



2024 Annual Accountability Report

South Carolina Department of

Mental Health

Agency Code: J120

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AGENCY’S DISCUSSION AND ANALYSIS

Mission and Values Goals

The South Carolina Department of Mental Health (SCDMH) remains dedicated to carrying out its mission to support the recovery of people with mental illnesses, giving priority to adults with serious and persistent mental conditions and to children and adolescents with serious emotional disturbances. The agency’s governing body, the Mental Health Commission, its State Director, its management and its staff are committed to achieving the mission by integrating the following values within every program and service of the agency.

Respecting every individual

Each person who receives our services will be treated with respect and dignity and will be a partner in achieving recovery.

Supporting community care

People with mental health treatment needs are best served as close to their own home and community as possible. Agency leadership seeks to make available a full and flexible array of coordinated mental health services in every community across the state. Ideally, the mental health services provided by SCDMH integrate with and build upon the local supports available to its patients: family, friends, faith communities, other healthcare providers, and available community services such housing, employment, education, leisure pursuits, and other human services supports.

Commitment to Quality

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

Dedication to improved Public Awareness and Knowledge

SCDMH believes that people with mental illnesses, trauma victims, and those who experience severe emotional distress are often the object of misunderstanding and stigmatizing attitudes from others. Therefore, the agency seeks to build formal partnerships with the state's educational leadership and institutions, including both K-12 and institutions of higher learning, to enhance curriculum content on mental health. The Department works with employers, sister agencies, and the media to combat prejudice born of ignorance about mental illnesses. In addition, SCDMH expects its own staff to be leaders in combatting stigma with compassion, factual and evidence-based information.

What is Mental Illness

As defined by the National Alliance on Mental Illness (NAMI) a mental illness is a condition that affects a person's thinking, feeling, behavior or mood. Mental Illness conditions can range from mild to severe. Depending on their severity, psychiatric disorders can deeply impair a person’s ability to function and or relate to others. Mental illness rarely results from one event. Genetics, environment and lifestyle influences can all be contributing factors. Having a mental illness does not mean that a person is broken or that they or their family has done something wrong, and most importantly, with the right treatment and support, recovery can be possible.

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How the agency accomplishes its Mission

The Department of Mental Health is a large, complex healthcare organization which includes a FY 2023-24 operating budget of approximately 617 million dollars, an authorized FTE work force of over 4,500, and a contractual work force of over 2,000. In terms of the number of patients and residents who receive treatment annually, and the number of clinical services provided. SCDMH is one of the largest healthcare providers in South Carolina and collaborates with multiple organizations, including private hospitals, other state agencies, local law enforcement agencies, Colleges and Universities, Advocacy organizations, and more, to increase mental health services and programs where needed and ensure an efficient and comprehensive system of care.

Most SCDMH functions fall within its three major Divisions: Administration, State Hospitals and other inpatient Services and Community Mental Health Center services. The agency operates 16 community mental health centers with clinics which serve all 46 counties in the state; three State hospitals, one for substance abuse treatment six nursing homes, five of which are for qualified veterans; a large and expanding Forensics program; and the State's Sexually Violent Predator Treatment Program.

Administration

In addition to a talented team of psychiatrists, mental health counselors, nurses, case managers, administrative and support staff who are passionate about helping people, the Agency is governed by the South Carolina Mental Health Commission. The Commission is made up of seven Commissioners who are appointed by the Governor, one from each of the State's seven (7) congressional districts, with the consent of the SC Senate. Commission members serve staggered terms of five years. The Commission convenes monthly in Columbia. The Commission hires and supervises a State Director, who functions as the Chief Executive Officer of the agency. See *S.C. Code Ann.*, Title 44, Chapter 9.

In September of 2022, the Mental Health Commission selected SCDMH's Medical Director, Dr. Robert Bank, M.D., to serve in the role of Acting State Director of the agency. Prior to becoming SCDMH's Medical Director, Dr. Bank was the Executive Director of the Columbia Area Mental Health Center. He began his career at SCDMH as the Psychiatric Service Chief at the William S. Hall Psychiatric Institute where he also served as Director of Psychiatric Residency Training. Before joining SCDMH in 1982, Dr. Bank worked at Walter Reed Army Medical Center.

Hospitals & Other Inpatient Services

SCDMH State Hospitals

- ❖ **G. Werber Bryan Psychiatric Hospital (BPH)** in Columbia, is one of the largest hospitals in the State with an average daily census of over 330 patients. The hospital is divided into three separate service components:
 - Forensic Services treats adult defendants who are committed from the State's Courts of General Sessions, primarily following a finding that they lack capacity to stand trial due to mental illness or who have been found not guilty by reason of insanity. The forensic units are in a secure portion of the hospital which has the exterior appearance of a prison facility; BPH Forensic Services also includes the Forensic Evaluation Service, which provides court-ordered outpatient evaluations of adult and juvenile offenders specific to their capacity to stand trial and criminal responsibility. See [SCDMH Forensic Services](#) below.
 - Adult Services (civil), treats adults who are admitted for psychiatric hospital care principally by means of the State's emergency involuntary admission process because the patients are believed to pose a risk of harm to themselves or others by virtue of a mental illness.

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- Child and Adolescent Services, provides psychiatric hospital care to children ages 4 to 11 and adolescents, ages 12 to 18, manifesting serious disorders of mood or thought processes, severe difficulties with self-control and judgment, including behaviors posing a risk of harm to themselves or others. Patients are admitted both on an involuntary and a voluntary basis.
- ❖ **Patrick B. Harris Hospital** (HPH) located in Anderson, SC treats adults who are admitted for psychiatric hospital care principally by means of the State’s emergency involuntary admission process. These patients are believed to pose a risk of harm to themselves or others by virtue of a mental illness; and
- ❖ **Morris Village**, also located in Columbia, provides hospital treatment for alcohol and substance use disorders. Patients are admitted on both an involuntary and a voluntary basis.

Both BPH and HPH are licensed by SC DHEC and accredited by The Joint Commission. Morris Village is licensed by DHEC and CARF accredited.

SCDMH Nursing Care Facilities

- ❖ SCDMH has worked closely with the SC Department of Veterans Affairs (SCDVA) and the SC Department of Administration to transfer control and responsibility for four nursing homes that serve qualified veterans. The Department’s Long Term Care Division will continue to operate the E. Roy Stone Veterans Pavilion through June 30, 2025, at which time it will also be transferred to the SCDVA. The only non-veteran nursing home, the Frank Laney Roddey Pavilion will continue to be under the management of SCDMH.

