same individual would be responsible to monitor the participating defendants' compliance with treatment and report promptly if they were non-compliant: failing to appear for appointments; failing to take medications, etc.
- Under this model, there is also a coordinator in the Solicitor's office or attached to the Probate Court to accept applications, marshal the paperwork about the defendant's criminal history, seek the victim's input and law enforcement's input on how they would react to defendant being accepted into the Program, work with Probate Court to schedule review hearings for participants, and handle the disposition of the case if the defendant successfully completes participation or fails.
- The Solicitors offices involved typically detail part of the time of an Assistant Solicitor to attend hearings, as does the Office of the Public Defender with the time of an Assistant Public Defender. Charleston, Richland and Greenville and York Counties allocate part of the time of a Probate Judge or Associate Probate Judge and part of the time of a Probate Court clerk and a court reporter to conduct

hearings. In Horry County, mental health court is overseen by a part-time Magistrate Court judge, who also oversees their Drug Court, and Magistrate's Court administrative support staff. Aiken County and Anderson County are currently in the planning stages for creating mental health courts.

SCDMH is currently in year 2 of a 3 year effort funded by a grant from The Duke Endowment to both try to expand the number of mental health courts in South Carolina, as well as evaluate their effectiveness. The Department has contracted with the University of South Carolina, School of Medicine' Department of Neuropsychiatry and Behavioral Science (USC) to conduct the evaluation. USC has been gathering data related to accepted defendants past criminal history, past treatment history, progress in treatment, rate of failure, successes, and cost savings.

Statutory provisions addressing mental health courts include *S.C. Code Ann.* Section 16-1-130, which provides that a person charged with or previously convicted of certain offenses are not eligible to participate in a mental health court program.

In 2015, the Mental Health Program Act, *S.C. Code Ann.* Section 14-31-10 to 40 was enacted, authorizing Circuit Solicitors to establish mental health court programs:

> The purpose of this chapter is to divert qualifying mentally ill offenders away from the criminal justice system and into appropriate treatment programs, thereby reserving prison space for violent criminals and others for whom incarceration is the only reasonable alternative. Offenders with a diagnosed, or diagnosable mental illness generally recognized in the psychiatric community, qualify for participation in a mental health court program. *S.C. Code Ann.* Section 14-31-20.

Agency Strategic Planning

- **Please provide a list of future goals and the analysis used to determine these goals.**

The vision of the South Carolina Department of Mental Health (SCDMH) is, as the State's Mental Health Authority, SCDMH will be the provider and employer of choice. Its mission is to support the recovery of people with mental illnesses.

A review of the South Carolina Department of Mental Health's (SCDMH) strategic planning from 2008-2018 reflects an emphasis on five (5) themes:

- A focus on stakeholder/community input
- A focus on patient perception of care
- A focus on improving access to care
- A focus on measurable outcomes
- A focus on increasing philanthropic financial support

Of the five (5) themes listed above, the two (2) most prominent are community/ stakeholder input and improving access to care. SCDMH strategic planning activities demonstrate an interest in both stakeholders' opinions and how stakeholder perspectives can positively impact the mental health continuum, especially for those programs and services under the

direction of SCDMH. It also demonstrates an understanding that the prime directive in SCDMH's mission is based upon access to care.

Strategic planning at SCDMH has changed significantly from FY2008 to FY2018. A once protracted process (see Illustration 1) has been streamlined (see Illustration 2) to provide flexibility to adjust to dynamic influences. While change is inevitable, SCDMH has never altered its principal goal of serving persons with a mental illness with treatment services that are available, accessible, and effective.

Illustration 1.
SCDMH Full-Scale Strategic Planning Process

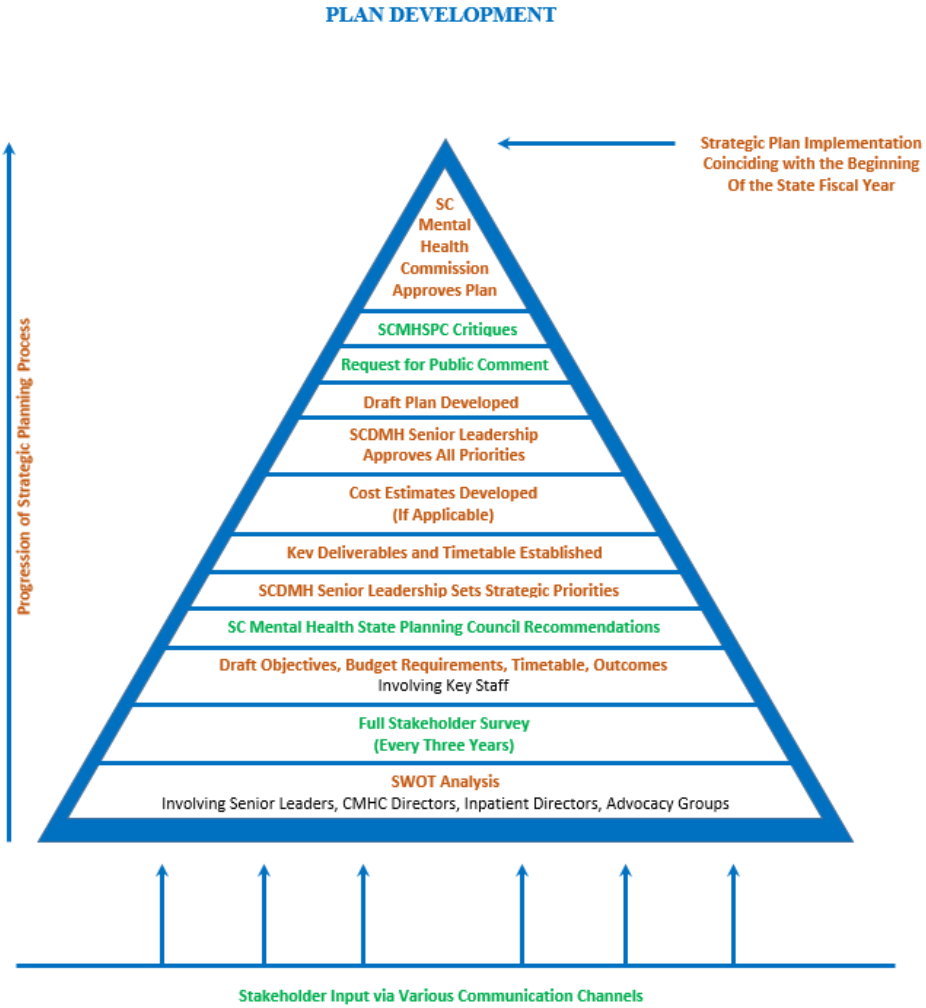
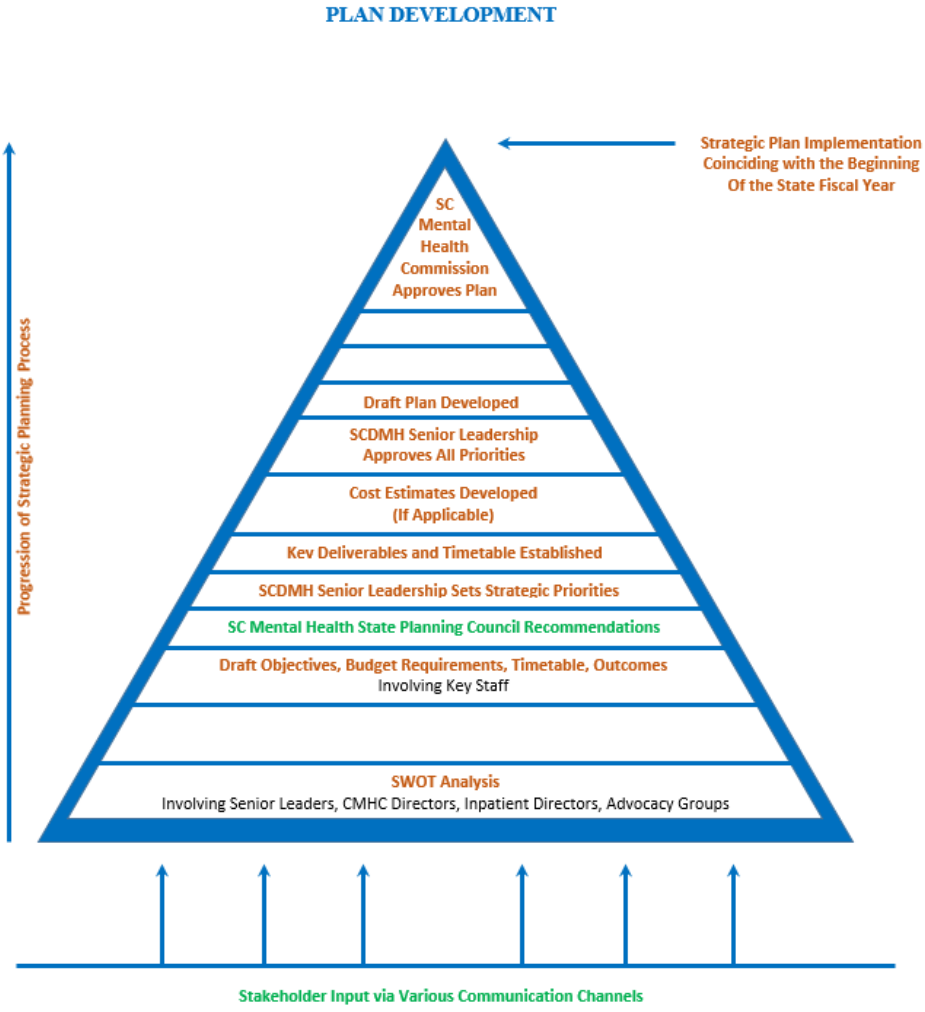


Illustration 2.
SCDMH Abbreviated Strategic Planning Process



In late May, 2018, SCDMH convened a Leadership Assembly, comprising approximately 100 senior staff from across the Department. The Assembly's three-fold goal was reaffirming the vision and mission of the Agency; recognizing the accomplishments, challenges, and opportunities of the Agency; and holding an open forum to discuss future Agency goals. Input from the day's event yielded objectives and action steps that continue to guide SCDMH's strategic planning.

The goals included: **Workforce Recruitment and Retention; State of the Art Technology; Consistently Applied Best Practices; and, Organizational Adaptability and Resiliency.** Examples of Objectives and Action Steps for each Goal are provided below.

- Workforce Recruitment and Retention
  - Competitive pay
  - Work with colleges to more actively recruit
  - Speed up job offers, especially for well-qualified candidates

    - Optimize performance of current workforce
    - Provide potential scholarship opportunities for staff
    - Continue sign-on bonuses and incentives
    - Career path development
- State of the Art Technology
    - Real-time information on resources
    - Move quickly to establish EHR to improve operational efficiencies
    - Connectivity among all treating members of the healthcare team
    - On-boarding process for staff – provide baseline training via modules
    - Workflows - standardize administrative and clinical workflows
    - Make technology a recruiting tool
- Consistently Applied Best Practices
    - Clinical best practices
    - Managing risk of suicide across inpatient and outpatient systems
    - Central registry of persons trained in various EBPs
    - Examine what our definition is of clinical/treatment outcome
    - Expenditures - Can we develop expenditure-type report to share
    - Energy efficiency/building services
    - Ensure EBPs are being used in the manner intended
    - Centralized billing, perhaps some centralized procurement
- Organizational Adaptability and Resiliency
    - Improving or building standard ways of working with other providers
    - Succession planning
    - Training staff – ensure key staff receive consistent training
    - Diversify our portfolios – get more grants and contracts
    - Money left on the table

Other strategic planning involves addressing several significant challenges that SCDMH will encounter in the future. These challenges include:

- Increasing Access to Veterans Nursing Home Beds
- Reducing the Time for Forensics Admissions
- Increasing Hospital Capacity without Increasing Hospital Beds
- Addressing Crisis Stabilization
- Addressing Workforce Recruitment and Retention

In addition, future goals for SCDMH include maximizing the outcomes of the activities delineated by the 37 performance measures included in the House Legislative Oversight Committee Program Evaluation Report – Excel, Performance Measures.

While many of SCDMH's goals can be accomplished with existing resources, including financial, others require additional State Appropriations. The FY2020 Budget Request (Request) for SCDMH highlights efforts that require a partnership with the South Carolina General Assembly (see attached **Summary of SCDMH FY 2020 Budget Request**) (See Attachment 6A and 6B).

The Request represents additional financial investments requested of the South Carolina General Assembly as a part of efforts to either supplement, augment, or create strategically significant activities as identified by SCDMH Senior Management and the South Carolina Mental Health Commission that undergird the mission of SCDMH: to support the recovery of people with mental illnesses.

Summary of SCDMH FY2020 Budget Request			
Priority	*Request Type*	*Request Title*	*State Funding*
1	Capital	Certification of State Match (VA Nursing Homes)	$ 37,065,450
2	Recurring	Crisis Stabilization Units	1,000,000
3	Recurring	Improving Local Access	1,000,000
4	Recurring	Sexually Violent Predator Treatment Program	481,974
5	Recurring	Contractual Adjustment - Inpatient Services	1,334,424
6	Recurring	School Mental Health Services	1,250,000
7	Recurring	Psychiatric Medical Services	1,394,000
8	Recurring	First Episode Psychosis (FEP) Program	600,000
9	Recurring	Additional Community Supportive Housing	2,400,000
10	Recurring	Information Technology	2,600,000
11	Recurring	DMH Crime Victims Counseling Support	1,750,000
12	Non-Recurring	Community Mental Health Services - Outpatient EHR	4,500,000
13	Capital	Suicide Prevention - Ligature Resistant Fixtures	1,252,786
14	Capital	Catawba Mental Health Center Construction	12,430,000
15	Capital	AOP Mental Health Center Construction	12,430,000
16	Capital	NE Campus Electrical Distribution System Renovations	3,600,000
17	Capital	Community Buildings Deferred Maintenance	3,000,000
18	Capital	Columbia Area MHC Phase III Construction	4,000,000
19	Capital	Campbell Veterans Nursing Home Renovations	3,940,000
20	Capital	Roddey Pavilion Renovations (Flooring, Laundry)	2,000,000
21	Recurring	Increase in Federal Authorization	3,100,000
22	Recurring	Long Term Care Division	250,000
23	Recurring	Funds for Appointed Counsel in Civil Commitment Proceedings	800,000

- **Highlighting the 2008 and 2012 cuts, what is the agency's current budgetary state? Forecast where the agency would be had it not experienced those cuts.**

The Recession from FY2009-12 resulted in a reduction of state appropriations of over $93 million for DMH. The Department sustained 4 reductions to its base appropriation during the legislative process each year of the Recession and an additional 6 mid-year reductions during that same period. On average, the Department's budget was reduced $23 million each year between FY2009-12. See **Attachment 7**.

Since FY2012, the Department has been appropriated almost $112 million in new, recurring funding. However, only 32%, or $35.8 million, was to replace those funds lost during the Recession. Over $46 million of new funding appropriated to DMH has been to support mandated programs, create new or expand existing programs. Funding to support increases in cost of living, health insurance and retirement totals $20 million.

Even though the Department's current state appropriations is at their highest historic dollar amount, taking into consideration the additional funding earmarked to support mandated programs, create new programs, expand existing programs, cost of living increases, etc., the agency's FY 2019 State appropriation actually equates with its FY 2004 appropriation. See table below and **Attachment 8**.

FY13 Beginning State Appropriations	$132,955,977
New Appropriations (Maintenance of Effort Only) Received Between FY13-19	$35,828,347
Total	$168,784,324
FY04 State Appropriations	***$169,438,293***
New Appropriations (Mandated Programs, New Initiatives, Program Expansion, Etc.) Received Between FY13-19	$76,018,628

Without any reductions to the Department's state appropriations, the agency would not have experienced significant decreases in the number of individuals served in its community mental health centers and the average daily census and number of bed days within its inpatient facilities would have remained consistent with pre-recession data. See table below.

Outpatient – Number Served	
FY08 – 87,762	FY12 – 83,880
Inpatient – Average Daily Census	
FY08 – 1,562	FY12 – 1,412
Inpatient – Bed Days	
FY08 – 570,095	FY12 – 515,223

Also, the cumulative effect of the budget reductions and increases between FY09-19 exceeds $500 million . In addition, the payroll adjustments, such as cost of living, only cover approximately 50% of the total cost to DMH. The cumulative effect of the payroll adjustments covered by DMH exceeds ($122 million). See **Attachment 9**.

- **<u>What are the agency's potential financial needs based on its future goals?</u>**

Workforce Recruitment and Retention –

- Competitive clinical salaries
  - While technology has been helpful, market competition for psychiatrists, psychiatric APRNs, nurses, therapists and psychologists has reached the point where DMH must increase compensation for these scarce professionals and front-line clinicians in order to recruit and retain a sufficient number to meet the growing demand and sustain an effective public mental health system.

- Internal competition with other state agencies and higher salaries offered by private hospitals and other healthcare facilities.

- Competitive public safety officer salaries
  - SCDMH is challenged by competition for certified officers from other state agencies and higher salaries offered by many County Sheriff's Departments and the Police Departments of larger cities.

- Nurse Development Program
  - Program would allow the Department to send unlicensed behavioral health assistants and certified nursing assistants through the program and on a track to become a registered nurse.
  - It is expected such a program would help address high vacancy rates.

Veterans Nursing Home Operations –

- Funding to support the increasing cost of operations of the existing three (3) State Veterans nursing homes, as well as the two (2) new State veterans nursing homes under construction in Florence and Cherokee when they become operational in the Summer of 2021 (FY 2022.)

Information Technology --

- As the Department continues to expand its use of Telepsychiatry for service delivery to help with the shortage of physicians, the demand on our infrastructure also increases.
  - The Department is projected to spend over $2.5 million in FY19 on infrastructure and required software upgrades and estimates $1.5 million in continued upgrades going forward.
- An integrated software solution to replace or augment the agency's current billing and electronic medical records software application, estimated at $4.5 million.

Improving Local Access to crisis and other services to reduce over-reliance on hospital Emergency Departments and psychiatric hospitalization –

- The development of short-term residential crisis stabilization units where the Department partners with local hospitals and other community officials to provide services to individuals in a psychiatric crisis who can be safely cared for outside of a hospital emergency department.
- Continued expansion of intensive community treatment services for adults and children/adolescents/families to ensure patients at higher risk for hospitalization or contact with the criminal justice or juvenile justice systems are seen at least weekly and more frequently if needed.
- Continuing expansion of school mental health services to achieve a goal of DMH and DOE to provide access to a mental health therapist in every public school, improving early identification and treatment and reducing the risk for long-term psychiatric disability.
- Continuing the expansion of the Department's housing program to provide supportive and affordable community housing to sustain the recovery of patients.

- Crime Victims Counseling Support funding to allow the Department to embed mental health professionals in local law enforcement units who would respond to incidents such as domestic violence calls and screen victims for mental health needs.

Mandated Programs Projected Growth/CPI Increases

- Sexually Violent Predator Treatment Program
- Forensics

Reinstatement of cost settlement methodology by SC DHHS as a potential measure to help address future agency financial needs

The State's Medicaid agency, the South Carolina Department of Health and Human Services (SC DHHS), changed the Medicaid reimbursement methodology for the South Carolina Department of Mental Health effective 10/1/2012. The settlement to actual cost (also known as the Cost Settlement) methodology was discontinued and changed from retrospective cost payment system to a prospective payment system methodology. SCDMH estimates that it has lost approximately $28 million in Medicaid revenue since the change as a result of the change in methodology. Because the agency's costs exceeded the total claims paid by Medicaid this would have been additional revenue to SCDMH, resulting in SCDMH having to cover its costs with either other funds or additional State general fund appropriations.

Medicaid Revenue Loss Resulting from Shift to PPS (Federal Portion)						
Fiscal Year: 2013-2017						
Cost Reports	**FY2013**	**FY2014**	**FY2015**	**FY2016**	**FY2017**	**5-Year Total**
Community Mental Health Centers	$ (887,952.56)	$ (191,977.22)	$(1,904,145.70)	$ (8,796,418.68)	$(2,022,933.58)	$ (13,803,427.74)
Nursing Homes	$ -	$(2,207,278.95)	$(2,717,782.04)	$ (3,125,925.09)	$(2,185,497.75)	$ (10,236,483.83)
Hospitals	$ (869,990.10)	$(1,037,796.77)	$ (520,536.27)	$ (1,368,309.90)	$ -	$ (3,796,633.04)
Totals	$(1,757,942.66)	$(3,437,052.94)	$(5,142,464.01)	$ (13,290,653.67)	$(4,208,431.33)	$ (27,836,544.61)

- **<u>What cost saving measures have been implemented?</u>**

Among the many measures the SCDMH undertakes to reduce costs to taxpayers and demonstrate how funds are being reinvested within the agency to better serve the citizens of South Carolina, SCDMH offers the following three (6) programs as examples.

Telepsychiatry

The Emergency Department Telepsychiatry Program results demonstrate: higher follow-up and retention of patients seen with the telepsychiatry group compared to controls in an outpatient setting; shorter lengths of stay; fewer inpatient admissions; and, total charges at encounter level for the index emergency department visit including subsequent inpatient admission that were significantly lower for the telepsychiatry group. The financial impacts include reduced costs to participating hospitals and to the mental health system.

The Community Telepsychiatry Program started because of the need for full spectrum community mental health services in rural areas across the state. Built on the success of the SCDMH Emergency Department Telepsychiatry Program, SCDMH has equipped its community mental health centers and mental health clinics to provide psychiatric treatment services to its patients via Telepsychiatry.

The Deaf Services Telepsychiatry Program and the Emergency Management Services (EMS) Telehealth Pilot Project have also demonstrated positive clinical and/or financial impacts. The estimated cost savings for the healthcare system in the first three months (cost of ambulance transport and a basic emergency department visit) of the EMS Telehealth Pilot Project was approximately $206,600 (see also below *Emergency Management Services Telehealth Pilot Project*).

The Department has also begun to expand telepsychiatry into its inpatient facilities with its Inpatient Services Telepsychiatry Program.

Mental Health Courts *(described above)*
Mental health courts are adult criminal specialty courts with a separate docket dedicated to the diversion of non-violent pretrial felony and misdemeanor offenders with mental illness from the criminal justice system to appropriate community treatment services and resources. The program is voluntary and the individual's charges are held in abeyance until the individual completes their treatment course as directed by the court. The financial impacts include reduced costs to the local court dockets and reduced costs to the criminal justice system.

Evaluation, Training, and Research
SCDMH has a commitment to staff development and training, maintaining an online learning management system that allows staff to take trainings that are required by regulatory and accrediting agencies. Curricula have been developed for staff that outline those modules that are required for their particular job duties and responsibilities. If the trainings were not offered online, staff would have to travel to attend trainings in a classroom setting. These online trainings allow staff to take the required training at their offices as their schedules permit. SCDMH has estimated that in previous years the man-hour cost savings for the online learning modules has been more than $5 million. The cost savings are realized when employees remain in place for training and the loss of revenue-producing hours, due to training, is reduced.

Clinical Care Coordination
SCDMH has a program to assist people in maintaining community tenure and reduce the need for psychiatric hospital stays. Clinical Care Coordination provides services typically not associated with mental health treatment but related to activities supportive of living in less dependent settings. Patients receive a comprehensive assessment to determine potential concerns that may be problematic and in turn interfere with mental health treatment. Clinical Care Coordinators assist with medical and dental appointments, finding appropriate and affordable housing, obtaining gainful and meaningful employment, education, and a variety of other activities that might ordinarily (and understandably) take

precedence over keeping a mental health appointment and placing one's best mental functioning at risk. The service is reimbursable through Medicaid.

Emergency Management Services (EMS) Telehealth Pilot Project

On May 1, 2017, the Assessment Mobile Crisis (AMC) team at Charleston Dorchester Mental Health Center (CDMHC) began a Telehealth Pilot Project with Charleston County EMS (CCEMS). Funded by an MUSC Telehealth Grant, the pilot project was created in an effort to appropriately divert behavioral health patients from local Emergency Departments and hospitals. CCEMS uses the telehealth technology on all 911 calls which are identified as psychiatric in nature. It first sends a staffed ambulance to evaluate the individual for medical needs for emergency transport. If there are no medical concerns, a CCEMS supervisor, with the telehealth equipment, is dispatched to the scene. AMC is contacted by the supervisor, and they establish a video connection using HIPAA compliant software. Using telehealth assessments has significantly decreased the number of individuals who are transported to the Emergency Department, and reduced the amount of time needed to complete the intervention, which has allowed for the ambulance to quickly return to service without transporting to the ED. The estimated cost savings for the healthcare system (cost of ambulance transport and a basic ED visit) is approximately $65,000 per month.

Community Crisis Response and Intervention (CCRI)

The CCRI program was built upon the successes of the Department's Charleston Dorchester Mental Health Center's 31 year old Mobile Crisis program. The CCRI Program began operating in May of 2018. Since that time it is currently fully operational 29 counties and will be operational in all 46 of South Carolina's counties by September 1st. When called by anyone, night or day, CCRI team members will triage the call and may physically deploy on-site anywhere to provide assessments, and needed referral to services, to anyone in psychiatric distress. If the team does not need to physically deploy, its members can address psychiatric crises telephonically on a statewide crisis line and the goal is to additionally provide the capacity for face-to-face assessments using telehealth equipment.

- **Please provide an analysis of patients treated by county. Which counties have definitive gaps in service?**

SCDMH community mental health centers have available clinics in all 46 counties. While not all community mental health services are currently available at all clinics, that remains an agency goal. Since the end of the great Recession, and with the support of the General Assembly, the use of telepsychiatry, and expanding the use of partnerships with community hospitals and other service providers, the Department has made substantial progress. As noted above, SCDMH has nearly completed the roll-out of Community Crisis Response and Intervention; it also is continuing the expansion of school mental health services and intensive community treatment services for adults and children/adolescents/families to ensure patients at higher risk for hospitalization or contact with the criminal justice or juvenile justice systems.

- **For the seven percent of people who are not served within the timeframes setup in 2011, has an analysis been done of why? If so, what are the reasons, or identifiable trends?**

  SCDMH has conducted an anecdotal analysis of the reasons why there was a seven (7) percent variance in 2011 in which persons were not served by SCDMH within its established timeframes. The reasons include: SCDMH staff completed the data form incorrectly (typos); SCDMH staff completed the data form incorrectly (did not understand the directions for completing the form); and, SCDMH staff did not offer an appointment with the established timeframes set for each level of urgency (emergent, urgent, routine).

- **Provide an analysis of current statutes which are outdated.**

  SCDMH has identified a number of needed changes to existing statutes. They include the following:

  - Passage of amendments to the Sexually Violent Predator Act (Section 44-48-10, et seq, embodied in pending legislation, S. 797:

    S 0797 General Bill, By Shealy

    Summary: Sexually Violent Predators Act

    A BILL TO AMEND SECTION 44-48-40(B) OF THE 1976 CODE, RELATING TO THE EFFECTIVE DATE OF PAROLE OR RELEASE, TO PROVIDE AN EFFECTIVE DATE FOR SUPERVISED RE-ENTRY FOR A PERSON CONVICTED OF A SEXUALLY VIOLENT OFFENSE; TO AMEND SECTION 44-48-50 OF THE 1976 CODE, RELATING TO THE MULTIDISCIPLINARY TEAM, APPOINTMENTS, THE REVIEW OF RECORDS, AND MEMBERSHIP OF THE MULTIDISCIPLINARY TEAM, TO PROVIDE FOR THE ASSESSMENT OF WHETHER OR NOT THERE IS PROBABLE CAUSE TO BELIEVE A PERSON SATISFIES THE DEFINITION OF A SEXUALLY VIOLENT PREDATOR AND REPORTING REQUIREMENTS AND TO PROVIDE FOR THE MEMBERSHIP OF THE MULTIDISCIPLINARY TEAM; TO AMEND SECTION 44-48-80(D) OF THE 1976 CODE, RELATING TO TAKING A PERSON INTO CUSTODY, HEARINGS, AND EVALUATION, TO PROVIDE FOR AN EVALUATION BY A COURT-APPOINTED EVALUATOR WITHIN A CERTAIN TIME PERIOD, TO PROVIDE FOR AN INDEPENDENT EVALUATION BY A QUALIFIED INDEPENDENT EVALUATOR WITHIN A CERTAIN TIME PERIOD, AND TO PROVIDE FOR AN EXTENSION IN EXTRAORDINARY CIRCUMSTANCES; TO AMEND SECTION 44-48-90(B) AND (C) OF THE 1976 CODE, RELATING TO A TRIER OF FACT, THE CONTINUATION OF A TRIAL, THE ASSISTANCE OF COUNSEL, THE ACCESS OF EXAMINERS TO A PERSON, AND THE PAYMENT OF EXPENSES, TO MAKE CONFORMING CHANGES, TO PROVIDE THAT CERTAIN CASES SHALL BE GIVEN PRIORITY STATUS, AND TO PROVIDE FOR COUNSEL AND PAYMENT AND COSTS FOR A QUALIFIED INDEPENDENT EVALUATOR FOR AN INDIGENT PERSON; TO AMEND SECTION 44-48-100(B) OF THE 1976 CODE, RELATING TO PERSONS INCOMPETENT TO STAND TRIAL, TO PROVIDE THAT A COURT SHALL CONDUCT A NON-JURY HEARING FOR A PERSON CHARGED WITH A SEXUALLY VIOLENT OFFENSE WHO HAS BEEN FOUND INCOMPETENT TO STAND TRIAL, WHO IS ABOUT TO BE RELEASED, AND WHOSE COMMITMENT IS SOUGHT; TO AMEND SECTION 44-48-110 OF THE 1976 CODE, RELATING TO THE PERIODIC MENTAL EXAMINATION OF COMMITTED PERSONS, REPORTS, PETITIONS FOR RELEASE, HEARINGS, AND TRIALS TO CONSIDER RELEASE, TO MAKE CONFORMING CHANGES, TO PROVIDE FOR AN EVALUATION BY A DEPARTMENT OF MENTAL HEALTH-DESIGNATED EVALUATOR WITHIN A CERTAIN TIME PERIOD AND UNDER CERTAIN CONDITIONS, AND TO PROVIDE FOR PERIODIC REVIEW HEARINGS AND THE PRESENCE OF THE RESIDENT AND THE DEPARTMENT OF MENTAL HEALTH-DESIGNATED EVALUATOR AT HEARINGS; TO AMEND CHAPTER 48, TITLE 44 OF THE 1976 CODE, RELATING TO THE SEXUALLY VIOLENT PREDATOR ACT, BY ADDING SECTION 44-48-115, TO PROVIDE THAT A RESIDENT SHALL HAVE THE RIGHT TO CHALLENGE COMMITMENT UNDER CERTAIN CIRCUMSTANCES AND TO PROVIDE CERTAIN CONDITIONS THEREOF; TO AMEND SECTION 44-48-120(B) OF THE 1976 CODE, RELATING TO HEARINGS ORDERED BY A COURT, EXAMINATION BY A QUALIFIED EXPERT, AND THE BURDEN OF PROOF, TO MAKE CONFORMING CHANGES, TO PROVIDE FOR THE PRESENCE OF THE DEPARTMENT OF MENTAL HEALTH-DESIGNATED EVALUATOR AT A HEARING OR TRIAL, AND TO PROVIDE THAT A RESIDENT MAY SEEK ANOTHER EVALUATION AT HIS OWN EXPENSE; TO AMEND SECTION 44-48-150 OF THE 1976 CODE, RELATING TO EVIDENTIARY RECORDS AND A COURT ORDER TO OPEN SEALED RECORDS, TO PROVIDE FOR THE RELEASE OF RECORDS TO THE ATTORNEY GENERAL AND COUNSEL OF RECORD; TO AMEND SECTION 24-21-32(C) OF THE 1976 CODE, RELATING TO REENTRY SUPERVISION AND REVOCATION, TO PROVIDE THAT CERTAIN INMATES ARE NOT ELIGIBLE FOR SUPERVISED RE-ENTRY UNTIL THE RESOLUTION OF CERTAIN PROCEEDINGS; AND TO DEFINE NECESSARY TERMS.

- Amend the statutes in Title 44, Chapter 23 regarding the commitments of defendants for treatment services to restore their capacity to stand trial, to:
    1. Provide that the SCDMH treatment services and related services to restore a defendant's capacity to stand trial may take place in a SCDMH hospital, in a county detention center which has an agreement with SCDMH, or, for defendants released on bond, on an outpatient basis through a SCDMH community mental health center; and
    2. Increase the maximum commitment period for treatment services and related services to restore a defendant's capacity to stand trial from no longer than 60 days to no longer than 180 days.
- Amend the statutes in Title 44, Chapter 23 regarding defendants found to lack capacity to stand trial and further found to be unlikely to be able to be restored to address the increasing number of defendants who lack capacity due to a neurocognitive disorder, or brain injury and who therefore do not meet the current statutory criteria for either an involuntary psychiatric hospitalization for mental illness, nor a commitment to the Department of Disabilities and Special Needs. *See Ex Parte: South Carolina Department of Disabilities and Special Needs, In re: State of South Carolina v. Rocky A. Linkhorn.*

Information Technology

- **<u>What is the current state of the agency's information technology systems?</u>**

The mission of the SCDMH Office of Network & Information Technology (ONIT) is to support all administrative and clinical initiatives of the South Carolina Department of Mental Health to support the agency's mission while managing the demands of the ever changing healthcare environment.

- ONIT has 73 staff members organized into three major functional areas: Network Services, Software Support, and Forms Supply/Records Management.
- ONIT must ensure all necessary software changes are in place to meet regulatory compliance with entities such as CMS, JCAHO, CARF, DHEC, etc.
- ONIT provides 24/7 support to all outpatient mental health centers and inpatient facilities to ensure patient care delivery is not interrupted.
- ONIT manages two data centers that house all of our clinical/administrative applications, and is responsible for the security of our patient data as required by HITECH, HIPAA, and 42-CFR.
- Responsible for the support of programs established to provide treatment in settings outside of the Department of Mental Health which include Telepsychiatry, School Based Mental Health, and CCRI (Community Crisis Response and Intervention).

All SCDMH applications are housed in our SCDMH data centers, and managed by our staff due the sensitivity of our data, and the immediate response required to respond to our critical patient care systems.

- SCDMH has two campuses located in Columbia, SC. The Main Campus is located in the Bull St., Harden St. and Colonial Dr., and consists of the DMH Administration Building, Columbia Area Community Mental Health Center and C. M. Tucker Nursing Care Center. The Secondary Campus is located on Farrow Rd. consisting of Bryan Psychiatric Hospital, Hall Institute, Morris Village Alcohol and

Drug Addiction Facility and extended administrative services. The two Columbia Campuses are connected by single path dedicated fiber. These two data centers have over 220 terabytes of data storage that is managed by the ONIT division.

- SCDMH has 74 outlying locations that connect back to the Main Campus. Each of the locations has a circuit that connects them to data network (used by core software applications) and a circuit for Telepsychiatry services. Totaling 148 Wide Area circuits.
- SCDMH has 4650 employees which include administrative and clinical staff that access DMH resources or software, 5,119 computers or laptops and 309 servers.
- SCDMH has over 2500 VOIP (Voice over IP) phones on our network that are supported by ONIT.
- SCDMH has over 31 locations with Wireless capability supported by ONIT.

Clinical Applications Supported by ONIT

- Outpatient EMR – used in all outpatient mental health centers, school based counselors, CCRI counselors, and our Telepsychiatry program. This electronic medical record was designed, developed, and implemented by ONIT. ONIT has enhanced the EMR over the years to meet the regulatory and changing healthcare demands. The current EMR includes integration with SCHIEX, Electronic Prescribing, and the Scripts database for PDMP verification. The system also creates electronic claims for MCO, Medicaid, Medicare and Private Insurance Billing. There are over 4,000 outpatient EMR users.
- Inpatient Electronic Health Record – Rollout began in 2016 and is currently implemented in all Inpatient hospitals. This implementation also included a new pharmacy system, Electronic Medication Administration Record, and CPOE (Computerized Physician Order Entry). There are future plans for additional implementation of Automated Dispensing Machines, Bar Code Medication Administration, and interoperability with outside providers. There are currently over 1400 staff members using the Inpatient EHR. This system is also used by the reimbursement department for all billing related to Inpatient facilities.
- ONIT supports additional applications used by the Division of Inpatient Services which include pharmacy services, nutritional services, and the transcription/ dictation software.

Administrative Applications Supported by ONIT

- ONIT supports all the HR/Payroll/Finance administrative functions related to SCEIS. This includes monthly, quarterly, and annual reports.
- Supports the Kronos Timekeeping System used by the Division of Inpatient Services.
- Responsible for monthly interfaces between software applications, telephone systems, procurement cards, and SCEIS that total over one million dollars.
- ONIT manages all reporting responsibilities to support the agency's mission and statistical reporting requirements related to regulatory compliance, legislative mandates, etc. This includes reporting to SAMHSA, NRI, CMS, and DHEC as well

as state requirements which include the Medicaid Disproportionate Share Hospital Survey/Audit.

- ONIT manages all support related to administrative applications which include Microsoft Office, Skype for Business, SharePoint, etc. The division also manages all end user support for these applications as well as desktop, laptop, and mobile device support.

- **<u>What are DMH's information technology needs, and what are the plans to meet those needs?</u>**

Increase the reliability of the single path dedicated fiber to support Inpatient Electronic Health Record (EHR).

SCDMH emergency plan to address a recent offsite provider outage demonstrated the need to expand vendor equipment to the hospitals located on the Northeast campus. Plan is to install equipment that provides capacity for two different connections that uses different vendor equipment, takes separate physical paths between the two campuses and will automatically detect when one path is unavailable to re-route communication to the available path.

Increasing mobile workforce.

SCDMH has over 1000 employees that work outside of a SCDMH facility and only come to a SCDMH facility every couple of months. These employees are work in schools, communities and with first responders and pose a challenge on user and computer management. To try and overcome the challenges of the increasing mobile workforce, SCDMH is working on solutions with Microsoft allow the employees to have self-service password resets and retrieve laptop encryption recovery key information. The solutions will give SCDMH IT the ability to push antivirus, security updates, software and monitor governance compliancy.

Computers to support medical service delivery.

SCDMH has a rapidly expanding mission that creates higher demand on equipment, especially computers and laptops. The need to handle the software application that our mental health services and programs, requires 90% of SCDMH computers and laptops exceed the specifications (8 gigabytes of memory, 3.0 GHz processor, one display port) that agencies must follow for the Department of Administration's Division of Technology Operations. The process of trying to get an exception to Division of Technology Operations equipment specifications is time consuming as it requires extensive communication to convey the unique 24/7/365 medical care environment of SCDMH.

- **<u>Is there sufficient broadband access across the state to support DMH's telepsychiatry network?</u>**

The Telepsychiatry Program currently has four distinct components:

- Emergency Department Telepsychiatry Program
- Community Telepsychiatry Program
- Inpatient Telepsychiatry Program
- School Mental Health Program with Telepsychiatry Component

Rural schools have the biggest challenge to access enough bandwidth to perform Telepsychiatry sessions. The Telepsychiatry session has a minimum bandwidth requirement (512 kilobytes) and this can use half of a school's available bandwidth.

There are plans of expanding Telepsychiatry sessions in the patients' community, and this would have the same challenge. Rural communities usually have inadequate access to affordable broadband services and sparse cellular service.

In those communities without adequate available access to broadband, it makes providing needed psychiatric services, and other mental health services, even more of a challenge.

Nursing Homes

- **What is the agency's current nursing home capacity? What are the additional needs on the horizon?**

  The Department operates one general community nursing home – the Roddey Pavilion which is part of its C.M. Tucker, Jr. Nursing Care Center located on Harden Street in Columbia – which has a current capacity of 176 beds, and three (3) State Veterans Nursing Homes:

  - The Stone Pavilion, part of the Department's C.M. Tucker, Jr. Nursing Care Center located on Harden Street in Columbia, with a current capacity of 90 beds;
  - The Richard M. Campbell State Veterans Nursing Home, located in Anderson, with a capacity of 220 beds; and
  - Veterans Victory House, located in Walterboro, with a capacity of 220 beds.

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- **How do the nursing homes work with other entities when a patient has a dual diagnosis?**

  Dual diagnosis means a resident having a medical disorders as well as psychiatric disorders. There are several points at which a SCDMH nursing home would work with other entities. Prior to admission to a SCDMH nursing home, a potential resident must be screened by Community Long-term Care (CLTC) a pre-screening assessment program operated by the State's Medicaid agency, SC DHHS, which determines whether individuals seeking admission to South Carolina nursing home which participates in the Medicaid program – including SCDMH nursing homes -- meet the level-of-care criteria for nursing home care. In addition, if a potential resident has had a recent psychiatric hospitalization or is currently hospitalized for psychiatric reasons, the resident must have a PASSAR Level II determination completed by CLTC to ensure that the resident's psychiatric conditions can be appropriately managed within a nursing home setting, as well as to identify the needed psychiatric services which must be provided for that resident.

  In some cases, as approved by CLTC, SCDMH psychiatrists who are not treating the potential resident are able to complete PASSAR Level II determinations on patients referred for nursing home placement who are within a SCDMH psychiatric hospital. Once admitted to the nursing home, a resident with a dual diagnosis can be seen by a psychiatrist through consultation. For both Roddey and Stone, there is a SCDMH full time geriatric

psychiatrist available to consult about the care of a resident with a dual diagnosis. For the two SCDMH contracted State Veterans nursing homes, psychiatric consultation can be requested through the VA system or via a private psychiatrist.

- **What is the federal government's process to approve additional veterans' nursing homes?**

THE STATE VETERANS HOME PROGRAM

Definition

State home means a home established by a State for veterans disabled by age, disease, or otherwise, who by reason of such disability are incapable of earning a living. State homes may provide nursing home care, domiciliary care, and/or adult day health care. Hospital care may be provided only when the State home also provides domiciliary and/or nursing home care.

The Veterans Administration participates in two grant-in-aid programs for States. The Veterans Administration may participate in up to 65 percent of the cost of construction or acquisition of State nursing homes or domiciliaries or for renovations to existing State homes. The Veterans Administration also provides per diem payments to States for the care of eligible veterans in State homes. The Secretary of Veterans Affairs may adjust the per diem rates each year.