Nursing facilities transferred to SCDVA as of July 1, 2024:

1. The **Richard M. Campbell Veterans Nursing Home**, in Anderson, with a capacity of 220 beds for qualified veterans.
2. **Veterans Victory House**, in Walterboro, with a capacity of 220 beds for qualified veterans.
3. **Veterans Village** in Florence, with a capacity of 104 beds for qualified veterans.
4. The **Palmetto Patriots Home** in Gaffney, with a capacity of 104 beds for qualified veterans.

SCDMH continues to operate the following nursing home facilities:

1. The **C. M. Tucker Nursing Care Center** in Columbia which is comprised of two licensed nursing homes:
 - a. The **E. Roy Stone Veterans Pavilion**, with a capacity of 90 beds for qualified veterans.
 - b. The **Frank Laney Roddey Pavilion**, a general community (non-veteran) nursing home, with a capacity of 175 beds.

SCDMH Forensic Services

SCDMH continues to provide high quality Forensic services to criminal defendants and juvenile offenders as ordered by the State’s Courts. Services include pretrial competency and criminal responsibility evaluations, as well as:

- ❖ Restoration treatment for defendants found not competent, but restorable.
- ❖ Hospital treatment in its secure forensic hospital units for defendants acquitted by reason of insanity.
- ❖ Hospital treatment in both its secure forensic hospital units or general psychiatric hospital units for defendants civilly committed by the Probate Court following a finding of not competent and not restorable in the foreseeable future.

Sustained high demand by the State’s criminal and family courts for SCDMH Forensic services continues to be observed. Although the demand for forensic admission has stabilized slightly in FY24 compared to FY23 (12%

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decrease), the current demand remains historically high, exceeding pre-pandemic levels by 34% when comparing Calendar year data and 48% when comparing Fiscal year data. We have also seen a 19% increase in orders for Competency or Criminal Responsibility evaluations for FY24 compared to FY23. This increase amounts to over 200 additional evaluations for FY24, which if observed trends hold, will likely equate to over 75 additional orders for competency restoration as we head into the new fiscal year. Currently, over 100 defendants are awaiting admission for competency restoration treatment.

Since the passage of the amendments to *S.C. Code Ann.* Section 44-23-430 in 2022 [Act #145 of 2022], SCDMH has been able to initiate three [3] jail-based competency restoration treatment programs (one state-wide site in Columbia, 1 for Alvin S. Glenn Detention Center in Richland County, and as of March, the newest program began within the Aiken County Detention Center). These programs are enabling SCDMH to serve up to an additional 45 defendants for competency restoration treatment at a time and expanding overall forensic capacity by 21%. Discussions are ongoing with the Charleston County Detention Center to open a regional competency restoration treatment program, pending contractual agreements.

As anticipated, following the passage of Act #145 of 2022 resulting in the increase from the previous 60-day period of restoration to a maximum of 180 days, there was an initial slowdown in bed turn rate in the agency's secure forensic hospital units at BPH and an associated build up in the forensic waiting list for restoration treatment. As hoped, however, the initial data shows that defendants are being more effectively restored within the extended timeframe and the jail-based option for restoration treatment.

With more effective restoration and higher rates of defendants being restored to capacity, the Department is beginning to experience a reduction in subsequent referrals of defendants for long term civil commitment following a finding of not competent and not restored following a period of restoration treatment.

Office of Transition Programs

SCDMH's Office of Transition Programs (OTP) was created in May 2019 and serves as a bridge to streamline the transition of patients from inpatient to community care, by providing collaborative support between patients, families, inpatient and outpatient services. The priority for the program is to assist those patients whose challenges have resulted in a protracted period of hospitalization. The goal is to assist each patient create a comprehensive post-discharge plan that includes all necessary community resources and a transition team that will continue to communicate with the patient to address their recovery needs following discharge. In FY 2023, OTP assisted in the discharge of 146 patients. The average number of days between discharge and initial follow-up service (clinical assessment, physician medical assessment or nursing service) was four days. Of the patients discharged, only 4% of them were subsequently readmitted. In the process of helping hospitalized patients accomplish a successful discharge, OTP creates bed availability for the mostly indigent patients awaiting admission to a State Hospital.

Sexually Violent Predator Treatment Program

The agency operates the State's Sexually Violent Predator Treatment Program, located on the grounds of the Department of Corrections Broad River campus. The program housed over 210 residents as of June 30, 2024. Pursuant to the State's Sexually Violent Predator Act, the residents were involuntarily civilly committed to the Department's custody for treatment of their mental abnormalities and/or personality disorders which were determined to make them pre-disposed to commit sexually violent acts if not securely confined for treatment.

Community Mental Health Centers and Outpatient Programs

SCDMH operates one of the few integrated public mental health systems in the 50 states and 8 U.S. territories, meaning that in addition to its State Hospitals, the agency also directly operates the state's Community Mental Health Centers. The Department operates 16 Community Mental Health Centers, with a combined total of 60 outpatient treatment sites covering all 46 Counties. In FY 2023, almost 90,000 patients were treated at one of the agency's mental health centers. All 16 community mental health centers are CARF accredited.

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- **Aiken-Barnwell Community Mental Health Center**, Aiken, SC
 - Serving Aiken and Barnwell counties
- **Anderson-Oconee-Pickens Community Mental Health Center**, Anderson, SC
 - Serving Anderson, Oconee and Pickens counties
- **Beckman Center for Mental Health Services**, Greenwood, SC
 - Serving Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry and Saluda counties
- **Berkeley Community Mental Health Center**, Moncks Corner, SC
 - Serving Berkeley County
- **Catawba Community Mental Health Center**, Rock Hill, SC
 - Serving Chester, Lancaster and York counties
- **Charleston-Dorchester Community Mental Health Center**, Charleston, SC
 - Serving Charleston and Dorchester counties
- **Coastal Empire Community Mental Health Center**, Beaufort, SC
 - Serving Allendale, Beaufort, Colleton, Jasper and Hampton counties
- **Columbia Area Mental Health Center**, Columbia, SC
 - Serving Fairfield and Richland counties
- **Greater Greenville Mental Health Center**, Greenville, SC
 - Serving Greenville County
- **Lexington County Community Mental Health Center**, Lexington, SC
 - Serving Lexington County
- **Orangeburg Area Mental Health Center**, Orangeburg, SC
 - Serving Bamberg, Calhoun and Orangeburg counties
- **Pee Dee Mental Health Center**, Florence, SC
 - Serving Darlington, Florence and Marion counties
- **Santee-Wateree Community Mental Health Center**, Sumter, SC
 - Serving Clarendon, Kershaw, Lee and Sumter counties
- **Spartanburg Area Mental Health Center**, Spartanburg, SC
 - Serving Cherokee, Spartanburg and Union counties
- **Tri-County Community Mental Health Center**, Bennettsville, SC
 - Serving Chesterfield, Dillon and Marlboro counties
- **Waccamaw Center for Mental Health**, Conway, SC
 - Serving Georgetown, Horry and Williamsburg counties

Depending on their individual needs, a patient in one of the agency’s comprehensive community mental health centers can receive services from a master’s level therapist, a psychiatrist, a nurse, an entitlement specialist, and a care coordinator. Services provided also include assistance with housing resources and competitive employment.

Other Accomplishments

Telehealth Services

SCDMH is the largest provider of telepsychiatry services in South Carolina, and one of the State’s largest and oldest telehealth providers. The Department significantly expanded its use of telemedicine technology during the pandemic. SCDMH provides psychiatric consultations to hospital emergency departments (EDs) throughout the State, and served 27 emergency departments as of June 30,2024. The agency has equipped all its Centers and Hospitals with high-definition video/audio telehealth equipment, enabling the agency to serve an increased

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number of patients with its limited number of psychiatrists. Approximately 20% of all community mental health center patient/psychiatrist appointments are accomplished using telepsychiatry, and a large percentage of patients' appointments with mental health center therapists take place through telehealth. The Department is currently providing over 10,000 telehealth services per month to its patients, making it one of the largest providers of telehealth in South Carolina.

School Mental Health Services

Depression, anxiety, family challenges, emotional distress and substance misuse can affect children of all ages and can prevent them from learning and achieving. Schools provide a natural setting and are in a unique position to support children with their behavioral health needs since children spend a large amount of their time in the school setting. Often, the initial symptoms and signs of a behavioral health illness are observed in the school setting. SCDMH has a long tradition of providing school mental health services in schools across the state. Services provided within schools include intervention and diagnostic with a range of treatments and programs that incorporate individual, group and family therapy. Therapists are provided by the local SCDMH mental health center, meaning that the student and their family have access to all the additional resources of the mental health center, including access to mental health services during the summer break and over holidays.

Crisis Services, Suicide Prevention and 988

SCDMH operates one of the only statewide Mobile Crisis programs in the country, which is available 24 hours a day, 365 days per year. The statewide toll-free number is 833-364-2274. The goal of the program is to de-escalate the crisis and connect individuals with ongoing treatment and other needed resources to prevent a future crisis. The program is staffed by a team of qualified masters level therapists who provide adults and children with clinical screening over the phone, in person at the location of the crisis, at a community mental health center or by telehealth using secure communication software.

The Department's Charleston-Dorchester Mental Health Center operates the State's only licensed Crisis Stabilization Unit (CSU) to provide an alternative for persons in a behavioral health crisis who are not at imminent risk of harm. The goal of a CSU is to resolve the immediate crisis by providing the patient with a safe residential environment. Patients also receive a comprehensive assessment to identify their treatment and other needs, and are linked to services, thereby helping to prevent a future crisis. SCDMH is actively working to create additional CSUs around the State.

The SCDMH State Director co-chairs the State's Suicide Prevention Coalition. Through the SCDMH Office of Suicide Prevention, the Department has established a multitude of partnerships with other governmental, healthcare and non-profit organizations, public schools, Colleges and Universities, to provide suicide prevention awareness and training to tens of thousands of South Carolinians of all ages.

With funding from the General Assembly, SCDMH launched South Carolina's second certified National Suicide Prevention Lifeline (988) call center on June 1, 2023, increasing the State's capacity to have calls to 988 originating from South Carolina answered by local call center staff familiar with the crisis and treatment resources available in South Carolina.

Supportive Housing Programs

It has long been recognized that the largest single factor improving the recovery of patients who suffer from a serious mental illness is access to stable, safe, appropriate, and affordable housing. To address this critical patient need, SCDMH has for many years assisted patients who need housing. Patients who are provided housing assistance not only have a mental illness for which they are receiving treatment, but they are often homeless or at-risk for homelessness, coming out of an institution (hospital or community residential care facility) or at-risk for institutionalization and have no or limited income. With the following funding sources, SCDMH has provided the following housing opportunities:

With proceeds from the sale of the "Bull Street" property and partnerships with local public housing authorities, affordable housing developers and other housing organizations, SCDMH has provided over 1200 housing units across the state. This includes developments that are under construction or in the planning phase.

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SCDMH’s Community Health Centers assisted 524 patients and family members at an average annual cost of \$7,000/unit with rental assistance and related housing costs using \$2 million in state reoccurring funds. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides grant funding to SCDMH for individuals who suffer from mental illness and co-occurring substance use disorders and are experiencing homelessness. This program, also known as the PATH program, served more than 1,700 individuals.

Alternative Transportation Program

The Alternative Transportation program transports non-violent adult patients who are involuntarily and emergently admitted to psychiatric hospitals. SCDMH initially piloted the program in September 2022 in 10 counties and became operational in all counties in June 2024. The Alternative Transportation Program allows patients who are suffering from a psychiatric illness to be transported safely for care without being handcuffed and confined in the back of a law enforcement vehicle. The program uses unmarked vehicles designed with secure patient compartments that allows patients to be transported without restraints and is equipped with cameras that record both the patient and driver. The program has drastically decreased the number of transports required by law enforcement agencies, with having provided over 2,300 patient transports as of June 30,2024. While transport drivers are not mental health professionals, they receive extensive training on mental health topics, including de-escalation.