Federal assistance to States in the cost of construction of nursing homes was authorized in 1964 and the annual appropriation has been $5 million to $105 million. In 1977, State home applications for construction funds exceeded the annual appropriations and a backlog of eligible applications has been maintained since that time. In 1986, Congress established in law a priority system for awarding State home construction grants.

Legal Authority

Per Diem Grant is Title 38 U.S.C. 1741-1743.
Construction Grant is Title 38 U.S.C. 8131-8137.

Objectives

State homes are established by a State for veterans disabled by age, disease, or otherwise, who by reason of such disability are incapable of earning a living. The home provides quality of care for eligible veterans in need of domiciliary, nursing home, hospital, and adult day health care. When a State home accepts Veterans Administration construction grant assistance, at least 75 percent of the bed occupants at any one time at the facility must be veterans. As a goal, the Veterans Administration plans to maintain at least a 33 1/3 percent share of the States' cost for the provision of such care. The Veterans Administration will also continue to encourage States to construct and renovate State homes to provide needed new beds and to maintain a safe and healthy environment in existing State veterans homes for eligible veterans seeking long term care.

SCDMH is the only entity in South Carolina operating State homes: E. Roy Stone, Jr. Veterans Pavilion in Columbia, Richard M. Campbell Veterans Nursing Home in Anderson, and Veterans Victory House in Walterboro. Together, these State homes operate 516 beds.

Typical services provided in these nursing homes include medical care; nursing care; rehabilitative therapy; pharmacy services; recreational and therapeutic activities; social services; dietary services; transportation services, beauty and barber services; and laundry services.

Eligibility and Admission

To be eligible for admission to a veterans' nursing home, a veteran must meet ALL of the following criteria:

- must have received a general discharge or an honorable discharge from military service;
- must have been a resident of South Carolina for at least one year; and
- must need long term nursing care.

What should we anticipate as a state, as far as the need for additional beds or funding? Will that be sufficient to provide services to the forecasted number of veterans needing beds?

According to *Title 38: Pensions, Bonuses, and Veterans' Relief, Part 59 – Grants to States for Construction or Acquisition of State Homes*, the VA will participate in funding a maximum 1,089 State veterans nursing home and domiciliary beds, based on 2020 projections. That may change/increase in the future, but currently that is what the VA formula indicates. This is a 339 bed increase over that projected by the VA for 2009.

The number of Veterans long-term care beds which the VA will participate in funding and what the actual need may be are not identical. To project nursing home bed needs, DHEC uses a formula of 39 beds for every 1000 citizens over the age of 65. Based on the most current U.S. Census estimate of the number of veterans residing in South Carolina (168,814), the DHEC formula would indicate a need for 6,584 nursing home beds. [It should be noted that veterans in need of nursing home care have the option and many currently are residing in private community nursing homes.] Available beds in the three SCDMH State Veterans Nursing Homes total 530. SCDMH has begun construction on two additional State Veterans Nursing Homes. Each will provide up to 104 beds, meaning the State will have 738 VA supported State Veterans Nursing Home beds when the two new facilities open, likely in the summer of 2021. Based on the current VA formula maximum of 1,089, which still leaves up to an additional 351 beds for which the State could seek VA shared funding in both the construction and operation.

Waiting lists as of June 17, 2019 indicate that E. Roy Stone, Jr. Veterans Pavilion had 37 veterans awaiting admission, Richard M. Campbell Veterans Nursing Home had 110 veterans awaiting admission, and Veterans Victory House had 22 veterans awaiting admission. These lists do not indicate the number of veterans on the list who are currently

residing in community nursing homes, or are being served by home health, homemaker services, or in adult day care. In other words, many of the veterans on the waiting lists are receiving care, just not in the facility they would prefer.

Crisis Stabilization Centers

- **How are crisis stabilization centers evaluated?**

  SCDMH, through its community mental health centers, is continuing to establish local partnerships with hospitals, law enforcement and other local officials to create crisis stabilization centers for individuals experiencing a mental health crisis who can be safely cared for in a non-hospital setting. The agency's Charleston-Dorchester Mental Health Center (CDMHC) opened the Tri-County Crisis Stabilization Center (TCSC) last year. With financial support from MUSC, Roper Hospital, the Charleston Center, and the Charleston County Sheriff's Department, the CDMHC opened a 10 bed residential program to provide short-term psychiatric assessment and treatment services to adults in psychiatric distress, who otherwise might end up in an emergency department, hospital inpatient unit, or jail.

  The Department's Spartanburg Mental Health Center also opened a non-medical crisis stabilization unit, the Eubank Center, in partnership with Spartanburg Regional Hospital System, MHA, Spartanburg County, and the United Way, in October 2018. This unit is open from 1pm through 9 pm, Monday through Friday, and is staffed only with therapists and peer support specialists.

- **What is the anticipated roll out plan across the state?**

  Several other mental health centers are in the planning process for establishing crisis stabilization units. The Anderson Oconee Pickens Mental Health Center, the Greater Greenville Mental Health Center and the Orangeburg Area Mental Health Center are each working with their local community hospitals and other stakeholders to identify a location and necessary funding partners to establish crisis stabilization units in Anderson, Greenville and Orangeburg.

[End]

Attachment 1

REQUEST FOR REVIEW

INSTRUCTIONS: Complete and give to local Advocate or send to SCDMH Patient Advocacy, P.O. Box 485, Columbia, S.C. 29202

Name of Person Requesting Review

Address and Phone No. of Person Requesting Review

Patient's Name

Relationship to Patient if other than Patient

What right do you think was violated?
If other, please identify

Where did it happen?

When did it happen?

Describe what happened.

What do you want to take place?

Signature of person completing the form _____ Date _____

ADVOCATE REPORT

To be completed by the Local Advocate

Allegation: Number / Rights / Category

Statement of Findings:

Action Taken:

Signature _____ Date _____ Resolved ☐ Y ☐ N

Patient was offered a copy of this report, but declined. _____ **Patient's initials** _____ **Date**

If you are not satisfied with the action taken on your request contact your Center or Facility Director or the SCDMH Director of Patient Advocacy at 1-866-300-9330.

Attachment 2

DATE	DATE	LAST NAM	FIRST NA	STAFF L	STAFF F	STAF	STAFF	FACILITY	LODGE COM	COM	COMP	OUTCOME
								Center	Adult se 9e			
3/27/2019	3/29/2019									7c		A patient's sister asked his private physical for residential or nursing home care for patient. And the physician's office phoned and reported to DSS. DSS-APS called DMH state office (RRC) DSS. RRC spoke with DSS and referred to center adv. Patient was seen at the center a few days earlier and his nurse did make mention in the clinical service note that his fingernails were extremely long and she had trimmed his right hand. When advocate (adv.) spoke with the sister she went back and forth on what she wanted to happen. She has concerns he needs more supervision than she can provide. She fears he is not taking his medications for his blood pressure as prescribed, will not preform his ADLs and without her fixing him a plate for dinner he would go without before fixing himself food. She reports he refusing to bathe, repeatedly wearing the same clothes that are dirty and not wearing clothes his sister has washed for him. Discussed options from in home assistance, which she said was a failure in the past, but might work with a male attendant. A CRCF (community residential care facility) would require the patient to want to go and stay there. A nursing home facility would be the most restrictive. His nurse who sees him regularly for injections said that patient was at about his baseline other than his nails being extremely long and dirty. Stated he was very cooperative and appropriate during his nursing service 3/14. Adv. presented information to the DMH Center County director to bring before the treatment team this afternoon. DSS worker feels a nursing home facility might be in the patient's best interest and is going to prepare information for the family. Sister said she thought he might go to a CRCF if it were nearby. Checked and there is no CRCF bed availability at this time. Family is inquiring and there is no indication that this is a patient preference. Case was staffed with treatment team and nurse and physician will follow up with patient at next visit regarding his needs and preferences. Explored different options with the family and discussed risks and benefits through the continuum, least to most restrictive placements. Sister agreed to be more diligent in ensuring he eats the meals she prepares and takes his blood pressure medication daily. Spoke to DSS investigator who was obtaining nursing home information for sister. APS case will not be opened.
								Center	Adult se 2d			A DMH central office staff person, got a call from US Reps' office. The call was forwarded to RRC -DMH Dir. of Pt Advocacy. RRC asked center adv. for any info Catawba might have on this man, if he was our client, etc. Original caller was concerned about the older adult (mom) living with the male (son) who is out of control and DMH needed to do something. Per center Pt was last seen by center about 10 ½ years ago. The current Chester staff did not know this gentleman. It appears we last served him about 10 years ago – a few months in '06 and a few months in '08. Based on one of his DX's, it's possible pt was/is a client of DDSN. In spite of caller's desire not to speak w/ center, Adv offered to contact caller directly. RRC attempted to follow up on the concern for DMH. RRC left two messages that were never returned.
3/27/2019	3/28/2019											

				Center	Adult se 8c		Patient complained that APRN will not give her med she needs--insisting she try other meds first for her anxiety. Pt. said meds are not working, cannot function with severe anxiety, and therapy isn't working. Wants to see another doctor today who will prescribe Valium for anxiety. Per EMR: Patient opened on 11/29/18; pt. said she prescribed Valium in Georgia. Urine drug screen 11/29/18 and 12/6/18 tested positive for benzos. Pt. is currently taking Hydrocodone with muscle relaxer; Tylenol #4 with codeine and 800mg Ibuprofen. 12/21/18 pt. called APRN--need meds that will work quickly with her anxiety and pain. Pt. offered appt. next week but patient said "I need meds now." Patient had not picked up Paxil and Vistaril from pharmacy yet--refused to take. Said needed something for pain--APRN explained DMH is treating her for depression and anxiety-not pain. Patient said she would get what she needed somewhere else and hung up. 1/3/19: Pt. called Crisis line--brought into Emergency Services--admitted she has not picked up meds yet. 1/11/19 PMA appt.-switched meds to Latuda and Propranolol. 1/22/19 PMA pt. reported she did not take Propranolol--APRN prescribed Zoloft. 2/8/19 PMA: still not using Propranolol, and had not picked up Zoloft from pharmacy. 3/4/19 PMA: Taking Zoloft but not working--APRN increased dosage. Patient asked for Valium--APRN explained medical reason for not prescribing benzo--give other meds time to work. Told patient changing doctors is a clinical decision-suggested she talk with Adult Clinical Services Director--also told her many doctors won't prescribe Valium. She called ACS Director-spoke with her and APRN--they explained medical reason for not prescribing Valium-was told could see another clinic doctor but not that day or they could refer her to a private provider, however, explained that another clinic doctor not likely to grant her request--she hung up.
3/4/2019	3/4/2019						
				Center	Adult se 8b		Mother said Program Director helped mother complete judicial paperwork--very helpful; patient examined by doctor 3/26/19 and court date set for 4/1/19. Patient met someone online and stayed out until 5am--Mother had told doctor about patient's risky behavior at examination. Mom contacted Case Manager (CM) to ask how to get in touch with doctor so that she could provide this additional information before the court hearing. CM didn't know about the exam or hearing. Mother very upset that CM not aware of exam/court date. When asked to speak with Program Director, front desk staff told her she wasn't in and wasn't sure if she was coming in to this office today. Mother called DMH state office and they referred to her me. Mother wants a CM who stays on top of all issues related to her daughter; also wants to get additional information about daughter to doctor before court hearing. 3/29/19, Adv. staffed with Program Director: Since mother filed petition (not Center staff), only she is notified of examinations/court dates--not Center staff, this is why the CM did not know of the proceeding. Mom will have an opportunity to speak at the hearing and can provide the additional information then. 3/29/19: Adv. called Mother and explained why CM wasn't aware of exam/court date and how she can provide additional information at hearing. She said she understood and thanked me. Concern: Program Director was in another Center office that she supervises that day--a plan needs to be developed as to how to handle calls for Program Director when she is at the other location since she rotates between offices as part of her job.
3/29/2019	3/29/2019					8c 2d	

			Center	Adult se	9e	
3/18/2019	3/19/2019					3a
			Center	Adult se	8b	
3/5/2019	3/6/2019					
3/6/2019	3/6/2019		Adult Civil	G	2a	
3/8/2019	3/11/2019		Adult Civil	H	6b	
3/22/2019	3/26/2019		Adult Civil	H	8c	

Ref. Fed. Rep.'s office- mom called RRC. Son is a very sick man (never in care but multiple ER visits). Released by local Hospital Friday to homeless shelter, but told him he would have a bed Monday at housing/service program. Mom called RRC furious because the ER released him before the bed at the housing program was available, and she again lost track of him. He has been homeless and wandering for years. RRC contact center where son resides and center where housing program exists for assistance. Mom gave RRC son's cell phone, which RRC shared with staff and asked staff who are out stationed at housing program to be on the lookout for him. Staff at both centers spent the good part of yesterday calling the man, talking him into trying the housing program, making sure he got transported there, securing a bed and beginning intake. Sadly, he walked out the next day, but DMH staff did an excellent job trying to engage him in care.

Ref. from Senator's office- DSS reported they got a pick up order yesterday for client and had her at the hospital for hold until an inpatient mental health facility could be located to do a complete mental assessment. DMH was at hearing with probate judge and was aware. DSS says the ER doctor was going to release her b/c she was fine and they had shredded the order from judge. DSS had to get LE to do an EPC so ER could not discharge her. DSS was asking for help from DMH. RRC asked center for info. Per center, client was not an open pt. at the center, however, DSS worker came in to complete the petition for the patient to be evaluated through probate. Patient was taken to ED after court to find patient a psychiatric bed. DMH contacted the ED to advise them of the probate court recommendations. Apparently, pt. didn't meet emergency admission standards (she was under a judicial) so the ER was required to release her by law. So DSS had to put her on a protection hold in order to keep her in custody. During this time center attempted to locate a bed for patient at multiple hospitals and gave that information to the ED nurse. Eventually a bed was located and pt. admitted.

Pt. states he asked his Social Worker (SW) if she was trying to find placement for him, because he's ready to leave the hospital. Pt. states SW told him she needed to talk with someone from the Forensic Review Board, before doing anything. Pt. states he became frustrated because he thought he was no longer involved with the Review Board. He then said he didn't feel safe with his SW, because he shot two of her sons who are sheriffs in his home county. Reviewed SWer's progress notes. She noted pt. became upset because he thinks we're holding him here, but he didn't do anything wrong. She is waiting to hear back about pt.'s Review Board status. Adv. explained this again to pt. and that he's here for treatment, not because he did anything wrong. Encouraged him to continue to take meds., because he's still experiencing delusional thoughts and may not be quite ready for discharge yet. Attempted to explain that SW doesn't have any children, but pt.'s insight is limited.

Pt. wants to know if she still gets her SSI and SSDI checks. Adv. spoke with staff in the Finance Dept. and she called the Social Security office. She was informed pt. gets SSDI and the DMH recently became her payee. Her SSI check stopped when she was admitted to the hospital, but she can get it reinstated when discharged. Pt.'s SSDI check hasn't started coming to the hospital yet. Pt. was informed.

Pt. states she would like small group therapy or 1:1 therapy. She also wants to see visual documentation of her treatment progress. Dr. states they will develop a system (chart) so pt. can follow her progress more readily. Pt. has been attending a coping skills group and Dr. started leading a DBT group on the locked pod Mon. - Fri. for pts. in need.. Pt. has been attending daily.

3/25/2019	3/25/2019			Adult Civil	H	3a		Advocate was contacted by Protection &Advocacy. She was working with DMH and DJJ Liaison, trying to locate a patient. Advocate located the patient and linked patient's SW to other DMH staff for follow-up. Advocate returned P&A's phone call, and confirmed that they had located patient and they were now able to follow up with their concerns.
9/28/2016	9/29/2016			Child inpatient	C-A	1a		Patient alleges she was thrown across the room by staff and PSO because she would not move into another room. She said they dragged her to move her to room 2 and then pushed her into the room. Patient said the incident happened on September 25. She also said they were in a position that the camera could not see. Patient wants the incident investigated. Adv/ queried patient at length about the area the alleged incident happened. The camera would have been in view. Reviewed the clinical records and patient had been attempting to harm herself with an object that she stuck in her bra. Staff was trying to retrieve the object and patient stood up on the bed and jump off, causing injury to her ankle. When Dr. arrived, patient was on the floor screaming. Patient transported to ER. Patient's mother was called and told Dr. that this is the behavior patient exhibits when she can't have her way. Nurse said patient was not thrown across the room or pushed but became upset after staff learned she had an object trying to cut herself. Adv. reported to PSO for investigation-- and informed patient of my reporting.
1/8/2019	1/8/2019			Center	CAF	1d	8b	Mother of patient reported that Medication Technician had a mean tone when speaking with the mother regarding medication refill. Mother reported that she could not provide any specific information about what staff member had said except that she felt like the staff member was thinking that she was privileged and entitled. Mother contacted Med tech for refill of medication that was provided from hospitalization from non-affiliated hospital requesting that medication be filled before scheduled MD appointment. Mother would like staff to be friendlier and medications to be filled. Advocate spoke to mother regarding experience. Mother reported feeling that staff member was rude and that she was not being helpful with getting her daughter's prescription refilled. Advocate spoke with staff member and was told that mother would not allow staff member to speak and so when she was done talking she said "ok" and that mother took offense and said that she was being rude. Med Tech staffed case with MD and a bridge script was called in until patient could be seen by MD. Advocate notified supervisor (Medical Director) of the mom's complaint to be addressed accordingly.
8/23/2018	8/23/2018			Forensic	4	2a	2d	Patient stated that he received a letter about the review of his charges from his public defender. He stated that the solicitor dismissed the charge. He was curious why he's still here. Advocate contacted SW, who replied, "On 08/03/2018, patient completed visit with Langit's CRCF, Guardian Angels CRCF, and Midland Park CRCF. All CRCF owners reported to social worker that they believe he would be a good fit for their establishment and would like to extend the offer to complete a 2 week pass. Patient reported to social worker that his favorite placement option was Midland Park CRCF. Patient has been accepted to Midland Park CRCF in Charleston, SC. Patient has attended Forensic Review Board on 08/17/2018 and was approved by both FRB and AFRB. Patient has been 100% compliant with discharge planning procedures. Patient continues to ask about his discharge date. Social worker has been in contact with Midland Park CRCF administrator. Administrator is requesting private pay up front and an approved application for OSS as well as an ID prior to admission. Discharge Coordinator has been in contact with MH Liaison regarding admission process for Midland Park to ensure patient will be discharged in a timely manner. Patient currently has benefits in place and a payee to assist with distribution of funds. Patient's payee is Origin formally knowns as Family Services. Patient is currently a Green Band, does not have any pending charges, and is ready to discharge."

1/3/2019	1/3/2019			Forensic	Unit 2	4c	5a	Advocate met with patient on unit 2. She stated that maintenance changed the shower curtains which the patients are happy that is done, but there is an issue of huge gaps in between the curtains to the point where if a male or female patient was to walk by the door they could see the patients washing, putting on clothes etc. Advocate emailed Alden Hoyt on the concern asking if he could look into this complaint? Alden response was "The problem was not with a shower curtain but with a privacy curtain in room #203. The problem was the curtain needed more hangers. That problem has been corrected."
12/6/2018	12/10/2018			Adult Civil	H	4c		Pt. states she told staff weeks ago her bed is causing her back to hurt. She states the mattress is old and doesn't have much cushion, so she put the mattress on the floor and started laying on the floor, on top of the mattress because it made her back feel better. Pt. wants a new mattress. Adv. spoke with Dir. of Environmental Services and informed her of pt.'s situation. She said new mattresses were available. Pt. was given a new mattress on 12/6 and was appreciative. Currently, pt. is sleeping on her bed with the new mattress.
1/4/2019	1/5/2019			Morris Village	cottage	5e		Patient stated that his eye condition is appearing to worsen, and for him it is at an alarming rate. He is alleging that his eye condition is related to an underlying cancer diagnosis. He stated his serious desire of finishing his last week of the program, but is begging for another consultation with a doctor regarding his eye. Advocate reviewed patient's chart and saw where Dr. performed an eye exam just 2 days ago. However, Advocate contacted Dr. and requested patient's eye be checked for any worsening symptoms. Dr. stated they would examine his eye again. Dr. concluded during exam that she would send patient to ER for deeper examination to be safe. Patient went to ER and got further treatment. A fourth follow-up examination was also performed on 1/5. Patient was discharged on 1/10 with no further complaints about eye.
1/25/2019	1/25/2019			Adult Civil	H	5e		Pt. states she has neuropathy and was on Neurontin 800mg before coming to the hospital. She states her doctor changed it to 300mg and she feels it's not enough. Pt. states she also has anxiety and was taking Klonopin before admission. Now she only has Benadryl ordered. She feels she needs something for anxiety. Adv. spoke with Dr. who states before pt. was admitted, she was taking 300mg of Neurontin. No changes were made. She states pt. has a hx. of substance abuse (benzo and opiates), so she changed the Klonopin to Vistaril. When explaining this to pt., she didn't seem to mind the change to Vistaril, but felt she needed an increased dosage of Neurontin. Encouraged pt. to discuss this with her doctor, who will continue to assess her and make changes to meds. as needed. Pt. said she would. *On 1/28, records show pt.'s Neurontin dosage was increased.
11/15/2018	11/16/2018			Forensic	5	5c	4a	Patient stated he wants more activities and better snacks, especially at night. Advocate stated that right now, many AT have recently retired, so much of the staff are new. So, for now, it may be a little slower with activities on and off the unit as staff regroup and plan new ways of doing things. However, there are many things on the AT calendar (posted on the units) that are planned to take place. Patient appeared very manic and glossed over Advocate's explanation, though he was very polite and just over-eager. As for snacks, Advocate reminded patient that he could request nursing staff to order a variety of different snacks at night. Patient stated he remembered. Advocate told nursing staff that patients wanted a variety, and staff stated that they order the snacks that the majority of patients want to eat so items are not unused or thrown away.

10/4/2018	10/4/2018		Adult Civil	G	5c	8c	Pt. states he's been on level 0 since 9/12 and Dr. wouldn't raise his level. He states he walked away from a fight yesterday, but Dr wouldn't give him level 1. Pt. wants another doctor. Adv. Spoke with Dr., who stated pt. is manic. She states he almost got into a fight yesterday, which was precipitated by another pt., but pt. took his shirt off and had his fists up. She feels pt. is not ready for level 1 yet. According to records, the other pt. was yelling about taking a shower and pt. asked him did he want to fight and ran in the other pt.'s direction. Pt. attempted to strike the other pt., but staff intervened. Adv. attempted to explain to pt. the reason why his doctor feels he's not ready for level 1, but he continued to state he wants another doctor. Med. Director was notified. *On 10/10, pt. punched the wall and told staff it helped to let stress out. He remains on level 0. On 10/24, pt.'s level was increased to 1.
			Center	Adult se	6c		pt. called RRC about a debt set off letter. Took some time to track down the bill since it was Care Coordination, not deaf services or center bill. RRC found it. After consulting with staff, it was determined that with a fee reduction applied, the outstanding balance was much lower. Fee reduction had been applied to center charges but had not been applied to CC services.
9/10/2018	9/15/2018		Center	CAF	6c		RRC called pt. explained amount owed and set off was stopped. Pt. said she would pay.
10/4/2018	10/4/2018		Center	Adult se	7a		Mother of patient called to dispute bill received from year ago. She reported that they were misled at intake that he would see psychiatrist after seeing a MHP for assessment and does not feel he should have to pay for service. Advocate spoke with the mother regarding her dispute on bill. Advocate reported that would need to review the service and determine if patient would be responsible for bill. Advocate reviewed the charge and determined service delivered was a billable charge. Charge was dated over a year ago and mom reported no issues regarding the service until the patient received a bill. Advocate mailed the determination of the dispute to the patient and notified billing department that the mother reported that they can pay it but that she and he were refusing to do so out of principle and instructed billing department to handle the next steps in collection process.
1/22/2019	2/3/2019						Patient has signed a release of information for his friend to be a part of his treatment at the center. Friend expressed frustration because he is not aware of patient's appointments due to lack of communication from the patient. He wants to be informed of patient's appointments because he provides patient with transportation. Patient Advocate spoke with patient's therapist about this compliant. Therapist stated she will speak with patient's friend at the next appointment and he will be aware of upcoming appointments. Patient Advocate encouraged patient's friend to attend 1/28 appointment with patient which he agreed.
10/8/2018	10/8/2018		Morris Village	cottage	7a		Patient's mother called Advocacy stating that her son went to MV 3 weeks ago. He lived with her and had originally allowed her to know of his treatment. He changed his mind part way through treatment, and she was just wanting to know if he was still a patient at MV or if he had been discharged, because she had concerns about her keeping her living space set up as his living arrangements, and he had previously asked her to come to MV to pick him up. Advocate told her that by HIPAA, she couldn't confirm or deny that he was there, but that she would make sure this message gets forwarded where her son would know of her concern. She was very emotional that she was given the time and space to raise her concerns. She was very thankful for the follow-up.

12/2/2016	12/2/2016		Adult Civil	B	8d	Patient stated that he is having problems with being able to express how he lives and feels. He stated the hospital is not fitting his lifestyle that he needs to carry out, and he is feeling forced into this situation. He spent over 30 minutes detailing his spiritual mission that he is on, and what God is specifically instructing him to do. He is in the hospital, because God told him to quit taking his medication in the community. Since his admission, he has refused medication, and been evaluated to prove his inability to refuse (see past reports). Then, his delusions escalated to refusing to sign paperwork that would have him discharged. He has been found ready to be discharged several times, but he will not sign paperwork to establish his finances and placement, per God's orders. Last, his delusions have now morphed into not being able use the phone, read, or write anything. Therefore, patient's social worker has been relaying whenever patient wants to speak with Advocacy, as he will no longer call her on the phone. Advocate reiterated how the hospital is designed, how treatment plans and compliance operates, and suggestions for success in the program. Patient remains fixedly persistent on obeying God's direct orders to him. Advocate still maintains positive interaction with patient about patient's feelings and concerns.
4/10/2017	4/10/2017		Adult Civil	G	8d	Patient stated he will be refusing his treatment, because "they're" making him do things he does not want to do." Patient has a history of refusing his treatment. He also has a history of becoming quite violent and belligerent in his refusal. Doctors have properly filed Substitute Decision Maker paperwork for this patient. Advocate explained what that meant, and what that meant regarding his right to refuse certain aspects of his treatment. Patient appeared unable to comprehend Advocate's explanation. Patient remained peppy, upbeat, but distracted by other topics of conversation.
			Center		8c	
5/8/2017	5/8/2017			Adult se		Patient called 5/8/17 and said he's having trouble getting to his appointments (transportation and mobility); he thinks he has too many appointments with CM: "All he does is ask me a few questions--he can do that over the phone." He sees the doctor every 3 months which is fine with him. CM "should come to me--not me to him." Pt. wants to cut down on number of appointments, call him, or come see him at his home. Emailed CM and supervisor re patient's complaints. Adv. understands that their program only able to provide limited community outreach--would this be a situation where it would be appropriate? Supervisor responded that patient came in for PMA after calling adv.--CM and doctor discussed his treatment with him and they decided Medication Management Only (MMO) would be best for him. Patient will be switched to that level of care.
8/1/2017	8/1/2017		Adult Civil	G	8c	Patient stated that staff have been begging him to shower, but the shower he wants to use is out of order. He stated he will be boycotting showers until he gets to prison. He believes that Dr. is sending him to federal prison, so he wants Advocate to help him prepare. Advocate spoke to patient for a while about showering, and the benefits of hygiene. Advocate also reminded patient that DMH will serve him even if he becomes stinky-That will not be a reason to discharge patient. Advocate also reassured patient that Dr. would have no legal means to transfer patient to federal prison even if Dr. and patient both wanted this to occur (which Dr. does not). Advocate also told patient that if he wanted any prison prep, he needs to find it from someone who is taller than 5'2" with more muscle. Advice from adv./ on how to survive in prison would not be helpful. Patient laughed.
			Center		8a	
9/15/2017	9/15/2017			Adult se		**Ref. Sen. office-** RRC contact center adv. asking for assistance for individual to receive services at center. Director requested that contact be made with the family to provide information about our services. Adv. contacted wife and provided center information and walk in policy for services. Wife expressed that she will talk with her husband and see if he is willing to come in for services. She expressed that she wants him to get help for his hoarding issue and that he has not been right since his accident in 2015. She expressed gratitude for assistance and will urge her husband to come in for services on Monday. Notified RRC of actions taken at center to provide information for services.

Attachment 3

1. Abuse & Neglect

a. Physical Abuse & Excessive Force

b. Excessive Restraints, Seclusions or PRNs

c. Sexual Abuse

d. Verbal Abuse or Violations of Dignity

Includes rudeness

e. Neglect

Staff fail to perform duties that may jeopardize health or safety (ex. not making rounds; sleeping on job; violating standards of care; ignoring medical or treatment needs)

f. Financial Exploitation

2. Admission & Discharge

a. Discharge (when)

Demand for discharge or release
If delay of discharge is outside DMH control use 9e or 9f

b. Community Placement (where)

Disputes about housing or level of care
Includes transfers between facilities (ex. from Bryan to Geo)
BUT SEE 5) c and 8) c)
Objections to court orders related to housing

c. Periodic Court Review

d. Questions, Education & Other

About court procedures / commitments etc.

3. Information & Advocacy

a. Access to Advocacy

Requests for advocacy materials, access to DMH Advocates, PSO, Ombudsman, SLED, or P&A
Assistance with pressing charges

b. Access to Legal Resources

Copies, statutes, legal materials, living wills etc.
Requests for referrals to Legal Aid, etc

c. Questions, Education & Other

About grievances, advocacy system, legal services etc.

4. Physical Environment

a. Food Quality & Quantity

NOT dietary issues related to health
SEE 5) e. Healthcare

b. Linens, Clothes & Toiletries

Cleanliness, quantity, quality, etc.

c. Disrepair of Physical Plant

Plumbing, fixtures, furniture, room temperature, etc.

d. Cleanliness of Facilities

Includes pests, rodents etc.

5. Inpatient Rights

a. Privacy

Freedom from improper searches, privacy for dressing, privacy for calls and visits etc.

b. Safety

Protection from peer on peer violence

c. Freedom of Movement, Privileges & Fairness

Disputes about the level system or privileges, home passes, community trips, funeral furloughs, recreation, fair treatment by staff etc.
Requests to change dorm/room assignments - BUT SEE 2) b and 8) c)

d. Communication

Restrictions on telephone calls, mail or visits

e. Health Care

Medical, dental, dietary or other issues related to physical health
Includes aides (glasses, dentures, walkers etc.)
Includes access to PRNs for pain
NOT mental health - SEE 8) Treatment
NOT food - SEE 4) a. Food Quantity & Quality

6. Personal Property & Money

a. Property

Need for clothes, lost property etc.

b. Money, Entitlements & Rep. Payee Issues Involving DMH

c. Billing Issues

Payment disputes, etc.

d. Other Non-DMH Issues

Any questions or complaint about entitlements or money outside DMH control

7. Confidentiality & Consent

a. Access to Records & Information

By client, family or third party
Includes requests to amend records

b. Breach of Confidentiality

Improper disclosure of information

c. Other Issues of Consent, Confidentiality, etc.

Competency, substitute consent, what needs consent etc.
Questions & Education

8. Treatment

a. Eligibility for Services

Refused services, case closed against wishes

b. Accessibility to Staff & Treatment

Service not offered, waiting list or long appointment wait time; staff cancels appointments or fails to return calls; transportation issues, jail services, PAP medication access
ADA accommodations / interpreters etc.

c. Individualized, Client-Driven Treatment

Disputes over diagnoses, medications, dosages, treatment plans
Requests to change DR, SW or other treatment staff
Requests to change treatment facilities – BUT SEE 2) b and 5) c)

d. Right to Refuse Treatment

Right to refuse medication or other treatment

9. Other Rights Issues

a. Work, Compensation & Education

b. Religion

Includes food and other accommodations

c. Sexuality, Birth Control, Marriage, etc.

d. Voting

e. Housing

Lack of access to or complaints about CRCFs, TLC etc.

f. Legal Assistance for Non-DMH Issues

Divorce, criminal proceedings, landlord-tenant disputes, rights issues outside of DMH

SC DMH Client Advocacy Report
January 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**3**	**3**
Harris	**8**	**8**
Morris Village	**4**	**4**
Hall	**2**	**2**
Tucker	**1**	**1**
BPH-Forensics	**18**	**18**
Mental Health Centers	**34**	**34**
Total	**70**	**70**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**61**	**61**
Information, Referral & Other Assistance[1]	**12**	**12**

AT A GLANCE

Type of Complaint Resolved	Inpatient[2] Year-to-date	Forensics[3] Year-to-date	Centers[4] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**4**	**5**	**4**	**13**	**13**
2) Admission & Discharge	**1**	**2**	**4**	**7**	**7**
3) Information & Advocacy		**7**		**7**	**7**
4) Physical Environment	**3**			**3**	**3**
5) Inpatient Rights	**4**	**5**		**9**	**9**
6) Personal Property & Money	**4**	**3**	**2**	**9**	**9**
7) Confidentiality & Consent	**1**		**2**	**3**	**3**
8) Treatment	**2**	**3**	**23**	**28**	**28**
9) Other Rights Issues		**2**	**5**	**7**	**7**
Total[5]	**19**	**27**	**40**	**86**	**86**

[1] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[2] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[3] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[4] Centers: All DMH community mental health centers, programs and community residential facilities.
[5] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	1		1	2	**2**
b. Excessive Restraint, Seclusion & PRNs	1			1	**1**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	2	3	3	8	**8**
e. Neglect		2		2	**2**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	1	1		2	**2**
b. Community Placement (where)					
c. Periodic Court Review					
d. Questions, Education & Other		1	4	5	**5**
3) Information & Advocacy					
a. Access to Advocacy		3		3	**3**
b. Access to Legal Resources		3		3	**3**
c. Questions, Education & Other		1		1	**1**
4) Physical Environment					
a. Food Quality & Quantity					
b. Linens, Clothes & Toiletries					
c. Disrepair of Physical Plant	2			2	**2**
d. Cleanliness of Facilities	1			1	**1**
5) Inpatient Rights					
a. Privacy					
b. Safety	1			1	**1**
c. Freedom, Privileges & Fairness	1	2		3	**3**
d. Communication		1		1	**1**
e. Health Care	2	2		4	**4**
6) Personal Property & Money					
a. Property	1	2		3	**3**
b. Money, Entitlements, Rep. Payee	2	1	1	4	**4**
c. Billing Issues	1		1	2	**2**
d. Other Non-DMH Issues					
7) Confidentiality & Consent					
a. Access to Records & Information					
b. Breach of Confidentiality	1			1	**1**
c. Issues of Consent, Confidentiality, etc.			2	2	**2**
8) Treatment					
a. Eligibility for Services			4	4	**4**
b. Accessibility to Staff & Treatment	1	2	8	11	**11**
c. Individualized, Client-Driven	1	1	10	12	**12**
d. Right to Refuse Treatment			1	1	**1**
9) Other Rights Issues					
a. Work, Compensation & Education		1		1	**1**
b. Religion					
c. Sexuality, Birth Control, Marriage, etc.					
d. Voting					
e. Housing			1	1	**1**
f. Legal assistance for Non-DMH issues		1	4	5	**5**

SC DMH Client Advocacy Report
February 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**7**	**10**
Harris	**10**	**18**
Morris Village		**4**
Hall	**1**	**3**
Tucker	**1**	**2**
BPH-Forensics	**9**	**27**
Mental Health Centers	**34**	**68**
Total	**62**	**132**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**48**	**109**
Information, Referral & Other Assistance[6]	**7**	**19**

AT A GLANCE

Type of Complaint Resolved	Inpatient[7] Year-to-date	Forensics[8] Year-to-date	Centers[9] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**13**	**6**	**10**	**16**	**29**
2) Admission & Discharge	**6**	**5**	**6**	**10**	**17**
3) Information & Advocacy		**7**	**1**	**1**	**8**
4) Physical Environment	**4**	**3**		**4**	**7**
5) Inpatient Rights	**11**	**7**		**9**	**18**
6) Personal Property & Money	**5**	**6**	**4**	**6**	**15**
7) Confidentiality & Consent	**1**		**5**	**3**	**6**
8) Treatment	**3**	**4**	**46**	**25**	**53**
9) Other Rights Issues		**2**	**10**	**5**	**12**
Total[10]	**43**	**40**	**82**	**79**	**165**

[6] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[7] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[8] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[9] Centers: All DMH community mental health centers, programs and community residential facilities.
[10] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	2		1	1	**3**
b. Excessive Restraint, Seclusion & PRNs	3			2	**3**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	4	3	9	8	**16**
e. Neglect	4	3		5	**7**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	5	3		6	**8**
b. Community Placement (where)	1	1		2	**2**
c. Periodic Court Review					
d. Questions, Education & Other		1	6	2	**7**
3) Information & Advocacy					
a. Access to Advocacy		3	1	1	**4**
b. Access to Legal Resources		3			**3**
c. Questions, Education & Other		1			**1**
4) Physical Environment					
a. Food Quality & Quantity					
b. Linens, Clothes & Toiletries	1	2		3	**3**
c. Disrepair of Physical Plant	2	1		1	**3**
d. Cleanliness of Facilities	1				**1**
5) Inpatient Rights					
a. Privacy					
b. Safety	1				**1**
c. Freedom, Privileges & Fairness	6	2		5	**8**
d. Communication		2		1	**2**
e. Health Care	4	3		3	**7**
6) Personal Property & Money					
a. Property	1	5		3	**6**
b. Money, Entitlements, Rep. Payee	3	1	1	1	**5**
c. Billing Issues	1		3	2	**4**
d. Other Non-DMH Issues					
7) Confidentiality & Consent					
a. Access to Records & Information			3	3	**3**
b. Breach of Confidentiality	1				**1**
c. Issues of Consent, Confidentiality, etc.			2		**2**
8) Treatment					
a. Eligibility for Services			11	7	**11**
b. Accessibility to Staff & Treatment	1	2	11	3	**14**
c. Individualized, Client-Driven	2	2	23	15	**27**
d. Right to Refuse Treatment			1		**1**
9) Other Rights Issues					
a. Work, Compensation & Education		1			**1**
b. Religion					
c. Sexuality, Birth Control, Marriage, etc.					
d. Voting					
e. Housing			4	3	**4**
f. Legal assistance for Non-DMH issues		1	6	2	**7**

SC DMH Client Advocacy Report
March 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**17**	**27**
Harris	**10**	**28**
Morris Village	**3**	**7**
Hall	**1**	**4**
Tucker	**0**	**2**
BPH-Forensics	**29**	**56**
Mental Health Centers	**32**	**100**
Total	**92**	**224**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**72**	**181**
Information, Referral & Other Assistance[11]	**8**	**27**

AT A GLANCE

Type of Complaint Resolved	Inpatient[12] Year-to-date	Forensics[13] Year-to-date	Centers[14] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**17**	**9**	**19**	**16**	**45**
2) Admission & Discharge	**17**	**9**	**8**	**17**	**34**
3) Information & Advocacy		**11**	**1**	**4**	**12**
4) Physical Environment	**7**	**9**		**9**	**16**
5) Inpatient Rights	**20**	**19**		**21**	**39**
6) Personal Property & Money	**6**	**13**	**7**	**11**	**26**
7) Confidentiality & Consent	**1**	**1**	**7**	**3**	**9**
8) Treatment	**9**	**9**	**68**	**33**	**86**
9) Other Rights Issues	**1**	**4**	**11**	**4**	**16**
Total[15]	**78**	**84**	**121**	**118**	**283**

[11] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[12] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[13] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[14] Centers: All DMH community mental health centers, programs and community residential facilities.
[15] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	4		1	2	**5**
b. Excessive Restraint, Seclusion & PRNs	3				**3**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	6	5	18	13	**29**
e. Neglect	4	4		1	**8**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	13	4		9	**17**
b. Community Placement (where)	3	3		4	**6**
c. Periodic Court Review					
d. Questions, Education & Other	1	2	8	4	**11**
3) Information & Advocacy					
a. Access to Advocacy		4	1	1	**5**
b. Access to Legal Resources		6		3	**6**
c. Questions, Education & Other		1			**1**
4) Physical Environment					
a. Food Quality & Quantity	1	2		3	**3**
b. Linens, Clothes & Toiletries	1	5		3	**6**
c. Disrepair of Physical Plant	4	1		2	**5**
d. Cleanliness of Facilities	1	1		1	**2**
5) Inpatient Rights					
a. Privacy					
b. Safety	1	1		1	**2**
c. Freedom, Privileges & Fairness	9	7		8	**16**
d. Communication	3	7		8	**10**
e. Health Care	7	4		4	**11**
6) Personal Property & Money					
a. Property	1	10		5	**11**
b. Money, Entitlements, Rep. Payee	4	1	1	1	**6**
c. Billing Issues	1		6	3	**7**
d. Other Non-DMH Issues		2		2	**2**
7) Confidentiality & Consent					
a. Access to Records & Information		1	5	3	**6**
b. Breach of Confidentiality	1				**1**
c. Issues of Consent, Confidentiality, etc.			2		**2**
8) Treatment					
a. Eligibility for Services			14	3	**14**
b. Accessibility to Staff & Treatment	2	2	23	13	**27**
c. Individualized, Client-Driven	6	7	30	16	**43**
d. Right to Refuse Treatment	1		1	1	**2**
9) Other Rights Issues					
a. Work, Compensation & Education		1			**1**
b. Religion					
c. Sexuality, Birth Control, Marriage, etc.		1		1	**1**
d. Voting					
e. Housing			4		**4**
f. Legal assistance for Non-DMH issues	1	2	7	3	**10**

SC DMH Client Advocacy Report
April 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**2**	**29**
Harris	**6**	**34**
Morris Village	**1**	**8**
Hall	**1**	**5**
Tucker	**0**	**2**
BPH-Forensics	**16**	**72**
Mental Health Centers	**34**	**134**
Total	**60**	**284**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**51**	**232**
Information, Referral & Other Assistance[16]	**14**	**41**