Expanding Community Access and Resource Sharing

The Highway to Hope Program now consists of 14 recreational vehicles (RVs) which primarily serve as mobile office sites in rural areas of SC. In addition to providing assessments, case management, individual and family therapy and medication management, they are also available to support crisis or disaster response. As each RV contains two individual office spaces, other caregivers such as substance misuse counselors or primary medical care can accompany mental health staff. The RVs are currently stationed in the Spartanburg, Charleston-Dorchester, Columbia Area, Santee-Wateree, Pee-Dee, Aiken-Barnwell, Berkeley, Waccamaw, Tri-county and Beckman Community Mental Health Centers. Funds through the COVID Relief Grant are available for the purchase of two additional RVs which will allow each CMHC to have a vehicle available for mobile services. The Mental Health Law Enforcement Alliance Project (Alliance) was developed to strengthen mental health and law enforcement collaborations to provide services to trauma victims across SC. The project uses an RV designated as the Community Support Unit (CSU) which is available state-wide. Alliance teams consist of SCDMH clinicians and specially trained law enforcement officers who respond to requests for assistance when children, adults, families, or community members experience trauma resulting from violence, natural disaster or other events.

Currently, SCDMH has embedded positions with law enforcement across the state and is funded by various grants. These clinicians serve the community in many capacities including treating victims of crime, individuals who have experienced trauma, and those experiencing a psychiatric crisis. Embedded clinicians also serve as liaisons for justice involved individuals through assessment, referral, and re-entry by connecting individuals to the CMHCs. There are clinicians embedded in detention centers and law enforcement agencies in Dorchester, Lexington, Newberry, Richland, Horry, Darlington, Lee, Aiken, Spartanburg, Cherokee, and Berkeley Counties and several CMHCs are in the process of expanding to additional counties. Currently DMH supports Crisis Intervention Teams with the Richland County Sheriff’s Department and the Summerville Police Department.

Risk and Mitigation Strategy

SCDMH provides mental health services to adults, children and their families throughout South Carolina. The agency has a robust array of crisis services, suicide prevention services. community and hospital services to successfully treat patients’ psychiatric conditions and help them recover, including adults with a serious and persistent mental illness and children and adolescents with serious emotional disturbances. It is not an

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exaggeration to say that DMH clinical staff are regularly saving people’s lives, giving people hope and improving their ability to care for themselves and their families. DMH continuously works to build and sustain a skilled and knowledgeable workforce that delivers quality, evidence-based treatment services to the agency’s patients. SCDMH works closely with other healthcare organizations, State and local governmental agencies, schools and universities and non-profit agencies to increase access to needed mental health services.

If the Department were unable to provide these critical services, thousands of citizens in need of mental health treatment and their families would suffer, other service systems such as community hospitals, schools, law enforcement agencies would encounter adults and children with untreated or inadequately treated behavioral health conditions, further straining their resources without having the means to adequately assist those in need. SCDMH works closely with the General Assembly, the Executive and Judicial Branches to ensure it is able to carry out its statutory responsibilities, as well as further its mission of to support the recovery of persons with a mental illness.

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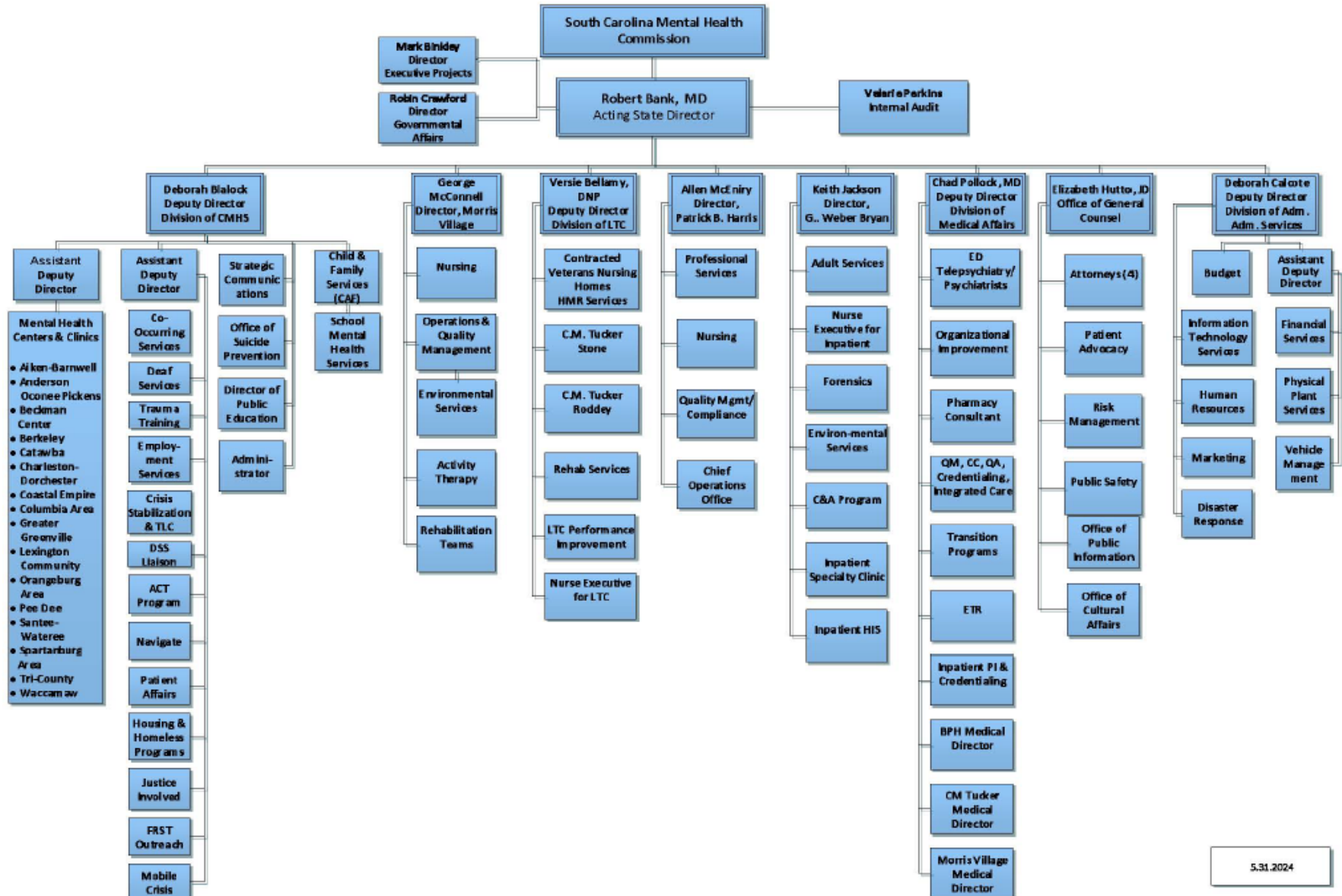
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S.C. Department of Mental Health Organization Chart



5.31.2024

2024

Reorganization and Compliance

as submitted for the Accountability Report by:

J120 - Department of Mental Health

Primary Contact

First Name	Last Name	Role/Title	Email Address	Phone
Mark	Binkley	Director, Executive Projects	Mark.Binkley@scdmh.org	803-898-8343

Secondary Contact

First Name	Last Name	Role/Title	Email Address	Phone
Bonita	Shropshire	Manager, Special Projects	Bonita.Shropshire@scdmh.org	803-898-0306

Agency Mission	Adopted in:
To support the recovery of people with mental illnesses	2002

Agency Vision	Adopted in:
As the State's Mental Health Authority, SCDMH will be the provider and employer of choice.	2002

Recommendations for reorganization requiring legislative change:
None

Agency intentions for other major reorganization to divisions, departments, or programs to allow the agency to operate more effectively and efficiently in the succeeding fiscal year:
None

Significant events related to the agency that occurred in FY2024

Description of Event	Start	End	Agency Measures Impacted	Other Impacts
No Significant Events Affected any Performance Measures.				

Is the agency in compliance with S.C. Code Ann. § 2-1-220, which requires submission of certain reports to the Legislative Services Agency for publication online and the State Library? (See also S.C. Code Ann. § 60-2-20).	Yes
	Yes

Reason agency is out of compliance: (if applicable)

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

Does the law allow the agency to promulgate regulations?	Yes
	Yes

Law number(s) which gives the agency the authority to promulgate regulations:	Sections 44-9-30; 44-15-80; 44-25-20 Article X(b); 44-52-200

Has the agency promulgated any regulations?	Yes
	Yes

Is the agency in compliance with S.C. Code Ann. § 1-23-120 (J), which requires an agency to conduct a formal review of its regulations every five years?	No
	No

(End of Reorganization and Compliance Section)

FY2024

Strategic Plan Results

as submitted for the Accountability Report by:

J120 - Department of Mental Health

- Goal 1** Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.
- Goal 2** Maximize available technology to meet needs of staff and patients in as cost efficient manner as possible.
- Goal 3** Implement programs which will improve the lives of citizens.
- Goal 4** Serve patients with skill, dignity, compassion, and respect.
- Goal 5** Prepare to provide continuity of critical services to its patients while partnering with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.
- Goal 6** Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.1 Services will be available to people in need.														
State Objective: Healthy and Safe Families														
1.1.1	Percentage of under 18 year-old population in SC served by DMH will be within 0.1% of previous year's percentage.	2.75%	2.43%	2.50%	Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Under 18 population of SC served by DMH / total population of SC under 18	Calculated using current FY patient count and US Census estimate of previous year (most recent).	Central Office Internet Technology (IT)	Mental Health services will be available.	Patients under the age of 18.	7000.050500.000	
1.1.2	Percentage of adult population in SC served by DMH will be within 0.1% of previous year's percentage.	1.51%	1.46%	1.30%	Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Percentage of adult population in SC served by DMH / total adult population of SC	Calculated using current FY patient count and US Census estimate of previous year (most recent).	Central Office IT	Mental Health services will be available.	Patients 18 years of age and older.	7000.050500.000	Although the number of unduplicated adults served by DMH increased in FY 24, the measure is based on the percentage of the adult population in SC. According to the U.S. Census Bureau, SC was the fastest growing State in the country in calendar 2023, growing by 1.7%. The number of adults served by DMH did not keep pace with the rapid growth in the State's adult population which is why the performance measure was not met.
1.1.3	Number of inpatient 'bed days' used at Bryan Civil Hospital will be equal to or greater than	46,852	46,852	51,362	Count	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Citizens in need of inpatient psychiatric Services.	Citizens in need of inpatient psychiatric Services.	7000.100505.000	
1.1.4	Number of inpatient 'bed days' used at Harris Hospital will be equal to or greater than	34,807	34,807	35,612	Count	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Citizens in need of inpatient psychiatric Services.	Citizens in need of inpatient psychiatric Services.	7000.101000.000	
1.1.5	Number of inpatient 'bed days' used at Morris Village will be equal to or greater than	19,089	19,089	16,116	Count	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Persons requiring substance abuse treatment services.	Persons requiring substance abuse treatment services.	7000.201000.000	The base number of "bed days - number of patients in a bed" at the Department's Morris Village Alcohol and Drug Addiction Treatment hospital used in the agency's FY 24 Performance Goal - 19,089 - was the number of patient bed days occupied in the prior fiscal year, FY 23. Through the first 10 months of FY 23, the average daily patient census at Morris Village was 54. In May 2023, Morris Village had to reduce its average daily patient census to 46 due to the departure of a physician. Thereafter, in FY 24, due to budgetary constraints, Morris Village did not replace the physician and so maintained an average daily census of approximately 46 patients which is why the performance measure was not met.
1.1.6	Number of inpatient 'bed days' used at Bryan Forensic will be equal to or greater than	64,448	64,448	71,181	Count	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Citizens in need of forensic services.	Citizens in need of forensic services.	7000.100510.000	