AT A GLANCE

Type of Complaint Resolved	Inpatient[17] Year-to-date	Forensics[18] Year-to-date	Centers[19] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**19**	**11**	**26**	**11**	**56**
2) Admission & Discharge	**17**	**14**	**11**	**8**	**42**
3) Information & Advocacy		**14**	**1**	**3**	**15**
4) Physical Environment	**8**	**11**		**3**	**19**
5) Inpatient Rights	**25**	**26**		**12**	**51**
6) Personal Property & Money	**8**	**13**	**8**	**3**	**29**
7) Confidentiality & Consent	**2**	**1**	**11**	**5**	**14**
8) Treatment	**9**	**10**	**93**	**26**	**112**
9) Other Rights Issues	**1**	**4**	**17**	**6**	**22**
Total[20]	**89**	**104**	**167**	**77**	**360**

[16] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[17] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[18] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[19] Centers: All DMH community mental health centers, programs and community residential facilities.
[20] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	4		1		**5**
b. Excessive Restraint, Seclusion & PRNs	4			1	**4**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	7	7	24	9	**38**
e. Neglect	4	4	1	1	**9**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	13	6		2	**19**
b. Community Placement (where)	3	5		2	**8**
c. Periodic Court Review					
d. Questions, Education & Other	1	3	11	4	**15**
3) Information & Advocacy					
a. Access to Advocacy		5	1	1	**6**
b. Access to Legal Resources		8		2	**8**
c. Questions, Education & Other		1			**1**
4) Physical Environment					
a. Food Quality & Quantity	1	3		1	**4**
b. Linens, Clothes & Toiletries	1	6		1	**7**
c. Disrepair of Physical Plant	5	1		1	**6**
d. Cleanliness of Facilities	1	1			**2**
5) Inpatient Rights					
a. Privacy		1		1	**1**
b. Safety	1	1			**2**
c. Freedom, Privileges & Fairness	12	9		5	**21**
d. Communication	5	10		5	**15**
e. Health Care	7	5		1	**12**
6) Personal Property & Money					
a. Property	2	10		1	**12**
b. Money, Entitlements, Rep. Payee	4	1	1		**6**
c. Billing Issues	2		7	2	**9**
d. Other Non-DMH Issues		2			**2**
7) Confidentiality & Consent					
a. Access to Records & Information		1	9	4	**10**
b. Breach of Confidentiality	2			1	**2**
c. Issues of Consent, Confidentiality, etc.			2		**2**
8) Treatment					
a. Eligibility for Services			19	5	**19**
b. Accessibility to Staff & Treatment	2	3	30	8	**35**
c. Individualized, Client-Driven	6	7	42	12	**55**
d. Right to Refuse Treatment	1		2	1	**3**
9) Other Rights Issues					
a. Work, Compensation & Education		1			**1**
b. Religion			1	1	**1**
c. Sexuality, Birth Control, Marriage, etc.		1			**1**
d. Voting					
e. Housing			7	3	**7**
f. Legal assistance for Non-DMH issues	1	2	9	2	**12**

SC DMH Client Advocacy Report
May 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**10**	**39**
Harris	**7**	**41**
Morris Village	**7**	**15**
Hall	**2**	**7**
Tucker	**0**	**2**
BPH-Forensics	**19**	**91**
Mental Health Centers	**47**	**181**
Total	**92**	**376**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**40**	**277**
Information, Referral & Other Assistance[21]	**7**	**48**

AT A GLANCE

Type of Complaint Resolved	Inpatient[22] Year-to-date	Forensics[23] Year-to-date	Centers[24] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**25**	**18**	**31**	**18**	**74**
2) Admission & Discharge	**18**	**14**	**14**	**4**	**46**
3) Information & Advocacy	**1**	**17**	**1**	**4**	**19**
4) Physical Environment	**8**	**14**		**3**	**22**
5) Inpatient Rights	**34**	**30**		**13**	**64**
6) Personal Property & Money	**11**	**17**	**11**	**10**	**39**
7) Confidentiality & Consent	**3**	**2**	**14**	**5**	**19**
8) Treatment	**14**	**11**	**126**	**39**	**151**
9) Other Rights Issues	**4**	**5**	**28**	**15**	**37**
Total[25]	**118**	**128**	**225**	**111**	**471**

[21] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[22] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[23] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[24] Centers: All DMH community mental health centers, programs and community residential facilities.
[25] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	4		1		**5**
b. Excessive Restraint, Seclusion & PRNs	5			1	**5**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	10	11	29	12	**50**
e. Neglect	6	7	1	5	**14**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	13	6			**19**
b. Community Placement (where)	4	5		1	**9**
c. Periodic Court Review					
d. Questions, Education & Other	1	3	14	3	**18**
3) Information & Advocacy					
a. Access to Advocacy	1	6	1	2	**8**
b. Access to Legal Resources		10		2	**10**
c. Questions, Education & Other		1			**1**
4) Physical Environment					
a. Food Quality & Quantity	1	3			**4**
b. Linens, Clothes & Toiletries	1	8		2	**9**
c. Disrepair of Physical Plant	5	2		1	**7**
d. Cleanliness of Facilities	1	1			**2**
5) Inpatient Rights					
a. Privacy		1			**1**
b. Safety	2	2		2	**4**
c. Freedom, Privileges & Fairness	17	9		5	**26**
d. Communication	5	10			**15**
e. Health Care	10	8		6	**18**
6) Personal Property & Money					
a. Property	2	12		2	**14**
b. Money, Entitlements, Rep. Payee	5	3	1	3	**9**
c. Billing Issues	3		10	4	**13**
d. Other Non-DMH Issues	1	2		1	**3**
7) Confidentiality & Consent					
a. Access to Records & Information	1	2	11	4	**14**
b. Breach of Confidentiality	2				**2**
c. Issues of Consent, Confidentiality, etc.			3	1	**3**
8) Treatment					
a. Eligibility for Services	2		25	8	**27**
b. Accessibility to Staff & Treatment	2	3	43	13	**48**
c. Individualized, Client-Driven	9	8	55	17	**72**
d. Right to Refuse Treatment	1		3	1	**4**
9) Other Rights Issues					
a. Work, Compensation & Education		1			**1**
b. Religion			1		**1**
c. Sexuality, Birth Control, Marriage, etc.		2		1	**2**
d. Voting	1			1	**1**
e. Housing			12	5	**12**
f. Legal assistance for Non-DMH issues	3	2	15	8	**20**

SC DMH Client Advocacy Report
June 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**16**	**55**
Harris	**7**	**48**
Morris Village	**1**	**16**
Hall	**1**	**8**
Tucker	**0**	**2**
BPH-Forensics	**18**	**109**
Mental Health Centers	**47**	**228**
Total	**90**	**466**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**65**	**342**
Information, Referral & Other Assistance[26]	**9**	**57**

AT A GLANCE

Type of Complaint Resolved	Inpatient[27] Year-to-date	Forensics[28] Year-to-date	Centers[29] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**28**	**20**	**39**	**13**	**87**
2) Admission & Discharge	**26**	**16**	**16**	**12**	**58**
3) Information & Advocacy	**3**	**18**	**2**	**4**	**23**
4) Physical Environment	**10**	**17**	**1**	**6**	**28**
5) Inpatient Rights	**41**	**36**	**2**	**15**	**79**
6) Personal Property & Money	**12**	**21**	**14**	**8**	**47**
7) Confidentiality & Consent	**4**	**3**	**21**	**9**	**28**
8) Treatment	**19**	**13**	**145**	**26**	**177**
9) Other Rights Issues	**6**	**6**	**38**	**13**	**50**
Total[30]	**149**	**150**	**278**	**106**	**577**

[26] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[27] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[28] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[29] Centers: All DMH community mental health centers, programs and community residential facilities.
[30] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	4	2	1	2	**7**
b. Excessive Restraint, Seclusion & PRNs	5				**5**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	13	11	37	11	**61**
e. Neglect	6	7	1		**14**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	21	6		8	**27**
b. Community Placement (where)	4	5			**9**
c. Periodic Court Review					
d. Questions, Education & Other	1	5	16	4	**22**
3) Information & Advocacy					
a. Access to Advocacy	2	7	1	2	**10**
b. Access to Legal Resources	1	10		1	**11**
c. Questions, Education & Other		1	1	1	**2**
4) Physical Environment					
a. Food Quality & Quantity	1	4		1	**5**
b. Linens, Clothes & Toiletries	3	8		2	**11**
c. Disrepair of Physical Plant	5	4	1	3	**10**
d. Cleanliness of Facilities	1	1			**2**
5) Inpatient Rights					
a. Privacy	1	1		1	**2**
b. Safety	3	2		1	**5**
c. Freedom, Privileges & Fairness	20	12	2	8	**34**
d. Communication	5	11		1	**16**
e. Health Care	12	10		4	**22**
6) Personal Property & Money					
a. Property	2	15		3	**17**
b. Money, Entitlements, Rep. Payee	6	4	1	2	**11**
c. Billing Issues	3		12	2	**15**
d. Other Non-DMH Issues	1	2	1	1	**4**
7) Confidentiality & Consent					
a. Access to Records & Information	2	3	15	6	**20**
b. Breach of Confidentiality	2		3	3	**5**
c. Issues of Consent, Confidentiality, etc.			3		**3**
8) Treatment					
a. Eligibility for Services	3	1	27	4	**31**
b. Accessibility to Staff & Treatment	3	3	50	8	**56**
c. Individualized, Client-Driven	11	9	64	12	**84**
d. Right to Refuse Treatment	2		4	2	**6**
9) Other Rights Issues					
a. Work, Compensation & Education		1	1	1	**2**
b. Religion			2	1	**2**
c. Sexuality, Birth Control, Marriage, etc.		2			**2**
d. Voting	3	1		3	**4**
e. Housing			14	2	**14**
f. Legal assistance for Non-DMH issues	3	2	21	6	**26**

SC DMH Client Advocacy Report
July 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**9**	**64**
Harris	**9**	**57**
Morris Village	**1**	**17**
Hall	**0**	**8**
Tucker	**0**	**2**
BPH-Forensics	**6**	**115**
Mental Health Centers	**45**	**273**
Total	**70**	**536**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**42**	**384**
Information, Referral & Other Assistance[31]	**9**	**66**

AT A GLANCE

Type of Complaint Resolved	Inpatient[32] Year-to-date	Forensics[33] Year-to-date	Centers[34] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**33**	**20**	**44**	**10**	**97**
2) Admission & Discharge	**27**	**17**	**18**	**4**	**62**
3) Information & Advocacy	**4**	**19**	**2**	**2**	**25**
4) Physical Environment	**10**	**17**	**2**	**1**	**29**
5) Inpatient Rights	**50**	**38**	**2**	**11**	**90**
6) Personal Property & Money	**16**	**24**	**19**	**12**	**59**
7) Confidentiality & Consent	**6**	**3**	**26**	**7**	**35**
8) Treatment	**24**	**13**	**183**	**43**	**220**
9) Other Rights Issues	**6**	**6**	**42**	**4**	**54**
Total[35]	**176**	**157**	**338**	**94**	**671**

[31] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[32] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[33] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[34] Centers: All DMH community mental health centers, programs and community residential facilities.
[35] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	4	2	1		**7**
b. Excessive Restraint, Seclusion & PRNs	5				**5**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	18	11	42	10	**71**
e. Neglect	6	7	1		**14**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	21	7		1	**28**
b. Community Placement (where)	4	5			**9**
c. Periodic Court Review					
d. Questions, Education & Other	2	5	18	3	**25**
3) Information & Advocacy					
a. Access to Advocacy	2	7	1		**10**
b. Access to Legal Resources	2	10		1	**12**
c. Questions, Education & Other		2	1	1	**3**
4) Physical Environment					
a. Food Quality & Quantity	1	4			**5**
b. Linens, Clothes & Toiletries	3	8			**11**
c. Disrepair of Physical Plant	5	4	2	1	**11**
d. Cleanliness of Facilities	1	1			**2**
5) Inpatient Rights					
a. Privacy	2	1		1	**3**
b. Safety	3	2			**5**
c. Freedom, Privileges & Fairness	26	13	2	7	**41**
d. Communication	6	11		1	**17**
e. Health Care	13	11		2	**24**
6) Personal Property & Money					
a. Property	3	17		3	**20**
b. Money, Entitlements, Rep. Payee	7	4	2	2	**13**
c. Billing Issues	4		16	5	**20**
d. Other Non-DMH Issues	2	3	1	2	**6**
7) Confidentiality & Consent					
a. Access to Records & Information	2	3	17	2	**22**
b. Breach of Confidentiality	3		5	3	**8**
c. Issues of Consent, Confidentiality, etc.	1		4	2	**5**
8) Treatment					
a. Eligibility for Services	3	1	35	8	**39**
b. Accessibility to Staff & Treatment	4	3	69	20	**76**
c. Individualized, Client-Driven	14	9	75	14	**98**
d. Right to Refuse Treatment	3		4	1	**7**
9) Other Rights Issues					
a. Work, Compensation & Education		1	1		**2**
b. Religion			2		**2**
c. Sexuality, Birth Control, Marriage, etc.		2			**2**
d. Voting	3	1			**4**
e. Housing			17	3	**17**
f. Legal assistance for Non-DMH issues	3	2	22	1	**27**

SC DMH Client Advocacy Report
August 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**8**	**72**
Harris	**6**	**63**
Morris Village	**3**	**20**
Hall	**3**	**11**
Tucker	**1**	**3**
BPH-Forensics	**10**	**125**
Mental Health Centers	**41**	**314**
Total	**72**	**608**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**52**	**436**
Information, Referral & Other Assistance[36]	**11**	**77**

AT A GLANCE

Type of Complaint Resolved	Inpatient[37] Year-to-date	Forensics[38] Year-to-date	Centers[39] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**37**	**21**	**49**	**10**	**107**
2) Admission & Discharge	**31**	**21**	**19**	**9**	**71**
3) Information & Advocacy	**5**	**21**	**3**	**4**	**29**
4) Physical Environment	**11**	**19**	**4**	**5**	**34**
5) Inpatient Rights	**56**	**41**	**2**	**9**	**99**
6) Personal Property & Money	**17**	**25**	**22**	**5**	**64**
7) Confidentiality & Consent	**7**	**3**	**30**	**5**	**40**
8) Treatment	**29**	**14**	**215**	**38**	**258**
9) Other Rights Issues	**6**	**6**	**48**	**6**	**60**
Total[40]	**199**	**171**	**392**	**91**	**762**

[36] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[37] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[38] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[39] Centers: All DMH community mental health centers, programs and community residential facilities.
[40] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	4	2	1		**7**
b. Excessive Restraint, Seclusion & PRNs	5				**5**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	22	12	45	8	**79**
e. Neglect	6	7	3	2	**16**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	24	9		5	**33**
b. Community Placement (where)	5	5	1	2	**11**
c. Periodic Court Review					
d. Questions, Education & Other	2	7	18	2	**27**
3) Information & Advocacy					
a. Access to Advocacy	2	8	2	2	**12**
b. Access to Legal Resources	3	11		2	**14**
c. Questions, Education & Other		2	1		**3**
4) Physical Environment					
a. Food Quality & Quantity	2	4		1	**6**
b. Linens, Clothes & Toiletries	3	10	1	3	**14**
c. Disrepair of Physical Plant	5	4	3	1	**12**
d. Cleanliness of Facilities	1	1			**2**
5) Inpatient Rights					
a. Privacy	2	1			**3**
b. Safety	3	3		1	**6**
c. Freedom, Privileges & Fairness	29	13	2	3	**44**
d. Communication	8	12		3	**20**
e. Health Care	14	12		2	**26**
6) Personal Property & Money					
a. Property	4	18		2	**22**
b. Money, Entitlements, Rep. Payee	7	4	3	1	**14**
c. Billing Issues	4		18	2	**22**
d. Other Non-DMH Issues	2	3	1		**6**
7) Confidentiality & Consent					
a. Access to Records & Information	3	3	19	3	**25**
b. Breach of Confidentiality	3		7	2	**10**
c. Issues of Consent, Confidentiality, etc.	1		4		**5**
8) Treatment					
a. Eligibility for Services	4	1	38	4	**43**
b. Accessibility to Staff & Treatment	5	3	83	15	**91**
c. Individualized, Client-Driven	16	10	90	18	**116**
d. Right to Refuse Treatment	4		4	1	**8**
9) Other Rights Issues					
a. Work, Compensation & Education		1	1		**2**
b. Religion			2		**2**
c. Sexuality, Birth Control, Marriage, etc.		2			**2**
d. Voting	3	1			**4**
e. Housing			21	4	**21**
f. Legal assistance for Non-DMH issues	3	2	24	2	**29**

SC DMH Client Advocacy Report
September 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**5**	**77**
Harris	**8**	**71**
Morris Village	**2**	**22**
Hall	**3**	**14**
Tucker	**2**	**5**
BPH-Forensics	**15**	**140**
Mental Health Centers	**35**	**349**
Total	**70**	**678**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**57**	**493**
Information, Referral & Other Assistance[41]	**9**	**86**

AT A GLANCE

Type of Complaint Resolved	Inpatient[42] Year-to-date	Forensics[43] Year-to-date	Centers[44] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**39**	**22**	**52**	**6**	**113**
2) Admission & Discharge	**36**	**22**	**19**	**6**	**77**
3) Information & Advocacy	**6**	**25**	**5**	**7**	**36**
4) Physical Environment	**12**	**20**	**5**	**3**	**37**
5) Inpatient Rights	**64**	**44**	**3**	**12**	**111**
6) Personal Property & Money	**19**	**28**	**28**	**11**	**75**
7) Confidentiality & Consent	**10**	**5**	**31**	**6**	**46**
8) Treatment	**30**	**16**	**240**	**28**	**286**
9) Other Rights Issues	**8**	**8**	**52**	**8**	**68**
Total[45]	**224**	**190**	**435**	**87**	**849**

[41] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[42] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[43] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[44] Centers: All DMH community mental health centers, programs and community residential facilities.
[45] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	4	2	1		**7**
b. Excessive Restraint, Seclusion & PRNs	5				**5**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	23	13	47	4	**83**
e. Neglect	7	7	4	2	**18**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	28	9		4	**37**
b. Community Placement (where)	6	5	1	1	**12**
c. Periodic Court Review					
d. Questions, Education & Other	2	8	18	1	**28**
3) Information & Advocacy					
a. Access to Advocacy	3	10	3	4	**16**
b. Access to Legal Resources	3	13		2	**16**
c. Questions, Education & Other		2	2	1	**4**
4) Physical Environment					
a. Food Quality & Quantity	3	4		1	**7**
b. Linens, Clothes & Toiletries	3	10	1		**14**
c. Disrepair of Physical Plant	5	5	4	2	**14**
d. Cleanliness of Facilities	1	1			**2**
5) Inpatient Rights					
a. Privacy	3	2		2	**5**
b. Safety	3	3			**6**
c. Freedom, Privileges & Fairness	31	15	2	4	**48**
d. Communication	10	12		2	**22**
e. Health Care	17	12	1	4	**30**
6) Personal Property & Money					
a. Property	4	21		3	**25**
b. Money, Entitlements, Rep. Payee	9	4	5	4	**18**
c. Billing Issues	4		22	4	**26**
d. Other Non-DMH Issues	2	3	1		**6**
7) Confidentiality & Consent					
a. Access to Records & Information	4	5	20	4	**29**
b. Breach of Confidentiality	4		7	1	**11**
c. Issues of Consent, Confidentiality, etc.	2		4	1	**6**
8) Treatment					
a. Eligibility for Services	4	1	42	4	**47**
b. Accessibility to Staff & Treatment	5	4	93	11	**102**
c. Individualized, Client-Driven	17	11	101	13	**129**
d. Right to Refuse Treatment	4		4		**8**
9) Other Rights Issues					
a. Work, Compensation & Education		1	1		**2**
b. Religion			2		**2**
c. Sexuality, Birth Control, Marriage, etc.	1	2		1	**3**
d. Voting	4	2	22	2	**6**
e. Housing			27	1	**22**
f. Legal assistance for Non-DMH issues	3	3		4	**33**

SC DMH Client Advocacy Report
October 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**7**	**84**
Harris	**14**	**85**
Morris Village	**2**	**24**
Hall	**3**	**17**
Tucker	**1**	**6**
BPH-Forensics	**7**	**147**
Mental Health Centers	**39**	**388**
Total	**73**	**751**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**63**	**556**
Information, Referral & Other Assistance[46]	**8**	**94**

AT A GLANCE

Type of Complaint Resolved	Inpatient[47] Year-to-date	Forensics[48] Year-to-date	Centers[49] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**44**	**23**	**60**	**14**	**127**
2) Admission & Discharge	**41**	**22**	**22**	**8**	**85**
3) Information & Advocacy	**8**	**27**	**5**	**4**	**40**
4) Physical Environment	**13**	**21**	**5**	**2**	**39**
5) Inpatient Rights	**74**	**45**	**3**	**11**	**122**
6) Personal Property & Money	**22**	**29**	**30**	**6**	**81**
7) Confidentiality & Consent	**11**	**5**	**33**	**3**	**49**
8) Treatment	**36**	**17**	**265**	**32**	**318**
9) Other Rights Issues	**10**	**9**	**60**	**11**	**79**
Total[50]	**259**	**198**	**483**	**91**	**940**

[46] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[47] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[48] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[49] Centers: All DMH community mental health centers, programs and community residential facilities.
[50] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	4	3	1	1	**8**
b. Excessive Restraint, Seclusion & PRNs	9			4	**9**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	24	13	54	8	**91**
e. Neglect	7	7	5	1	**19**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	31	9		3	**40**
b. Community Placement (where)	6	5	1		**12**
c. Periodic Court Review					
d. Questions, Education & Other	4	8	21	5	**33**
3) Information & Advocacy					
a. Access to Advocacy	4	11	3	2	**18**
b. Access to Legal Resources	4	14		2	**18**
c. Questions, Education & Other		2	2		**4**
4) Physical Environment					
a. Food Quality & Quantity	4	5		2	**9**
b. Linens, Clothes & Toiletries	3	10	1		**14**
c. Disrepair of Physical Plant	5	5	4		**14**
d. Cleanliness of Facilities	1	1			**2**
5) Inpatient Rights					
a. Privacy	3	2			**5**
b. Safety	4	3		1	**7**
c. Freedom, Privileges & Fairness	36	16	2	6	**54**
d. Communication	10	12			**22**
e. Health Care	21	12	1	4	**34**
6) Personal Property & Money					
a. Property	6	21		2	**27**
b. Money, Entitlements, Rep. Payee	10	5	5	2	**20**
c. Billing Issues	4		23	1	**27**
d. Other Non-DMH Issues	2	3	2	1	**7**
7) Confidentiality & Consent					
a. Access to Records & Information	5	5	22	3	**32**
b. Breach of Confidentiality	4		7		**11**
c. Issues of Consent, Confidentiality, etc.	2		4		**6**
8) Treatment					
a. Eligibility for Services	4	1	48	6	**53**
b. Accessibility to Staff & Treatment	5	5	102	10	**112**
c. Individualized, Client-Driven	20	11	111	13	**142**
d. Right to Refuse Treatment	7		4	3	**11**
9) Other Rights Issues					
a. Work, Compensation & Education		1	1		**2**
b. Religion	1		2	1	**3**
c. Sexuality, Birth Control, Marriage, etc.	1	2			**3**
d. Voting	5	3	22	2	**8**
e. Housing			30	3	**25**
f. Legal assistance for Non-DMH issues	3	3	5	5	**38**

SC DMH Patient Advocacy Report
November 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**4**	**88**
Harris	**6**	**91**
Morris Village	**0**	**24**
Hall	**1**	**18**
Tucker	**1**	**7**
BPH-Forensics	**9**	**156**
Mental Health Centers	**33**	**421**
Total	**54**	**805**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Patient Advocacy	**20**	**576**
Information, Referral & Other Assistance[51]	**6**	**100**

AT A GLANCE

Type of Complaint Resolved	Inpatient[52] Year-to-date	Forensics[53] Year-to-date	Centers[54] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**46**	**23**	**66**	**8**	**135**
2) Admission & Discharge	**44**	**22**	**22**	**3**	**88**
3) Information & Advocacy	**8**	**28**	**7**	**3**	**43**
4) Physical Environment	**13**	**23**	**6**	**3**	**42**
5) Inpatient Rights	**79**	**47**	**5**	**9**	**131**
6) Personal Property & Money	**24**	**31**	**31**	**5**	**86**
7) Confidentiality & Consent	**13**	**6**	**36**	**6**	**55**
8) Treatment	**38**	**18**	**294**	**32**	**350**
9) Other Rights Issues	**11**	**10**	**60**	**2**	**81**
Total[55]	**276**	**208**	**527**	**71**	**1011**

[51] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[52] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[53] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[54] Centers: All DMH community mental health centers, programs and community residential facilities.
[55] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	4	3	1		**8**
b. Excessive Restraint, Seclusion & PRNs	10			1	**10**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	24	13	59	5	**96**
e. Neglect	8	7	6	2	**21**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	33	9		2	**42**
b. Community Placement (where)	7	5	1	1	**13**
c. Periodic Court Review					
d. Questions, Education & Other	4	8	21		**33**
3) Information & Advocacy					
a. Access to Advocacy	4	11	5	2	**20**
b. Access to Legal Resources	4	15		1	**19**
c. Questions, Education & Other		2	2		**4**
4) Physical Environment					
a. Food Quality & Quantity	4	6		1	**10**
b. Linens, Clothes & Toiletries	3	10	1		**14**
c. Disrepair of Physical Plant	5	5	5	1	**15**
d. Cleanliness of Facilities	1	2		1	**3**
5) Inpatient Rights					
a. Privacy	4	2		1	**6**
b. Safety	5	3		1	**8**
c. Freedom, Privileges & Fairness	38	18	2	4	**58**
d. Communication	11	12	1	2	**24**
e. Health Care	21	12	2	1	**35**
6) Personal Property & Money					
a. Property	7	23		3	**30**
b. Money, Entitlements, Rep. Payee	11	5	5	1	**21**
c. Billing Issues	4		24	1	**28**
d. Other Non-DMH Issues	2	3	2		**7**
7) Confidentiality & Consent					
a. Access to Records & Information	6	6	24	4	**36**
b. Breach of Confidentiality	4		7		**11**
c. Issues of Consent, Confidentiality, etc.	3		5	2	**8**
8) Treatment					
a. Eligibility for Services	4	1	51	3	**56**
b. Accessibility to Staff & Treatment	6	5	117	16	**128**
c. Individualized, Client-Driven	20	12	122	12	**154**
d. Right to Refuse Treatment	8		4	1	**12**
9) Other Rights Issues					
a. Work, Compensation & Education		1	1		**2**
b. Religion	1		2		**3**
c. Sexuality, Birth Control, Marriage, etc.	1	2			**3**
d. Voting	6	4	22	2	**10**
e. Housing			30		**25**
f. Legal assistance for Non-DMH issues	3	3	5		**38**

SC DMH Patient Advocacy Report
December 2018

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**5**	**93**
Harris	**3**	**94**
Morris Village	**1**	**25**
Hall	**3**	**21**
Tucker	**0**	**7**
BPH-Forensics	**9**	**165**
Mental Health Centers	**22**	**443**
Total	**43**	**848**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Patient Advocacy	**28**	**604**
Information, Referral & Other Assistance[56]	**8**	**108**

AT A GLANCE

Type of Complaint Resolved	Inpatient[57] Year-to-date	Forensics[58] Year-to-date	Centers[59] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**48**	**24**	**69**	**6**	**141**
2) Admission & Discharge	**45**	**23**	**25**	**5**	**93**
3) Information & Advocacy	**9**	**29**	**8**	**3**	**46**
4) Physical Environment	**15**	**23**	**6**	**2**	**44**
5) Inpatient Rights	**84**	**49**	**5**	**7**	**138**
6) Personal Property & Money	**24**	**32**	**32**	**2**	**88**
7) Confidentiality & Consent	**13**	**6**	**36**		**55**
8) Treatment	**41**	**20**	**311**	**22**	**372**
9) Other Rights Issues	**11**	**12**	**68**	**10**	**91**
Total[60]	**290**	**218**	**560**	**57**	**1068**

[56] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[57] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[58] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[59] Centers: All DMH community mental health centers, programs and community residential facilities.
[60] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	4	3	1		**8**
b. Excessive Restraint, Seclusion & PRNs	11			1	**11**
c. Sexual Abuse					
d. Verbal Abuse or Violations of Dignity	25	14	62	5	**101**
e. Neglect	8	7	6		**21**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	34	10		2	**44**
b. Community Placement (where)	7	5	1		**13**
c. Periodic Court Review					
d. Questions, Education & Other	4	8	24	3	**36**
3) Information & Advocacy					
a. Access to Advocacy	5	11	6	2	**22**
b. Access to Legal Resources	4	15			**19**
c. Questions, Education & Other		3	2	1	**5**
4) Physical Environment					
a. Food Quality & Quantity	5	6		1	**11**
b. Linens, Clothes & Toiletries	3	10	1		**14**
c. Disrepair of Physical Plant	6	5	5	1	**16**
d. Cleanliness of Facilities	1	2			**3**
5) Inpatient Rights					
a. Privacy	4	2			**6**
b. Safety	6	3		1	**9**
c. Freedom, Privileges & Fairness	38	20	2	2	**60**
d. Communication	11	12	1		**24**
e. Health Care	25	12	2	4	**39**
6) Personal Property & Money					
a. Property	7	23			**30**
b. Money, Entitlements, Rep. Payee	11	5	5		**21**
c. Billing Issues	4		25	1	**29**
d. Other Non-DMH Issues	2	4	2	1	**8**
7) Confidentiality & Consent					
a. Access to Records & Information	6	6	24		**36**
b. Breach of Confidentiality	4		7		**11**
c. Issues of Consent, Confidentiality, etc.	3		5		**8**
8) Treatment					
a. Eligibility for Services	6	1	54	5	**61**
b. Accessibility to Staff & Treatment	6	5	125	8	**136**
c. Individualized, Client-Driven	21	13	128	8	**162**
d. Right to Refuse Treatment	8	1	4	1	**13**
9) Other Rights Issues					
a. Work, Compensation & Education		1	2	1	**3**
b. Religion	1	1	2	1	**4**
c. Sexuality, Birth Control, Marriage, etc.	1	2			**3**
d. Voting	6	4	22		**10**
e. Housing			33	3	**28**
f. Legal assistance for Non-DMH issues	3	4	9	5	**43**

SC DMH Client Advocacy Report
December 2012

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
Bryan	**2**	**189**
Harris	**4**	**127**
Morris Village	**3**	**47**
Hall	**1**	**62**
Tucker	**0**	**35**
Forensics (GEO & Bldg. 1)	**10**	**248**
Mental Health Centers	**24**	**351**
Total	**44**	**1059**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**44**	**1524**
Information, Referral & Other Assistance[1]	**9**	**120**

AT A GLANCE

Type of Complaint Resolved	Inpatient[2] Year-to-date	Forensics[3] Year-to-date	Centers[4] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**96**	**17**	**44**	**4**	**157**
2) Admission & Discharge	**124**	**58**	**12**		**194**
3) Information & Advocacy	**27**	**25**	**7**	**3**	**59**
4) Physical Environment	**20**	**18**			**38**
5) Inpatient Rights	**159**	**108**	**4**	**11**	**271**
6) Personal Property & Money	**60**	**51**	**32**	**5**	**143**
7) Confidentiality & Consent	**15**	**8**	**40**	**2**	**63**
8) Treatment	**61**	**28**	**244**	**23**	**333**
9) Other Rights Issues	**23**	**13**	**50**	**3**	**86**
Total[5]	**585**	**326**	**433**	**51**	**1344**

[1] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[2] Inpatient: Bryan, Harris, Morris Village, Tucker & Hall.
[3] Forensics: Just Care & Crafts Farrow Campus.
[4] Centers: All DMH community mental health centers, programs and community residential facilities.
[5] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	11	8	2	1	**21**
b. Excessive Restraint, Seclusion & PRNs	12	1			**13**
c. Sexual Abuse	1	1			**2**
d. Verbal Abuse or Violations of Dignity	54	7	38	3	**99**
e. Neglect	16		2		**18**
f. Financial Exploitation	2		2		**4**
2) Admission & Discharge					
a. Discharge (when)	69	23			**92**
b. Community Placement (where)	36	13	5		**54**
c. Periodic Court Review	8	11	1		**20**
d. Questions, Education & Other	11	11	6		**28**
3) Information & Advocacy					
a. Access to Advocacy	17	12	3	3	**32**
b. Access to Legal Resources	7	11	2		**20**
c. Questions, Education & Other	3	2	2		**7**
4) Physical Environment					
a. Food Quality & Quantity	7	10			**17**
b. Linens, Clothes & Toiletries	9	3			**12**
c. Disrepair of Physical Plant	2	3			**5**
d. Cleanliness of Facilities	2	2			**4**
5) Inpatient Rights					
a. Privacy	8	2	1		**11**
b. Safety	13	8	1	1	**22**
c. Freedom, Privileges & Fairness	70	36	1	5	**107**
d. Communication	22	29		2	**51**
e. Health Care	46	33	1	3	**80**
6) Personal Property & Money					
a. Property	32	24	1	3	**57**
b. Money, Entitlements, Rep. Payee	18	22	7	1	**47**
c. Billing Issues	4		20	1	**24**
d. Other Non-DMH Issues	6	5	4		**15**
7) Confidentiality & Consent					
a. Access to Records & Information	7	4	25	2	**36**
b. Breach of Confidentiality	5	1	10		**16**
c. Issues of Consent, Confidentiality, etc.	3	3	5		**11**
8) Treatment					
a. Eligibility for Services	4		53	1	**57**
b. Accessibility to Staff & Treatment	9	3	83	11	**95**
c. Individualized, Client-Driven	42	20	107	11	**169**
d. Right to Refuse Treatment	6	5	1		**12**
9) Other Rights Issues					
a. Work, Compensation & Education		4	2		**6**
b. Religion	4	1			**5**
c. Sexuality, Birth Control, Marriage, etc.					
d. Voting	6	3			**9**
e. Housing	3		25		**28**
f. Legal assistance for Non-DMH issues	10	5	23	3	**38**

SC DMH Client Advocacy Report
December 2013

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
Bryan	**18**	**131**
Harris	**6**	**131**
Morris Village	**1**	**54**
Hall	**0**	**45**
Tucker	**0**	**11**
Forensics (GEO & Bldg. 1)	**11**	**232**
Mental Health Centers	**19**	**389**
Total	**55**	**993**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**97**	**1230**
Information, Referral & Other Assistance[6]	**10**	**141**

AT A GLANCE

Type of Complaint Resolved	Inpatient[7] Year-to-date	Forensics[8] Year-to-date	Centers[9] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**72**	**16**	**40**	**9**	**128**
2) Admission & Discharge	**93**	**63**	**30**	**18**	**186**
3) Information & Advocacy	**23**	**28**	**13**	**3**	**64**
4) Physical Environment	**17**	**10**	**3**	**2**	**30**
5) Inpatient Rights	**141**	**123**	**1**	**16**	**265**
6) Personal Property & Money	**48**	**38**	**29**	**4**	**115**
7) Confidentiality & Consent	**12**	**9**	**32**	**3**	**53**
8) Treatment	**65**	**29**	**271**	**19**	**365**
9) Other Rights Issues	**11**	**11**	**61**	**2**	**83**
Total[10]	**482**	**327**	**480**	**76**	**1289**

[6] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[7] Inpatient: Bryan, Harris, Morris Village, Tucker & Hall.
[8] Forensics: Just Care & Crafts Farrow Campus.
[9] Centers: All DMH community mental health centers, programs and community residential facilities.
[10] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	9	9		3	**18**
b. Excessive Restraint, Seclusion & PRNs	5			1	**5**
c. Sexual Abuse		2	1		**3**
d. Verbal Abuse or Violations of Dignity	46	3	35	4	**84**
e. Neglect	12	1	2	1	**15**
f. Financial Exploitation		1	2		**3**
2) Admission & Discharge					
a. Discharge (when)	41	30	2	7	**73**
b. Community Placement (where)	34	12	5	3	**51**
c. Periodic Court Review	8	5		2	**13**
d. Questions, Education & Other	10	16	23	6	**49**
3) Information & Advocacy					
a. Access to Advocacy	9	14	9	1	**32**
b. Access to Legal Resources	8	9		1	**17**
c. Questions, Education & Other	6	5	4	1	**15**
4) Physical Environment					
a. Food Quality & Quantity	7	4	1	1	**12**
b. Linens, Clothes & Toiletries	2	4			**6**
c. Disrepair of Physical Plant	6	1	2	1	**9**
d. Cleanliness of Facilities	2	1			**3**
5) Inpatient Rights					
a. Privacy	8	2			**10**
b. Safety	11	15		1	**26**
c. Freedom, Privileges & Fairness	58	45		8	**103**
d. Communication	24	38		3	**62**
e. Health Care	40	23	1	4	**64**
6) Personal Property & Money					
a. Property	18	23		2	**41**
b. Money, Entitlements, Rep. Payee	20	11	7	1	**38**
c. Billing Issues	7		19	1	**26**
d. Other Non-DMH Issues	3	4	3		**10**
7) Confidentiality & Consent					
a. Access to Records & Information	4	7	25	3	**36**
b. Breach of Confidentiality	5	1	4		**10**
c. Issues of Consent, Confidentiality, etc.	3	1	3		**7**
8) Treatment					
a. Eligibility for Services	3	3	51	3	**57**
b. Accessibility to Staff & Treatment	12	3	85	2	**100**
c. Individualized, Client-Driven	40	16	128	14	**188**
d. Right to Refuse Treatment	10	7	7		**20**
9) Other Rights Issues					
a. Work, Compensation & Education	1	6			**7**
b. Religion	3				**3**
c. Sexuality, Birth Control, Marriage, etc.	2		2		**4**
d. Voting					
e. Housing	2	3	34	2	**36**
f. Legal assistance for Non-DMH issues	3	2	25		**33**

SC DMH Client Advocacy Report
December 2014

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
Bryan	**7**	**110**
Harris	**6**	**118**
Morris Village	**0**	**30**
Hall	**6**	**38**
Tucker	**2**	**5**
Forensics	**19**	**273**
Mental Health Centers	**16**	**384**
Total	**56**	**958**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**149**	**1361**
Information, Referral & Other Assistance[11]	**10**	**175**

AT A GLANCE

Type of Complaint Resolved	Inpatient[12] Year-to-date	Forensics[13] Year-to-date	Centers[14] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**67**	**23**	**54**	**6**	**144**
2) Admission & Discharge	**76**	**56**	**21**	**5**	**153**
3) Information & Advocacy	**17**	**23**	**3**	**1**	**43**
4) Physical Environment	**24**	**23**		**3**	**47**
5) Inpatient Rights	**96**	**135**	**1**	**22**	**232**
6) Personal Property & Money	**30**	**52**	**45**	**10**	**127**
7) Confidentiality & Consent	**13**	**9**	**26**	**1**	**48**
8) Treatment	**46**	**21**	**274**	**23**	**341**
9) Other Rights Issues	**20**	**15**	**41**	**4**	**76**
Total[15]	**389**	**357**	**465**	**75**	**1211**

[11] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[12] Inpatient: Bryan, Harris, Morris Village, Tucker & Hall.
[13] Forensics: Correct Care & Crafts Farrow Campus.
[14] Centers: All DMH community mental health centers, programs and community residential facilities.
[15] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	5	6	1	1	**12**
b. Excessive Restraint, Seclusion & PRNs	5	1			**6**
c. Sexual Abuse	1				**1**
d. Verbal Abuse or Violations of Dignity	47	9	49	4	**105**
e. Neglect	8	6	3	1	**17**
f. Financial Exploitation	1	1	1		**3**
2) Admission & Discharge					
a. Discharge (when)	44	25		3	**69**
b. Community Placement (where)	24	10	1		**35**
c. Periodic Court Review	2	6	1	1	**9**
d. Questions, Education & Other	6	15	19	1	**40**
3) Information & Advocacy					
a. Access to Advocacy	4	8	1	1	**13**
b. Access to Legal Resources	10	13			**23**
c. Questions, Education & Other	3	2	2		**7**
4) Physical Environment					
a. Food Quality & Quantity	6	13		2	**19**
b. Linens, Clothes & Toiletries	5	5			**10**
c. Disrepair of Physical Plant	9	3		1	**12**
d. Cleanliness of Facilities	4	2			**6**
5) Inpatient Rights					
a. Privacy	6	6		1	**12**
b. Safety	5	25			**30**
c. Freedom, Privileges & Fairness	42	43		8	**85**
d. Communication	22	36		9	**58**
e. Health Care	21	25	1	4	**47**
6) Personal Property & Money					
a. Property	16	26		7	**42**
b. Money, Entitlements, Rep. Payee	6	25	9	2	**40**
c. Billing Issues	7	1	31	1	**39**
d. Other Non-DMH Issues	1		5		**6**
7) Confidentiality & Consent					
a. Access to Records & Information	9	8	15		**32**
b. Breach of Confidentiality	2		7	1	**9**
c. Issues of Consent, Confidentiality, etc.	2	1	4		**7**
8) Treatment					
a. Eligibility for Services	4		42		**46**
b. Accessibility to Staff & Treatment	13	2	104	7	**119**
c. Individualized, Client-Driven	26	18	127	14	**171**
d. Right to Refuse Treatment	3	1	1	2	**5**
9) Other Rights Issues					
a. Work, Compensation & Education	2	1	1		**4**
b. Religion	4	6			**10**
c. Sexuality, Birth Control, Marriage, etc.	2				**2**
d. Voting	1				**1**
e. Housing	2		21	3	**23**
f. Legal assistance for Non-DMH issues	9	8	19	1	**36**

SC DMH Client Advocacy Report
December 2015

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**15**	**132**
Harris	**7**	**101**
Morris Village	**4**	**42**
Hall	**2**	**61**
Tucker	**2**	**11**
BPH-Forensics	**21**	**281**
Mental Health Centers	**39**	**443**
Total	**90**	**1071**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**77**	**1346**
Information, Referral & Other Assistance[16]	**11**	**183**