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.1.7	SCDMH will admit people into the inpatient forensic setting at a number equal to or greater than previous four years average.	243	236	222	Count	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of new patients admitted to inpatient forensic setting	Calculated using reporting software	Central Office IT	Forensic assessment and treatment services.	Patieents involved in SC judicial proceedings.	7000.100510.000	The decrease in the number of admissions resulted from increased lengths of stay for defendants receiving restoration treatment. The continued increase in commitment orders from Courts of General Sessions has resulted in increased jail wait times for defendants. As a result, upon admission defendants are generally more unstable psychiatrically and medically than in prior years, and require longer lengths of stay.
1.2 Appointments will be prioritized by need and with goal of reducing hospital admissions. State Objective: Healthy and Safe Families														
1.2.1	Patients requiring CMHC appointments will be seen in a timely manner according to protocol (priority, urgent, or routine). Target is average of previous five years.	96%	95.40%	94.60%	Percent	Equal to or less than	State Fiscal Year (July 1 - June 30).	Percent of patients seen in a timely manner / total number of patients	Calculated using reporting software	Community Mental Health Services Reporting (CMHS)	Timely delivery of mental health services	Patients requiring Mental Health services.	7000.050500.000	
1.2.2	Upon discharge from an inpatient psychiatric facility, patients will have scheduled appointments at CMHCs at a rate equal to or less than the previous five-year average. Data measured is the average number of days between discharge and scheduled appointment.	2.5	3.86	2.8	Ratio	Equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of days between inpatient discharge and first scheduled CMHC appointment for previous five years.	Calculated using reporting software	CMHS	Efficient coordination between inpatient and community-based services (continuity of care).	Patients leaving inpatient settings for community placement.	7000.050500.000	
1.3 Reduce the number of patients requiring readmission following discharge from SCDMH hospitals. State Objective: Healthy and Safe Families														
1.3.1	Percentage of patients requiring readmission within thirty days of discharge will be equal to or less than previous five-year average.	1.85%	1.76%	1.10%	Percent	Equal to or less than	State Fiscal Year (July 1 - June 30).	Number of patients requiring readmission within thirty days of discharge / total number of patients discharged	Calculated using reporting software	Central Office IT	Appropriate community supports and discharge planning for people leaving inpatient settings.	Patients transitioning from inpatient settings to community placement.	0100.000000.000	
2.1 Hospital Emergency Departments and CMHCs in rural or otherwise underserved areas will have access to SCDMH physicians regardless of location. State Objective: Public Infrastructure and Economic Development														
2.1.1	The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	27	27	28	Count	Equal to or greater than	Other	Total number of Hospitals participating with SCDMH's Telepsychiatry services on June 30, 2024	Internal Records	Telepsychiatry Department	Community-based services will meet needs of patients.	Mental Health Patients	7000.050500.000	
2.1.2	The number of Community Mental Health Centers utilizing Telepsychiatry services will remain constant or increase.	16	16	16	Count	Equal to or greater than	Other	Total number of Community Mental Health Centers participating with Telepsychiatry Program on June 30, 2024.	Internal Records	Telepsychiatry Department	SCDMH will assist hospital emergency departments in proper assessments and referrals of ED patients.	Hospital Emergency Departments	7000.051001.000	
3.1 Patients will be able to achieve and maintain productive, meaningful employment. State Objective: Public Infrastructure and Economic Development														
3.1.1	Percentage of patients participating in SCDMH employment programs, gaining meaningful employment, will meet or exceed average of previous five years. (National benchmark = 40%).	56%	54%	56%	Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of SCDMH patients having competitive employment / Total Number of SCDMH patients	Calculated using reporting software	CMHS	Meaningful employment	Mental Health Patients	7000.050500.000	
4.1 Residents of SCDMH nursing facilities will enjoy high standards of medical care. State Objective: Healthy and Safe Families														

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
4.1.1	Life expectancy at Roddy Pavilion (skilled nursing facility) will be equal to or greater than average of previous five years. (National average = 1.2 years.)	8.6	7.5	9.22	Ratio	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Average lifespan per patient in years	Calculated using reporting software (actual calculation is length of stay)	Central Office IT	Skilled nursing care.	Nursing home patients	7000.551000.000	
4.1.2	Life expectancy at Stone Pavilion (skilled nursing facility) will be equal to or greater than average of previous five years. (National average = 1.2 years.)	3.4	2.4	2.06	Ratio	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Average lifespan per patient in years	Calculated using reporting software (actual calculation is length of stay)	Central Office IT	Skilled nursing care.	Nursing home patients	7000.550100.000	Residents are more fragile upon admission. Families are generally delaying seeking admission, in order to keep their loved ones at home.
4.2 Standard of care in inpatient facilities will result in reduced need for patient restraint.														State Objective: Healthy and Safe Families
4.2.1	Use of restraints in SCDMH Bryan Hospital inpatient facility will be equal to or below the average of the previous five years' data. National average = 1.09 hours per 1,000 hours of inpatient service (CY2021).	0.07	0.16	0.02	Ratio	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Appropriate inpatient services and care	Psychiatric inpatients	7000.100505.000	
4.2.2	Use of restraints in Patrick Harris Hospital inpatient facility will be equal to or below the average of the previous five years' data. National average = 1.09 hours per 1,000 hours of inpatient service (CY2021).	0.04	0.25	0.085	Ratio	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Average number of hours in seclusion rooms per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Appropriate inpatient services and care	Psychiatric inpatients	7000.101000.000	
4.2.3	Use of seclusion rooms in SCDMH Bryan Hospital inpatient facility will be equal to or below the average of the previous five years' data. National average = 0.58 hours per 1,000 hours of inpatient service (CY2021).	0.34	0.27	0.52	Ratio	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Appropriate inpatient services and care	Psychiatric inpatients	7000.100505.000	
4.2.4	Use of seclusion rooms in Patrick Harris Hospital inpatient facility will be equal to or below the average of the previous five years' data. National average = 0.58 hours per 1,000 hours of inpatient service (CY2021).	0.44	0.44	0.277	Ratio	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Appropriate inpatient services and care	Psychiatric inpatients	7000.101000.000	
4.3 SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care.														State Objective: Healthy and Safe Families
4.3.1	Percentage of adults expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).	92%	97%	97%	Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	number of adults expressing satisfaction with SCDMH services / total number surveyed	Calculated using reporting software	Central Office IT	Services will meet patient needs	SCDMH adult patients.	7000.500500.000	
4.3.2	Percentage of youths in School Mental Health Services receiving SCDMH services will remain consistently high (no national average available for youth satisfaction rates).	92%	96%	96%	Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	number of youths in School Mental Health Services receiving SCDMH services / number of youths in School Mental Health Services	Calculated using reporting software	Central Office IT	Services to meet patient needs	School-aged patients	7000.050500.000	
5.1 SCDMH will trained and prepared for emergencies affecting itself and surrounding communities.														State Objective: Maintaining Safety, Integrity and Security
5.1.1	All Community Mental Health Centers will meet Centers for Medicare and Medicaid Studies' rules for emergency preparedness when surveyed for compliance (at least once every three years).	100%	100%	100%	Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	number of community mental health center meeting compliance / number of community mental health centers surveyed	Internal Records	CMHS	Essential services will be available following emergencies.	Community patients.	7000.050500.000	
5.1.2	SCDMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency situations. (Minimum = 4 staff).	100%	100%	100%	Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Each staff member represents 25%	County Records	Administration	SCDMH resources will be available to support state during emergencies.	State Emergency Operations Center	7000.500500.000	
6.1 School Mental Health Clinicians will be embedded throughout South Carolina schools to manage compliance with appointments and better serve partnering schools.														State Objective: Healthy and Safe Families

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
6.1.1	The percentage of schools in South Carolina with Mental Health Services will increase.	50%	62%	52%	Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	schools in South Carolina with Mental Health Services / 1292 schools	Internal Records	CMHS	Timely access and compliance for mental health services.	Patients attending K-12 school settings.	7000.050500.000	Due to a regulation change in the Medicaid Program, more school systems are providing their own School Mental Health counselors or contracting with private providers.