AT A GLANCE

Type of Complaint Resolved	Inpatient[17] Year-to-date	Forensics[18] Year-to-date	Centers[19] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**88**	**16**	**55**	**18**	**159**
2) Admission & Discharge	**91**	**78**	**35**	**12**	**204**
3) Information & Advocacy	**19**	**34**	**2**	**4**	**55**
4) Physical Environment	**17**	**31**	**1**	**3**	**49**
5) Inpatient Rights	**122**	**136**	**3**	**19**	**261**
6) Personal Property & Money	**43**	**50**	**40**	**14**	**133**
7) Confidentiality & Consent	**14**	**10**	**38**	**8**	**62**
8) Treatment	**62**	**28**	**338**	**39**	**428**
9) Other Rights Issues	**13**	**15**	**53**	**3**	**81**
Total[20]	**469**	**398**	**565**	**120**	**1432**

[16] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[17] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[18] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[19] Centers: All DMH community mental health centers, programs and community residential facilities.
[20] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	10	6	1	2	**17**
b. Excessive Restraint, Seclusion & PRNs	8	1		1	**9**
c. Sexual Abuse	3	1	1		**5**
d. Verbal Abuse or Violations of Dignity	55	7	53	12	**115**
e. Neglect	10	1		3	**11**
f. Financial Exploitation	2				**2**
2) Admission & Discharge					
a. Discharge (when)	37	30	1	7	**68**
b. Community Placement (where)	44	14	5	2	**63**
c. Periodic Court Review		8			**8**
d. Questions, Education & Other	10	26	29	3	**65**
3) Information & Advocacy					
a. Access to Advocacy	5	15		2	**20**
b. Access to Legal Resources	8	17	2	2	**27**
c. Questions, Education & Other	6	2			**8**
4) Physical Environment					
a. Food Quality & Quantity	7	18	1	2	**26**
b. Linens, Clothes & Toiletries	2	6			**8**
c. Disrepair of Physical Plant	5	3		1	**8**
d. Cleanliness of Facilities	3	4			**7**
5) Inpatient Rights					
a. Privacy	8	5			**13**
b. Safety	8	20		4	**28**
c. Freedom, Privileges & Fairness	60	48	1	9	**109**
d. Communication	22	36		1	**58**
e. Health Care	24	27	2	5	**53**
6) Personal Property & Money					
a. Property	21	26	2	6	**49**
b. Money, Entitlements, Rep. Payee	19	18	12	6	**49**
c. Billing Issues	1	1	24	2	**26**
d. Other Non-DMH Issues	2	5	2		**9**
7) Confidentiality & Consent					
a. Access to Records & Information	6	8	30	6	**44**
b. Breach of Confidentiality	4	2	6	1	**12**
c. Issues of Consent, Confidentiality, etc.	4		2	1	**6**
8) Treatment					
a. Eligibility for Services	11	3	53	2	**67**
b. Accessibility to Staff & Treatment	9	3	114	14	**126**
c. Individualized, Client-Driven	36	17	170	22	**223**
d. Right to Refuse Treatment	6	5	1	1	**12**
9) Other Rights Issues					
a. Work, Compensation & Education	3	2			**5**
b. Religion	1	5			**6**
c. Sexuality, Birth Control, Marriage, etc.			1		**1**
d. Voting		1			**1**
e. Housing	4	7	26	1	**30**
f. Legal assistance for Non-DMH issues	5		26	2	**38**

SC DMH Client Advocacy Report
December 2016

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**8**	**171**
Harris	**6**	**108**
Morris Village	**3**	**36**
Hall	**0**	**55**
Tucker	**0**	**12**
BPH-Forensics	**14**	**281**
Mental Health Centers	**24**	**427**
Total	**55**	**1090**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**77**	**851**
Information, Referral & Other Assistance[21]	**7**	**153**

AT A GLANCE

Type of Complaint Resolved	Inpatient[22] Year-to-date	Forensics[23] Year-to-date	Centers[24] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**59**	**18**	**70**	**4**	**147**
2) Admission & Discharge	**78**	**77**	**15**	**6**	**170**
3) Information & Advocacy	**34**	**23**	**2**	**4**	**59**
4) Physical Environment	**33**	**44**	**2**	**5**	**79**
5) Inpatient Rights	**160**	**99**	**1**	**12**	**260**
6) Personal Property & Money	**43**	**55**	**39**	**7**	**137**
7) Confidentiality & Consent	**11**	**8**	**40**	**5**	**59**
8) Treatment	**54**	**27**	**343**	**21**	**424**
9) Other Rights Issues	**35**	**15**	**59**	**3**	**109**
Total[25]	**507**	**366**	**571**	**67**	**1444**

[21] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[22] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[23] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[24] Centers: All DMH community mental health centers, programs and community residential facilities.
[25] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	5	6	1		**12**
b. Excessive Restraint, Seclusion & PRNs	3	1			**4**
c. Sexual Abuse	2	1			**3**
d. Verbal Abuse or Violations of Dignity	40	3	68	3	**111**
e. Neglect	9	7	1	1	**17**
f. Financial Exploitation					
2) Admission & Discharge					
a. Discharge (when)	40	25		5	**65**
b. Community Placement (where)	31	17	1		**49**
c. Periodic Court Review	2	8			**10**
d. Questions, Education & Other	5	27	14	1	**46**
3) Information & Advocacy					
a. Access to Advocacy	14	9	1	1	**24**
b. Access to Legal Resources	12	12		2	**24**
c. Questions, Education & Other	8	2	1	1	**11**
4) Physical Environment					
a. Food Quality & Quantity	11	19		1	**30**
b. Linens, Clothes & Toiletries	7	10		1	**17**
c. Disrepair of Physical Plant	9	9	2	1	**20**
d. Cleanliness of Facilities	6	6		2	**12**
5) Inpatient Rights					
a. Privacy	4				**4**
b. Safety	9	18		5	**27**
c. Freedom, Privileges & Fairness	83	38		4	**121**
d. Communication	30	13		1	**43**
e. Health Care	34	30	1	2	**65**
6) Personal Property & Money					
a. Property	16	30		4	**46**
b. Money, Entitlements, Rep. Payee	17	21	6	1	**44**
c. Billing Issues	4	1	29	2	**34**
d. Other Non-DMH Issues	6	3	4		**13**
7) Confidentiality & Consent					
a. Access to Records & Information	8	7	30	4	**45**
b. Breach of Confidentiality	1	1	9	1	**11**
c. Issues of Consent, Confidentiality, etc.	2		1		**3**
8) Treatment					
a. Eligibility for Services	2		51	1	**53**
b. Accessibility to Staff & Treatment	11	3	124	9	**138**
c. Individualized, Client-Driven	34	15	166	10	**215**
d. Right to Refuse Treatment	7	9	2	1	**18**
9) Other Rights Issues					
a. Work, Compensation & Education	2	3			**5**
b. Religion	6	3		1	**9**
c. Sexuality, Birth Control, Marriage, etc.	1				**1**
d. Voting	17	5		1	**22**
e. Housing	4		29		**33**
f. Legal assistance for Non-DMH issues	5	4	30	1	**39**

SC DMH Client Advocacy Report
December 2017

FACILITY	COMPLAINTS RESOLVED THIS MONTH	YEAR-TO-DATE
BPH-Adult	**19**	**155**
Harris	**6**	**130**
Morris Village	**1**	**30**
Hall	**0**	**21**
Tucker	**0**	**5**
BPH-Forensics	**16**	**268**
Mental Health Centers	**17**	**464**
Total	**59**	**1073**

OTHER INFORMATION

	THIS MONTH	YEAR-TO-DATE
Toll Free Telephone Calls to SCDMH Client Advocacy	**86**	**892**
Information, Referral & Other Assistance[26]	**7**	**107**

AT A GLANCE

Type of Complaint Resolved	Inpatient[27] Year-to-date	Forensics[28] Year-to-date	Centers[29] Year-to-date	Total # This Month	Total DMH Year to Date
1) Abuse & Neglect	**70**	**30**	**75**	**14**	**175**
2) Admission & Discharge	**62**	**56**	**28**	**10**	**146**
3) Information & Advocacy	**21**	**12**	**15**	**5**	**48**
4) Physical Environment	**16**	**49**	**1**	**4**	**66**
5) Inpatient Rights	**133**	**121**	**3**	**14**	**257**
6) Personal Property & Money	**45**	**53**	**49**	**11**	**147**
7) Confidentiality & Consent	**4**	**7**	**37**	**1**	**48**
8) Treatment	**48**	**13**	**332**	**15**	**393**
9) Other Rights Issues	**9**	**6**	**56**	**4**	**71**
Total[30]	**408**	**347**	**596**	**78**	**1351**

[26] Requests for information or assistance that do not involve a complaint or do not relate to DMH services.
[27] Inpatient: BPH-Adult, Harris, Morris Village, Tucker & Hall.
[28] Forensics: BPH-forensics (Correct Care & Crafts Farrow Campus).
[29] Centers: All DMH community mental health centers, programs and community residential facilities.
[30] Total complaints per Facilities will not necessarily equal the total for Types of Complaint Resolved. A complaint may involve more than one type of rights category.

Type of Complaint Resolved	Inpatient Year-to-date	Forensics Year-to-date	Centers Year-to-date	Total # This Month	Total DMH Year-to-date
1) Abuse & Neglect					
a. Physical Abuse & Excessive Force	9	5		1	**14**
b. Excessive Restraint, Seclusion & PRNs	13	1		5	**14**
c. Sexual Abuse	1	1	1		**3**
d. Verbal Abuse or Violations of Dignity	37	14	71	7	**122**
e. Neglect	9	8	2	1	**19**
f. Financial Exploitation	1	1	1		**3**
2) Admission & Discharge					
a. Discharge (when)	42	29		9	**71**
b. Community Placement (where)	14	9	1		**24**
c. Periodic Court Review	2	5	1		**8**
d. Questions, Education & Other	4	13	26	1	**43**
3) Information & Advocacy					
a. Access to Advocacy	8	3	6		**17**
b. Access to Legal Resources	11	4	5		**20**
c. Questions, Education & Other	2	5	4	5	**11**
4) Physical Environment					
a. Food Quality & Quantity	6	6		1	**12**
b. Linens, Clothes & Toiletries	7	15			**22**
c. Disrepair of Physical Plant	2	15		3	**17**
d. Cleanliness of Facilities	1	13	1		**15**
5) Inpatient Rights					
a. Privacy	3	5		2	**8**
b. Safety	5	22	1		**28**
c. Freedom, Privileges & Fairness	70	39	1	2	**110**
d. Communication	30	32	1	5	**63**
e. Health Care	25	23		5	**48**
6) Personal Property & Money					
a. Property	19	40		5	**59**
b. Money, Entitlements, Rep. Payee	15	13	9	2	**37**
c. Billing Issues	6		38	3	**44**
d. Other Non-DMH Issues	5		2	1	**7**
7) Confidentiality & Consent					
a. Access to Records & Information	1	4	23	1	**28**
b. Breach of Confidentiality	2		12		**14**
c. Issues of Consent, Confidentiality, etc.	1	3	2		**6**
8) Treatment					
a. Eligibility for Services	4		50	6	**54**
b. Accessibility to Staff & Treatment	15	3	120	2	**138**
c. Individualized, Client-Driven	23	9	159	6	**191**
d. Right to Refuse Treatment	6	1	3	1	**10**
9) Other Rights Issues					
a. Work, Compensation & Education		1	2		**3**
b. Religion	2				**2**
c. Sexuality, Birth Control, Marriage, etc.					
d. Voting	2			2	**2**
e. Housing			30	2	**30**
f. Legal assistance for Non-DMH issues	5	5	24		**34**

General Terms and Acronyms

AG	SC Attorney General
ANE	Abuse, Neglect and Exploitation
BEST	Use of Force/Restraint Training Program of SCDMH
Bryan Adult	G. Werber Bryan Psychiatric Hospital (Adult Civil Commitment)
Bryan Forensics	G. Werber Bryan Psychiatric Hospital (Adult Forensic Commitment)
CNA	Certified Nursing Assistance
CRCF	Community Residential Care Facility (operated by SCDMH)
DON	Director Of Nursing
Harris	Patrick B. Harris Psychiatric Hospital
Home Share	Adult Foster Care Type Placement (private residence under contract with SCDMH)
LLE	Local Law Enforcement
LPN	Licensed Practical Nurse
LTCO	Long Term Care Ombudsman
LWOP	Leave Without Pay
MH Center	Community Mental Health Center or Clinic
Morris Village	Morris Village Alcohol & Drug Addiction Treatment Center
NM	Nurse Manager
Police	Local Law Enforcement
PSO	SCDMH Office of Public Safety
Red Stripe	Internal Risk Management Report (protected)
RN	Registered Nurse
RRC	Rochelle Caton, Director of Patient Advocacy of SCDMH
SLED	SC State Law Enforcement Division
SVP	Sexually Violent Predator Treatment Program
TT	Treatment Team
WSHPI (Hall)	William S. Hall Psychiatric Institute (Child and Adolescent Hospital)
5 Day Report	Report to SC DHEC from SCDMH (required by nursing homes)

Allegations of Abuse, Neglect & Exploitation at SCDMH
1/1/12 through 12/31/18

Incidents Captured:

The databases and charts reflect data as it existed on 2/25/19 (opened/closed/actions recorded).

Deaths are not included unless there was an allegation of ANE.

Incidents include only allegations against staff or contractors of SCDMH.

Type of Alleged Abuse:

Criminal ANE: Allegations that are retained for investigation by SLED, LLE, AG, PSO as possible criminal conduct.

Non-Criminal ANE: Allegations that are reviewed by SLED, LLE, AG, PSO and referred to other investigative agencies because the allegations do not involve criminal conduct.

Physical	Any allegation of physical contact, including during restraint or defense of self or others.
Sexual	Any allegation of a sexual nature, including touching, inappropriate gestures or language.
Financial	Any allegation involving misuse of money, funds, or property.
Unknown	Injuries that are unexplained (of unknown origin) and there is no allegation of ANE.
Other	All other allegations of standard of care, verbal abuse, neglect etc.

Location of Allegation:

Nursing Home:

- CM Tucker Nursing Care Center (Stone & Roddy Pavilions); Richard M. Campbell Veterans Nursing Home; and Veteran's Victory House

Inpatient:

- Bryan Adult; Bryan Forensic: Harris; Morris Village; SVP; and WSHPI (Hall)

Outpatient:

- CRCFs; MH Centers; and Homeshare

Outcomes - Findings by the Agency Assigned to Investigate:

Arrest

Verified LTCO substantiated some type of ANE.

- If the LTCO verified an injury or other fact, but did not verify an allegation of ANE, it is not verified in this data.

Declined SLED, PSO, LTCO or another investigative entity decline to investigate.

- LTCO may decline because:
  - The alleged victim refused to grant consent for the LTCO to investigate.
  - The alleged victim recanted, could not recall the incident or was discharged.
  - LTCO was satisfied with SCDMH's administrative response or the employee was terminated or resigned.
- SLED, PSO may decline because:
  - The allegations appear non-criminal (appropriate use of force, words are not abusive).
  - Upon initial review, video or other evidence disproves the allegation.

Other

- Unfounded / not verified
- SLED/PSO found no probable cause of a crime
- Solicitor declined to prosecute

Allegations of ANE at SCDMH
1/1/12 through 12/31/18

Allegations of Non-Criminal Abuse

Type of Abuse	LTCO	DMH	DSS-APS	**Total**	**Verified**	
Declined						
Financial	2	0	0	**2**		
Sexual	9	1	1	**11**		
Physical	50	2	1	**53**		
Other	158	9	4	**171**		
Unknown	72	0	0	**72**		
Total	291	12	6	**309**	**40**	74

Allegations of Non-Criminal Abuse

By Facility		Verified
Bryan Adult	60	10
Nursing homes	165[1]	14
CRCF	13	3
MH Center	4	1
Harris	12	3
Homeshare	5	2
Bryan Forensic	30	6
Morris Village	7	1
SVP	13	0
Total	309	40

By Location

Nursing home	165	14
Inpatient	122	20
Outpatient	22	6
Total	309	40

[1] 65 of 165 are injuries of unknown origin

Allegations of Criminal Abuse

Type of Abuse	SLED	Police/AG	DMH PSO	**Total**	**Arrest**	Declined
Financial	1	8	1	**10**		
Sexual	30	2	13	**45**		
Physical	120	9	42	**171**		
Other	2	0	25	**27**		
Unknown	0	0	0	**0**		
Total	153	19	81	**253**	**19**	19

Allegations of Criminal Abuse

By Facility	SLED	Police/AG	DMH PSO	**Total**	**Arrest**
Bryan Adult	37	0	2	**39**	**2**
Nursing homes	30	8	0	**38**	**4**
CRCF	2	2	0	**4**	**1**
MH Center	2	2	0	**4**	**1**
Harris	16	0	0	**16**	**4**
Homeshare	0	5	0	**5**	**0**
Bryan Forensic	56	1	2	**59**	**4**
Morris Village	2	1	0	**3**	**0**
SVP	7	0	0	**7**	**0**
WSHPI (Hall)	1	0	77	**78**	**3**
Total	153	19	81	**253**	**19**

By Location		Arrest
Nursing home	38	4
Inpatient	202	13
Outpatient	13	2
Total	253	19

NTAKE #	DATE	Open	ABUSE	ACILIT	V. AGEN	Description	Arrest
12-0009	12/28/2011	Closed	Physical	Veterar	LTCO	anonymous staff person alleged that two residents of VVH had bruises and were being handled roughly by staff "T" and "V". Staff were reinstated after facility unable to substantiated (gave abuse and neglect training)	
12-0030	1/10/2012	Closed	other	Veterar	LTCO	RTC informed administrator she heard another RTC say if he got his clothes on she would sit him outside in the cold. Staff suspended pending investigation. Staff returned to duty after training on residents rights. Facility not able to substantiate b/c reporter could not recall the date of the incident or details. LTCO could not substantiate by a preponderance of the evidence b/c the only witness	
12-0048	1/19/2012	Closed	other	Just Ca	LTCO	Pt. alleges that guards are harassing provoking and talking about her. Patient going months with showers, meds not given properly, staff retaliate when clients report abuse. Unsubstantiated by	
12-0061	1/25/2012	Closed	Unknown	Tucker	LTCO	**injuries of unknown origin.** Facility cannot determine the cause but speculates it is due to his wandering and intrusive behavior which leads to other clients hitting him. LTCO found no evidence	
12-0071	1/27/2012	Closed	Physical	Tucker	LTCO	while client resisting staff during transfer from wheel chair to bed, staff grabbed client on arm and pants to keep him from falling resulting in 4 cm/6cm tearing of skin, unknown cause of bruise over left eye. Unclear from reports whether staff was observed or reported incident or whether staff's actions were somehow inappropriate. staff is with agency and won't be used again until investigation	
12-0097	2/4/2012	Closed	Physical	Bryan	Sled	client alleged that he got PRN for being loud and talkative and staff told victim "he runs this place" pulling out a knife and threatening to stab the client. Staff is agency temp not scheduled to work again until 2/17. Felder has requested statement from staff). SLED did not substantiate.	
12-0114	2/15/2012	Closed	Financial	AOP	Sled	client alleges that on two occasions, staff took money from a check client cashed and money not used for it's intended purpose - several thousands of dollars (see memo) Per Hoyle- staff directed not to handle funds, have direct client contact or enter records involving client involved in investigation. staff arrested for financial exploitation of vulnerable adult - suspended and terminated for	Arrest
12-0115	2/15/2012	Closed	other	SVP	LTCO	client alleges sometime about 12/25 staff slammed cell door in his face and constantly picks on him and threatens him. Per Prophett, officer will not be moved pending investigation. See memo LTCO	
12-0116	2/13/2012	Closed	Physical	Just Ca	Sled	client reported he saw officer hit, Peer on 2/13. Another client also witnessed this. Per Miller, officer has been taken off DMH floor pending investigation. SLED observed video which showed staff did push client after client hit staff but other allegations could not be substantiated. Per Miller, GEO took no action against staff. They feel that his response was to push the patient away after he was hit.	
12-0125	2/18/2012	Closed	other	Harris	LTCO	client alleged that she and other clients are not getting proper food. It is sometimes cold and it was making a lot of people sick Unsubstantiated by LTCO	
12-0137	2/26/2012	Closed	Physical	SVP	Sled	client alleges dr. hit him in the face during incident in which several PSO and dr. were placing client in seclusion. SLED unsubstantiated.	
12-0139	2/27/2012	Closed	Physical	Bryan	LTCO	nursing students witnessed staff push client in chest, pry fingers and slap his hand to get him away from the nursing station and grab another client on the chin when he asked an inappropriate question. Per Felder, staff suspended without pay pending investigation. LTCO founded with training	Verified
12-0140	2/27/2012	Closed	Sexual	Harris	Sled	client alleges sexual activity with MHS on multiple occasions. Per Harris, Accused reassigned to another lodge (K lodge) pending completion of the investigation. Since the alleged incidents were not witnessed and at this time cannot be corroborated, additional administrative action is not deemed	
12-0167	3/8/2012	Closed	Physical	Just Ca	Sled	client has injury to knee. Dr. questioned client who stated that staff pushed him to the floor causing the injury Per Miller, The person accused of harming the patient was removed from the Unit the day we found out about the incident, with the understanding that he was not to work on a DMH floor.	
12-0170	3/12/2012	Closed	other	Bryan	LTCO	Client alleges that staff require patients to wait long periods of time to use the restrooms (pods are locked) and therefore client's must urinate in the corners of the facility. This allegation has been assigned to the LTCO for investigation. Per LTCO- not verified. Only one restroom locked during the	
12-0179	3/20/2012	Closed	other	Harris	LTCO	client reported to SLED that she is forced to take meds and staff won't let her talk with her dr.	
12-0202	3/26/2012	Closed	other	Campb	LTCO	brother of client says Dr. told him client's leg was bruised. Ultimately client's leg amputated due to infection. Family concerned that dr. did not see/ treat infection. LTCO closed as unsubstantiated	
12-0220	4/2/2012	Closed	other	Tucker	LTCO	staff alleged staff was laughing at client and following him while patient saying "leave me alone." Facility investigated, founded and terminated employee based on this and other inappropriate	Declined

12-0224	4/2/2012	Closed	other	CRCF	LTCO	**Brook pines -** anonymous called alleges that staff talks to the residents like dogs, but administrator does nothing. LTCO did not find "emotional abuse" by staff, But residents and admin. Agreed that	
12-0238	4/8/2012	Closed	Physical	Tucker	LTCO	client alleges staff pushed her wheelchair into the room, catching client's foot on something (Causing pain) and threw client onto the bed. X-rays pending. Per Mobley, staff suspended pending investigation. Per 5 day, facility did not substantiate so staff brought back to work on another unit.	
12-0239	4/10/2012	Closed	other	Tucker	LTCO	client alleges staff forced him to take a cold shower. Per Mobley, no admin. Action for staff based on staff having different version and client having a long history of false allegations. Told LTCO shower	
12-0263	4/19/2012	Closed	Sexual	CRCF	Sled	**Piedmont-** client and staff alleged to be having inappropriate (possibly sexual) relationship. Per Steen, staff suspended during investigation. SLED did not substantiate. Both client and staff denied	
12-0264	4/17/2012	Closed	Sexual	Just Ca	Sled	staff and client may be having an inappropriate (possibly sexual) relationship. Per Scaturo and Adwell, staff suspended pending investigation. Per SLED, client admitted to exchanging letters but denied physical conduct with staff and staff did not respond to SLED attempts to interview. No	
12-0274	4/22/2012	Closed	Physical	Tucker	LTCO	client alleges staff yelled at her, and allowed her foot to be twisted during toileting. Per Mobley 5 day, client has history of false allegations. Multiple witnesses heard client cursing staff but did not hear/ observe anything to corroborate client's allegation. CNA asked two other staff for assistance during	
12-0280	4/23/2012	Closed	Physical	Tucker	LTCO	reporter alleges that staff gabbed both client's legs to assist him to bed, causing injury. Per Corley, staff returned to duty after retraining. Client advised that staff did not harm him but his legs hurt during positioning and does not want further action against staff. Not substantiated by LTCO	
12-0285	4/21/2012	Closed	Other	Bryan	LTCO	client alleges a staff called him a racial slur and a staff also heard it. Per Felder, staff reassigned pending outcome of investigation. LTCO substantiated the allegations. Staff suspended for	Verified
12-0314	5/3/2012	Closed	Unknown	CRCF	LTCO	**Emerald CRCF-** bruising on client's back but when asked how it occurred she stated "Don't remember" Although existence of bruises was verified, cause could not be determined. Staff took client for medical attention, documented and reported the bruises and attempted to determine cause.	
12-0320	5/9/2012	Closed	Unknown	Tucker	LTCO	**Injury of unknown Origin-** unexplained right foot fracture. Facility was unable to determine cause. RMH dr. thought it could have gotten caught in the bedrail. LTCO could not determine cause of	
12-0332	5/13/2012	Closed	Unknown	Tucker	LTCO	**injury of unknown origin** - 7X9 cm bruise on inner thigh. LTCO found no evidence of abuse.	
12-0337	5/8/2012	Closed	Physical	Tucker	Sled	client alleges that staff hit her in the face. Staff suspended pending outcome of SLED's investigation.	
12-0344	5/16/2012	Closed	Unknown	Bryan	LTCO	**injury of unknown origin** (bruise on right buttocks). Although bruise was verified, cause was unknown. LTCO did recommend staff "monitor effects of intra-muscular injections on the resident as	
12-0348	5/17/2012	Closed	Unknown	Tucker	LTCO	**injury of unknown origin-** redness to neck. LTCO could not determine cause of injury.	
12-0351	5/18/2012	Closed	Unknown	Tucker	LTCO	**injury of unknown origin** - 2 discolored areas posterior thigh. LTCO could not determine cause of	
12-0353	5/18/2012	Closed	other	SVP	LTCO	injured playing sports, says not seen by medical personal for 4 days. LTCO declined to investigate as neglect b/c client was seen by nurse an assesses and eventually given f/u care as the injury	
12-0355	5/20/2012	Closed	other	Tucker	LTCO	staff witness alleges staff yelled at client while putting her hand in his face. Witnessed by staff who also reported being intimidated by staff for reporting. Client also alleges staff is aware of staff ignoring his needs but does not address it. Per Mobley, staff misunderstood what was happening (staff was calling for assistance with client) and client denied he was yelled at. Staff was suspended	
12-0385	5/26/2012	Closed	other	Veterar	LTCO	staff had a verbal altercation with client- no details given. Per 5 day CNA suspended during investigation and reinstated with 1 on 1 abuse and neglect training. Per CNA and resident, they both got frustrated. Resident told staff to shut up and she then told him to shut up. Per LTCO, resident was satisfied with facility response and did not want LTCO to investigate.	Declined
12-0391	6/3/2012	Closed	Physical	Harris	Sled	a staff witness reported staff struck client in the face and another staff struck the client in the chest while attempting to change the client's clothes. Per Fletcher Both staff members have been taken off the work schedule until resolved. Per SLED, witnesses changed statement about what happened and they did not substantiate abuse. However, "During the incident proper protocol may not have	
12-0399	6/9/2012	Closed	Unknown	Tucker	LTCO	**Injury of unknown origin**- left lateral thigh. Per 5 day, injury appears consistent with bumping into furniture per client history. LTCO found no evidence of abuse.	
12-0410	6/13/2012	Closed	Unknown	Tucker	LTCO	**Injury of unexplained origin** - 17 cm scratch on upper right chest, 6cm scratch on right upper arm - see prior reports. LTCO found no evidence of abuse.	
12-0422	6/20/2012	Closed	Unknown	Tucker	LTCO	**injury of unexplained origin** - superficial scratch on right side of back - Per 5 day, no clear cause but could have been caused by lying on call button. LTCO found no evidence of abuse.	

12-0426	6/22/2012	Closed	Unknown	Tucker	LTCO	**injury of unknown origin** - discolored area to left upper chest wall. Per 5 day, could have been by pulling under her arm rather than using a draw sheet although this is not clear. Admin. Instructed for in-service of all staff on that unit re: proper transfers. LTCO did not find evidence of abuse.	
12-0428	6/23/2012	Closed	Unknown	Tucker	LTCO	**Injury of unknown origin** - 6X3 cm discolored skin, left lateral deltoid. Per 5 day, cause could not be determined. LTCO found no evidence of abuse.	
12-0436	6/27/2012	Closed	other	Harris	LTCO	Client reported to SLED on 6/27 that a new patient was put in his room and smelled so bad client threw up. When client asked staff about cleaning up, they said no. *"LT. Siniard asked the caller to put a staff person on the phone and two staff left the area when requested."* Per Fletcher, no admin. action against staff due to patient history - see memo. client left facility before LTCO could	Declined
12-0437	6/15/2012	Closed	Physical	SVP	Sled	Pt. alleges assaulted by PSO and allegedly the incident was "covered up." Per Prophett, no admin. Actions taken with staff pending investigation. Solicitor declined to prosecute but based on alleged	
12-0454	7/2/2012	Closed	other	Veterar	LTCO	unknown family reported that staff told client to "shut up." staff suspended during investigation. Staff	Declined
12-0455	7/3/2012	Closed	other	Bryan	LTCO	staff member overheard telling client "you ass needs to quit, you are acting like a grown ass boy." Staff reassigned to another unit pending investigation per Felder. Founded per staff admission and	Verified
12-0456	7/6/2012	Closed	other	Campb	LTCO	daughter asked that client be taken to hospital for swelling of limbs, nursing refused, daughter alleging neglect. LTCO referred to DHEC but also noted no quality of care issue. Conflict was between family members.	
12-0470	7/10/2012	Closed	Physical	Harris	LTCO	patient reported that two staff were abusive to client (grabbed her up from couch and made her walk around the dayroom for 20 minutes and also used profanity towards client.) Per Fletcher they are not moving the staff. Client has an order to be moved around b/c she will not get out of bed or chair. Fletcher says bruises likely from lifting. RRC suggested staff to consult with med. on different types of "lifts" to avoid injuries. LTCO found bruises likely due to staff "walking" the patients but also verified	Verified
12-0476	7/16/2012	Closed	Other	Bryan	LTCO	client alleged staff chased him around taunting him and asking to fight. Per Randolph, staff reassigned pending investigation. Unsubstantiated by LTCO	
12-0486	7/21/2012	Closed	Physical	Tucker	Sled	client alleged a b/m CNA hit him in the back of the head. Closed as unsubstantiated.	
12-0491	7/17/2012	Closed	Sexual	Just Ca	LTCO	client alleges that staff poked her in the stomach and made sexual comments and gestures to her. Per Jowers staff moved from unit pending investigation. Not verified by the LTCO	
12-0492	7/23/2012	Closed	Physical	Just Ca	LTCO	client alleges that staff picks on him and during search, slammed his hand into a locker. Per LTCO,	
12-0500	7/26/2012	Closed	Unknown	Tucker	LTCO	**unexplained injury** to right shoulder per 5 day, client said she fell. No evidence of abuse. Per LTCO, client did have a bruise, but client denied abuse or neglect	
12-0514	7/30/2012	Closed	other	Bryan	LTCO	staff witnessed another staff verbally abusing client. Per Randolph, staff reassigned pending outcome of investigation. This case was not verified due to "insufficient evidence to validate psychological abuse." Basically two staff had two stories about whether staff "cursed" the client. RRC to admin: I am concerned that with the "tie" of she said – she said, it does not appear that the ombudsman thought to interview the client. Did anyone ask her what happened? If she cannot communicate details, was there anyone else around (staff or clients)? The other staff suggested staff curses the clients… have you had similar complaints? Please let me know if any of this was determined during your administrative review of the indecent. Thank you, Rochelle	
12-0562	8/18/2012	Closed	other	Morris	LTCO	client alleges staff was verbally and physically threatening to him as he attempted to get attention for his seizure disorder. Per McConnell, staff suspended pending investigation. Client refused to sign	Declined
12-0567	8/22/2012	Closed	other	Just Ca	LTCO	Attached is an intake in which client alleging abuse by staff for failing to allow her to participate in programs/ treatment. RRC: I am working with Sharon to determine what is going on up there. Despite Pt.'s challenging behavior, there does appear to be some confusion/ miscommunication with the staff in how to apply some privileges and restrictions. LTCO did not investigate. Advocacy and tt staff from both DMH and Geo met to create a treatment protocol to address client's repeated	Declined
12-0577	8/23/2012	Closed	other	Tucker	LTCO	client alleged that she waited over an hour to be taken to bathroom and is afraid of staff. Staff suspended pending investigation. Per 5 day, staff failed to respond to request in a timely manner. RN was suspended and then resigned. Both CNAs were suspended per finding. Per LTCO case	Verified

12-0595	9/5/2012	Closed	other	Tucker	LTCO	client stated he put his call light on at 1 am to have someone come change him, but when staff responded, client said he didn't want this staff to change him. The staff left and no one came to change him until he pressed the button again at 5 am. Per notes, staff wrote that when he left the room he "totally forgot" to send someone else to change the client. Per Corley, staff was counseled	Verified
12-0596	8/31/2012	Closed	Unknown	Tucker	LTCO	**Injury of unknown origin** client has a red bruise on the top left forearm. 5 day said it may be from banging arms on recliner - chair has been padded. Per LTCO client could not be interviewed. Injury	
12-0603	8/27/2012	Closed	Physical	SVP	Other	**DMH** resident alleges that after the incident, PSO picked him up and dropped him on the bathroom floor. He further alleges he was pushed into a cell and manhandled. SLED referred to DMH to	
12-0625	9/19/2012	Closed	other	Tucker	LTCO	client alleges staff took his call light and threw it behind the bed so he couldn't use it. Per 5 day, allegation is unsubstantiated but staff suspended pending outcome of LTCO investigation. Per LTCO	
12-0631	9/11/2012	Closed	other	Morris	LTCO	client alleges that he went into seizures from withdrawal due to medical neglect. Per LTCO on 1/22/13 case is still open. LTCO found unsubstantiated. See report.	
12-0658	10/2/2012	Closed	Unknown	Tucker	LTCO	**injury of unknown origin-** right lower back. Per 5 day. Did have a fall and on meds that causing bruising. Cause was not determined but did not appear the due to abuse. LTCO substantiated client	
12-0667	10/2/2012	Closed	Physical	Just Ca	Sled	Canzater received three anonymous calls from different people alleging that staff slammed victim to the floor with excessive force. Per McClease, client was moved to another unit, so no action taken with staff. McClease reviewed video and did not see anything to support allegation of being slammed. SLED viewed video of incident. no evident of abuse.	
12-0675	10/2/2012	Closed	Sexual	Tucker	Sled	client alleged that an unidentified male staff who gave him a shower digitally penetrated his anus. Several staff were present at the time and no physical injury was reported. Per 5 day, client was examined with not physical evidence, wife does not believe it as client has been very delusional over last few weeks (psych. eval ordered). staff off duty until case resolved but no evidence of anything occurring.	
12-0681	10/10/2012	Closed	Physical	Tucker	LTCO	client alleged that 2-3 days ago, staff treated him bad, jerked him around and pushed him into his bed rails. Client had 2.5X2.3 cm bruise in between fingers Per 5 day, staff removed from duty until investigation by facility. Resident denied it occurred upon subsequent interview- said he did it himself. resident has fragile skin and on pain meds due to sensitivity. no evidence of intentional harm but staff will get additional training in applicable areas. resident denied allegation to LTCO, could not be substantiated.	
12-0683	10/11/2012	Closed	other	Tucker	LTCO	DHEC staff overheard staff using harsh demanding tones and yelling "you need to sit here so you can eat." per 5 day, staff suspended during investigation. DHEC witness refused to provide written statement and staff denied. Based on facility review, no evidence of intentional misconduct but all staff to receive training on dealing with hard of hearing clients and tone of voice/ body language. LTCO did not substantiate.	
12-0684	10/11/2012	Closed	other	Tucker	LTCO	DHEC inspector overheard staff continuously yelling at client, “you’re going to spill that all over me …Jesus. The client is non-verbal and doesn’t always understand. Per 5 day, staff was an agency employee, agency notified; staff denied but resigned. other staff in-services on how to speak to client who are hard of hearing but not sound harsh. LTCO did not substantiate	
12-0703	10/16/2012	Closed	other	Just Ca	LTCO	caller alleged that staff constantly calls clients names provoking them into behavior problems. Caller believes the staff has been reported to the supervisor but there has been no change in the staff’s behavior. Per McClease, staff reassigned to another unit pending investigation. LTCO closed case because client did not wish to have an investigation.	Declined
12-0705	10/16/2012	Closed	other	Tucker	LTCO	Attached is an intake in which PSO officer reported that client was crying, in distress and may have needed clothing change and staff ignored client’s needs even after PSO asked them to attend to the client. per 5 day PSO was misreading client's distressful behavior but staff used poor judgment in not explaining/ responding to PSO request for assistance. Staff was not found to be negligently the client. LTCO did not substantiate.	

12-0711	10/17/2012	Closed	other	Tucker	LTCO	Client reported that on 10/17 he complained to staff that they were not washing his face properly and they left him suspended in the Hoya Life for approximately 45 minutes. Per 5 day, suspended pending investigation. Facility review indicates it is founded and recommended termination of both employees. LTCO substantiated for physical abuse / neglect and psychological abuse.	Verified
12-0721	10/22/2012	Closed	Physical	Harris	LTCO	A social worker reported to SLED that on 10/22, she observed another staff member grab and shove client. She said staff's tone of voice, actions, and failure to use proper techniques/interventions was inappropriate. Per Fletcher, given client's behaviors she is difficult to manage. Staff will not be moved pending investigation. Not verified by LTCO	
12-0740	10/27/2012	Closed	other	Tucker	LTCO	Ex wife of client called SLED to report that she does not believe the extent of his injuries could have been caused by a simple fall from his bed. The case is assigned to the LTCO investigation for investigation. Per 5 day- raised position of top part of the bed for feeding tub and moving mat to provide care contributed to seriousness of injuries. Adjustments made to plan of care to prevent reoccurrence. no neglect found. LTCO interviewed resident who was satisfied with the action of facility and asked that case be closed.	Declined
12-0741	10/28/2012	Closed	Unknown	Tucker	LTCO	**Unexplained injury -** unexplained fracture to the right humorous bone. Per 5 day, neither resident nor facility was able to determine the cause of the injury. Per LTCO, could not substantiate cause of the injury.	
12-0744	10/29/2012	Closed	Sexual	Bryan	Sled	alleged sexual assault by unknown person, rape kit completed with negative results and no physical injury. No admin. Action as this is part of delusions. Case had been opened but closed by SLED due	
12-0763	10/19/2012	Closed	other	Harris	LTCO	Attached is an intake in which it is alleged that on 10/16, staff heard another staff yell at client, "Sit down or I'll knock you down." Per LTCO verified based on corroboration by staff witnesses. Staff counseled and being monitored.	Verified
12-0769	11/5/2012	Closed	other	Tucker	LTCO	client's briefs not changed by staff after it was reported they needed changing. She said she would go get his care giver but later admitted she couldn't remember if she did. Per 5 day, client stated it was an oversight, an considers the incident taken care of. client asked LTCO not to investigative.	Declined
12-0747	10/27/2012	Closed	Unknown	Tucker	LTCO	**unexplained injury** -multiple bruising to upper chest, cheek and right arm. Per 5 day, it could be due to improperly placing straps of protective helmet or due to agitated resident being in his room several days ago. Staff cautioned to monitor residents wandering, that patient referred to MD for med. eval. LTCO could not determine cause of the injury.	
12-0770	11/6/2012	Closed	Sexual	Tucker	LTCO	client alleges that 2 weeks ago, staff made inappropriate sexual comments and kissing gesture and "mooned" her. Per 5 day, no evidence of sexual behavior but staff admitted that this staff pulled her pants down some to the other staff. Staff recommended terminated due to poor judgment, unprofessional behavior and stressed caused to client. Per LTCO, psychological abuse substantiated and case was closed per resident request as she was satisfied with facility response.	Verified
12-0796	11/14/2012	Closed	Other	Tucker	LTCO	client alleges staff stated to another staff that she was glad she didn't have to provide care to client. Client's allegation could not be substantiated by staff on duty and employee denied. Client has history of paranoid allegations. Staff moved to another unit regardless. LTCO did not investigate since client was satisfied with facility response and because staff had resigned (per resident.)	Declined
12-0799	11/20/2012	Closed	Other	Tucker	LTCO	client has bruise on buttocks. Client stated she bumped into the wall while in the restroom and no one harmed her. Per 5 day, client cannot say how it happened but she was "assisted to the floor on 10/15 by RN." Could be result of that fall but no evidence of abuse or neglect Per LTCO there is no evidence of abuse or neglect.	
12-0806	11/20/2012	Closed	Physical	Veterar	Police	allegation of physical abuse of client by CNA at VVH. Substantiated and employee terminated and escorted from property. Per Kirchman, delay in reporting due to misinterpretation of rules by the DON. All employees to be in-services on abuse and neglect. client arrested for abuse of VA.	Arrest

12-0807	11/16/2012	Closed	Financial	CRCF	Police	**Piedmont Mauldin City PD** more that one client alleged that staff took their money. Per James, staff terminated 11/29/12. 2 warrants issued for forgery by staff. As of 2/13 general fraud theft still being investigated.	Arrest
12-0815	11/29/2012	Closed	Other	SVP	Other	**DMH adv.** client alleges staff follows him around and harasses him about his charges. Sled referred to DMH advocacy for investigation. Unfounded	
12-0816	11/29/2012	Closed	Unknown	Tucker	LTCO	**injury of unknown origin** per 5 day, cause could not be determined but no evidence of abuse or neglect. Unsubstantiated as neglect or abuse. .	
12-0832	12/3/2012	Closed	other	Tucker	LTCO	SW alleges client has had many falls and the direct care staff are not following the fall precautions set by plan of care. Per LTCO no evidence of abuse or neglect	
12-0839	12/3/2012	Closed	other	Bryan	LTCO	client alleges staff yells at her and is rude to patients and has a hot temper. Per Felder, no administrative action at this time. Per LTCO, client denied mistreatment. LTCO indicated the report may be the result of staff conflicts and recommends training of staff in conflict resolution.	Verified
12-0847	12/8/2012	Closed	other	Tucker	LTCO	client alleges that staff disclosed personal, medical info. to another client of a distressing nature. Per 5 day, investigation was inconclusive, but staff retrained on HIPAA and returned to duty. Per LTCO, allegation could not be substantiated so case closed.	
12-0849	12/7/2012	Closed	Physical	Columb	Other	**DSS APS** client alleges staff is verbally abusive and grabbed his arm resulting in a broken watch. Per Sheila Arnold, no administrative action to be taken with staff at this time. Per DSS_APS this cases was closed on 1/2/13 as unsubstantiated. Client and mother were satisfied with client having a new counselor and the arrangement that staff will not have contact alone with the client.	
12-0853	12/10/2012	Closed	other	Just Ca	LTCO	client wrote a judge stating a officer pulled down another client's shorts and when the client ran down the hallway, staff called him a faggot. Per Miller, Geo did investigation and patient changed story as to who pulled down his pants…now it seems to be a patient. no admin. action with staff. Closed by LTCO. Client changed story and said he was not the subject of abuse.	
12-0861	12/14/2012	Closed	Physical	Bryan	Sled	Client alleged that staff punched her on the left side of her face. Client had swelling an skin was bluish in color. Intake indicates that Staff is out on Workman's Comp. Per Felder she will not be returning to duty until Sled investigation is complete. **See Intake 12-0874 founded by LTCO.** Per SLED, he said, she said and solicitor declined to prosecute. and client stated she did not want to press charges anyway. Per Lisa Wilson, letter of intent to terminate.	
12-0865	12/17/2012	Closed	Sexual	Bryan	LTCO	client alleges that staff made inappropriate sexual comments toward her. Per LTCO compliant not verified. Due to prior sexual abuse, client has a long history of sexually inappropriate behavior.	
12-0874	12/17/2012	Closed	other	Bryan	LTCO	client alleges that staff used demeaning language toward a patient, calling her nasty because the client had urinated on herself. Per Felder, staff on suspension pending investigation. Per LTCO allegation is verified. Staff remains on suspension while another incident is investigated by **SLED 12-0861 Per Lisa Wilson, letter of intent to terminate.**	Verified
12-0876	12/17/2012	Closed	other	Homes	Other	**DSS-APS homeshare provider -** client alleged that provider pushed him down into a chair and held him during an altercation over cigs Per Alfreda Daily on 5/2, finding was unsubstantiated and case was closed.	
12-0892	12/23/2012	Closed	Physical	Tucker	LTCO	unknown person reported to staff that they observed LPN forcibly hold client's head back while feeding him. Per 5 day, founded and staff terminated. LTCO substantiated.	Verified
12-0899	12/26/2012	Closed	Unknown	Tucker	LTCO	**injury of unknown origin -**client found to have unexplained injuries to his legs (red areas and blisters) Per 5 day, caused by inappropriate application of Tubigrip to legs. Staff in serviced on proper application. LTCO found no evidence of abuse or neglect.	
13-0010	1/3/2012	Closed	Unknown	Tucker	LTCO	**unexplained Injury** -large bruise to left side of chest/ upper arm. Per 5 day may have been caused by leaning in chair the night before. LTCO found no evidence of abuse or neglect.	

13-0020	12/24/2012	Closed	other	SVP	Sled	allegation by another resident that client was neglected by nurse while client was in pain and having difficulty breathing (cancer) and died that night. Per Siniard 5/13/13 case is pending adult fatality review board. Per Siniard on 7/15/13 AFRB held over this case for next meeting for further review. RRC reviewed investigative summary. although it has not been reviewed by AFRB yet, summary does not appear to disclose any neglect.	
13-0030	1/10/2013	Closed	other	Tucker	LTCO	client reported she fell and given x-ray of knee (no break), later x-ray revealed removal neck fracture. LTCO found no evidence of abuse or neglect.	
13-0034	1/11/2013	Closed	other	Tucker	LTCO	client was walking, fell and suffered bruise to his head. Per 5 day, this was merely an accidental fall. Resident stated he fell. Asked for case to be closed. LTCO found no evidence of abuse or neglect.	
13-0038	1/11/2013	Closed	other	Tucker	LTCO	client fell while being transferred. Had a raised area on head. Per 5 day NA "eased" client to the floor but did not see her hit her head .LTCO stated that abuse or neglect could not be substantiated..	
13-0064	1/15/2013	Closed	other	Tucker	LTCO	client alleged staff failed to provide incontinent care for 3 hours. Per 5 day, records do not substantiate client's claims. LTCO closed case. Care initially refused but later provided. Concern was resolved	
13-0043	1/16/2013	Closed	Sexual	Just Ca	LTCO	pt. called SLED to report that Staff “rubs her arms and back, holding on to her.” Per Miller, client withdrew complaint so no admin. Action pending investigation. LTCO did not investigate because client withdrew complaint.	Declined
13-0073	1/20/2013	Closed	Physical	SVP	Other	**DMH** client alleged excessive force by staff during take down. SLED Referred to DMH for investigation. Per Scaturo, officer not to engage in contact with client pending investigation. unfounded	
13-0125	2/8/2013	Closed	other	Tucker	LTCO	client found on the floor in blood (injury requiring six stitches) but no one witnessed what happened. 5 day did not provide any additional explanation. Closed. LTCO unable to determine cause of injury but no abuse suspected.	
13-0131	2/11/2013	Closed	other	Bryan	LTCO	Staff alleged that they asked LPN to check on client, when she was found unresponsive in her wheelchair but he did not check her. LTCO unfounded for neglect "because there was not enough evidence to definitively say that" RN was neglectful. RRC to f/u with admin. regard concerns. per Wilson, not enough info. to say RN was neglectful but RN counseled on proper f/u of complaints and MHS's training that if they don't feel RN gives adequate response they go up the chain of command as necessary to get proper care.	
13-0139	2/12/2013	Closed	other	Just Ca	LTCO	Staff reported that client and staff were in a verbal argument and staff went toward client in an aggressive manner and had to be restrained by security. Per McClease, RN placed on admin. Leave pending investigation. Psychological abuse was not verified but the violation of standard of care was verified. Staff was terminated..	Verified
13-0141	2/16/2013	Closed	other	Tucker	LTCO	client alleged staff told her to kiss her ass when administering meds. Per 5 day, this was NOT substantiated. Client denied verbal abuse happened so LTCO unsubstantiated the case.	
13-0153	12/17/2012	Closed	other	Campb	LTCO	reported by staff other overheard CNA speaking in a loud voice with inappropriate language toward client. Investigation competed and employee terminated. LTCO did not investigate	Declined
13-0163	12/22/2013	Closed	other	Tucker	LTCO	sister alleges client did not receive timely pain management. 5 day does not substantiate. LTCO did not substantiate	
13-0192	3/9/2013	Closed	Unknown	Tucker	LTCO	**Injury of unknown origin**, possible fracture of thigh. 5 day could not substantiate the cause. Per LTCO, client stated she fell and asked that case be closed.	Declined
13-0199	3/12/2013	Closed	other	Tucker	LTCO	client alleges she asked staff several times and staff refused to get her out of bed all day. Per 5 day, allegation founded for neglect and staff disciplined. Per LTCO allegation founded by facility and resident was satisfied with remedial action taken.	Verified
13-0205	3/14/2013	Closed	other	Bryan	LTCO	client alleges he is being neglected and not treated right…no details Per LTCO, not verified.	

13-0209	3/18/2013	Closed	other	Just Ca	LTCO	client alleges Dr. allowed her to remain in handcuffs during a trip to Orangeburg and has her medication that she doesn't like. Per Miller, handcuffs per PSO policy. She has not yet refused the meds. But if she does, Dr. may need to do med override. multiple meds have been tried and switched due to side effects/ medical issues. Per LTCO, complaint about meds in verified due to client is on med and doesn't want to be, but no recs. b/c meds are appropriate due to medical issues and client not refusing to take it.	
13-0241	3/21/2013	Closed	Unknown	Tucker	LTCO	**unexplained injury** -fracture of the right foot. 5 day was unable to determine the cause. Per LTCO no evidence of abuse, but cause of injury could not be substantiated.	
13-0293	4/16/2013	Closed	Other	SVP	Other	**DMH** client alleges that staff won't let them call SLED and DMH advocate does not represent their interests. Unfounded by SVP investigator.	
13-0301	4/18/2013	Closed	Other	Bryan	LTCO	client called SLED to report that staff use 3 needles at one time and fail to consider his complaints seriously. Per LTCO, client did not want allegation investigated so case was closed.	Declined
13-0317	4/22/2013	Closed	Other	Just Ca	LTCO	staff were not at stations during peer on peer assault, did not provide appropriate care afterwards to attend to safety and injuries. Per McClease, no action taken with after review of video. Per LTCO finding that staff snatched client after patient on patient assault is not verified. Per Canzater the intake was incorrect re: the allegation and the ombudsman did not investigate the neglect allegation about staff not being at stations to prevent the assault or the lack of appropriate f/u care. RRC asked for f/u with Miller on additional allegations	
13-0327	4/30/2013	Closed	Physical	Tucker	LTCO	client's sister reported to staff that client said a staff member hurt his leg, pulled curtain so he couldn't see TV and call light was out of reach. Per 5 day, no witnesses, no evidence to substantiate any allegations. Per LTCO resident denied allegation occurred and asked the case be closed.	Declined
13-0331	4/29/2013	Closed	Unknown	Tucker	LTCO	**unexplained injury** -shoulder fracture. Per 5 day, investigation inconclusive. Per LTCO abuse or neglect is not suspected.	
13-0337	4/30/2013	Closed	Physical	Bryan	LTCO	client alleges that unidentified staff drug her out of bed onto the floor when she was too sick to get out of bed. Injuries were noted. Per Randolph, no admin. Action against any staff. No witnesses and dr. indicated bruising not consistent with client's allegations. LTCO could not substantiate any of client's claims.	
13-0349	5/5/2013	Closed	Financial	Veterar	Police	**Colleton Co. Shef. Dept.-** client alleges someone took his wallet with $80 in it. Per 5 day, staff who removed items from his bed denies seeing a wallet in the items. This staff was suspended pending investigation. LLE closed, no suspect could be developed.	
13-0360	5/9/2013	Closed	physical	Tucker	LTCO	staff observed staff slap client on back of head when client attempted to eat another resident's food. Per 5 day, staff was immediately sent home and suspended until she is terminated from employment. Per LTCO resident satisfied with remedial plan and asked that the case be closed.	Declined
13-0368	5/9/2013	Closed	financial	Veterar	Police	**Colleton Co. Shef. Dept.**- client alleges someone took $28 out of his wallet that was in a locked drawer. Client died so LLE did not investigate	Declined
13-0375	5/17/2013	Closed	Sexual	Just Ca	Sled	client alleged that officer has made sexual advances, comments and touch her buttock at one point. Per McClease, officer is off the unit pending investigation. Not referred to solicitor. He said/ she said, but client does have a history of false allegations.	
13-0376	5/16/2013	Closed	Sexual	Homes	Other	**Homeshare-** client alleges that son of the homeshare provider has made flirtatious comments and touch her thigh. Per Gehr, client has been moved to another placement. Per **DSS-APS** Kashia Gibbs, this case involving the homeshare provider's son and client is closed. It was a he said/ she said so DSS unfounded because they were unable to substantiate the allegations. Also, DSS said the homeshare provider told DSS she would no longer be providing these services to anyone because it was too much trouble.	
13-0380	5/19/2013	Closed	other	Tucker	LTCO	client fell out of bed, sustained injury during linen change of bed. Staff suspended pending outcome of investigation. Failed to follow care plan. Will be re-trained upon return to work. LTCO did not substantiated neglect due to lack of injury?	

13-0389	5/22/2013	Closed	other	Tucker	LTCO	Family member reported that client said C.N.A yelled at client after he asked for help. This was not witnessed by any other staff per 5-day and all staff believe CNA goes above the call of duty. She speaks loudly and this may be misconstrued. regardless, staff suspended pending investigation and will receive communication training upon return. LTCO closed when resident denied the incident occurred.	Declined
13-0414	6/2/2013	Closed	other	Tucker	LTCO	client alleged staff said "I will fuck your aunt." and doesn't like the way he talks to other clients. Per 5 day, family believes the allegation may have been "acting out" behavior of client who was disappointed over cancelled visit. Client could not provide details of allegation. staff moved to another unit to work. Closed by LTCO. Resident could not recall the incident.	Declined
13-0427	6/5/2013	Closed	other	Tucker	LTCO	allegation by PSO that nursing staff neglecting client who was in bed moaning in pain. Per 5 day, patient moans loudly, often and they did not find evidence of neglect. Closed. LTCO did not find evidence to substantiate abuse or neglect.	
13-0428	6/5/2013	Closed	other	Bryan	LTCO	Intake called in by pt who felt RN was neglecting client by not responding as client was holding her stomach and crying for a long period of time. RN said she knew the patient's behavior. Per Wilson, RN acknowledged that situation could have been handled better by intervening with client despite her repeated and challenging behavior. RN has a long, positive history with DMH and was receptive to supervisor's constructive criticism. RN will be given counseling and re-training on effective communication. Per LTCO, not investigated due to client not giving permission.	Declined
13-0474	6/26/2013	Closed	Physical	Bryan	Sled	staff got too close to client during argument and pushed and slapped patient in front of staff witnesses. Staff escorted off property and keys taken. Per nursing, staff is on leave without pay pending investigation. Although the solicitor declined to prosecute, the SLED summary appears to contain enough info. to justify a disciplinary action…..plan is to terminate.	
13-0478	6/27/2013	Closed	Unknown	Tucker	LTCO	**unexplained injury** - discoloration to skin on right side of back. Per 5 day, it may have been due to an altercation with peer Closed. LTCO could not determine cause of injury but abuse not suspected.	
13-0481	6/29/2013	Closed	Financial	Veterar	Police	**Colleton Col Shef. Dept.-** client alleges his wallet is missing with $6 cash and credit card. Per facility, wallet located in laundry.	
13-0483	6/29/2013	Closed	other	Santee	LTCO	two staff left 10-12 clients in a van in heat while staff shopped during an outing. Staff placed on leave pending LTCO investigation. LTCO verified complaint and recommended training of all staff. Both staff terminated.	Verified
13-0510	7/8/2013	Closed	Physical	Bryan	LTCO	pt reported to SLED that staff shoved him out of the bathroom and has become increasingly aggressive with him over time. Per Wilson, who did extensive investigation, staff used BEST defensive technique in bathroom, but other allegations do not appear to have occurred and staff has an excellent reputation with clients. therefore staff will not be moved pending investigation. Per LTCO, allegation was not verified.	
13-0529	7/17/2013	Closed	other	Tucker	LTCO	PSO reported that he found client outside wandering around wet in a thunderstorm. Per 5 day, client was located at 6 pm check and staff were looking for her at 7 pm check, when returned by PSO to unit. Client is free to go wherever she wishes and therefore, no neglect to allow her to go throughout facility and into court yard. LTCO investigated, made no finding and closed case.	
13-0533	7/19/2013	Closed	other	Tucker	LTCO	anonymous report to SLED that Tucker is understaffed and therefore clients being neglected. LTCO did not substantiate-	
13-0534	7/19/2013	Closed	Sexual	Just Ca	LTCO	client alleged that officer kissed her approximately 2 weeks ago and now she fears for her safety. Per McClease, no admin. Action against staff but he will not be around client without other staff present until resolved. Fennell stated that client said the staff and client had been writing letters and two staff saw the letters. RRC asked Fennell to write a statement and RRC forwarded the info. to Brandi Paige who is investigating. LTCO did not find evidence to substantiate the claims. unfounded.	

13-0564	7/29/2013	Closed	Other	Tucker	LTCO	client alleges staff turned off her call light 2 times and didn't give her the am care. Per 5 day, investigation inconclusive (he said/ she said) but staff did not follow care plan for 2 per assist therefore will be referred for disciplinary action. Per LTCO, client denied the allegations, but didn't want the caregiver to provide care in the future which facility agreed to.	
13-0571	7/23/2013	Closed	Physical	Bryan	LTCO	client alleges the staff has stolen her money, beat her (no injuries, no date given), raped her (medical condition causes vaginal bleeding - treated and released by Dr; ties her in a chair and allows her to urinate on herself all day. PSO to investigate theft, the rest to LTCO. per Wilson, no action to be taken with staff pending investigation since LTCO did immediate visit and found no evidence the events occurred. some of the accused staff have not worked that lodge in over 3 months. LTCO none of the allegations were verified. Either client denied it happened or no evidence to support.	
13-0573	7/31/2013	Closed	other	Tucker	LTCO	client alleged staff did not take dinner tray and when he asked to have it removed, staff said "damn that tray, get in bed" and later told him to shut up, Per 5 day, investigation inconclusive (no witnesses and he said/ she said). Per LTCO resident refused to discuss allegation, said he was angry that day and wrong and requested the case be closed.	Declined
13-0607	8/20/2013	Closed	Unknown	Tucker	LTCO	**unexplained injury** - fractures of right let/ ankle. Client indicates injury occurred during transfer from left to wheelchair on 8/18. Fractures (2) diagnosed on 8/20 Per 5 day, client makes allegations falsely and uses leg to kick walls and doors to get outside. cause of fractures remain inconclusive. per LTCO client did not know how she was injured and denied any mistreatment by staff. case closed.	Declined
13-0609	8/21/2013	Closed	other	Tucker	LTCO	RN heard staff speak to client about spitting on the floor in a derogatory, disrespectful manner. Client has meds that increase saliva production. Per 5 day, client did not feel abused, upset or disrespected and does not appear staff intended to be malicious. Staff reassigned and training on abuse neglect. per LTCO, resident denied allegation and voiced no concerns with staff and requested case be closed.	Declined
13-0610	8/20/2013	Closed	Physical	Tucker	LTCO	unexplained injury - 5x4 cm bruise in armpit. Client says "I told you "he" hit me." no males assigned to client or working on unit. Per 5 day, cause is inconclusive. Per LTCO, client denied allegation and reported staff treatments her good, allegation could not be substantiated and case closed.	
13-0611	8/20/2013	Closed	other	SVP	Other	**SVP advocate** client alleges unfair punishment/ treatment. Unfounded - see memo	
13-0612	8/20/2013	Closed	other	SVP	Other	**SVP advocate client alleges unfair punishment/ treatment. Unfounded -see memo**	
13-0636	8/30/2013	Closed	Unknown	Tucker	LTCO	**unexplained injury**- red area on right hip 6x4 cm per 5 day, cause not determined but could be due to constant movement due to Huntington's symptoms Per LTCO, resident interview not successful. Documentation review could not determine cause of injury. Case closed.	
13-0639	8/31/2013	Closed	other	Tucker	LTCO	staff reported witnessing another staff yelling at a patient. Per 5 day both resident and alleged perp. Denied abuse - staff said she was "joking" with client. Staff returned to duty with additional training on verbal abuse. Per LTCO, client denied allegation, had no concerns with staff. requested case be closed.	Declined
13-0672	9/10/2013	Closed	physical	Just Ca	LTCO	staff held client down, gave monthly shot, over client's objection and request to speak to dr. first. Per McClease, no admin. Action taken. RRC offered refresher training to staff on refusal of meds. LTCO verified the violation of client's rights by forcibly medicating her, also noted failure of nursing director to respond to investigator's calls. RRC f/u with admin. to confirm training and disciplinary action for employees.	Verified
13-0685	9/8/2013	Closed	Physical	Veterar	Police	**Colleton Co. Shef. Dept.**- staff discovered multiple skin tears. Client stated, "they think they can just fight…they were just pounding me…" Per 5 day, allegations of physical abuse substantiated and both CNAs terminated.	
13-0771	10/17/2013	Closed	Physical	Tucker	Sled	client alleged that during trip to the fair, staff pushed her, hit her in the had and spent some of her money. Per 5 day, no residents, staff or fair goers reporting seeing client being struck and there was no evidence of injuries. The money alleged to have been take was accounted for by staff. investigation into abuse is inconclusive but no evidence of abuse. Unfounded by SLED see memo.	

13-0794	10/28/2013	Closed	Physical	Just Ca	Sled	client alleges that an unidentified staff pushed her down causing bruising inside left thigh. Incident occurred approximately 1 week prior to report to SLED Per Eyre, client later identified a staff person. No admin. Action at this time. Per SLED no evidence to corroborate client's allegations. case closed as unfounded.	
13-0813	11/4/2013	Closed	Physical	Bryan	LTCO	client alleges unnecessary and excessive physical force in response to crossing the blue line. Per Wilson, no indication that staff was near or interacted with patient during several incidents involving aggression by client, but client is fixated on this staff and one female staff which is documented in the chart. based on lack of evidence of any interaction, no administrative action at this time. LTCO unable to locate client to follow up on complaint (client released to the community) so case was closed.	Declined
13-0884	11/28/2013	Closed	other	SVP	Other	**DMH Advocate** - client alleges staff makes false statements, intimating towards him Unfounded by SVP investigator.	
13-0885	12/4/2013	Closed	other	SVP	Other	**DMH Advocate** - client alleges staff makes false statements, intimating towards him Unfounded by SVP investigator.	
13-0894	12/5/2013	Closed	Physical	Tucker	Sled	allegation of abuse/ client injury by two staff during agitation/ attack by client on staff. Per 5 day, no evidence of abuse. Per sled, unfounded.	
13-0896	12/6/2013	Closed	Physical	Veterar	Police	**Colleton SO-** client injured during episode of aggression. Per 5 day, abuse was substantiated and staff terminated.	
13-0915	12/12/2013	Closed	Physical	Tucker	LTCO	client alleges an unidentified staff pulled her hair at some unidentified time. Per five day, there was no evidence of abuse. Per LTCO client denied allegation or mistreatment by any staff. Unfounded	
13-0916	12/12/2013	Closed	Physical	Bryan	LTCO	client was acting out and had to be restrained. Altercation resulted in swollen face and broken wrist. Although use of force by PSO appeared necessary by the time they arrived, client indicated that he was verbally abused and provoked by unit staff, causing the behavioral outburst. LTCO closed. client declined to have the LTCO investigate.	Declined
13-0928	12/16/2013	Closed	Physical	Tucker	Sled	two staff got in a verbal altercation over a "smoke break". When another staff intervened, one staff alleged the other had slapped client. Both suspending pending investigation. Abuse unsubstantiated - determined a false report, but the one who made the allegation also received 3 day suspension for failing to report the allegation she subsequently made. unfounded by SLED	
13-0931	12/18/2013	Closed	Unknown	Tucker	LTCO	**unexplained injury** on finger. Revealed a healed fracture. Per 5 day, cause of fracture cannot be determined for sure but there is no evidenced of abuse. LTCO made no findings.	
13-0948	12/28/2013	Closed	Physical	Bryan	Sled	client alleges staff dumped him out of his wheelchair on the floor of the shower and then kicked him. Had a bruise on left forearm. Per SLED report client denied allegation and no other evidence or witnesses so case closed as unfounded.	
14-0013	1/8/2014	closed	Physical	Homes	Police	**Homeshare- Cayce PS**- client just disclosed a physical altercation that occurred in Sept. 2013 with homeshare provider's husband. Client was removed from the home although he says no other problems have occurred and did not want to move. Investigator assigned. Cayce case # is 14-00192, investigator Shealy. Closed. Insufficient evidence to pursue criminal charges.	
14-0027	1/14/2014	Closed	other	Bryan	LTCO	client reported to SLED that other patients are allowed to beat her up, she is given unnecessary PRNs and staff treat her differently than other patients (not allowed to visit home) LTCO did not verify either complaint. Based on interviews and record review, client requires PRNs frequently due to delusions and psychosis that often leads to assaults by client on other clients and staff. client's behaviors are also the reason she is not released yet- can't find placement b/c she is often unstable. But she is allowed to go on pass with her dad when he visits.	
14-0029	1/15/2014	Closed	other	Just Ca	LTCO	client alleges staff called her a child molester and asked "do you want to do it to me like you do it to the children?" Per Geo, because there was no physical altercation, they are taking no admin. Action pending the investigation. LTCO did verify the allegation and asked for documentation that officer is retrained in Dignity and respect.	Verified

14-0030	1/15/2014	Closed	Physical	Tucker	LTCO	staff used wrong technique to turn client and he fell out of the bed resulting in head injury. Per five day, staff was suspended for failing to follow safety practices and reinstated after additional training. LTCO reaffirmed findings in 5 day.	Verified
14-0052	1/27/2014	Closed	Physical	Just Ca	Sled	client alleged an unidentified Geo officer chocked and hit him in the ribs and abdomen. Client was on COLAS and no visible injury but SLED accepted for investigation. SLED unfounded. No evidence to corroborate allegation that incident even occurred.	
14-0061	1/16/2014	Closed	Physical	SVP	Sled	client alleges officer squeezed his bicep, and tried to body clam him to the floor and put his cuffs on too tight causing "neurological" damage. Per Dr. it was just a bruise. Per Scaturo, staff is assigned to transport unit and the other unit pending investigation. per SLED case unfounded.	
14-0067	2/1/2014	Closed	Physical	Just Ca	Sled	Staff were attempting to restrain client who was refusing his medicine and client fell during the struggle breaking his Jaw and face in several places. Per Geo, no administrative action with any staff pending investigation. Per SLED the injury sustained was due to client's resistance with officers leading to client falling and pulling staff down on top of him.	
14-0069	2/2/2014	Closed	other	Tucker	LTCO	RN alleges that staff in charge of client during the last shift had left him in dirty and urine stained clothing. Per 5 day, there was no evidence of neglect…it was a false report by one staff against other (they do not get along). Per LTCO no finding of neglect.	
14-0071	2/2/2014	Closed	Physical	Just Ca	Sled	client swung at nurses and staff swung back and grabbed client by the hair, refusing to let go. Per Lawrence staff to be terminated. Closed –Declined by SLED for criminal investigation but they did notify LTCO of finding of "inappropriate redirection by staff"	
14-0085	2/6/2014	Closed	physical	Tucker	LTCO	multiple discolorations of interior of right arm. Per 5 day, client says staff grabbed his arm (unidentified person and time) but investigation was inconclusive as to who/ when/ circumstances. LTCO concurred.	
14-0104	2/14/2014	Closed	Physical	Just Ca	Sled	client alleged an unidentified staff punched him in the face (client was walking up behind the staff and asking him something and staff turned around and pushed client in the face). It happened in the hallway so it may be on video tape. Per McClease, they reviewed the video on the day in question but were not able to find the incident on tape. Per SLED they closed due to lack of evidence (no records doc. injury; videotape no longer available; client already d/c to jail).	
14-0151	2/28/2014	Closed	Physical	Bryan	Sled	client would not get out of bed. Staff pulled off covers. Altercation resulted in client falling and splitting skull open such that off site medical care was required. Staff said client started physical aggression. Client says staff pushed him. Per Randolph, staff has been reassigned. But RRC asked for additional f/u info. and suggested training. Per Wilson staff has been moved to another lodge and disciplined. nursing plans to implement de-escalation training for line staff. Per SLED, client attacked staff and the two fell to the floor during the struggle. the version was corroborated by a staff witness. No evident of criminal action/intent.	
14-0152	3/1/2014	Closed	Physical	Just Ca	Sled	client alleges a staff hit him in the face but was not able to identify the staff person. Per SLED no evidence to substantiate allegation.	
14-0167	3/4/2014	Closed	Financial	Just Ca	LTCO	client alleges that sometime in 2011 her debit card was compromised. She canceled it and ordered another one and staff put in a DMH safe. Subsequently a Geo officer gave the client back her card and she is concerned that it has been compromised too since it was removed from the safe and given to the officer by SW. Per McConnell, no action with SW pending investigation since records indicated she was not working with client or on that unit at the time of client's allegation. LTCO did not investigate because client would not sign the consent for her to, so the case was closed.	Declined
14-0169	3/4/2014	Closed	Physical	Tucker	LTCO	staff observed resident spit out meds on floor, RN picked up meds and forced them in the resident's mouth. Allegation founded. Staff will be moved to another unit until investigation. Per LTCO employee was a temp. and will not be allowed back to work.	

14-0174	3/9/2014	Closed	Physical	Tucker	Sled	client alleged that staff cursed and slap her. Per Mobley, Investigation was inconclusive Per SLED, verbal abuse occurred but client did not suffer psychological damage. Both staff moved, and retrained. No further complaints about one perp. but the other staff subsequently terminated due to further complaints.	
14-0175	3/10/2014	Closed	Physical	Tucker	Sled	client alleged that staff hit her twice in the chest. Per Mobley, investigation was inconclusive per SLED, unfounded.	
14-0187	3/9/2014	Closed	other	Bryan	LTCO	after client refused to go to the cafeteria to eat, her tray was delivered to the lodge but client alleges the staff did not permit her to have her meal. Per Wilson, client did not allow LTCO to investigate. But staff will get counseling and review of policy regarding meals. Nursing will also f/u with the rest of staff to make sure they understand the policy and rules for meal service. Per LTCO, client did not wish to have complaint investigated so case was closed.	Declined
14-0213	3/19/2014	Closed	other	SVP	Other	**DMH Adv.** client alleges staff are threatening and intimidating him and making false allegations against him. Per Scaturo, no admin. Action will be taken against officers pending investigation. Also, review may take some time as client also has grievance pending on same issue so that process will occur first. Per SVP advocate review, client was written up for speaking with another resident on a different wing, client admits joking with resident in violation of policy. officers enforcing policy. allegation unfounded.	
14-0223	2/23/2014	Closed	Physical	Bryan	LTCO	client alleged that staff put his hand on the back of client's head and chest bumped him. Per Wilson, no admin. Action with staff based on other client witness so stated the allegation of client was untrue. Per LTCO claim is not verified. Another client who witnessed incident did not observe staff act inappropriately.	
14-0233	3/26/2014	Closed	Physical	Tucker	LTCO	**see 14-0239** client alleged staff grabbed him by the shirt and pulled him roughly and he hit his head on the trapeze bar. No visible injury. Per 5 day, staff admitted using improper technique so staff received 3 day suspension and additional training.. LTCO concurred in admin action and made suggestion of changes to care plan.	
14-0237	3/25/2014	Closed	other	CRCF	LTCO	**Piedmont -**client alleges staff inappropriately restrict his mail, calls and visitation Per LTCO, complaints of client were not rights violations. Client under federal probation and restrictions due to constraints of court order not center.	
14-0238	3/25/2014	Closed	other	CRCF	LTCO	**Piedmont** -staff are not answering his questions when he asks. Per LTCO case is unfounded.	
14-0239	3/28/2014	Closed	Physical	Tucker	LTCO	**see -140233** client alleged staff grabbed him by the shirt and pulled him roughly and he hit his head on the trapeze bar. No visible injury. Client made a similar allegation against a different staff earlier in the week. Per 5 day, another staff was present and observed staff move client and used a proper technique and was not forceful or inappropriate. LTCO concurred in admin action and made suggestion of changes to care plan.	
14-0247	3/31/2014	Closed	Physical	Bryan	Sled	client alleged that staff pushed her during a verbal altercation between client and staff. Client repeatedly asked for a PRN which nursing refused as she escalated. Client had red bruising on her chest. Although PSO report raised concerns, RRC spoke with Wilson at length who investigation incident. RN staff where attempting to calm client appropriately, dr. was on site and involved. PSO was questioning orders by staff during altercation making things chaotic and difficult. It appears that clinical staff handled situation appropriately but unfortunately client continued to escalate. Per SLED, unfounded.	
14-0272	4/14/2014	Closed	Physical	Just Ca	LTCO	client alleged dr. got in bed with her and gave her an injection against her will. Client assumed this happened and it was the dr. because she woke with an unexplained bruise on her arm (which was not consistent with an injection anyway). Dr. never entered the facility during the time alleged incidents occurred.	
14-0304	4/29/2014	Closed	Physical	Bryan	Sled	client alleged staff picked him up and threw him against the wall. Staff said staff used BEST to remove client from the shower when he refused to get out. Some abrasions noted on ribcage and right wrist. Per Wilson, staff moved pending investigation. Per SLED case unfounded because no intent / abuse (injuries due to use of BEST and client's resistance).	
14-0321	5/5/2014	Closed	Unknown	Tucker	LTCO	**unexplained injury -**4 unexplained areas of discoloration on body. Per 5 day, likely occurred during an earlier fall in past several days. LTCO found no abuse or neglect.	

14-0324	5/5/2014	Closed	Unknown	Tucker	LTCO	**unexplained injury** to left thigh. Per 5 day unable to determine cause but on 1:1 and doing daily body audit. LTCO closed after recommending client be monitored more closely (already on 1 to 1)	
14-0328	5/2/2014	Closed	Physical	Veterar	Police	client alleged staff locked door and twisted his arm behind his back. Per 5 day, was not able to confirm arm twist, but roommate did confirm verbal abuse so staff was terminated.	
14-0351	5/11/2014	Closed	other	Tucker	LTCO	client threw a meal tray and demanded staff pick it up. Staff and client ended in verbal altercation. Per intake, staff suspended pending investigation. Per 5 day, staff denied allegation but was terminated anyway since temp. employee and staff witness stood by her report. LTCO substantiated	Verified
14-0361	5/19/2014	Closed	other	Bryan	LTCO	client alleged being attacked by peers and not given medical attention and not allowing her to see her husband and father. RRC worked with SLED and PSO and LTCO to have this incident investigated. LTCO refused, and SLED refused to insist that the LTCO investigate. PSO was asked to investigation the client on client allegations but said it was unable to do so due to the length of time involved and lack of details.	Declined
14-0359	5/19/2014	Closed	other	Pee De	Other	**DSS APS -**multiple clients alleged being "terrorized" by staff who runs the program as well as night security guard. Both employees suspended pending investigation by APS. Adv. For center did an extensive investigation that appeared to substantiate the allegations. DSS did not investigate but rather just affirmed center's decision to remove both employees. Security guard will no longer be used. Adv. investigation will be used to make HR decision as to the center employee's future with center.	Declined
14-0394	5/24/2014	closed	Physical	Just Ca	Sled	client alleged both officers physically assaulted him on two occasions in the same day. Per SLED, solicitor declined to prosecute.	
14-0395	5/27/2014	Closed	physical	Bryan	LTCO	client alleged that staff was verbally and physically abusive to her due to being frustrated by client's suicide attempt. Per LTCO the cases was founded and the employee resigned. Per Wilson, the second staff was moved to another unit but not disciplined. per witnesses this staff has no prior complaints against her and a staff witness indicated she did not observe any inappropriate behavior by. LLR is also pursuing an investigation per Kim Carter 1/7/15	Verified
14-0417	6/3/2014	Closed	Sexual	Berkele	Police	**Moncks Corner Dept. of PS**- client alleges she has been in a sexual relationship with dr. since 2005. Per reporter, Dr. is no longer employed with DMH. Referral for investigation withdrawn as the client is not a vulnerable adult - does not live in a homeshare- lives independently. center dir. to f/u with gen. counsel regarding an obligation for further reporting duties to LLR etc.	
14-0431	6/12/2014	Closed	Unknown	Tucker	LTCO	**unexplained injury** -bruising on left upper arm 6 cmx 4.3 cm. Per 5 day, cause cannot be determined, but mattress being evaluated due to thrashing from Huntington's unfounded by LTCO	
14-0443	6/17/2014	Closed	Sexual	Tucker	Sled	client alleged RN touched her private area. RN sent home pending investigation. Per 5 day client's statements were untrue or inconsistent and allegation could not be substantiated. Staff to return to work on another unit and client will have care plan for 2 person assist for care. Per SLED no evidence to corroborate allegations. closed as unfounded.	
14-0468	6/21/2014	Closed	Sexual	Tucker	Sled	client alleged staff "kisses him, talks dirty to him and touches his private parts. Staff placed on leave pending investigation. Per 5 day allegation is not substantiated. Staff will be returned to work on another unit. Per SLED, no evidence to support allegation. Closed as unfounded	
14-0470	6/23/2014	Closed	Unknown	Tucker	LTCO	**unexplained injury** - fracture of left hip - per 5 day investigation was inconclusive as to cause by no evidence of any abuse. LTCO recommended training on transfers.	
14-0471	6/25/2014	Closed	Unknown	Tucker	LTCO	**unexplained injury,** bruises on Sacrum per 5 day, likely due to recent fall or plopping into the chair. No evidence of abuse/neglect closed by LTCO after suggestions to POC	
14-0473	6/29/2014	Closed	Unknown	Tucker	LTCO	**unexplained injury** to top of his head (small laceration). Also bruises and abrasions on both knees) per 5 day, no evidence of abuse or neglect. LTCO was unable to make any finding as to cause of injury.	
14-0476	6/29/2014	Closed	Unknown	Bryan	LTCO	**unexplained injury** - client woke with unexplained black eye. Brain injury affects memory and client did not know how the injury occurred. Per LTCO no evidence of abuse or neglect.	

14-0494	7/8/2014	Closed	Unknown	Tucker	LTCO	**unexplained injuries** (discoloration on leg / knee) per 5 day, due to wandering behavior, client may have fallen due to intrusive behaviors with other residents although no fall was documented. LTCO suggested changes to care plan to monitor. No finding of abuse.	
14-0499	7/5/2014	Closed	Physical	Just Ca	Sled	McClease viewed video of staff using excessive force in take down of client. Per Lawrence, staff has been terminated. Per SLED the solicitor declined to prosecute.	
14-0505	7/12/2014	Closed	Sexual	Just Ca	Sled	client alleged she was raped by staff. No witnesses but staff was assigned to COLAS with client during time frame per Lawrenz, no admin. Action pending investigation. Per SLED no evidence to corroborate allegation. Unfounded.	
14-0506	7/12/2014	Closed	Physical	Just Ca	Sled	client alleged bruise on lower left leg and right side is where staff pushed her. Staff was working during the time frame. Per Lawrence no action against staff pending investigation. Per SLED no evidence to corroborate allegation. Unfounded.	
14-0549	7/23/2014	Closed	Other	Homes	LTCO	**Homeshare-** client alleged homeshare provider yelled at her, called her a "damn Liar", told her not to tell MH and sent her to her room Per Mallory Miller, client was immediately moved when reporting the allegation to staff. LTCO substantiated psychological abuse of homeshare provider. center had already moved client and canceled contract with provider for any other clients. LTCO also found that client had complained about problems in placement for a period of time but center failed to move client in a timely manner. Recommended training to all homeshare providers and residents.	Verified
14-0552	7/23/2014	Closed	Physical	Bryan	Sled	client reported banging his head b/c he was upset and the staff grabbed his neck and arm to stop him causing injury. Per Wilson, staff not be moved. Patient/ witnesses agreed injuries due to staff attempting to help stop self harm. No abuse. Client recanted during interview with SLED.	
14-0579	8/1/2014	Closed	Unknown	Tucker	LTCO	**unexplained injury** to left eye socket. Per 5 day client is able to communicate and indicated that no one harmed her and she has had no falls etc. so cause of bruising cannot be determine, but no evidence of abuse. Closed by LTCO	
14-0584	8/3/2014	Closed	other	Tucker	LTCO	client found in am saturated in urine (did not receive care on pm shift). Per 5 day, the staff admitted she did not provide care because she failed to write client on list of assigned clients that night (it was an error). Staff was suspended during investigation and will received additional training upon return to work. LTCO closed	
14-0588	8/3/2014	Closed	Physical	Tucker	Sled	client alleges staff beat him up and another staff witness pulled perp. Off of him. Client had bruises on elbow, wrist and finger. Per 5 day, the staff was one of two staff who assisted him up after he fell out of bed. No one witnessed any mistreatment and client may be confused about the incident. staff was suspended during investigation and will be assigned to another unit, however, no abuse substantiated. Per SLED, closed as unfounded.	
14-0589	8/4/2014	Closed	Unknown	Tucker	LTCO	**unexplained injury** -abrasions on back. Per 5 day no recent falls, client does not report any mistreatment. Injury may be due to skin rubbing on the chair, but no evidence of abuse. Same finding by LTCO	
14-0611	8/12/2014	Closed	Physical	Just Ca	Sled	client witnesses called SLED to report seeing staff strike victim in the face while handcuffed causing client to bleed and it should be on camera. Per Lawrenz, video did not corroborate allegation so no admin. Action with staff pending investigation. SLED reviewed video. unfounded.	
14-0631	8/15/2014	Closed	Physical	Harris	Sled	client alleges injury to left inner knee due to staff pulling down pants roughly during shower time. Per Fletcher no admin. Action against staff pending investigation. Multiple witnesses indicated the injury was due to earlier assault by peer and witnessed observed inaction with staff and client during shower process and did not see inappropriate action by staff. Unfounded by SLED.	