FY2025

Strategic Plan Development

as submitted for the Accountability Report by:

J120 - Department of Mental Health

- Goal 1** Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.
- Goal 2** Maximize available technology to meet needs of staff and patients in as cost efficient manner as possible.
- Goal 3** Implement programs which will improve the lives of citizens.
- Goal 4** Serve patients with skill, dignity, compassion, and respect.
- Goal 5** Prepare to provide continuity of critical services to its patients while partnering with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.
- Goal 6** Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
I.1 Services will be available to people in need.													
										State Objective: Healthy and Safe Families			
1.1.1	The number of patients under 18 served by DMH will be equal to or greater than the previous year.	28,298	28,298	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Under 18 population of SC served by DMH / total population of SC under 18	Calculated using current FY patient count and US Census estimate of previous year (most recent).	Central Office Internet Technology (IT)	Mental Health services will be available.	Patients under the age of 18.	7000.050500.000	
1.1.2	The number of adult patients served by DMH will be equal to or greater than the previous year.	56,704	56,704	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Percentage of adult population in SC served by DMH / total adult population of SC	Calculated using current FY patient count and US Census estimate of previous year (most recent).	Central Office IT	Mental Health services will be available.	Patients 18 years of age and older.	7000.050500.000	
1.1.3	Number of inpatient 'bed days' used at Bryan Civil Hospital will be equal to or greater than the previous year.	51,362	51,362	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Citizens in need of inpatient psychiatric Services.	Citizens in need of inpatient psychiatric Services.	7000.100505.000	
1.1.4	Number of inpatient 'bed days' used at Harris Hospital will be equal to or greater than the previous year.	35,612	35,612	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Citizens in need of inpatient psychiatric Services.	Citizens in need of inpatient psychiatric Services.	7000.101000.000	
1.1.5	Number of inpatient 'bed days' used at Morris Village will be equal to or greater than the previous year.	16,116	16,116	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Persons requiring substance abuse treatment services.	Persons requiring substance abuse treatment services.	7000.201000.000	
1.1.6	Number of inpatient 'bed days' used at Bryan Forensic will be equal to or greater than the previous year.	71,181	71,181	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Calculated using reporting software	Avatar - IT Database	SCDMH Server	Citizens in need of forensic services.	Citizens in need of forensic services.	7000.100510.000	
1.1.7	SCDMH will admit people into the inpatient forensic setting at a number equal to or greater than previous year.	222	222	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of new patients admitted to inpatient forensic setting	Calculated using reporting software	Central Office IT	Forensic assessment and treatment services.	Patieents involved in SC judicial proceedings.	7000.100510.000	
I.2 Appointments will be prioritized by need and with goal of reducing hospital admissions.										State Objective: Healthy and Safe Families			

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes	
1.2.1	Patients requiring CMHC appointments will be offered an appointment within agency standards (Priority/Emergent - 24 hours, Urgent - 2 working days or Routine 1 week).	94%	94%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Percent of patients seen in a timely manner / total number of patients	Calculated using reporting software	Community Mental Health Services Reporting (CMHS)	Timely delivery of mental health services	Patients requiring Mental Health services.	7000.050500.000		
1.2.2	Upon discharge from an inpatient psychiatric facility, patients will have scheduled appointments at CMHCs at a rate equal to or less than the previous year. Data measured is the average number of days between discharge and scheduled appointment.	2.5	2.5	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of days between inpatient discharge and first scheduled CMHC appointment for previous five years.	Calculated using reporting software	CMHS	Efficient coordination between inpatient and community-based services (continuity of care).	Patients leaving inpatient settings for community placement.	7000.050500.000		
2.1 Hospital Emergency Departments and CMHCs in rural or otherwise underserved areas will have access to SCDMH physicians regardless of location.													State Objective: Public Infrastructure and Economic Development	
2.1.1	The number of Hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	27	27	Count	Equal to or greater than	Other	The total number of Hospitals participating with the Telepsychiatry Program on June 30, 2025.	Internal Records	Telepsychiatry Department	Community-based services will meet needs of patients.	Mental Health Patients	7000.050500.000		
2.1.2	The number of CMHCs utilizing Telepsychiatry services will remain constant or increase.	16	16	Count	Equal to or greater than	Other	Total number of Community Mental Health Centers participating with Telepsychiatry Program on June 30, 2025.	Internal Records	Telepsychiatry Department	SCDMH will assist hospital emergency departments in proper assessments and referrals of ED patients.	Hospital Emergency Departments	7000.051001.000		
3.1 Patients will be able to achieve and maintain productive, meaningful employment.													State Objective: Public Infrastructure and Economic Development	
3.1.1	Percentage of patients participating in SCDMH employment programs, gaining meaningful employment, will meet or exceed average. (National benchmark = 40%).	56%	56%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of SCDMH patients having competitive employment / Total Number of SCDMH patients	Calculated using reporting software	CMHS	Meaningful employment	Mental Health Patients	7000.050500.000		
4.1 Residents of SCDMH nursing facilities will enjoy high standards of medical care.													State Objective: Healthy and Safe Families	
4.1.1	Life expectancy at Roddy Pavilion (skilled nursing facility) will be equal to or greater than the previous year. (National average = 1.2 years.)	7.5	7.5	Ratio	equal to or greater than	State Fiscal Year (July 1 - June 30).	Average lifespan per patient in years	Calculated using reporting software (actual calculation is length of stay)	Central Office IT	Skilled nursing care.	Nursing home patients	7000.551000.000		
4.1.2	Life expectancy at Stone Pavilion (skilled nursing facility for veterans) will be equal to or greater than the previous year. (National average = 1.2 years.)	2.4	2.4	Ratio	equal to or greater than	State Fiscal Year (July 1 - June 30).	Average lifespan per patient in years	Calculated using reporting software (actual calculation is length of stay)	Central Office IT	Skilled nursing care.	Nursing home patients	7000.550100.000		
4.2 Standard of care in inpatient facilities will result in reduced need for patient restraint.													State Objective: Healthy and Safe Families	
4.2.1	Use of restraints in SCDMH Bryan Hospital inpatient facility will be equal to or below the previous year.	0.07	0.07	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Appropriate inpatient services and care	Psychiatric inpatients	7000.100505.000		
4.2.2	Use of restraints in Patrick Harris Hospital inpatient facility will be equal to or below the previous year. National average = 1.09 hours per 1,000 hours of inpatient service.	0.085	0.085	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in seclusion rooms per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Appropriate inpatient services and care	Psychiatric inpatients	7000.101000.000		
4.2.3	Use of seclusion rooms in SCDMH Bryan Hospital inpatient facility will be equal to or below the previous year. National average = 0.58 hours per 1,000 hours of inpatient service.	0.52	0.52	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Appropriate inpatient services and care	Psychiatric inpatients	7000.100505.000		