14-0638	8/18/2014	Closed	other	Bryan	LTCO	client had multiple bruising on both arms but would not say how they occurred. RN called PSO to document but did not call SLED. RRC faxed PSO report to SLED but they did not do an intake until RRC called to request, resulting in a delay from 7/28 to 8/18. RRC to also f/u on why RN failed to follow thru with call to SLED. Per Wilson, RN did not call SLED because after reporting to PSO, she located detailed documentation explaining the bruising and it was not abuse. Lithium had to be d/c for client and she deteriorated and had to be restrained. Incident was witnessed and documented so excessive force was not alleged or an issue. RRC requested that RN call SLED to explain all of this. LTCO did not investigate	Declined
14-0643	8/6/2014	Closed	other	Tucker	LTCO	staff reported hearing staff tell client she didn't have time to put up with him. 5 day substantiated verbal abuse but it had not been reported to SLED. RRC f/u and it is reported for LTCO to investigate. Not investigated since staff was terminated.	Declined
14-0668	9/1/2014	Closed	other	SVP	Other	**DMH Advocate -** resident's mom says client broke his ankle but is not being provided assessment/treatment by nursing staff. Unfounded. See memo.	
14-0685	9/8/2014	closed	Physical	Tucker	Sled	staff witness said staff pushed client in the chest and said "don't you hit me." according to alleged perp. Client struck her in the face and she was pushing him away lightly. Staff immediately resigned. Per SLED solicitor declined to prosecute. however evidence showed that staff pushed client in violation of policy/ training.	
14-0692	9/12/2014	Closed	Physical	Tucker	LTCO	staff were moving client from the bed when she fell and broke her right femur. Delay of 1 month in reporting incident to SLED. Per Corley, if was not reported to SLED because it was not abuse. However the 5 day indicates that staff were not following the plan of care which resulted in the injury and both staff were disciplined and retrained. Closed. Founded by LTCO. Training recommended.	Verified
14-0709	9/17/2014	Closed	other	Tucker	LTCO	client alleged staff called him names. Staff suspended during investigation, but per 5 day, incident was unfounded and staff returned to work but on another unit. When resident interview by LTCO, resident denied mistreatment. Unfounded.	
14-0725	9/22/2014	closed	Sexual	Morris	Other	**DMH Advocate** client alleged staff made inappropriate sexual comments that made him uncomfortable. SLED referred back to DMH (which was inappropriate) but because PSO had taken statements from all parties and witnesses, the investigation was basically done. Also, allegation was regarding an inappropriate comment (no abuse). Per, Wilson and Cleveland, staff did not make alleged comment, and he was brought back to work with counseling about interaction with clients.	
14-0752	10/1/2014	closed	Physical	Homes	Police	**Homeshare -Darlington PD-** client alleged homeshare provider's daughter pulled her hair and that the Husband backed client against the wall. Client feels mistreated in the placement, yet did not want to move from the placement. Police interviewed client, alleged perps. and did not find evidence to substantiate allegations.	
14-0758	10/7/2014	Closed	Physical	Tucker	Sled	staff pushed wheel-chair with such force it went 50 ft. down the hall and crashed into the wall, witnessed by staff. Staff was sent home by supervisors. Per Mobley, two staff witnesses agreed it occurred but client and alleged perp. Denied the allegation. therefore 5 day inconclusive but upon return to duty staff will be assigned to another unit. Per SLED the incident did not meet the elements required for physical abuse, but was referred to LTCO for standard of care findings.	
14-0759	10/5/2014	Closed	Physical	Just Ca	Sled	staff argued with client, called her names, pushed her into a wall and grabbed her and shook her. Per Lawrence, videotape does not support client claims so no administrative action pending investigation. SLED unfounded based on video.	
14-0813	10/15/2014	Closed	Other	Just Ca	LTCO	client alleged that staff is rude and ugly to him, throws clothes in his face, engaged in intimidating/ threatening behavior. Per Lawrence staff is removed from DMH floors pending outcome of investigation. Per LTCO, incident was unverified but still recommended staff training.	

14-0840	11/6/2014	Closed	Other	Bryan	LTCO	SWs were upset that client's visitor, who was a family friend had signed in as a speech pathologist and discussed their concerns in front of the client which the RN felt led to client's escalating and disruptive behavior. Per Sipes, both Staff placed on leave pending investigation. LTCO founded unprofessional conducted and requested training and documentation of training to LTCO.	Declined
14-0858	11/16/2014	Closed	Physical	Bryan	Sled	client alleged that staff forcefully shoved her in a chair on 11/16. bruising on the arm visible. Patient witness confirmed the incident. Staff not returned to work until after admin. review. Per Wilson, pt. witness and client often collaborate on making allegations and bruises likely from prior incident of seclusion. RN denied allegation. RN allowed to return pending investigation by SLED. Per SLED no documentation or evidence of incident (client made no mention until 3 days later). nothing to support allegation. closed as unfounded.	
14-0859	11/19/2014	Closed	Physical	Bryan	Sled	client alleged staff shoved her in the rib area with his hand while in the laundry room. Per Wilson, staff moved until admin. review completed. Client is symptomatic, no witnesses, staff denied touching client. Staff who permitted client in laundry unsupervised was disciplined. staff to be returned to unit pending investigation. SLED unfounded	
14-0863	11/23/2014	Closed	other	Tucker	LTCO	client alleged that staff refused to put her in her bed and left her in the chair for 24 hours. Staff said they did this because client refused to go to bed and will only cooperate with certain staff. Per 5 day the allegation was unsubstantiated due to lack of documentation and client's history of false allegations and conflicting witness statements. LTCO did not make a finding as client requested the case be closed.	Declined
14-0871	11/21/2014	Closed	Other	Bryan	LTCO	staff took client (who was on restriction) off the unit without permission of nursing and allowed client to get hard candy although client is on choking precautions. When candy had to be taken way, client's behavior escalated resulting in PRN. Per Wilson, RN did give permission for staff to take client off unit and report was primarily retaliation for staff complaining about RN's attitude. client is on choking precautions so staff was counseled on reading chart about client's specific needs. LTCO verified complaint of not following care plan.	Verified
14-0874	11/28/2014	closed	Unknown	Tucker	LTCO	**Injury unknown origin-** bruise on inside of foot. Per 5 day, client reported she hit her foot while going out to smoke in wheelchair. No evidence of abuse/ neglect. LTCO closed (made no finding)	
14-0879	11/28/2014	Closed	Physical	Bryan	Sled	client alleged that he is staff got into a physical altercation resulting in bruises. Per Wilson, injury may be due to fight client had while on EFF or during subsequent take down. Witnesses did not corroborate client's allegations, so staff will not be moved pending investigation. closed by sled as unfounded. injuries likely due to another incident or during appropriate use of force by staff.	
14-0885	12/4/2014	Closed	other	Tucker	LTCO	multiple allegations of neglect, improper treatment by multiple staff involving multiple clients from disgruntled employee Closed. unfounded by LTCO	
14-0920	12/16/2014	Closed	Physical	Just Ca	Sled	video showed that after client attacked staff, staff punched client 2-3 times and had to be restrained by other staff. Per Lawrence, staff on leave pending investigation. SLED closed as "unfounded" but did find staff did "strike client in the face in an attempt to defend herself." staff no longer works at the facility	
14-0934	12/16/2014	Closed	Physical	Veterar	LTCO	client alleged staff was rough with him. Admin. suspended and later terminated the staff. SLED assigned to LTCO for "assessment." RRC went ahead and closed since LTCO did not report back and suspect was fired.	Declined
14-0936	12/27/2014	Closed	other	Just Ca	LTCO	client said RN refused to give him Tylenol when requested and he has false charges for failing to register as a sex offender b/c he is registered. Per Lawrence no action pending investigation. LTCO unfounded.	
15-0032	1/11/2015	closed	Sexual	Tucker	Sled	staff caught in locked bathroom with female client possibility engaged in sexual behavior. Staff to be terminated. Staff arrested for sexual misconduct with a patient.	Arrest
15-0052	1/20/2015	Closed	other	Just Ca	LTCO	client self reported she is being neglected by staff for not allowing her to have medicine for her face that is itching. LTCO unfounded all allegations.	

15-0084	1/30/2014	Closed	physical	Bryan	LTCO	during a restraint episode, after client spit in staff's face and used racial slurs, staff used inappropriate restraint around the neck. Staff put on admin. leave pending investigation. LTCO verified improper use of restraint. Employee disciplined, staff retrained on restraint techniques.	Verified
15-0089	2/2/2014	Closed	other	Bryan	LTCO	client called SLED to report that water for showers is never hot, constant fights between clients in the yard. Per LTCO water temp was cold and both pods have now been fixed and within DHEC regs. There is one client who starts fights but staff are monitoring and addressing.	
15-0106	2/9/2015	Closed	Unknown	Tucker	LTCO	**injury of unknown origin** - discoloration on right hip Per 5 day, likely due to recent altercation with peer. Psych consult ordered due to increase in aggression. Staff will monitor to intervene Closed. unfounded by LTCO	
15-0117	2/11/2015	Closed	Unknown	Tucker	LTCO	**Injury of unknown origin-** laceration on hand, may have been caused during staff care, but not certain and no evidence of abuse Closed. unfounded by LTCO. Training recommended.	
15-0170	3/5/2015	Closed	other	Tucker	LTCO	Med. Director heard staff yelling at the resident (did not use profanity), staff sent home and turned in her keys. Per 5 day, while the words were not abusive, the manner in which they were said (loudly as if speaking to a child) were. Staff on admin. leave. Closed. founded. Staff recommended for termination but transferred to SVP	
15-0176	3/6/2015	Closed	other	Tucker	LTCO	staff reported hearing housekeeper call resident a "cry baby". 5 day substantiated abuse and per Corley, employee was terminated. Closed. LTCO founded and recommended training.	Verified
15-0187	3/9/2015	Closed	Financial	Veterar	Police	**Colleton Co. SD-** per Frances, the only person with keys to lock box is client (part of a bank promotion) and there are no "snakes" missing. RRC will f/u with Ferguson to find out when it is cleared. Per 5 day, client gave conflicting stories of the amount of money missing. search turned up nothing, also tried wanted posters that were unsuccessful. client encourage to deposit money in facility account but also given new lockbox and key/	
15-0189	3/9/2015	Closed	other	Veterar	LTCO	client alleged a staff used inappropriate language with resident. Staff was terminated. LTCO closed as founded.	
15-0192	3/6/2015	Closed	Physical	Bryan	LTCO	client alleged staff pushed him out of the room and into a room divider, where he fell. This is similar to an earlier incident between the same client and staff. Staff moved to another unit pending investigation. LTCO was not able to verify based on conflicting evidence.	
15-0196	3/13/2015	Closed	other	Tucker	LTCO	client alleged that staff called her names when client refused instructions to clean up her room. 5 day unsubstantiated due to history of false allegations, denial by staff and no other witnesses. Nevertheless, staff moved to another unit. Closed. unfounded by LTCO.	
15-0229	3/24/2015	Closed	Sexual	Just Ca	LTCO	**see also 15-0251, 0294** client alleged that suspect told him he wears thongs, has multiple boyfriends, etc. Client does not remember dates or time. Per Lawrenz staff moved to another unit pending investigation. LTCO unverified. No staff or residents witnessed any of alleged verbal comments.	
15-0231	3/25/2015	Closed	other	Tucker	LTCO	anonymous report to SLED that Tucker is understaffed and therefore clients being neglected. Ex, was bringing on extra staff to feed clients during DHEC inspection then sending the staff home when DHEC left. Per resident, meal tray was removed before she drank her tea but the issue was corrected the day of the incident and she decline to give LTCO permission to investigate.	Declined
15-0242	3/12/2015	Closed	other	Santee	Other	**DSS-APS** Dr. got into a verbal altercation with patient, threatening to take him out of treatment program and leave him homeless. Dr. suspended pending investigation. DSS APS closed this case as “unfounded”. Explanation from DSS: although the facts alleged likely occurred, the client denied suffering emotional harm from the verbal exchange so it didn’t meet the definition of verbal/ psychological abuse.	
15-0247	3/31/2015	closed	Physical	Tucker	Sled	resident alleges staff punched and slapped resident in the face while out at clinic appt. Per 5 day, Multiple witnesses denied the incident and said staff handled resident appropriately. Staff was suspending during investigation but cleared to return to work on another unit. closed as unfounded by SLED	
15-0251	4/2/2015	Closed	Sexual	Just Ca	Sled	**see also 15-0229, 15-0270** client alleged staff was sexually inappropriate and touched patient's genitals. Staff has been moved to another unit pending investigation. Per SLED- closed as unfounded due to lack of corroboration	

15-0262	4/7/2015	Closed	Physical	Bryan	Sled	client alleged that staff hit her in the back. Staff said client pulled a chair out from under staff's feet then fell on her bottom. Per Floyd, staff and client fought over a chair and client hit her back when she fell. Staff was per diem, so relieved of her duties at Bryan. unfounded by sled	
15-0269	4/8/2015	Closed	other	Bryan	LTCO	client alleged an unidentified staff cursed her. Closed. unverified by LTCO. Client told inconsistent accounts, alleged perp could not be identified by client or staff.	
15-0270	4/2/2015	Closed	Sexual	Just Ca	Sled	**see also 15-0229, 15-0251** client alleged staff was sexually inappropriate and touched patient's genitals. Staff has been moved to another unit pending investigation. Per Sled closed as unfounded.	
15-0318	4/25/2015	Closed	Physical	Bryan	Sled	client alleges a staff slapped her. Per McLane, staff was reassigned and after further investigation, returned to the unit. Per Sled, unfounded.	
15-0434	6/11/2015	Closed	other	Just Ca	LTCO	patient alleges SW will not do things for patient "until she is ready to do so," and this stresses the patient out. Per LTCO client admitted to falsely accusing the staff and does not want it investigated.	Declined
15-0335	4/30/2015	Closed	Physical	Bryan	Sled	client alleges she was hitting on a door when staff grabbed her, pulled her into the bedroom, pushed her on the bed and began hitting her on the head. Per McLane, staff on LWOP pending results of the investigation. Per SLED, due to lack of corroboration, closed as unfounded.	
15-0337	5/4/2015	closed	Physical	Bryan	Sled	client alleged staff pushed him. leaving a 4.5 inch long pen mark on his bicep. Per McLane, staff assigned to another unit pending investigation. Per SLED he said/ he said, no evidence to corroborate so closed as unfounded.	
15-0372	5/18/2015	Closed	Unknown	Tucker	LTCO	**unexplained injury**. 6 cm X 2 cm shear injury per five day is appears the tear was due to friction in bed/chair. New matrass and wound care ordered. Per LTCO no evidence of abuse.	
15-0386	5/13/2015	Closed	other	Tucker	LTCO	client alleged staff fails to change him, ignores request to be put in bed etc. Has to wait long time periods (appears to ignore client so the next shift has to deal with him). Per LTCO, resident denied allegation and there were no other witnesses to the incident. complaint could not be substantiated and client did not give permission to investigate.	Declined
15-0407	5/29/2015	closed	other	Tucker	LTCO	resident not changed - left in urine and feces all day. Per 5 day, allegation was substantiated, staff suspended and referred for further disciplinary action. Per LTCO resident confirmed incident but was satisfied with facility response and requested case be closed. staff was suspended.	Declined
15-0417	6/4/2015	Closed	other	Just Ca	LTCO	client called to report that two staff say things to get him revved up, then write him up. LTCO did not verify claim.	
15-0419	6/5/2015	Closed	other	Bryan	LTCO	patient alleged that staff threatened to get another patient to hit the patient if she didn't stop arguing with staff. Per RN Cannon, patient moved pending investigation. Per LTCO client refused consent to investigate.	Declined
15-0410	5/29/2015	closed	Physical	Just Ca	Sled	put patient in a sheet and drug her to her room. Per Lawrence, one resigned and other on admin. leave pending termination. Unfounded for criminal conduct. Solicitor declined prosecution.	
15-0431	6/7/2015	closed	Physical	Just Ca	Sled	patient said staff threw her on the bed, sat on her and handcuffed, placed her in seclusion after she swung at staff during a contraband check. Staff reports client is exhibiting indications of pain since the incident. Per Lawrence, no action pending investigation. Per SLED no corroborating evidence of abuse. case is unfounded.	
15-0443	6/15/2015	Closed	Sexual	Just Ca	Sled	client alleges the staff makes inappropriate sexual remarks and that he was woken in the night with the staff's tongue in his mouth. Per Lawrence, staff will be assigned to another unit pending investigation. SLED declined investigation so CCRS investigated and determined it was unfounded.	Declined
15-0450	6/17/2015	Closed	other	Harris	LTCO	Multiple clients allege that staff yells and belittles clients in front of peers. Per Fletcher, no admin. action pending investigation. LTCO made a finding of unverified. Staff no longer at Harris.	

15-0451	6/17/2015	Closed	other	Harris	LTCO	Multiple clients allege that staff yells and belittles clients in front of peers Per Fletcher, no admin. action pending investigation Per LTCO client left facility before permission granted for investigation.	Declined
15-0452	6/17/2015	closed	other	Harris	LTCO	Multiple clients allege that staff yells and belittles clients in front of peers Per Fletcher, no admin. action pending investigation Per LTCO client withdrew the complaint so case was closed.	Declined
15-0453	6/18/2015	closed	Physical	Bryan	Sled	client became aggressive and spit at staff, who pushed the patient causing her to strike her head resulting in a laceration. Per McLane, staff reassigned to another unit pending investigation- 8/20/15 - this case will be unfounded. Per SLED, unfounded.	
15-0456	6/18/2015	closed	Unknown	Tucker	LTCO	**unexplained injury** -fractures in left hand. Per LTCO, cause of injury could not be substantiated.	
15-0469	6/22/2015	closed	other	Bryan	LTCO	client alleged the RN wouldn't get her water and told her she as "acting like an 8th grader" Per Trinita Floyd no admin. action taken as LTCO visited and indicated the claim could not be substantiated. LTCO stated witnesses indicated client was targeting staff for complaint but her allegations were untrue.	
15-0477	6/29/2015	Closed	Unknown	Tucker	LTCO	**unexplained injury** - discoloration of the left eye. LTCO not able to determine cause but no abuse suspected.	
15-0520	7/16/2015	Closed	Physical	Morris	Sled	client called LLE after d/c alleging injury due to use of force while at facility. RRC attempted to locate client to sign HIPAA Release so Sled can investigate. RRC left message at placement on 8/4/15. closed as unfounded.	
15-0560	8/4/2015	Closed	Physical	Homes	Police	**Homeshare Berkeley Sheriff's dept.** homeshare resident alleged provider hit her in the head with a softball during argument over dryer use. Per Miller, client was moved to another homeshare. Per Sgt. Milks, there was insufficient evidence to warrant any charges in this case. Basically, Det. Wilson said the provider denied the allegations and there were no “softballs or other type balls” in the residence to fit with the patient’s allegations.	
15-0557	8/4/2015	Closed	Physical	Bryan	Sled	client alleged staff pushed her to the floor. Staff denies. Per McLane, no admin. action after thorough investigation (see file). Per SLED unfounded.	
15-0579	8/11/2013	Closed	Physical	Tucker	LTCO	client alleged staff grabbed her by the arm and told her to get the hell out of the nursing station. Per 5 day, investigation was inconclusive due to witnesses statements varying. Per LTCO, resident denied allegation and declined consent to investigate. nurse was from agency pool and will not return to the facility.	Declined
15-0592	8/23/2015	Closed	Unknown	Tucker	LTCO	**unexplained injury-** bruises on upper left arm, per 5 day cause cannot be determined. Per LTCO, cause could not be determined.	
15-0605	8/27/2015	Closed	other	Just Ca	LTCO	patient alleged that staff was cursing him and when patient asked him to stop, staff smacked his food tray causing it to spill to the floor. Per Lawrenz no action pending investigation. Per LTCO, complaint is unverified. Staff witness said alleged perp. didn't do any of what was alleged.	
15-0607	8/28/2015	closed	Physical	Homes	LTCO	**homeshare-**patient alleged provider locked her out of the house for using the bathroom at night too much and she soiled herself. Also hit her in the face several times over prior weeks. Patient immediately moved to another provider. Per LTCO multiple complaints could not be verified due to lack of evidence (he said/ she said)	
15-0617	9/1/2015	closed	Physical	Just Ca	LTCO	patient alleges she was given 4 im PRNs and she is suppose to received oral Prns. Per LTCO, complaint unverified. Client got properly prescribed PRN im due to aggressive behavior.	
15-0621	9/8/2015	Closed	Unknown	Tucker	LTCO	**unexplained injury -** resident sustained laceration to the back of the head due to an unknown fall and has now been hospitalized. Per 5 day, client returned from hospital, but on 1:1 for safety. No evidence of abuse or neglect. Per LTCO, cause of fall not determined, staff in-serviced as a corrective action.	

15-0629	9/14/2015	Closed	other	Tucker	LTCO	staff over heard staff tell resident she didn't like taking care of him because he is always fussing and whining. Per 24 hour and 5 day, allegation of verbal mistreatment was founded and employee to be terminated. Per LTCO, client declined to authorize investigation and said facility handled the matter to his satisfaction (staff removed and to be terminated). LTCO recommended training on dignity and respect.	Declined
15-0636	9/15/2015	Closed	Physical	Just Ca	Sled	client alleged she was choked by staff in the elevator. Per Lawrenz this was well documented use of force with multiple staff witnesses. No action pending investigation . Closed as unfounded. No evidence of physical abuse.	
15-0637	9/15/2015	Closed	other	Bryan	LTCO	client says he is overly and improperly medicated, staff do not listen to his concerns and so he goes off to cry. Per LTCO, Most of the allegations by patient were unverified, however the LTCO did verify the complaint involving medication administration. She found that multiple meds/administrations were blank in the MAR. This is a serious concern especially because it involved several different medications. She has requested training (with documentation to her by Nov. 9th) in several areas, including proper documentation of medication administration. RRC also request notice when training is completed.	Verified
15-0632	9/13/2015	Closed	Physical	Just Ca	Sled	report of patient hitting staff, being taken down by staff and hitting his head resulting in stitches. Subsequent report indicates patient was witnessed being beaten prior to the takedown with injuries consistent with assault. Per Lawrenz, officers involved don't usually work the unit to which client has been assigned. Per sled, no evidence of criminal conduct. case closed.	
15-0646	9/17/2015	Closed	Other	Tucker	LTCO	staff failed to change resident during night shift, resident found in urine. Per 5 day, abuse substantiated. Per Mobley, staff suspended and terminated. Per LTCO verified.	Verified
15-0648	9/18/2015	Closed	other	Tucker	LTCO	staff failed to change resident during night shift, resident found in urine. Per 5 day, abuse substantiated. Per Mobley, staff suspended and terminated. Per LTCO verified.	Verified
15-0655	9/21/2015	Closed	Sexual	Just Ca	Sled	patient alleged staff followed her into her room, attempted to solicit sex and showed her a bottle of Viagra and touched his crouch. See intakes 15-0656 and 661 Per Lawrenz staff moved to an all male unit pending investigation. Closed. unfounded by SLED due to not having a witness to verify allegation.	
15-0656	9/21/2015	Closed	Sexual	Just Ca	Sled	patient alleged staff touched her breast while taking vitals. **See intakes 15-0661 and 655** Per Lawrenz staff moved to an all male unit pending investigation. Closed as unfounded based on no witnesses. Pt. stuck to her allegation. The officer in question was immediately reassigned to a non DMH unit right after the reported incident, and then assigned to all male unit. **RRC emailed Shields and Sipes to request he not be allowed back on units with females ever on 9/15/16.**	
15-0661	9/22/2015	Closed	Sexual	Just Ca	Sled	patient alleged staff touched her vagina and attempted to solicit sex. See intakes 15-0656 and 655 Per Lawrenz staff moved to an all male unit pending investigation. Closed. unfounded by SLED. Patient recanted.	
15-0662	9/23/2015	Closed	other	SVP	Other	**ref. to DMH advocate** resident alleged foreign objects in the food Per adv. Complaint is unfounded. Resident failed to make timely complaints per existing system, making it impossible to verify/investigate. No similar complaints made by anyone. Also resident admitted other allegations were hearsay.	
15-0666	9/24/2015	Closed	Physical	Just Ca	Sled	**Arrest** -physical abuse of a vulnerable adult. 9/24/15 staff struck pt. in face several times and put his foot on his neck. Staff was terminated as soon a videotape of incident was viewed.	Arrest
15-0669	9/28/2015	Closed	Sexual	SVP	Sled	resident alleged that staff engages in sexual acts with him during the time she was employed at SVP. Staff no longer working at SVP. SLED declined to investigate due to no camera evidence, allegation of occurrence months ago and staff no longer employed	Declined
15-0699	10/9/2015	Closed	other	Bryan	LTCO	patient called sled to report he was forced to shower in the morning and when done, staff would not give him back his personal items until he cleaned up the bathroom. Per McLane, staff has been moved to another unit pending LTCO investigation. Per LTCO, complaint is not verified.	

15-0707	10/14/2015	Closed	Other	Tucker	LTCO	roommate alleges that staff told resident he better stop yelling or he would give him a shot that knocked him out for 3 days. Per Mobley, the two supervisors who failed to report the allegation were sent to leadership for disciplinary action. Per 5 day, verbal abuse was substantiated and staff referred for disciplinary action. Per LTCO facility took corrective action and resident was satisfied and declined consent for LTCO investigation.	Declined
15-0722	10/15/2015	Closed	Physical	Homes	Police	**Homeshare -Blackville PD-**patient alleges homeshare provider pushed her and caused her to fall. Patient was moved to hospital for inpatient treatment and will not return to the provider's home police unfounded the report based on lack of physical injuries.	
15-0754	10/31/2015	Closed	Physical	Bryan	LTCO	staff witness alleged that while getting a blood sugar reading and patient began spitting, staff placed his hands over the patients' mouth and threatened to "put something" in it if he opened his mouth again. Per LTCO, patient did not want them to investigate so the case was closed.	Declined
15-0757	10/30/2015	Closed	Other	Bryan	LTCO	patient was verbally aggressive to RN while preparing meds, staff witness indicated RN was verbally abusive back, situation escalated and patient slapped RN. Per McLane, this was a pool nurse who will not come back to facility. Per LTCO, patient denied the allegations and did not want it investigated so the LTCO closed the case.	Declined
15-0820	10/16/2015	Closed	Physical	Tucker	Sled	staff was upset during meeting, left and turned resident too quickly resulting in banging residents head and skin tear. Per 5 day, employee maintains the skin tear did not occur during turning of resident. Cause could not be substantiated. Improper turn did occur but employee was re-educated in proper turning technique and there was no evidence of intent to harm. unfounded by sled. no criminal act.	
15-0839	11/22/2015	Closed	Physical	Just Ca	Sled	video shows staff approached patient during escalation, patient pushed staff then staff re-approached and appeared to grab patient by the neck area. Per Lawrenz staff on leave pending investigation. Per Sled, solicitor declined to prosecute. Video showed staff striking pt. in the head multiple times. Per Shields, This employee was fired by Dr. McFadden and the Corporate Office right after the incident.	
15-0848	11/29/2015	Closed	Physical	Just Ca	Sled	patient charged staff, staff pushed the patient. As other staff intervened, the first staff punch the patient several times resulting in injury. Per Lawrenz, staff placed on leave pending investigation. Unfounded by SLED for criminal charges.	
15-0853	11/30/2015	Closed	other	Bryan	LTCO	patient alleges dr. placed her in seclusion with fresh patient (chemical sensitivity) and too high a dose of lithium. This was a self reported incident. Per LTCO, there is no Dr. Hill and no lock up cells so they asked advocacy to follow up with client.	
15-0857	12/1/2015	Closed	Physical	Bryan	Sled	patient said staff "jerked" her and threw her on the couch" resulting in bruise on right forearm. Per McLane, staff witness does not substantiate so no admin. action pending investigation. Per sled, no witnesses to substantiate abuse so unfounded.	
15-0886	12/4/2015	Closed	other	CRCF	LTCO	**McKinney House**- one benzo missing for patient and the two staff listed are those who work 3rd shift. Per Crystal Tate, neither staff will be moved pending investigation. Per LTCO, missing meds verified but cause can't be determined. Made recs for training. and RRC f/u with admin. of placement to be sure to do the training.	Verified
15-0867	12/4/2015	Closed	other	CRCF	LTCO	**McKinney House**- one benzo missing for patient and the two staff listed are those who work 3rd shift Per Crystal Tate, neither staff will be moved pending investigation. Per LTCO, missing meds verified but cause can't be determined. Made recs for training. and RRC f/u with admin. of placement to be sure to do the training.	Verified
15-0907	12/17/2015	Closed	other	Tucker	LTCO	staff told the patient if he kept talking bad about facility, it would get closed down and he'd be "back under the bridge he came from." Per 5 day, staff denies and there were no witnesses. Staff moved to another unit to work. Per LTCO, resident satisfied with facility corrective action and declined consent for LTCO investigation. Staff moved to another unit and counseled.	Declined
15-0908	12/19/2015	Closed	Physical	Bryan	Sled	patient, who is visually impaired, alleged staff stepped on his ankle causing him to fall and injure his elbow and laughed at him. Per McLane temporarily reassigned to another lodge. He said/ she said with no witnesses or other corroboration. unfounded.	
15-0913	12/21/2015	Closed	Unknown	Tucker	LTCO	**unexplained injury** - bleeding lip. Per 5 day, cause cannot be determined. Per LTCO cause is unknown. Rec. closer monitoring	

15-0927	12/30/2015	Closed	Physical	Bryan	Sled	anonymous report by staff alleging staff pushed a patient into the wall. Per McLane, staff suspended pending investigation. Staff later resigned. Unfounded by Sled. Closed.	
15-0923	12/29/2015	Closed	Physical	Bryan	Sled	staff witnessed staff push patient and speak to her in a loud voice. Per McLane, B. resigned and H. on LWOP pending results of investigation. Per sled, unfounded for criminal abuse.	
16-0002	1/2/2016	closed	other	Morris	LTCO	patient alleged she was denied a shower/underwear, shower shoes, medical attention, RX and staff told her to sit down and shut up. Per LTCO patient withdrew complaint and LTCO closed case.	Declined
16-0008	1/4/2015	closed	Physical	Just Ca	Sled	when patient snatched coffee and swung at staff, staff hit patient 3x with a water pitcher. Per Lawrenz staff is suspended pending investigation. Staff arrested for physical abuse of a vulnerable adult on 7/11/16. staff terminated. Later did PTI	Arrest
16-0017	1/7/2016	Closed	Physical	Just Ca	Sled	patient alleges unidentified "custody officer" woke him in the night, threatened him and pushed him across the room. It happened some date before Christmas. Per sled no evidence to support the allegation. Closed, unfounded.	
16-0034	1/13/2016	Closed	Financial	CRCF	Police	**Piedmont** -staff "borrowed" 30$ from patient. Per Sweeny, staff on suspension pending investigation. Police did not have enough evidence to show criminal conduct. Unfounded.	
16-0037	1/13/2016	Closed	Unknown	Tucker	LTCO	**unexplained injury** to eye. Patient says no one hit him. Per 5 day, patient says no one hit him and the cause of injury is undetermined. Per LTCO, resident declined consent for investigation- says no one hit him.	Declined
16-0049	1/20/2016	Closed	Physical	Just Ca	Sled	staff threw a punch and attempted to hit patient with a chair after patient threw sugar on him. Other staff intervened. Staff suspended pending termination. Sled unfounded for criminal abuse. Staff picked up the chair but didn't actually hit the patient.	
16-0094	2/4/2016	Closed	Physical	Bryan	Sled	patient alleged staff pulled her out of bed causing bruising to her hand. Per Sled unfounded. Multiple staff said patient was never touched.	
16-0105	2/8/2016	Closed	Physical	Just Ca	Sled	patient alleged staff verbally abused, gave her an improper PRN and did excessive take down causing injury. Per Lawrenz, no action pending investigation. Per SLED, no evidence to support allegation of excessive force. Unfounded.	
16-0118	2/11/2016	Closed	other	Bryan	LTCO	father on phone with patient saying her heard staff yelling at her, threatened a PRN. Per nursing report, patient became aggressive verbally and physically and required restraint after other de-escalation was not effective. No admin action taken based on reports of incident. per LTCO, legal Guardian did not want investigation due to Bryan handling the issue.	Declined
16-0137	2/19/2016	closed	Sexual	Tucker	Sled	resident alleged rape by unidentified "Bobby", has history of these allegations. 5 day has no evidence anything occurred. Per sled unfounded.	
16-0145	2/23/2016	Closed	other	Bryan	LTCO	staff observed staff being aggressive and anti-therapeutic with Patient. Reporter says it is part of a pattern. Per McLane, staff is reassigned pending investigation. Ombudsman did not investigate as client withdrew complaint.	Declined
16-0146	2/22/2016	Closed	Other	Bryan	LTCO	patient reported pattern of aggressive and rude treatment by staff. Per McLane, staff is reassigned pending investigation. Ombudsman did not investigate as client withdrew complaint.	Declined
16-0151	2/25/2016	Closed	Unknown	Tucker	LTCO	**unexplained injury** bruise to right eyelid. Per 5 day, cause could not be determined. Per LTCO no cause could be determined but no evidence of abuse.	
16-0153	2/23/2016	Closed	other	CRCF	LTCO	**CRCF** anonymous caller said victim reported staff is verbally abusing him. Per admin. Felicia Williams, staff was with temp agency and she was told to leave immediately and not return. Per LTCO, patient did not consent to investigation so case was closed.	Declined
16-0160	2/26/2016	closed	other	Tucker	LTCO	failed to turn patient during one shift as per dr. orders. Per 5 day, neglect not substantiated but staff failed to follow the turn schedule (order required supervisor to assist and one did not show after staff request). C.N.A moved to another unit upon return to work. Per LTCO resident did not want complaint investigated, she was satisfied with actions already taken. staff also in-serviced on care plan.	Declined
16-0167	2/29/2016	Closed	Unknown	Tucker	LTCO	**unexplained injury-** broken wrist of unknown cause, per 5 day could have been due to altercation with another resident a few days earlier. Per LTCO cause could not be determined but suggest monitoring more closely. No abuse by staff suspected.	

16-0175	3/6/2016	closed	Physical	Just Ca	Sled	patient struck in the mouth by staff and had his lip split. Staff immediately sent home. Per Lawrenz, staff was on probationary period, but he will be fired. Sled found blows were exchanged but did not find sufficient efficient to file charges	
16-0180	3/7/2016	Closed	Physical	Tucker	Sled	**arrest for physical abuse of a vulnerable adult**--while in the bathroom with staff, other staff heard the resident say "don't hit me anymore," then heard a slap. Per 5 day, abuse likely occurred and both CNAs suspended pending investigation. Staff terminated retroactive to 3/11/16	Arrest
16-0184	3/7/2016	Closed	Sexual	Bryan	LTCO	patient alleges staff gave her his phone number and has "romantic talks' with her. Per McLane, staff assigned to another unit pending investigation. LTCO unfounded.	
16-0185	3/7/2016	Closed	other	Bryan	LTCO	patient alleges staff made inappropriate comment while performing body search. Per McLane, staff was not moved as incident was not corroborated by staff present and patient changed her story. LTCO unfounded.	
16-0195	3/14/2016	closed	Unknown	Tucker	LTCO	**unexplained injury**- fracture of the thigh. Per 5 day, cause underdetermined but does not appear to be abuse. Closed by LTCO. Cause of fracture could not be determined.	
16-0196	3/14/2016	closed	physical	Harris	Sled	patient alleged staff punched him in the eye. Per Fletcher, staff sent home pending investigation. 10/5/17- still with prosecutor, but see 17-0295 - arrested and terminated. Prosecution declined by SLED.	Arrest
16-0219	3/22/2016	Closed	other	Morris	LTCO	patient called sled to report he was not given medication for his high blood pressure. Per LTCO, patient did not want LTCO to investigate.	Declined
16-0235	3/28/2016	closed	Physical	Just Ca	Sled	patient alleged staff shoved him to the ground, punched him and choked him. Injuries visible. Per Lawrenz, staff moved off DMH units pending investigation. Per SLED report, unfounded. Evidence showed pt. had a bloody eye and mouth. Staff said he never touched him. staff witness says he didn't see the incident. video shows pt. lunging at staff prior to the altercation by not the altercation. Per Shields, The day of the use of force, injuries to the eye and inside the mouth are noted. The next day there was a note referencing bruising to the side of the face. Officer has no documented history of questionable use of force.	
16-0238	3/28/2016	closed	Unknown	Tucker	LTCO	**unexplained injury** -nasal fracture. Per 5 day, cause can't be determined but resident is on a locked unit and it could be from a fall or altercation. Per LTCO, resident didn't know how it happened and had no complaints about care. Did not want investigation. cause could not be determined.	Declined
16-0242	3/29/2016	Closed	Unknown	Veterar	LTCO	**unexplained injury**- bruising on forearm, hand and fingers. Per 5 day, cause unknown but could have occurred when resident attempted to lift fire extinguisher days prior. Closed by LTCO. cause of injury could not be determined.	
16-0227	3/24/2016	Closed	Physical	Bryan	Sled	patient alleged the victim fell out of bed while staff were asleep and lay for a long time, then staff did not check her for injuries, hit her and grabbed her and threatened her. Per Cannon, patient was up all night and never fell out of the bed. Other patient didn't report abuse but just that the patient kept her up all night. Because staff statements didn't corroborate allegations, staff were reassigned to another lodge and brought back to work. Patient (victim) was questioned but unable to give any info. per SLED allegation unfounded. patient denied abuse, staff were working the night of allegation.	
16-0251	4/2/2016	closed	other	Bryan	LTCO	RN reports she witnessed staff losing control with dealing with patient and staff began yelling and shouting. Per McLane, staff on leave without pay pending investigation. Per LTCO no conclusive evidence to support allegation.	
16-0247	3/31/2016	closed	Unknown	Tucker	LTCO	**unexplained injury** - bruising. Per 5 day, patient said he was not harmed. May have occurred with patient is getting in and our wheelchair on his own. Resident refused investigation by LTCO	Declined
16-0261	4/5/2016	Closed	other	Bryan	LTCO	charge nurse overheard staff yelling at patient and using profanity. Per McLane, staff transferred to another lodge pending investigation. Per LTCO no conclusive evidence to support allegation.	

16-0288	4/13/2016	Closed	other	Veterar	LTCO	staff witnessed another staff tell resident she wasn't putting up with their bullshit. Staff suspended pending investigation. Per 5 day, staff terminated. Closed by LTCO. abuse verified. Staff terminated.	Verified
16-0296	4/13/2016	closed	other	Tucker	LTCO	staff found resident's walker locked in bathroom and bed controller in locked closet, resulting in preventing resident from getting out of the bed. Per 5 day, staff responsible is unknown. All staff in serviced. Per LTCO, resident was satisfied with f/u by admin. case was closed.	Declined
16-0333	4/24/2016	Closed	Unknown	Veterar	LTCO	unexplained injury- fracture of rib and clavicle. Per 5 day, cause remains unknown. LTCO closed.	
16-0343	4/30/2016	closed	Sexual	Just Ca	Sled	patient alleged staff sexually assaulted her in her room. Per Lawrence video doesn't support but staff will be moved to another unit pending investigation. Video cannot determine if staff entered room. Staff denies. Rape examine shows no physical injuries. Insufficient evidence for probable cause. closed as unfounded. Per Shields, The Prison Rape Elimination Act (PREA) returned and unsubstantiated finding. It was noted in the investigation that the staff member entered the room, but was in the room a short amount of time. As indicated, The ER report showed no signs of assault. Based off the PREA investigation and the SLED investigation, no actions were taken. Mr. Lawrenz stated he was unable to determine the validity of the statement or why it wasn't noted in the charts.	
16-0394	5/18/2016	closed	Physical	Pee De	Police	patient alleges staff elbowed her during home visit back in December 2015. Per Bresnan, staff moved to another ACT like program with new caseload and new supervisor. Law enforcement investigated and found no criminal action. It appears the staff may have been startled and moved, unintentionally bumping the pt. And the pt. also agreed that she didn't want the staff to get into trouble.	
16-0404	5/21/2016	closed	Unknown	Tucker	LTCO	**unexplained injury** - fracture of neck and foot. Per LTCO, facility thinks incident occurred during transport from another facility prior to admission. Cause not able to be determine for sure.	
16-0418	5/27/2016	Closed	Physical	Just Ca	LTCO	during code red, after patient attempted staff assault, patient was diagnosed with spiral fracture of femur. Cause undetermined. Per Dr. McFadden, officer is on leave without pay pending investigation. Per LTCO, finding was verified. Staff used considerable force resulting in injury and per Lawrenz the force was not justified based on the threat of harm and employee was terminated	Verified
16-0422	6/1/2016	closed	Physical	Just Ca	Sled	unauthorized use of force against patient by officer. Per Shields, officer on leave pending investigation. Per Sled, video doesn't show staff throwing punches but it does show a physical altercation between staff and pt. Unfounded for abuse. Per Shields In discussing this with Ron, Officer was found not to be in violation of any CCRS polices and he was cleared by SLED. He stated that if he was in violation of CCRS policies, with range of consequences would be from reviewing the policy with the supervisor to termination. RRC f/u: If what was alleged was indeed found to be true, no, I wouldn't want this officer working around our patients would advocate strongly for termination.	
16-0450	6/9/2016	Closed	Unknown	Veterar	LTCO	**unexplained injury** -bruises on side, thigh and buttocks Per 5 day, cause still underdetermined but pt. can walk unassisted and could pick himself up if fallen. Closed by LTCO. Cause of injury could not be determined.	
16-0511	6/29/2016	Closed	Physical	Just Ca	Sled	allegation of excessive force during code red resulting in bump on patient's head. Per Lawrenz, no action pending investigation after viewing video tape. SLED viewed tape and closed as unfounded.	
16-0514	7/3/2016	Closed	Unknown	Veterar	LTCO	**unexplained injury** - bruise and skin tear. Per 5 day, cause still underdetermined. Ambulates in wheelchair and has fragile skin. Closed by LTCO. Cause of injury could not be determined.	
16-0550	7/4/2016	Closed	Physical	Just Ca	Sled	video showed staff push resident to the floor and point in his face. Staff resigned. Solicitor declined to prosecute for lack of probable cause.	
16-0564	7/15/2016	closed	other	Tucker	LTCO	1 to 1 staff not watching pt. and pt. did not have on helmet. Pt. fell and cut open head. Staff was suspended and will be terminated. LTCO referred to DHEC cert. for follow up.	

16-0567	7/21/2016	Closed	Sexual	Harris	Sled	staff videoed pt. masturbating while accompanying patient at ANMED, and played it for other employees. PSO escorted staff from property immediately when the report was made. Staff resigned. Despite staff admitting that he taped the masturbation, SLED says that without the video, there is insufficient evidence to prove exploitation so the case was administratively closed.	
16-0577	7/22/2016	Closed	Physical	Tucker	Sled	staff used force to stop one resident from pushing another. Staff suspended and escorted from the facility. Per 5 day, video confirmed staff striking resident. Plan is to terminate. Solicitor declined to prosecute.	
16-0578	7/25/2016	Closed	other	Just Ca	Sled	patient reported male pt. was touching her sexually and another pt. intervened to stop it. Staff witnessed and did not help or report the incident. Per Lawrenz no action pending investigation. Per SLED, staff said he didn't know peer attempted to kiss her and therefore redirecting the peer was sufficient. No duty to report. Unfounded by SLED.	
16-0593	7/29/2016	Closed	Physical	Just Ca	Sled	pt. reported being jumped and beaten by unknown security officers and Capt. recorded it on his flip phone. Per Lawrenz no action pending investigation. Video was from hand-held camera and footage did not show any abuse. SLED unfounded.	
16-0616	8/8/2016	Closed	Sexual	Homes	Police	**Homeshare Beaufort Co. Sheriff's dept.**- pt. alleged the son of homeshare provider exposed himself to her. Sled sent to LTCO, who reported that pt. is in the Beaufort psych. hospital but is stable and consistent with allegation. SLED re-vetted to PD. Per Miller, pt. will not be returned to the home but placed in respite when ready for discharge from the hospital. Per LLE, no probable cause for criminal charges (he said/ she said) but did not recommend placing pt. or another female back into the homeshare. RRC communicated this information to center and Miller.	
16-0617	8/3/2016	closed	other	Just Ca	LTCO	pt. reported staff making him bathe another pt., which resulted in an altercation during bathing. Per Ron, staff was identified. Was to be given write up level 1, but had another issue so they gave a level 2, which puts staff on probation with termination if another complaint.	
16-0624	8/9/2016	closed	Unknown	Bryan	LTCO	**injury of unknown origin** - knot over right eyebrow. LTCO closed b/c patient refused consent to investigate.	Declined
16-0628	8/10/2016	closed	other	Bryan	LTCO	pt. reported to SLED that she took her meal into the bathroom to eat it. Staff made her give it back. She did, and when she came out of the bathroom and asked about it, staff said she threw the food away and pt. was not given another meal. Per McLane, nursing reported that pt. had taken what she wanted off the tray and they thought she didn't want the rest and threw it out. Not verified by LTCO.	
16-0634	8/12/2016	Closed	Physical	Tucker	LTCO	pt. alleged a "fat nurse with a gold tooth swings her around when taking her to the bathroom and tells her "you are not a baby." Per 5 day, the only identified staff was suspended pending investigation, but allegation could not be substantiated. resident did not sign consent for the LTCO to investigate and staff was moved to another unit.	Declined
16-0640	8/15/2016	Closed	Physical	Just Ca	Sled	after pt. pushed the staff, staff threw pt. to the floor and punched him twice in the face. Per Lawrenz employee suspended pending termination. Solicitor declined to prosecute.	
16-0656	8/16/2016	Closed	Physical	Veterar	LTCO	C.NA witnessed holding resident by the wrists and sitting him on the floor. Per 5 day, pt. lost his balance and staff was preventing a fall. LTCO did not find abuse.	
16-0661	8/17/2016	closed	other	Tucker	LTCO	resident found wandering on front porch from locked unit. Per 5 day, staff took resident off the unit then left him unattended where he managed to leave the facility. Staff to be disciplined. LTCO founded the complaint, recommended training.	Verified
16-0723	8/9/2016	Closed	Unknown	Veterar	LTCO	**unexplained injury-** discoloration of lower lumbar area. Per 5 day, no cause can be determined.	
16-0743	9/20/2016	closed	Physical	Veterar	LTCO	C.NA witnessed another C.NA "flick" a resident's ear. Per 5 day, staff suspended pending investigation, but abuse was not substantiated. No injury, resident had no complaint and other residents had no complaints about this staff. Re-education to reporting staff and retraining for suspended staff who was moved to another unit upon return.	

16-0762	9/27/2016	Closed	Physical	Tucker	Sled	resident reported staff hit him in the eye. Eye had blood and swelling. Per medical source, eye is too severe to have been self inflicted. Per 5 day, cause of injury can't be determined. Staff suspended pending investigation. SLED did not find evidence to corroborate abuse. Investigation very thorough.	
16-0780	9/30/2016	closed	other	Bryan	LTCO	staff reported that staff was verbally abusive to pt. then reported pt. as misbehaving, resulting in loss of level. Per McLane, staff reassigned pending investigation. Per LTCO, pt. declined permission to investigate so case is closed.	Declined
16-0789	10/9/2016	Closed	Physical	Tucker	Sled	pt. alleges staff intentionally bent his right arm on the side rails of bed and stabbed him in the eye with her hand. Per 5 day, no evidence of injury. Pt. always gets care from 2 staff due to aggression and allegations. Abuse could not be substantiated. SLED found no probable cause of abuse.	
16-0807	10/14/2016	Closed	other	Tucker	LTCO	pt. alleged the staff stated she would "cut her with a butcher knife." per 5 day, could not be substantiated. No witnesses, staff denied, resident has history of false allegations, Closed by LTCO. Resident declined consent due to facility having handled the case. facility didn't substantiate abuse but moved staff to another hall.	Declined
16-0812	10/15/2016	closed	other	Bryan	LTCO	pt. called Sled to report staff only let 6 pt.'s go to activities and she is excluded. Staff won't let her pick up a book on hold at the library. Per LTCO, pt. would not consent to investigation. Closed.	Declined
16-0825	10/19/2016	Closed	other	Tucker	LTCO	pt. alleged staff refused to change pt. and pt. had feces on his body and urinal. Per 5 day, resident was changed within 24 minutes of request. Pt. requires 2 person assist and was waiting for second staff to finish rounds. Staff suspended pending investigation. Closed by LTCO because resident declined investigation. was satisfied with facility response. abuse not substantiated but staff moved to another unit.	Declined
16-0848	11/8/2016	Closed	Financial	CRCF	LTCO	**CRCF** pt. alleges CRCF administrator is verbally and physically intimidating pt for wanting to transfer his balance of back pay from SS to his daughter. CRCF is rep. payee. Per Trish Steen, allegation is not true (although it is true that they will not allow pt. to transfer this money). admin. has been moved to another CRCF pending investigation by LTCO. Per LTCO, funds were not being improperly withheld, however, did make a verified finding on dignity and respect related to how the administrator interacted with pt. and staff. made CAP recommendations.	Verified
16-0851	10/31/2016	closed	other	Just Ca	LTCO	anonymous caller states unidentified staff on cleaning crew are verbally abusive to residents. LTCO attempted to identify staff/ patients in anonymous call but was unable to do so. Case closed.	
16-0923	11/26/2016	Closed	Sexual	Just Ca	Sled	pt. reports staff woke her several times to kiss and grope her and she allowed. Per Lawrenz, staff moved to a different unit pending investigation. Per pt. witness in the room she did not see any of the alleged inappropriate conduct. SLED unsubstantiated.	
16-0934	11/27/2016	Closed	Unknown	Tucker	LTCO	**unexplained injury** - fracture of wrist. Per 5 day likely due to thrashing of hand to pull out feed tube. Closed by LTCO with recommendations to update care plan.	
16-0943	12/2/2016	Closed	Unknown	Tucker	LTCO	**unexplained injury** -fracture of wrist. Per 5 day, cause was not determined. Closed by LTCO. Resident declined investigation	Declined
16-0971	12/2/2016	Closed	Physical	Tucker	Sled	pt. alleged the staff roughed up his roommate and later was rough with him. Case not substantiated by SLED.	
16-0979	12/15/2016	Closed	Physical	Just Ca	Sled	staff reported officer aggressively shoved patient into his room and staff began escalating, so other staff had to intervene. Per Lawrenz, staff temporarily removed, corrective action taken and returned to duty. SLED did not make criminal finding but report supported finding that staff shoved the pt. first, broke his glasses then lied about what he did. RRC requested leadership remove him from DMH units. Per Lawrenz he will be terminated.	
16-0991	12/21/2016	Closed	Unknown	Tucker	LTCO	**Injury of unknown origin** - multiple bruises and eye injury of unknown origin. Per 5 day, cause not certain but likely self-inflicted due to uncontrollable body movements. Resident could not consent to investigation and LTCO accepted info. provided by facility as to self inflicted injury.	

16-0997	12/22/2016	Closed	Other	Just Ca	LTCO	pt. self reported that staff sent her stored belongings to her ex-husband, not family without her consent and she is fearful of peers. LTCO did not verify that pt. was not protected by staff, but did verify that pts. Belonging were sent to ex-husband without her knowledge or consent. Asked for CAP for this issue.	Verified
17-0003	1/4/2017	closed	Unknown	Tucker	LTCO	**Injury of unknown origin** - large discoloration of right hand and right knee. Per 5 day, cause is not certain. Closed by LTCO	
16-0981	12/13/2016	Closed	Physical	Just Ca	Sled	pt. alleged staff punched her and body slammed her when she picked up a chair to throw at another resident. Per Lawrenz, based on video, no admin. action pending investigation by SLED. Sled closed as unfounded.	
17-0036	1/22/2017	Closed	Sexual	Tucker	Sled	resident stated when he woke, staff was "throwing his penis around" and his briefs where open. When he said something she left the room and he doesn't know if he was dreaming or not. Per 5 day, abuse could not be substantiated and staff was only in the room 25 sec. per video. Unfounded by SLED	
17-0044	1/23/2017	Closed	Physical	SVP	Sled	resident struck staff during restraint, thereafter another staff hit resident in the head several times. Per Budz, staff suspending pending termination. Per SLED, solicitor's office declined prosecution of abuse of a vulnerable adult.	
17-0075	1/26/2017	Closed	Physical	Bryan	Sled	pt. alleged he was injured on the back of the head by staff. Per McLane, staff reassigned pending investigation. Unfounded by SLED.	
17-0099	2/5/2017	Closed	Physical	Harris	Sled	pt. alleged staff punched him twice in the nose. Altercation between the two resulted in injuries to both but was not timely or properly reported at the time. Per McEniry, staff placed on leave until next work week, then returned to another unit pending SLED's investigation. SLED did not make criminal findings but staff refused to cooperate by taking a polygraph	
17-0080	2/1/2017	Closed	other	Just Ca	LTCO	patient reported she is not receiving medical attention for bruises on her arms and legs and a toothache. Not verified by LTCO. Seen dentist, bruises self inflicted	
17-0146	2/17/2017	Closed	Physical	Just Ca	Sled	pt. was redirected off elevator and when she refused, she was physically moved by staff, slipped and fell to the floor. Video available. Per Lawrenz no action pending investigation. Per Sled, unfounded. Video did not show abuse.	
17-0154	2/22/2017	Closed	Sexual	Harris	Sled	pt. alleged the staff touches him inappropriately while taking vitals and watches him shower. Per Allen no admin. action pending investigation. Admin. review shows allegation is not true, staff not working the time of allegation and pt. has a history of this type of allegation. Sled closed with no evidence to support allegation.	
17-0208	3/12/2017	Closed	Sexual	Harris	Sled	**Arrest-** staff witnessed RN and pt. with pants down in what appeared to be sexual activity. Per McEniry, RN was a contract RN who will not be permitted back and was fired from temp agency. Was also reported to Nursing Board. 1st degree CSC with patient or inmate (terminated) see 17-0293	Arrest
17-0220	3/15/2017	Closed	Physical	Hall	Sled	pt. alleged that PSO was rough with female peers and used excessive force on him. Per Roberts no admin. action pending investigation. Per SLED no excessive force.	
17-0278	4/5/2017	Closed	Financial	Just Ca	Police	**Richland County Sheriff's office-**pt. alleged staff took his money for car purchase and no car or money delivered. Per Lawrenz, staff stopped reporting to work the day of the allegation. RRC spoke with the investigator 10/31/17. She said she has two warrants outstanding on this former employee: Exploitation of a vulnerable adult. Obtaining goods under false pretenses- enhanced (due to having a prior criminal record). The investigator couldn't tell me when they may make an arrest but she put me on the notification list. RRC confirmed staff no longer working with CCRS.	Arrest
17-0279	4/5/2017	closed	Other	Tucker	LTCO	resident alleged staff called her a mother fucker and bitch for refusing meds. Per 5 day, no witnesses, could not be substantiated. Closed by LTCO but with warning about proper reporting.	
17-0293	4/14/2017	Closed	Sexual	Harris	Sled	**arrest-** pt. alleged that staff performed oral sex on him. Per Allen, this RN was terminated after previous allegation (see intake 17-0208). 1st degree CSC with patient or inmate (terminated)	Arrest

17-0295	4/15/2017	Closed	Physical	Harris	Sled	**arrest-** after Pt. exchanged words with staff, staff shoved him hard enough that he landed about 5 feet away after going airborne. Per Allen, placed on AL with intent to suspend. After review of video, it is notice to terminate. See also 16-0196. Arrested for abuse of a vulnerable adult. Terminated.	Arrest
17-0297	4/15/2017	closed	Physical	Bryan	Sled	pt. alleged excessive force by PSO resulting in facial bruises and wrist fracture (no injuries documented in incident report.) Per SLED video and statements showed pt. trying to fight PSO. Hand injury (not a break) due to punching a wall. Closed as unfounded.	
17-0328	4/23/2017	Closed	other	Morris	LTCO	pt. alleged that during his say he had an altercation with staff where she yelled at him, following him outside the building, and continued to escalate the situation. Per McConnell, staff moved to another team pending investigation. Per LTCO, they closed the case because pt. was discharged.	Declined
17-0327	5/1/2017	Closed	Physical	Just Ca	LTCO	video shows staff throwing ice water on a pt. who was masturbating in the day room during the night shift. Per Lawrenz, staff suspended pending termination. LTCO founded the incident and made further findings that the pt.'s behavior was on-going with no place of care to address and that several staff knew of the incident and failed to report it. RRC requested that leadership consider some form of disciplinary action for employees who knew of the ice water incident but failed to report.	Verified
17-0334	5/5/2017	Closed	Physical	Bryan	LTCO	pt. alleges that she pushed an identified PSO who then scratched her on her face. Per staff, log reflects she got an band aid but pt. did not say how she got the scratch at that time. Unverified by LTCO, no evidence to support allegation and pt. didn't remember the incident.	
17-0335	5/5/2017	Closed	other	CRCF	LTCO	**Gregory's CCH-** daughter alleges that staff at CCH knew pt. had cancerous lump but did not notify daughter. LTCO closed without investigation because pt. was deceased.	Declined
17-0345	5/8/2017	Closed	Physical	Harris	Sled	Pt. says when staff asked him to move away from the seclusion door and he didn't, there was a struggle and pt. says PSO punched him in the mouth. Per Prophett, pt. was the aggressor and not injured, no administrative action pending investigation. Closed as unfounded by SLED.	
17-0366	5/18/2017	closed	Sexual	Just Ca	Sled	pt. alleged unidentified security officer came into the room they share with peer and had sex with peer. Per Lawrenz staff removed from patient contact pending outcome of the investigation. Per sled, solicitor declined to prosecute and staff refused to cooperate with the investigation. RRC requested that staff not be allowed back on DMH floors Per Lawrenz, staff was terminated.	
17-0384	5/26/2017	closed	Physical	Bryan	LTCO	pt. tried to hug staff, staff pushed her away then pt. started hitting staff and staff hit pt her back while trying to get away, causing no injury. Per McLane, suspension pending investigation. Closed by LTCO- pt. would not give consent to investigate.	Declined
17-0410	5/30/2017	closed	Physical	Bryan	Sled	pt. alleged staff pushed him against his locker resulting in abrasion on his forehead that did not get medical attention. Picture taken by P&A of injury. Per McLane, video did not show staff ever pushing or touching pt. Closed as unfounded by sled.	
17-0275	4/3/2017	Closed	Physical	Tucker	Sled	pt. reported staff hit her on the arm with a food tray, cursed her and shook her backside at her saying "kiss my ass" Per 5 day, don't think the incident occurred based on pt. recent belligerent behavior. Per Sled, no sufficient pc for case- no injury or witnesses. unfounded.	
17-0481	6/29/2017	Open	Physical	Tucker	Sled	staff reported that another staff struck the pt. with an open palm on his stomach and mouth, while both were providing personal care. 5 day is not clear if abuse was found but both staff were disciplined. **Per Sled 11/6/18- open awaiting court**	Arrest
17-0507	7/10/2017	closed	Physical	Just Ca	Sled	dr. observed staff pushing pt. down the hall, instigating, ended with staff on top of pt. choking him. pt. lost a tooth. Per Lawrenz, staff removed from unit pending investigation. Solicitor declined to prosecute.	
17-0515	7/6/2017	Closed	Sexual	Harris	Sled	pt. alleges PSO officers raped her during takedown for meds. Video and multiple staff involved and present did not support allegation.	

17-0552	7/31/2017	Closed	Financial	Morris	Police	**A.G.s office-** pt. says he gave staff his EBT card to make purchases and she was suppose to pay him back in cash but she did not. Staff denied. Per McConnell he is pursing suspension with HR pending investigation. Update 10/30/18 - AG referred to EBT food stamp fraud division. I followed up with Ken Moore at the AG's office who eventually told me that the case was transferred from his unit to the food stamp fraud unit. The new FSF unit director, James Haarsgaurd said they had no record of the case in his unit. He further explained that around the time the case was transferred they began not taking these cases anymore (just reporting to the allegations to the DSS Food Stamp division). so it was never investigated for criminal proceedings.	Declined
17-0553	7/31/2017	Closed	Physical	Tucker	LTCO	staff witnessed staff holding resident's nose shut to make him swallow during feeding. Per 5 day. When confronted, staff quit. No real finding by the LTCO - just a recommendation for staff training.	
17-0559	8/3/2017	closed	Other	Morris	LTCO	pt. called sled to report that staff was vulgar and inappropriate with pt. LTCO made a finding that staff was not respectful.	Verified
17-0564	8/4/2017	Closed	Other	Bryan	LTCO	pt. alleged staff called him a pedophile and pussy when he reported other pt. threatening him. Per McLane, no admin. action pending inv. Closed, not verified by LTCO	
17-0587	8/14/2017	Closed	Physical	Tucker	LTCO	Unexplained skin tear on cheek Per 5 day, C NA used too much force turning resident per resident report he feels she is too rough. Staff suspended and retrained. Per LTCO, resident stated it was an accident and staff was returned to a different unit after retraining.	
17-0607	8/22/2017	Closed	Physical	Morris	Sled	pt. alleged that when pt. called officer a name, officer ran at pt., engaged him then took him down using excessive force. Per Prophett, officer is not to work at MV pending investigation. Per SLED insufficient evidence for criminal abuse. However, advocates met with Prophett to discuss concerns about Officers' interaction with pt. prior to incident as escalating.	
17-0608	8/24/2017	Closed	Physical	Tucker	Sled	anonymous staff alleged staff slapped resident in the face around July 27th Per 5 day letter, staff suspended pending investigation. Extensive investigation conducted, but abuse could not be substantiated or ruled out. All staff re-trained and staff at issue, will be moved to a different unit. per SLED closed as unfounded.	
17-0609	8/24/2017	Closed	Physical	Tucker	Sled	anonymous staff alleged staff placed resident in a chokehold Per 5 day letter, staff suspended pending investigation. Extensive investigation conducted, but abuse could not be substantiated or ruled out. All staff re-trained and staff at issue, will be moved to a different unit. unfounded by sled (no witnesses and staff denied)	
17-0610	8/24/2017	Closed	Other	Tucker	LTCO	anonymous staff alleged staff put a towel in resident's briefs. Per 5 day letter, staff suspended pending investigation. Extensive investigation conducted, but abuse could not be substantiated or ruled out. All staff re-trained and staff at issue, will be moved to a different unit. LTCO made no finding but recommended additional staff training.	
17-0643	9/5/2017	closed	Physical	Harris	Sled	staff reported in tears, witnessing another staff slam a pt. against a wall, and pt. slid to the floor. Per Allen, staff was sent home at the time of the report and reassigned to another unit pending investigation. Unfounded by SLED, closed.	
17-0658	9/12/2017	closed	Physical	Harris	Sled	pt. alleged staff assaulted her. Bruises on stomach. Per Busby, no disciplinary action pending investigation. NM states staff and pt. did not interact at all during the time period in questions. Unfounded by SLED, closed.	
17-0681	9/22/2017	closed	Physical	Harris	Sled	3 staff reported another staff used excessive force on pt. and incident could have been avoided if staff had removed himself from the situation. Per Allen, nursing viewed videotape and decided not to take admin. action pending investigation. Unfounded by SLED, closed.	
17-0727	10/13/2017	Closed	other	Tucker	LTCO	two staff reported hearing staff being verbally abusive to resident. 5 day was unable to substantiate but staff sent home pending investigation. Resident refused to talk with LTCO. Staff resigned. Closed by LTCO	Declined
17-0729	10/14/2017	closed	other	Bryan	LTCO	staff overheard staff telling patient to shut up and being verbally abusive. Per McLane, staff moved pending investigation. Unfounded by the LTCO	

17-0739	10/18/2017	Closed	physical	Bryan	Sled	staff beat pt. causing hematoma and concussion - on videotape staff has not returned. Plan is to terminate. Staff did not see video until 10/23 and immediately reported, per McLane. Solicitor declined to prosecute. Closed	
17-0742	10/23/2017	Closed	other	Tucker	LTCO	pt. found in soiled clothes, did not received care on prior shift. Per 5 day, it could not be substantiated that there was neglect. Closed by the LTCO. No finding was made	
17-0763	6/8/2017	Closed	other	Tucker	LTCO	sled misplaced intake which led to delay in assigning case until 11/3/17. Pt. dressing on wound was not changed from 5/28/17 til discovered on 7/7/17. closed by the LTCO	
17-0783	11/13/2017	closed	Unknown	Bryan	LTCO	**Injury of unknown origin** - bruising of unknown origin. Injury verified by LTCO. But cause still unknown.	
17-0802	11/23/2017	Closed	other	CRCF	LTCO	**Gregory's-** DSS reported pt. complains of being hungry and doesn't have a BSP in the file. LTCO did not verify any of the allegations.	
17-0803	11/26/2017	Closed	Unknown	Tucker	LTCO	**unexplained injury** - fracture of right femur. Per 5 day, cause unknown. Closed by LTCO with training recs.	
17-0827	11/29/2017	closed	Sexual	Just Ca	Sled	pt. alleged an unidentified male staff touched her breast on 11/13 and later came to her room while she was dressing and asked if he could watch. Per sled, solicitor declined to prosecute but staff refused to cooperate by taking polygraph. Per Lawrenz, staff was terminated	
18-0036	1/12/2018	closed	Sexual	Harris	LTCO	pt. alleges chaplain made inappropriate comments about when she lost her virginity and made her uncomfortable. Per McEniry- staff resigned. LTCO could not verify (he said/she said).	
18-0037	1/16/2018	Closed	Sexual	Harris	LTCO	pt. alleges chaplain made inappropriate comments about how her "legs weren't a runway" which offended her and asked if she wanted to smooch and made her uncomfortable Per McEniry- staff resigned. LTCO did not investigate since pt. had been discharged.	Declined
18-0046	1/18/2018	Closed	Unknown	Tucker	LTCO	**injury of unknown origin**- bruise on right forearm 25 x 8 cm. Per 5 day, cause could not be determined. Closed by the LTCO	
18-0074	1/29/2018	Closed	other	Tucker	LTCO	pt. fell and said he stayed on the floor 20-30 minutes calling for help. His family found him and stated he was covered in feces, food and urine. Closed by the LTCO	
18-0086	1/31/2018	closed	Physical	Tucker	Sled	pt. alleged that he asked for his diaper to be changed, staff refused, then when pt. asked again, RN snatched his soda out of his hand and other staff said "fuckit", grabbed his shirt around his neck, shaking him and causing him to head his head on the wall. unfounded by sled. no video or other evidence to support allegation.	
18-0091	2/4/2018	Closed	Physical	Bryan	Sled	Pt. says staff hit her on her arm after the pt. struck the staff and the two continued hitting each other until PSO separated them. Per McLane, staff's agency contract was terminated. Solicitor declined to prosecute but video shows staff and pt. exchanging blows.	
18-0108	2/7/2018	closed	other	Tucker	Other	**DSS-APS** - pt. alleged that during trip to VA staff prevented him from maneuvering wheelchair. Staff witness and staff both said staff merely prevented him from running over others in the waiting room. Per 5 day other allegations of being punished by the "lift" and soiling himself did not appear substantiated. RRC left 4 messages at DSS APS (3 of them with a particular staff) and have never gotten a return call. I also understand from our prior conversation that DSS-APS never contacted you with any information or finding. So at this point I don't' know what else we can do. Plus, I feel that everything you did administratively (5 day report) was sufficient. so I am closing this out.	Declined
18-0122	2/13/2017	Closed	other	Just Ca	LTCO	pt. alleges she has itchy bumps all over her body and is being denied treatment. Unfounded by LTCO	
18-0196	3/12/2018	Closed	Physical	Just Ca	Sled	pt. threw coffee on staff who then punched pt. several times in the face resulting in laceration. Per PSO report, staff not allowed to return. He resigned. Per SLED solicitor declined to prosecute.	
18-0203	3/7/2018	Closed	Physical	Harris	Sled	pt. making inappropriate comments to RN, staff intervened, pt. and staff had physical altercation resulting in injuries. Per McEniry video showed pt. attacking staff and staff defending himself. No admin. Action pending investigation. Closed/unfounded by SLED.	
18-0226	3/22/2018	Closed	Physical	Bryan	Sled	pt. hit staff so staff knocked her down and kicked her several times in the head and back. On video. Per McLane, agency contract terminated. Staff arrested 4/23/18 for abuse of a vulnerable adult.	Arrest

18-0250	3/31/2018	Closed	Unknown	Tucker	LTCO	**injury of unexplained origin**- discoloration of upper eyelid and chin. Per 5 day, cause could not be determined. Closed by the LTCO	
Midlands	12/20/2017	closed	Sexual	Catawb	Sled	staff reported that several pts. reported staff was sexually inappropriate with them, including proposing housing in exchange for sex. Midlands sled investigated, not sufficient evidence to prosecute but LE and solicitor were concerned.	
18-0265	4/6/2018	Closed	Physical	Tucker	Sled	resident on floor of room. Stated he was pushed by staff. Fracture to left hip. Per 5 day, abuse could not be substantiated. Staff says resident fell. Family removed pt. from facility and refuses to allow investigation. Unfounded by SLED	
18-0295	4/17/2018	Closed	Physical	Just Ca	Sled	deaf pt. was trying to get staff attention to get his inhaler, banging his head on the wall and kicking. Pt. alleges they used excessive force to restrain him and neglected his needs. Per Lawrenz no admin. Action pending investigation. per SLED, unfounded. Video did not support pts. allegations	
18-0353	5/16/2018	Closed	Physical	Just Ca	Sled	**arrest -** officer stepped between two pts. then took pt. into a head lock with no provocation per video tape. Per Lawrenz, staff suspended pending termination. Staff arrested for abuse of a VA on 8/20/18.	Arrest
18-0345	5/19/2018	Closed	other	Bryan	LTCO	pt. alleged staff became verbally aggressive toward him and made threats. staff's agency contract terminated per McLane. LTCO verified and recommended training.	Verified
18-0362	5/20/2018	Closed	Physical	Bryan	Sled	video shows staff pushing pt. as he stood up out of the chair, causing pt. to fall. Per McLane, staff suspended pending investigation. Prosecutor declined to pursue charges. Video shows staff removing pt. from the chair, but it does not appear staff intended pt. to fall	
18-0367	5/23/2018	Closed	other	Tucker	LTCO	pt.'s alleged that staff refused to bathe him after bm, then improperly transferred him during care (single person transfer instead of 2 person). Per 5 day, staff suspended and future employment decision has not been made. Pt. declined to let LTCO investigate. staff terminated. in-service held for all staff.	Declined
18-0387	5/31/2018	closed	Physical	Bryan	Sled	Arrested for abuse of vulnerable adult 2/2/19 video shows pt. strike staff in the face and staff hit pt in the face back. Per McLane, staff suspending pending investigation. Staff terminated 7/10/18,	Arrest
18-0398	6/6/2018	Closed	Physical	Tucker	Sled	pt. alleged staff instructed him to take off shirt, he said he couldn't and she turned him over and punched him in the back (no visible injuries). Per 5 day, abuse couldn't be substantiated. Staff was on suspension pending investigation. Resident constantly complains of pain during personal care and dr. is attempting to address. Per SLED unfounded.	
18-0415	6/11/2018	Closed	Unknown	Bryan	LTCO	**unexplained injury** - swelling and bruising to the face. Sent to the hospital. Per LTCO, pt. did not want investigation. Closed.	Declined
18-0223	3/20/2018	Closed	Physical	Bryan	Sled	Sled kept it under assessment then unfounded. Videotape showed no excessive force in moving pt. into seclusion.	
18-0425	6/19/2018	Closed	Physical	Harris	LTCO	staff saw pt. on the floor and watched staff pushing on pt. to get her up saying, "I don't have time for this". Pt. did have bruises of unknown origin although witness says the staff was only pushing, which stopped when witnesses' presence became know. Per Gil Sutton, staff moved to another lodge pending investigation. Closed by the LTCO with finding and training recommendation for staff about dignity and respect. no finding on physical abuse but staff admitted "poor attitude".	Verified
18-0438	6/24/2018	Closed	Unknown	Tucker	LTCO	**injury of unknown origin -**pt. discovered with large bruise and blood on the side of his face, cannot say what happened Per 5 day it was likely a skin tear at the site of oxygen mask. Closed by the LTCO	
18-0449	6/13/2018	closed	Physical	Bryan	Sled	while staff was attempted to hold pt. to prevent self injury she began to kick and spit. Staff became frustrated and dragged the pt. about 10 ft. across the floor. Per Prophett, officer will not work on this unit pending investigation. **Send closing to Kim and Alan Solicitor declined based on Videotape.**	
18-0482	7/11/2018	Closed	Physical	Bryan	Sled	pt. states staff pulled her out of the bed where she fell on the floor and left her. Per McLane, based on video allegations are unsubstantiated and no admin. Action pending investigation. Per sled, unfounded.	

18-0533	8/6/2018	Closed	Unknown	Tucker	LTCO	**Injury of unknown origin-** broken knee and ankle. Per 5 day, cause could not be determined. Closed by the LTCO	
18-0553	8/17/2018	closed	Physical	Homes	LTCO	**homeshare-** provider "popped" pt. in the mouth for talking back. Pt. reported, provider admitted. Pt. moved pending investigation. Provider was putting fingers on lips to shush, not hitting. May resume services once three trainings completed.	Verified
18-0579	8/24/2018	Open	other	CRCF	LTCO	**Gregory's CRCF** former employee alleging inadequate food and care	
18-0617	9/21/2018	Closed	Physical	Bryan	LTCO	pt. states staff hit her on the side of the head causing her to fall to ground. Video shows pt. and staff asleep in chairs, and pt. fell out and hit her head. LTCO did not investigate b/c pt. refused. Per McLane- staff removed from employment.	Declined
18-0642	9/30/2018	Closed	other	CRCF	LTCO	**Piedmont pathways-** pt. says staff laugh at him, spit on his food and pick at him. Per Trish, food issue is primary symptom of pt's illness. No admin. Action. Closed by the LTCO, no evidence to verify/support allegations.	
18-0646	9/25/2018	Closed	Physical	CRCF	LTCO	**Emerald CRCF** peer alleged staff pushed pt. during de-escalation. Staff said it was not a push- pt. was having behaviors and staff was attempting to de-escalate. LTCO cannot investigated until pt. release from hospital to give consent. No admin. Action pending investigation. Pt. declined investigation, so LTCO closed.	Declined
18-0664	10/5/2018	Closed	Physical	Bryan	Sled	PSO assisting in restraint and pt. was fighting them, ended up with 5 stitches. Sled unfounded.	
18-0669	10/5/2018	Open	Unknown	Tucker	LTCO	**injury of unknown origin.-** per 5 day, two broken toes likely due to resident being blind, ambulatory and not using cane (bumping into things.)	
18-0677	10/14/2018	Closed	Physical	SVP	Sled	after resident threw liquid on staff, staff shoved him on the bed and struck him in the eye, Per Budz, no admin. Action pending investigation. No evidence to support and resident has a long history of false allegations. Sled closed as unfounded. video did not support allegation.	
18-0684	10/16/2018	Closed	other	Bryan	LTCO	staff alleges two nurses are verbally abusive to pt. Per McLane, the reporter gave a false name and the staff denied the allegations. There was no doc. Or video to support the allegations. No admin. Action at this time, although NM was notified of the allegations. unverified by LTCO	
18-0688	10/16/2018	Closed	Physical	Just Ca	Sled	pt. was banging head on walls and the door. Staff took him to med. Office for PRN then to his room. Pt. alleges staff beat him and busted his lip and head. Pt. has injuries from self harm. No video in area of alleged assault. Per Lawrenz, no action pending investigation. SLED did not find evidence to support. video shows pt. self injuring.	
18-0689	10/19/2018	Closed	Unknown	Bryan	LTCO	**injury of unknown origin**- 4 inch bruise on upper left thigh. Closed. Injury due to prior altercation with another pt.	
18-0786	12/16/2018	Open	other	Tucker	LTCO	res. Alleged staff pushed him to prevent him from exiting a room. Per 5 day video does not substantiate	
18-0791	12/15/2018	Open	Physical	Bryan	Sled	staff witnessed pt. hit a staff, who then hit pt. back and pulled her to the floor. Per McLane, video shows that pt. hit staff but staff did not hit back.	
18-0801	12/20/2018	Open	Sexual	CRCF	Sled	**CRCF** manager reported she was told that staff was having sex with a resident. Per Trish suspended pending investigation.	
18-0804	12/27/2018	Open	Physical	Just Ca	Sled	when staff was confronted about abusing the pt. He reported two other staff who also have lost their patience with pt. and beat him too. Per Lawrenz, no action pending investigation.	

NTAKE #	DATE	Open	ABUSE	ACILIT	V. AGEN	Description	Arrest
H 12-75	8/3/2012	Closed	Sexual	WSHPI	PSO	ex-patient alleged he received an letter from staff professing his love. Non-criminal policy violation. staff stated that he did write a letter. Staff is prohibited from forming social or business relationship with patient.	
H 12-81	8/24/2012	Closed	Physical	WSHPI	PSO	Pt. alleged staff hit her in the face with a clipboard while in timeout. Per other witnesses staff did not have a clipboard.	
H 12-97	10/16/2012	Closed	Physical	WSHPI	PSO	patient alleged that staff grabbed him around the neck and picked him up off the floor. RN did not see the staff touched or threatened the patient and no bruises were found on the patient.	
H 12-112	11/17/2012	Closed	Physical	WSHPI	PSO	patient was trying to assault another patient when staff stepped in to assist. While being restrained patient struck staff several times on the side of his face. When staff attempted to push the patient away staff struck pt. in the face. Staff did not intentionally assault the patient.	
H 12-115	11/24/2012	Closed	Other	WSHPI	PSO	patient made a complaint of two staff verbally abusing her. Staff states that patient walks around stating that he knows how to get staff fired. PSO was not able to find evidence of verbal abuse	
B 12-135	10/17/2012	Closed	Financial	Bryan	PSO	Records show that the patient received money from her account. She stated that she never received any money because she didn't go to the state fair. Case was closed as unfounded. Suggested that a policy be put in place to track patient money during trips to prevent this happening again.	
H 13-003	1/12/2013	Closed	Other	WSHPI	PSO	patients stated that staff called them crack babies and weed heads. Because of the conflicting statements from the witnesses it is insufficient evidence to show verbal abuse. This case was unfounded and closed.	
H 13-009	1/21/2013	Closed	Physical	WSHPI	PSO	staff reported to public safety about patient abuse, RN stated that she heard a loud noise coming from a room and she went in and the staff had her foot on the patient's backside. Per two staff who were assigned on 2 to 1 with pt., pt. starting kicking, spitting and biting them when they tried to get a paperclip away from pt. for safety. In the confines of the room, they were unable to get away and pt. bit her on her leg, arm, and hands which they were trying to keep the patient from hurting himself and to restrain him. RN did not think it was intentional but reported per policy. PSO was not able to find intent for abuse.	
H 13-014	2/2/2013	Closed	Physical	WSHPI	PSO	on February 2, 2013 a family member and patient didn't want to end visit. Patient got upset and was very aggressive. Staff had to used authorize Best technique to calm patient down. No evidence to support abuse, staff used proper restraint techniques	
H 13-041	4/26/2013	Closed	Sexual	WSHPI	PSO	Patient alleged that staff made inappropriate statement and gesture concerning her body. Staff makes her very uncomfortable. Patient stated that staff has never touched her and there is no evidence to pursue any criminal charges.	
CF13-042	4/29/2013	Closed	Sexual	Correct	PSO	patient stated that staff was trying to turn him into a homosexual. The victim states that officers are trying to assault him. One officer is an intake officer and has to search all patients that go out on the rec yard. No evidence to show that the patient was sexually assaulted by any staff- pt. is kept in isolation room with camera in it.	
CF13-048	4/29/2013	Closed	Physical	Correct	PSO	staff alleged the victim approached them in an aggressive manner resulting in a physical altercation. per video, patient was not acting in an aggressive manner but seemed to be calm when staff approached him. Staff placed his belonging in the nursing station like they knew they were about to fight. video and statement were taken. originally reported to SLED who did not investigate.	
H 13-051	5/03-13/2013	Closed	Sexual	WSHPI	PSO	patient recanted all his previous statements on being sexually and physical assaulted since being admitted.	Declined
H 13-056	6/12/2013	Closed	Other	WSHPI	PSO	patient reported that staff made some inappropriate comments to him by calling him a cup cake and sweet cake. When Patient returned from visitation while search was being conducted he turned his back to staff and was holding his hands like he was hiding something. Staff asked him to turn around to allow the search. pt. became agitated but complied, that was the only time staff made contact with the patient . Not sufficient evidence to show verbally abused.	

H 13-095	10/7/2013	Closed	Physical	WSHPI	PSO	Patient was agitated, combative, and refused medication, he informed staff that his action were because he was pushed off a table by staff. Patient stated that he got in trouble because his friend went home, and wanted to push staffs' button so he threw water on him to make him mad. When the staff attempted to grab the wet paper towels in the attempt to get them away from the pt., pt. fell to the floor. he was not pushed. This case is unfounded and closed.	
H 13-096	9/11/2013	Closed	Physical	WSHPI	PSO	Patient felt his rights were violated when he was restrained by Public Safety. Patient was writing gang signs and showing them to other patients, he was asked for the paper and became irate and started punching and cursing staff. Public Safety came and assisted staff with restraining the patient. There is not sufficient evidence to show patient abuse.	
H 14-029	3/27/2014	Closed	Other	WSHPI	PSO	Pt. alleged that nursing staff has been threating and intimidating her. Then she refused to comment and stated that she will let her patient handle it. The results of this case is unfounded	
H 14-030	4/4/2014	Closed	Physical	WSHPI	PSO	Client Advocate reported to Public Safety that pt. stated he was the victim of patient abuse. He stated that one staff stated that he could play the gamed a little longer. However another staff stated that it was time to shower, he stated that he was not taking a shower. Staff became violent and swung at him. The case was unfounded because video revealed that staff didn't strike or attempt to strike pt.	
H 14-080	8/14/2014	Closed	Physical	WSHPI	PSO	patient was being disruptive and had to be escorted back on the ward. There he started cussing. staff redirected him telling him to watch what he was saying. Staff stated that patient got closed to him and pt. said that staff shoved him against the wall. based on all the information collected, allegation is unfounded.	
H 14-081	8/20/2014	Closed	Physical	WSHPI	PSO	After reviewing some camera footage Dr. stated that an incident occurred on Ward 154 and should be investigated as a patient abuse. Video shows pt. running up and hitting staff, who took a swing with her clipboard toward the pt. (no contact), but then staff appears upset and attempting to go after pt. when other staff intervenes. However the Investigator didn't find sufficient evidence to support a charge of criminal abuse	
H 14-108	12/14/2014	Closed	Sexual	WSHPI	PSO	Patient alleged that staff kept pulling back the shower curtain while he was bathing. Staff states that when a patient is on COLS they must be observe occasionally while in the shower to make sure they don't harm themselves.	
H 15-008	2/15/2015	Closed	Sexual	WSHPI	PSO	patient alleged staff touched her inappropriately while conducting a contraband search grabbing her butt and touching her breast. Patient recanted her statement and no evidence of sexual offense was found	
H 15-009	3/1/2015	Closed	Physical	WSHPI	PSO	patient stated that he was sitting on the window ledge in his room staff told him to get down. He had a towel wrapped around his hands and staff tried to take it. Staff put his closed fist to his eye socket and started twisting. Based on the information obtained during the investigation there is insufficient evidence to support the allegation.	
H 15-016	3/10/2015	Closed	Physical	WSHPI	PSO	patient reported that staff choked him after being restrained on the floor. Staff states that patient was taunting and threatening staff. The patient took step toward staff and staff restrained the him for pt. safety. Based on the evidence including video, there is insufficient evidence to support the allegation of patient abuse.	
H 15-017	3/17/2015	Closed	Physical	WSHPI	PSO	Patient stated that he was grabbed and pushed by staff in the hallway near his bedroom. He was checked for visible injuries with negative findings. Patient stated he tried several times to exit the room, but staff kept pushing him back into the room. After review the video for evidence there is insufficient evidence to support Patient Abuse.	
H 15-028	4/27/2015	Closed	Physical	WSHPI	PSO	Social Worker allegedly hit patient on his shoulder while in her office. Staff lightly playfully swatted patient on his shoulder. Administration has determined that Public Safety will not be investigating this incident for patient abuse. There is no evidence of abuse to file criminal charges.	Declined
H 15-029	4/27/2015	Closed	Physical	WSHPI	PSO	Patient informed Public Safety that staff hit him in the nose and mouth. After reviewing the information that was gathered there was not a definitive date given when the incident happened. Another patient stated he saw the incident but he recanted and said he didn't see anything. No evidence of physical abuse were found.	

H 15-030	4/27/2015	Closed	Physical	WSHPI	PSO	Patient informed that he was hit by a tall white male on the evening 04/26/2015. Video footage did show patient sitting on the ward not following direction, and the patient was carried to his room by staff. Investigator could not find any evidence of physical abuse.	
H 15-034	4/28/2105	Closed	Other	WSHPI	PSO	Patient alleged staff verbally mistreated her by cursing at her while on the unit. After viewing the incident and statement Administration determined that Public Safety will not be investigating this incident for abuse and referred to nursing for follow up.	Declined
H 15-035	4/28/2015	Closed	Other	WSHPI	PSO	Pt. alleges staff made a threatening statement toward him. There is no evidence of criminal abuse to file criminal charges this incident should be reviewed as a standard of care case. Public Safety will not be investigating this incident for abuse and referred to nursing for follow up.	Declined
H 15-060	6/25/2015	Closed	Sexual	WSHPI	PSO	Caller stated that his girlfriend informed him that she was raped by a male teacher at WSHPI. She stated that it occurred when she was at Hall. PSO investigated but no evidence could be found to determine that any sexual offense occurred	
H 15-064	7/31/2015	Closed	Physical	WSHPI	PSO	Patient alleged physically abused, restraining him causing an abrasion behind his ear. Video was reviewed. At no time did this Investigator observe staff physically abuse pt. no evidence of patient abuse committed. unfounded	
H 15-084	10/22/2015	Arrest	Physical	WSHPI	PSO	Public Safety arrived to the time out room. Pt. was very agitated and stated that staff struck him with his right hand on his left eye. Patient stated that staff looked at him in a threatening manner so he walked up and struck staff in the chest. Video clearly displays that staff responded by intentionally assaulting the patient, striking him on his face with a closed fist. Staff unjustifiable assaulted and caused injury to a patient. Assault and Battery 3rd degree	Arrest
H 15-090	11/2/2015	Closed	Other	WSHPI	PSO	patient stated that staff cursed at him while redirecting him on the unit. Patient was discharge prior to the report of the incident and statement. Administration has determined that Public Safety will not be investigated this incident.	Declined
H 15-091	11/2/2015	Closed	Other	WSHPI	PSO	PSO received a report of an alleged patient abuse. Staff allegedly cursed pt. while redirecting him on the unit. After reviewing the incident and statements received from staff that were present Administration has determined that Public Safety will not be investigating this incident for abuse. pt has been d/c	Declined
H 15-092	11/2/2015	Closed	Other	WSHPI	PSO	Staff alleged to have threatened to do bodily harm to patient after redirecting her on the unit by stating if this girl comes near me she is going to get done up. Based on statement of others present, there is no evidence a that staff threatened pt.	
B 16-026	3/25/2016	Closed	Other	Bryan	PSO	Patient reported that during treatment team he asked if he could get a drink of water and staff mumbled under his breath about something. He said that he heard someone say he already has on black eye I don't want to give him another. Based on all the evidence there is not sufficient evidence to show that pt. was verbally abused. The results of this case are unfounded and closed.	
H 16-027	3/12/2016	Closed	Physical	WSHPI	PSO	Pt. alleged Staff physically abused him shortly after he began screaming and kicking the wall striking the fire alarm causing it to activate. video and witness statements do not support pt. allegations	
H 16-031	3/23/2016	Closed	Sexual	WSHPI	PSO	Public Safety responded to an alleged patient abuse report. Patient stated that staff rubbed her right leg on his leg in the day area of pod #2 and rubbed both of her hands on his chest in the day area and this made pr. very uncomfortable. Examination of the video evidence does not disclose any inappropriate touching or behaviors. unfounded	
H 16-036	4/20/2016	Closed	Physical	WSHPI	PSO	Public Safety received a report of Alleged Patient Abuse, Pt. stated that staff forcefully lifted the patient off his feet and escorted him to his bedroom and threw him on the bedroom floor. Video footage of the incident shows staff speaking to the victim then attempting to grab by his arm when he became resistant and combative towards staff. Staff placed his right arm under pts. right arm in order gain control of him. Staff escorted patient to his room and does not show how he place the patient in the room. Investigator did not find any evidence to support criminal charges	

H 16-037	4/26/2016	Closed	Other	WSHPI	PSO	Pt. says Staff laughed and made jokes about him after redirecting him about biting his fingernails. Pt. has scratched himself until he bleeds and staff was redirecting him to stop scratching himself. There was no physical interaction Public Safety will not be investigating this incident for patient abuse. Referred to nursing for any appropriate follow up.	Declined
H 16-038	4/26/2016	Closed	Other	WSHPI	PSO	Patient stated that staff called him fat because all they do is eat fast food and junk. Administration has determined that Public Safety will not be investigating this incident for patient abuse based on the information received during the interview from a witness. Referred to nursing for any appropriate follow up.	Declined
H 16-043	4/26/2016	Closed	Other	WSHPI	PSO	In the report it was stated that staff told the victim that he was a sexual predator and child molester, which made the victim feel unsafe around the staff. After conclusion of the interviews and statement did not find any physical interaction. Administration has determined that the incident will not be investigated by PSO for criminal abuse. Referred to nursing for any appropriate follow up.	
H 16-052	6/1/2016	Closed	Other	WSHPI	PSO	In the report it was stated that the victim was not being fed or changed out of her disposable briefs by the second shift staff. Staff states they were unaware that victim had a diaper on then checked to see if there was a doctor's order because they were no any diapers on the unit. Staff requested some diapers and once they arrived they changed the pt.. Staff was also unaware that victim was having an issue swallowing when she placed her in the bed as she verbally indicated she was okay. PSO found no evidence of criminal conduct. referred to nursing as a standard of care incident instead of patient abuse.	
H 16-056	6/11/2016	Closed	Sexual	WSHPI	PSO	Two female pts. stated that staff made verbal sexual advances towards them. Staff does not work on the unit, but occasionally may have contact with pts. on that unit. Based on statements Investigator did not find any evidence to legally file criminal charges against the staff for patient abuse.	
H 16-057	6/16/2016	Closed	Other	WSHPI	PSO	The report stated that staff verbally threatened to assault the victim if he didn't refrain from evading his personal space after being redirected several times. After reviewing the statements and witness we did not find sufficient evidence to pursue criminal charges to investigated this incident as patient abuse. Referred to nursing for any appropriate follow up.	
H 16-060	7/10/2016	Closed	Physical	WSHPI	Lodge D F	Victim stated that he was in his room and when he went to open his bedroom door, staff grabbed his arm, shoved him, and grabbed his buttocks area. Victim stated that he asked what he was doing, staff then looked at him and didn't say anything and walked away. Victim stated that the pt told staff the pt. was going to falsely accuse staff in order to get him in trouble. Based on the information and video evidence obtained no supportive evidence to substantiate the allegation.	
H 16-068	8/5/2016	Closed	Other	WSHPI	Lodge D F	Patient stated that when a certain staff works on their unit she treats them like they are in jail and she is better than them. Saying negative things about her and calling some of the other girls on the unit names. Based on the information there is no supportive evidence to legally file criminal charges.	
H 16-069	8/9/2016	Closed	Other	WSHPI	Lodge D F	Pt. stated he got into an argument earlier that day with staff, who pt. reports was saying negative things and talking down to him. That when he gets out he wasn't going to amount to anything. You're going to relapse and end up In another rehab facility or dead. Video footage shows pt going through other patients' food trays and staff verbally redirecting him, as which time pt. becomes confrontation, but staff does not. There is no supportive evidence to substantiate pts. allegations	
H 16-070	8/11/2016	Closed	Physical	WSHPI	Lodge C F	Victim stated about two nights ago she was upset that she couldn't find her stuff animals, when staff directed her to stop crying and go to the time out room. Victim stated that staff used her right hand to grab her left wrist to escort her and her wrist was hurting. Video footage shows staff going into pt. room. Staff was holding her wrist when she dropped to the floor. Patient showed a bruise on the forearm, however that bruised doesn't match the location on the incident report. No evidence to support criminal charges for patient abuse.	

H 16-079	9/5/2016	Closed	Physical	WSHPI	Lodge D	F	Public Safety were dispatched in response to a physical altercation between patient and staff. Patient became upset because he stated staff physically grabbed his shirt with both hands in a threatening manner. Staff received a scratch on the right side of his neck, and both upper arms. A video recording observed the conversation and victim pushing the staff in the chest area. It also shows victim and staff clutching each other's shirts until other staff had responded to the location to assist with the incident . Insufficient evidence to show actions during this incident constituted criminal charge of abuse. However poor judgement was demonstrated. referred to nursing for appropriate follow up.	
H 16-080	9/2/2016	Closed	Physical	WSHPI	Lodge D	F	Patient had become verbally aggressive towards her. Victim had tried to turn the television back off, staff pushed his hand and he told her don't touch me, I hit when people do that. Says staff told him if you hit me I will hit you back. Based on the video evidence and statements obtained no supportive evidence to substantiate the allegation.	
H 16- 081	10/26/2016	Arrest	Sexual	WSHPI	Lodge D	F	Public Safety were dispatched to Lodge D to assist with an elopement from the facility. Victim ran out of Pod # 1 exit door. Victim stated to this Investigator that he stole a key from the nursing staff member and that's how he was able to unlock a door to elope. Staff retrieved a sheet of notebook paper containing numbers on the top half of the page and what appeared to be gang writings. Staff recognized the name and phone number on the paper belonging to a supervisor. This investing officer asked how he obtained staff numbers. upon further investigation it was determined that staff did commit the offense of Sexual Conduct with an inmate, patient, or offender 2nd degree. Arrested and terminated.	Arrest
H 16-084	10/21/2016	Closed	Physical	WSHPI	Lodge D	F	Pt alleged staff physically shoved the pt. toward the medication room. Video footage did not find any evidence to pursue criminal charges for patient abuse.	
H0986871	10/25/2016	Closed	Other	WSHPI	Lodge C	F	Victim asked if he could use the restroom staff said not right now, When the other patient gets out of the restroom you can use that one. He asked two or three more times, staff finally opened he already had a bowel movement on himself. Public Safety will not be conduct a criminal investigation into this case. referred to nursing for appropriate follow up.	Declined
H0987801	10/25/2016	Closed	Sexual	WSHPI	Lodge C	F	Patient reported that female staff touched her in a sexual manner. Victim removed her plastic identification bracelet and attempted to use it to cut her wrist, she placed the bracelet in her bra in an effort to stop staff from being able to take it from her. Staff had to physically restrained her to retrieved the bracelet and squeezed her left breast. Pt. stated that the officers grabbed her arms and threw her inside her room causing her to hit the floor and striking her knee. She did strike her right knee on the floor when she jumped off of the bed. Public Safety will not be conducting a criminal investigation into this case. referred to nursing staff for appropriate follow up.	Declined
H 16-103	11/30/2016	Closed	Sexual	WSHPI	PSO		Staff reported that she (staff) was being accused of performing oral sex on patient. Victim stated nothing occurred and his peers were lying on him for no reason. Reviewed the video recordings assigned work hours didn't display any evidence to support	
H 16-102	12/6/2016	Closed	Other	WSHPI	PSO		The report stated that staff raised her hands at patient as if to slap her hand. Reviewing the video footage patients can be seen standing in the door way of the snack room but the staff could not be observed due to the angle and location of the camera. Investigator did not observe any patient making any type of quick defensive movements so as not to be hit. There is inconclusive video evidence to any physical interaction had occurred.	
H0107151	1/27/2017	Closed	Other	WSHPI	PSO		Patient reported feeling offended by staff during a discussion that occurred on 01/25/17. If patient were to go to jail they would be hurt and raped. Staff stated prison was a horrible place and should think positive about their lives. another pt. stated that the staff was only telling the truth. Investigator will not be conducting a criminal investigation. refereed to nursing for appropriate follow up.	Declined

H 17- 012	3/14/2017	Closed	Physical	WSHPI	PSO	pt stated that he was physically assaulted by staff grabbing his left side of his lower waist and sinking her finger nails into his skin. Pt. says he started walking toward the door while it was closing, staff came behind him, pulled the left side of his skin on his waist and yanked him around. Video evidence doesn't support pts. allegation. Staff actions do not indicate she was attempting patient abuse. It appears she was merely preventing him from eloping through the door.	
H 17-026	4/24/2017	Closed	Physical	WSHPI	PSO	Pt. alleged that staff allegedly pushed victim while they were in the day area. Reviewing the footage staff is seen speaking to a patient when the others gather round them. Staff can be seen using her left arm in a gesture for the other patients to move back from around them. Investigator didn't observed staff pushing any patient in an aggressive manner.	
H 17-040	8/1/2017	Closed	Physical	WSHPI	PSO	Public Safety requested the assistance of additional officers to restrain a patient to be given two prns. Pt. stated that other patients were fighting and staff told everyone to go to their room and she refused. After she was put into her room she pulled the wall locker from the wall and began to harass the staff on the unit. She alleged that staff hit her during the restraint. Based on the statement, video, and information there is not sufficient evidence to indicate patient abuse. unfounded	
H 17-047	8/16/2017	Closed	Other	WSHPI	PSO	Incident report stated that an AA counselor threatened to assault a pt., and made the statement in front of other patients. It was confirmed that the counselor did make remarks toward the victim, but Investigator did not find evidence to pursue criminal charges. Administrative Action has banned the counselor (not an employee) from returning to WSHPI.	
H 17-048	8/28/2017	Closed	Physical	WSHPI	PSO	Report states that staff allegedly pushed the pt. while they were in the day area. Video footage showed victim hitting staff on the arm with his fist. Pt. then proceeded to grab a carton of juice and threw its contents on staff. Staff was then seen going after victim when he slipped on the juice and lost his balance. When he regained his footing he used both hands and shoved the victim in the back, causing him to fall to the floor face first. Staff informed nurse on duty that he quit and left the unit. Staff has been separated from the Agency and therefore PSO will not further investigate.	Declined
H0748961	7/18/2017	Closed	Physical	WSHPI	PSO	While reviewing video staff observed a staff pushing at patient as staff attempts to get the pt. away from an item on the floor. Public Safety will refer this incident to Administration for a review of standard of care.	Declined
H 17-055	8/30/2017	Closed	Physical	WSHPI	PSO	Report stated the staff struck victim on her hand. After review of the incident, video footage, and statements PSO did not pursue investigation for patient abuse. Referred to nursing for appropriate follow up.	Declined
H 17-060	10/8/2017	Closed	Physical	WSHPI	Lodge C P	Administration was reviewing the video footage for and incident when they observed staff lunging at the victim as if she was going to strike him. Upon further review of all the evidence, it was determined staff was attempting to keep the victim inside the room to keep from harming himself. no evidence to support criminal charges.	
H 17-061	10/9/2017	Closed	Other	WSHPI	PSO	Victim reported that staff verbally threatened him and he doesn't feel safe. Victim said that he was joking with his peers when staff took it seriously and threatened him. Staff can be seen turning around and the verbal exchanged occurred, and then staff is seen passing out the food trays. Victim received his food and didn't appear upset, agitated or scared. Insufficient evidence to pursue criminal charges for this incident.	
H 17-074	11/23/2017	Closed	Physical	WSHPI	PSO	Victim was been aggressive toward other patients and staff. He reported that while being restrained staff twisted his right arm, but pt. didn't appear to have any injuries. Video recording observed staff having a conversation with victim, Staff is seen standing from a seating position before he grasps victim left wrist using his right hand escorting victim to the seclusion with assistance form staff. There is no evidence to support an allegation of patient abuse.	
H 17-075	12/13/2017	Closed	Physical	WSHPI	PSO	Pt. stated that staff grabbed her hair while taking her to seclusion. Video footage does not support pt. allegation and shows that there were no evidence to pursue criminal charges	

H 17-077	1/2/2018	Closed	Sexual	WSHPI	PSO	three female pts. stated they felt uncomfortable by how a staff looks at them inappropriately. On the video footage staff was seen conversing with another staff while monitoring the activity of pts. At no time is he directly behind the victim, nor is he witness looking directly at any of the victims inappropriately. This Investigator did not find any evidence for criminal charges for abuse.	
H 18-004	1/25/2018	Closed	Physical	WSHPI	PSO	Pt. said he was hit in the head by staff while in the timeout room. Victim stated earlier in the day he was placed into the timeout room and attempted to run out when staff slammed him on the floor causing him to hit his head. Video footage showed victim running out of time out and as staff attempts to restraint him the pt. falls to the floor. There is not sufficient evidence to support patient abuse. Investigator is recommending follow-up by nursing staff.	
H 18-010	3/27/2018	Arrest	Physical	WSHPI	PSO	Victim and staff were engaged in a verbal altercation. Using her right hand, staff pushed victim backward against one brick columns, placed her left hand around pts neck and her right hand behind pts. back and forced pt. backward to the floor. The video clearly displays that staff did intentionally assault victim by grabbing her around the neck. arrested for assault and battery.	Arrest
H 18-017	4/22/2018	Closed	Physical	WSHPI	PSO	staff stated that she heard yelling and she went into that direction when she got to the kitchen area staff was standing over the victim restraining both of pts, legs. Victim was kicking her legs attempting to break free. Staff stated that she didn't feel it was abuse just poor interaction and de-escalation technique. Investigator didn't find enough evidence to support criminal charges. referred to nursing for appropriate follow up.	
H 18-032	6/19/2018	Closed	Other	WSHPI	PSO	The report states that staff made an inappropriate comment toward the victim. "some of your peers will call you a queer if they saw that". Staff said that she observed inappropriate drawing on patient hand and asked who drew it. pt. told her he drew it and what it was. Staff told him to go wash his hand. Investigator didn't find enough evidence to support criminal charges.	
H 18-033	6/16/2018	Closed	Physical	WSHPI	PSO	Staff stated that the victim put her hands on the back of her wig then pulled on it. She then made a turning motion and reached for the victim hand to remove it from off her head. Staff stated that victim did fall on the floor during this process but that staff did not push the pt. Victim was asked if she was pushed and she replied no. Video supports the version of reported events. Investigator did not find enough evidence to support criminal charges.	
H 18-034	6/16/2018	Closed	Physical	WSHPI	PSO	Pt states that staff used excessive force to restrain pt. Video footage showed staff walking onto the unit and immediately separating three patients who were fighting. staff held one patient up against a wall by placing his right hand on their shoulder, and shielding the other patient from trying to exit the pod. Staff did not use any type of hold to restrain the patient. This incident is closed -no evidence to support criminal charges.	
H 18-035	6/19/2018	Closed	Physical	WSHPI	PSO	Complaint states staff displayed inappropriate behavior while the patients was on visitation. After visit she felt staff performed an inappropriate pat down search which made ot feel uncomfortable. Staff stated that after visitation she performed a routine contraband check. Video footage shows staff can be seen walking back and forth in the monitoring room. No evidence to support criminal charges.	
H 18-042	9/5/2018	Closed	Other	WSHPI	PSO	Victim said that she shouted that she was going to kill myself. She was upset because she would not be allowed to attend school that morning. Staff stated that she heard staff who replied Do it Do it. PSO did not investigate as a criminal act. This matter will be administration matter and recommending review by Nursing management for policy violation.	Declined
H 18-046	9/30/2018	Closed	Other	WSHPI	PSO	Pt made contact with SLED stating that he told staff several times to close his door while he was getting undressed but staff refused and kept opening his room door. The pt was agitated and threatening staff. The video recording showed that Staff opened the door so the pt. to enter the room and could change clothes. Victim is observed immediately closing his bedroom door closed causing the door to lock. Staff is observed unlocking the door and handing patient his wristband and closing the door in 11 seconds. The video evidence lacks any actions to support allegation of patient abuse.	

H 18-062	11/27/2018	Closed	Physical	WSHPI	PSO	Patient stated that he was struck on the top of his head with a clipboard by staff. pt. stated he began kicking staff on the legs. Staff asked him to stop but pt. wouldn't stop. so staff hit victim on the head with a clipboard. Staff said that she just tapped him with the clipboard. Video recording does not provide evidence to support criminal charges. Recommending that management review this incident as policy violation. Agency employee will not longer be allowed to work at hospital.	

South Carolina Department of Mental Health
FY 2020 Budget Request

PRELIMINARY

Recurring Requests

Crisis Stabilization Units **$1,000,000**

- The requested funds would enable the agency to continue to partner with local hospitals and other community officials to increase residential crisis stabilization programs beyond the four (4) currently in existence or in the planning stages. Such programs help divert individuals in a psychiatric crisis who can be safely cared for outside of a hospital emergency department.

Improving Local Access **$1,000,000**

- Patients in need of psychiatric hospitalization generally are best served if they can be hospitalized as close to their homes and families as possible. Receiving hospital services locally enables patients to maintain contact with family and other existing community support systems, and frequently results in shorter lengths of stay.
- Hospitalizing patients in need of emergency admission locally also reduces the transportation requirements for local law enforcement and improves safety for both the patient and law enforcement officers.
- The requested funds would enable SCDMH to identify 2 or 3 willing community hospitals with which to pilot the establishment of small psychiatric units for patients in a psychiatric crisis needing stabilization in a hospital setting. The funds would enable the Department to purchase a minimum of 1,535 bed days for uninsured patients.
- Current State Health Plan provisions permit hospitals partnering with SCDMH to receive a Certificate of Need for a small number of psychiatric beds designated for crisis stabilization.
- The goals of the pilot units would be to demonstrate:
    - An increase in the number of community hospitals with psychiatric beds able to provide short-term acute care for psychiatric admissions;
    - Improvement in the timeliness of admission for patients presenting in hospital emergency departments in need of psychiatric hospitalization;
    - Reductions in the lengths of stay for patients needing psychiatric hospitalization, both in emergency departments and following admission; and
    - Reductions in the demands on local law enforcement agencies for out-of-county transports of patients requiring an involuntary emergency admission.

Sexually Violent Predator Treatment Program **$481,974**

- The requested amount would enable the Department to fund a CPI increase for its contractor operating its Sexually Violent Predator Treatment Program (SVPTP), as well as pay for anticipated increased costs due to an increasing census of residents.
- The contractor's labor, pharmacy and medical costs have all been increasing.
- The request is based on an assumed Southeast Medical CPI of 3% and estimate of the cost per resident of a census which is projected to increase by 12 additional residents.

Contractual Adjustment – Inpatient Services **$1,334,424**

- The requested amount represents expected contractual obligations in FY2020 related to CPI adjustments for the Department's forensics program and veterans' nursing homes.
- Forensics (CPI): $604,481; Contracted Veterans Nursing Homes (CPI): $361,387 and $368,556

School Mental Health Services **$1,250,000**

- SCDMH school mental health services improve access to needed mental health services for children and their families.
- The requested funding would enable the agency to increase by at least 50 the number of school mental health therapists based on the average State support needed to sustain a position being $25,000 per school-based therapist.
- A shared goal of SCDMH and the Department of Education is to have school mental health therapists serving the students and families in every public school by 2022.

Psychiatric Medical Services **$1,394,000**

- The requested funding will support recruitment and retention for psychiatrists, psychiatric Advanced Practice Nurses (APRNs) and Physician Assistants (PAs).
- SCDMH is committed to providing outstanding mental health services to residents of this state. The Statewide and nationwide shortages of psychiatrists has already adversely affected a number of State agencies.
- In addition to its hospitals, the Department has 60 community mental health clinics throughout South Carolina. The Department's use of telehealth technology has enabled it to more efficiently and effectively use its limited number of psychiatrists by doing away with the need for its psychiatrists to travel between the Agency's multiple outpatient locations. Utilizing Advanced Practice Nurses (APRNs) and Physician Assistants (PAs) with the authority to prescribe medication under the supervision of a psychiatrist is another established method that SCDMH has been pursuing to serve the increasing numbers of citizens in need of psychiatric care.
- While technology has been helpful, market competition for psychiatrists, psychiatric APRNs and PAs has reached the point where SCDMH must increase compensation for these scarce professionals in order to recruit and retain a sufficient number to meet the growing demand and sustain its effective public mental health system.

First Episode Psychosis (FEP) Programs **$600,000**

- Funds will support two (2) programs for individuals who have experienced the early onset of a psychotic disorder, such as Schizophrenia.
- The first symptoms of psychotic disorders typically manifest in individuals between the ages of 16 and 25. Young adults are a challenging population to engage and stay in treatment. FEP programs are 2 year intensive programs with small caseloads using a person-centered team approach. Also known as "Coordinated Specialty Care," FEP programs are aimed at guiding young adults experiencing psychosis (and their families) toward mental, physical and functional health.
- Studies have shown that Coordinated Specialty Care programs improve treatment engagement and adherence and substantially reduce the likelihood that patients' psychotic disorders will lead to long-term disability. The majority of patients are able to stay in school or remain employed, and remain connected to family, friends and social supports. Correspondingly, patients use of emergency services, such as hospital Emergency Departments and calls to law enforcement is significantly reduced.
- Despite the clear benefits of these programs for patients and for reducing long-term care costs, neither public nor private insurance currently reimburse many of the services provided by Coordinated Specialty Care programs.

Additional community supportive housing **$ 2,400,000**

- DMH has a long history of making efforts to foster more supportive community housing for its patients, including permanent independent housing. Appropriate housing is often

the single biggest factor in determining whether a patient with serious psychiatric impairments is able to remain successful in their recovery in the community.

- The Department since 1990 has funded various types of supported community housing, recognizing that patients are individuals whose support needs differ, and includes:
    - Homeshare;
    - Community Residential Care Facilities (CRCFs);
    - Supported apartments.
- Funds will be used to expand all types of supported community housing options for long-term patients who have presented as discharge challenges at Bryan Psychiatric Hospital -- both civil and forensic patients -- as well as Harris Psychiatric Hospital.
- Goal would be to increase availability of CRCF beds as well as Homeshare settings and supported apartments.
- Funds would also be used for rental assistance in supported apartments and for transitioning patients into independent living.
- The expected outcomes will be reduced lengths of hospitalization and longer, hopefully permanent, community tenure.
- Successful discharges of long-term patients will also result in additional inpatient capacity as lower lengths of stay and bed turnover will result in increased bed availability for new patients in need of hospitalization.

Information Technology $2,600,000

- The requested funds will replace one-time funds to support the Department's operations, including its expanding telepsychiatry network, its Inpatient Services and Community Mental Health Services electronic health records, information technology support, and its network infrastructure support, including contractual services maintenance, software product costs, training, and funds associated with vacant and requested Information Technology staff positions.

DMH Crime Victims Counseling Support $1,750,000

- The program would be based on a successful partnership between mental health and law enforcement agencies in Charleston and Dorchester counties.
- The funds would be used to station 20 DMH Mental Health Professionals (MHPs) in South Carolina police and sheriffs' departments to provide direct services to adults and children who are identified as victims of crime, in addition to other adults and children identified by law enforcement as potentially needing mental health care.
- In 2014, the Department's Charleston Dorchester mental health center embedded a MHP in the Charleston Police Department's headquarters to create a "Family Violence Unit." The purpose of the Unit was to immediately respond to domestic violence scenes and to screen children witnessing violence for mental health needs related to the potentially traumatic event. Therapy services are offered to 100% of the victims at the time of the first meeting/intervention.
- The Family Violence Unit was modeled after a similar project in New Haven, Connecticut addressing the needs of children who were present when police responded to domestic violence in the home.
- A high percentage of children exposed to domestic violence are removed by the Department of Social Services (DSS). Over the past three years, in cases in which the Family Violence Unit responds, families are more likely to contact police regarding further incidents involving violence, families feel safer and more positive about the police, and families are more likely to engage in mental health treatment and other family support services.

- The MHPs stationed on-site at the Police/Sheriff's Departments will provide mental health assessments and evidence-based Trauma-Informed therapy for victims and others as identified. The therapists may also participate in weekly case reviews where their input is presented regarding the ongoing investigation of child abuse cases, if applicable. Detectives will be able to regularly staff a variety of victim cases with the MHP for guidance.

Total: **$13,810,398**

One-Time Requests

Community Mental Health Services – Outpatient Electronic Health Record **$4,500,000**

- The requested funds would be used for the procurement of an integrated software solution for SCDMH's Community Mental Health Centers (CMHC) that will either augment or replace SCDMH's current billing and electronic medical records software applications and any services associated therewith.
- The request for funding is based on an estimate of the total funds required to meet the financial obligation. This initial request will fund the first stage of the full implementation of this system. Additional non-recurring funds may be requested in future years as the system is implemented in its entirety.

Capital Requests

Certification of State Match (VA Nursing Homes) **$37,065,450**

- SCDMH received Notice from the Veterans Administration of funding availability for the three VA construction grants it submitted in April of 2015 on behalf of the State for three additional State Veterans Nursing Homes.
- The agency in its continuing design of the three facilities received updated construction cost estimates, and each facility's estimated construction cost was in the range of $55,000,000 per facility, approximately 60% higher than the preliminary cost estimates in the 2015 Veterans Administration construction grant applications.
- The result of the far higher construction cost estimates, combined with the cap on the VA grant funding, means the potential State Match for the projects would exceed the amounts SCDMH reserved for the State Match by the requested amount.
- SCDMH met the August 1, 2018 deadline for submission to the U.S. Veterans Administration of the required Environmental Assessments and 35% complete design drawings. The agency expects the Undersecretary of Health for the VA will approve the conditional construction grant awards for all three projects in September.
- To receive the VA construction grants the State must be ready to proceed with construction no later than 180 days following notification of the conditional award, to include having already awarded a construction contract. Additionally, SCDMH must certify, on behalf of the State, that it has the necessary State match funds.

Suicide Prevention - Ligature Resistant Fixtures **$1,252,786**

- SCDMH's psychiatric hospitals, G. Werber Bryan Psychiatric Hospital (BPH) in Columbia and Patrick B. Harris Psychiatric Hospital (HPH) in Anderson, are accredited by the Joint Commission and certified by the Centers for Medicaid and Medicare Services (CMS).

- Such accreditation and certification are not only evidence that the psychiatric hospital services at those facilities meet the highest standards of quality, they enable the Department to bill Medicaid and Medicare for medically necessary services and to qualify for disproportionate share Medicaid payments to offset the cost of the indigent care both facilities provide.
- Recently both the Joint Commission and CMS, in an effort to prevent suicide in hospitals, promulgated stringent standards requiring hospitals eliminate fixtures that could potentially be used as ligature point, such as door hinges, and standard sink and shower fixtures.
- Both BPH and HPH are under time deadlines from the Joint Commission and CMS to replace all fixtures in patient areas with ligature resistant fixtures. The funds requested represent the cost to SCDMH of replacing all of these fixtures.

Catawba Mental Health Center Construction $12,430,000

- The Center was located for many years in an early 1970's vintage building on County land, which became so inadequate that it was relinquished to the County.
- The Center currently provides services from multiple leased buildings.
- SCDMH proposes to purchase 6 acres of land and construct a 39,000 square foot facility in the Rock Hill area to provide Mental Health Services for residents of York County. This request has been on the DMH Capital Budget/CPIP ***request since 2007***.

Anderson-Oconee-Pickens Mental Health Center Construction $12,430,000

- The Department's goal is to provide sufficient mental health services in communities to avoid patients needing hospitalization to the greatest extent possible.
- Currently the center is housed in leased county buildings. The current buildings were built in phases. The first building was opened in approximately 1968, and the subsequent two buildings were added in 1976. The lease expires in 2020 and the county has expressed a need for the current space.
- The county is willing to donate 5 acres to foster the needed new construction. The agency proposes to construct a 40,000 square foot facility on five acres of land currently owned by Anderson County. Anderson County council has voted and approved the donation of the five acres in a prime county business park location. Evaluation of the proposed site indicates that it is buildable. This request has been on the DMH Capital Budget/CPIP ***request since 2005***.

NE Campus Electrical Distribution System Renovations	**$3,600,000**
Community Buildings Deferred Maintenance	**3,000,000**
Columbia Area MHC Phase III Construction	**4,000,000**
Campbell Veterans Nursing Home Renovations	**3,940,000**
Roddey Pavilion Renovations (Flooring, Laundry)	**2,000,000**
	$79,718,236

South Carolina Department of Mental Health
FY 2020 Budget Request

SUPPLEMENTAL

Recurring Requests

Long Term Care Division **$250,000**

- The requested funds will enable the Department of Mental Health to add additional nursing and administrative staff to its Division of Long Term Care, to monitor and oversee the operation of its multiple long term care facilities, some of which are operated on a contractual basis by private companies.
- With the addition of 3 additional State Veterans Nursing Homes, expected to open in the latter part of Fiscal 2021, the agency's Long Term Care Division will encompass a total of 7 nursing homes, 6 of which will be for eligible State Veterans.
- The number of long term beds operated by SCDMH – 700 – currently equals the number of the Department's functional hospital beds. With the additional State Veteran Nursing Homes, the Long Term Care Division will be significantly larger in capacity than the agency's hospitals.
- The requested funds are based on estimated expenditures to employ 2 registered nurses, a program manager, and an administrative professional. This estimate includes fringe. This estimate also includes a factor for other recurring operational expenditures, such as travel, as the agency's current and future long term facilities are geographically spread throughout the State.

Funds for Appointed Counsel in Civil Commitment Proceedings **$800,000**

- By way of background, during the Recession of 2000 -2001 State agencies were required to cut their budgets. The Judicial Department made the decision to discontinue paying appointed counsel and private physician Designated Examiners who provided representation/examinations in civil commitment proceedings. The Chief Justice notified all the Probate Judges by letter to stop sending the Judicial Department the invoices of appointed attorneys and private examiners. The Probate Judges were concerned and contacted SCDMH. In 2001, SCDMH and the Judicial Department reached an agreement to preserve some payment for appointed counsel in civil commitment hearings. Under the terms of the agreement, the Judicial Department dropped the reimbursement rate for attorneys from $75 to $50 per hearing, and completely eliminated reimbursement for private Designated Examiners (DEs). In return, DMH agreed to fund the payment of the appointed counsel by the Judicial Department, essentially to preserve the working of the judicial commitment process, especially the hybrid process of Special Probate Judges holding commitment hearings in psychiatric hospitals. The major reason the Department was willing to step in and replace a major part of the funding cut by the Judicial Department was the process created by SCDMH and Court Administration in the 1980s enabling the holding of civil commitment hearings in psychiatric hospitals. Without this measure, hospitals, including DMH hospitals, would have to transport patients and staff around the State for such hearings, which would both increase costs and create some safety issues.
- The amount of DMH funding annually sent to Court Administration for the payment of attorneys in civil commitment proceedings has been approximately $375,000.
- In discussions with Court Administration about the Judicial Department seeking funding from the General Assembly to replace the DMH funds, the Judicial Department wishes to discontinue its direct participation in the paying of attorney's fees for civil commitment representation. Following meetings with Court Administration, the Probate Judges Association and the Office of Indigent Defense, DMH agreed to seek funding from the General Assembly, as well as new Provisos, to take over the process of funding and administering the payment of attorney's vouchers via an agreement with the Office of Indigent Defense.
- The requested funds will enable the Department to not only continue paying appointed counsel at the rate which has been in effect since 2001, but increase the rate to $100 per hearing, which SCDMH and the Probate Judges Association believe is long overdue.

[End]

South Carolina Department of Mental Health
Summary of State Fund Reductions:

	FY09	Cumulative
Part 1A Base Reduction	(2,336,201)	
3% Mid-Year Reduction	(6,580,692)	
7.8% Mid-Year Reduction	(17,022,055)	
7% Mid-Year Reduction	(13,702,755)	
2% Mid-Year Reduction	(3,641,018)	
Total FY09 Reductions	**(43,282,721)**	
	FY10	
Part 1A Base Reduction	(2,408,294)	
4.04% Mid-Year Reduction	(7,149,176)	
5% Mid-Year Reduction	(8,496,460)	
Total FY10 Reductions	**(18,053,930)**	**(61,336,651)**
	FY11	
Part 1A Base Reduction	(23,543,572)	
Total FY11 Reductions	**(23,543,572)**	**(84,880,223)**
	FY12	
Part 1A Base Reduction	(8,335,958)	
Total FY12 Reductions	**(8,335,958)**	**(93,216,181)**

FY08 Ending State Appropriations	220,228,567
Cumulative State Fund Reductions	(93,216,181)
Percent Reduction	-42%

Analysis of DMH State Appropriations

FY 13 - FY 19

	FY 13	FY 14	FY 15	FY 16	FY 17	FY18	FY19	TOTAL	PERCENT
Beginning State Appropriations	**132,955,977**	**154,818,557**	**176,463,720**	**192,582,260**	**204,398,033**	**221,798,225**	**235,247,772**		
MAINTENANCE OF EFFORT									
Sustainability	7,000,000	8,256,120	10,500,000	6,400,000				32,156,120	
Inpatient Clinical & Medical Services					2,500,000			2,500,000	
Long-Term Care Services					1,172,227			1,172,227	
TOTAL	**7,000,000**	**8,256,120**	**10,500,000**	**6,400,000**	**3,672,227**	**-**	**-**	**35,828,347**	**32%**
MANDATED PROGRAMS									
SVPP Funding	7,363,341	1,406,533			4,200,000	950,460		13,920,334	
Forensics Inpatient Services		1,200,000		3,200,000	2,500,000	10,230,902		17,130,902	
TOTAL	**7,363,341**	**2,606,533**	**-**	**3,200,000**	**6,700,000**	**11,181,362**		**31,051,236**	**28%**
NEW INITIATIVES									
Center to Center Telepsychiatry	200,000		250,000					450,000	
Emergency Room Avoidance	500,000							500,000	
Uncompensated Patient Medical Care	750,000							750,000	
TOTAL	**1,450,000**	**-**	**250,000**	**-**	**-**	**-**		**1,700,000**	**2%**
PROGRAM EXPANSION									
School Based Services		1,000,000	1,000,000	500,000	500,000	500,000	500,000	4,000,000	
Telepsychiatry	500,000	500,000	500,000	500,000				2,000,000	
Community Residences	305,000							305,000	
Adult & Youth-In Transition	600,000							600,000	
Assessment and Resource Center			200,000					200,000	
Community Supportive Housing				400,000				400,000	
Crisis Stabilization Unit					1,000,000			1,000,000	
Youth in Transition					50,000			50,000	
Supported Community Housing Expansion							4,452,017	4,452,017	
C&A Intensive Community Treatment							2,000,000	2,000,000	
Crisis Intervention Training							50,000	50,000	
TOTAL	**1,405,000**	**1,500,000**	**1,700,000**	**1,400,000**	**1,550,000**	**500,000**	**7,002,017**	**15,057,017**	**13%**
PASS-THROUGH FUNDING									
CASA/Family Services	200,000							200,000	
Dental Lifeline Network	45,000							45,000	
Gateway House	200,000	50,000						250,000	
Law Enforcement Training		85,000						85,000	
Team Advocacy	50,000							50,000	
Crisis Intervention Training							104,500	104,500	
TOTAL	**495,000**	**135,000**	**-**	**-**	**-**	**-**	**104,500**	**734,500**	**1%**
CAPITAL NEEDS									
Debt Services - Patient Fee Replacement		3,500,000						3,500,000	
TOTAL	**-**	**3,500,000**	**-**	**-**	**-**	**-**		**3,500,000**	**3%**
VETERANS LONG TERM CARE									
Nursing Homes - Operating		4,500,000						4,500,000	
TOTAL	**-**	**4,500,000**	**-**	**-**	**-**	**-**		**4,500,000**	**4%**
OTHER									
Pay Plan Allocation	2,965,091		2,419,335		4,295,193			9,679,619	
Health Insurance Allocation	1,038,464	1,153,305	1,249,205	815,773	633,423	596,118	1,305,228	6,791,516	
Retirement Allocation	962,153				549,349	1,172,067	1,143,435	3,827,004	
Permanent Transfers	(816,469)	(5,795)						(822,264)	
TOTAL	**4,149,239**	**1,147,510**	**3,668,540**	**815,773**	**5,477,965**	**1,768,185**	**2,448,663**	**19,475,875**	**17%**
Ending State Appropriations	**154,818,557**	**176,463,720**	**192,582,260**	**204,398,033**	**221,798,225**	**235,247,772**	**244,802,952**		
Total Appropriation Change								**111,846,975**	

Detail of Budget Reductions

	Reduction	Cumulative
FY09 - Part 1A Reduction	(2,336,201)	(2,336,201)
FY09 - 3% Mid-Year Reduction	(6,580,692)	(8,916,893)
FY09 - 7.8% Mid-Year Reduction	(17,022,055)	(25,938,948)
FY09 - 7% Mid-Year Reduction	(13,702,755)	(39,641,703)
FY09 - 2% Mid-Year Reduction	(3,641,018)	(43,282,721)
FY10 - Part 1A Reduction	(2,408,294)	(45,691,015)
FY10 - 4.04% Mid-Year Reduction	(7,149,176)	(52,840,191)
FY10 - 5% Mid-Year Reduction	(8,496,460)	(61,336,651)
FY11 - Part 1A Reduction	(23,543,572)	(84,880,223)
FY12 - Part 1A Reduction	(8,335,958)	(93,216,181)

Detail of Budget Increases	**Increase**	**Cumulative**
FY12 - Part 1A Funding	1,000,000	(92,216,181)
FY13 - Part 1A Funding	17,713,341	(74,502,840)
FY14 - Part 1A Funding	20,497,653	(54,005,187)
FY15 - Part 1A Funding	12,450,000	(41,555,187)
FY16 - Part 1A Funding	11,000,000	(30,555,187)
FY17 - Part 1A Funding	11,922,227	(18,632,960)
FY18 - Part 1A Funding	11,681,362	(6,951,598)
FY19 - Part 1A Funding	7,106,517	154,919
		(508,763,816)

	Increase	**Other Funds**	**Cumulative**
FY09 Payroll Adjustments	1,464,019	(1,464,019)	(1,464,019)
FY10 Payroll Adjustments	-	0	(1,464,019)
FY11 Payroll Adjustments	1,043,472	(1,043,472)	(2,507,491)
FY12 Payroll Adjustments	1,359,300	(1,359,300)	(3,866,791)
FY13 Payroll Adjustments	4,965,708	(4,965,708)	(8,832,499)
FY14 Payroll Adjustments	1,153,305	(1,153,305)	(9,985,804)
FY15 Payroll Adjustments	3,668,540	(3,668,540)	(13,654,344)
FY16 Payroll Adjustments	815,773	(815,773)	(14,470,117)
FY17 Payroll Adjustments	5,477,965	(5,477,965)	(19,948,082)
FY18 Payroll Adjustments	1,768,185	(1,768,185)	(21,716,267)
FY19 Payroll Adjustments	2,448,663	(2,448,663)	(24,164,930)
			(122,074,363)