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
4.2.4	Use of seclusion rooms in Patrick Harris Hospital inpatient facility will be equal to or below the previous year. National average =0.58 hours per 1,000 hours of inpatient service.	0.44	0.44	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Average number of hours in restraints per patient per 1000 hours.	Calculated using reporting software	Department of Inpatient Services, Quality Management	Appropriate inpatient services and care	Psychiatric inpatients	7000.101000.000	
4.3 SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care. State Objective: Healthy and Safe Families													
4.3.1	Percentage of adults expressing satisfaction with SCDMH services will meet or exceed the national average (US average 88%).	96%	96%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	number of adults expressing satisfaction with SCDMH services / total number surveyed	Calculated using reporting software	Central Office IT	Services will meet patient needs	SCDMH adult patients.	7000.500500.000	
4.3.2	The number of youths treated within contracted school mental health programs and the number of services delivered will be equal to or increase.	96%	96%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	number of youths in School Mental Health Services receiving SCDMH services / number of youths in School Mental Health Services	Calculated using reporting software	Central Office IT	Services to meet patient needs	School-aged patients	7000.050500.000	
5.1 SCDMH will trained and prepared for emergencies affecting itself and surrounding communities. State Objective: Maintaining Safety, Integrity and Security													
5.1.1	All Community Mental Health Centers will meet Centers for Medicare and Medicaid 'Studies' rules for emergency preparedness when surveyed for compliance (at least once every three years).	100%	100%	Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	number of community mental health center meeting compliance / number of community mental health centers surveyed	Internal Records	CMHS	Essential services will be available following emergencies.	Community patients.	7000.050500.000	
5.1.2	SCDMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency situations. (Minimum = 4 staff).	100%	100%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Each staff member represents 25%	County Records	Administration	SCDMH resources will be available to support state during emergencies.	State Emergency Operations Center	7000.500500.000	
6.1 Continue to identify schools without mental health clinicians and offer the opportunity to embed DMH mental health clinicians. State Objective: Healthy and Safe Families													
6.1.1	The number of youths treated within contracted School Mental Health Programs and the number of services delivered will increase.	50%	50%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Contracted Schools in South Carolina with Mental Health Services	Internal Records	CMHS	Timely access and compliance for mental health services.	Patients attending K-12 school settings.	7000.050500.000	Due to a regulation change in the Medicaid Program, more school systems are providing their own School Mental Health counselors or contracting with private providers.

2024

Budget Data

as submitted for the Accountability Report by:

J120 - Department of Mental Health

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General	(Projected) Other	(Projected) Federal	(Projected) Total
0100.00000.000	General Administration	State Director's Office, General Counsel, Internal Audits, etc	\$ 9,888,399.68	\$ 283,142.80	\$ 2,743,577.70	\$ 12,915,120.18	\$ 13,441,561.00	\$ 2,608,019.95	\$ 2,548,217.32	\$ 18,597,798.27
7000.05050.000	Mental Health Centers	Mental health centers, care coordination, mobile crisis, etc.	\$ 75,601,247.70	\$ 78,287,925.35	\$ 20,958,109.49	\$ 174,847,282.54	\$ 75,850,243.00	\$ 83,809,032.00	\$ 22,300,040.00	\$ 181,959,315.00
7000.05100.1.000	Projects & Grants	Special projects	\$ 4,004,681.58	\$ 2,741,417.15	\$ 3,137,462.17	\$ 9,883,560.90	\$ 4,517,577.00	\$ 4,339,784.99	\$ 2,783,430.06	\$ 11,640,792.05
7000.051005X000	SC Share	Pass through funding	\$-	\$ 250,000.00	\$-	\$ 250,000.00	\$-	\$ 250,000.00	\$-	\$ 250,000.00
7000.051006X000	Alliance For The Mentally Ill	Pass through funding	\$-	\$ 50,000.00	\$-	\$ 50,000.00	\$-	\$ 50,000.00	\$-	\$ 50,000.00
7000.10050.000	Bryan Psychiatric Hospital	Funded program no longer used	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$ -
7000.100505.000	Bryan Civil	Inpatient psychiatric hospital	\$ 13,165,448.70	\$ 18,386,212.14	\$-	\$ 31,551,660.84	\$ 12,697,119.00	\$ 21,569,225.00	\$-	\$ 34,266,344.00
7000.100510.000	Bryan Forensics	Inpatient psychiatric hospital	\$ 24,682,109.32	\$ 21,654,483.72	\$-	\$ 46,336,593.04	\$ 28,571,001.00	\$ 23,508,017.00	\$ 225,000.00	\$ 52,304,018.00
7000.100515.000	Bryan Child & Adolescent (Hall Institute)	Inpatient psychiatric hospital	\$ 6,173,828.92	\$ 5,998,518.02	\$-	\$ 12,172,346.94	\$ 5,802,848.00	\$ 7,003,274.00	\$-	\$ 12,806,122.00
7000.10060.000	Hall Psychiatric Institute	Funded program no longer used	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$ -
7000.10080.000	Morris Village	Funded program no longer used	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$ -
7000.10100.000	Harris Psychiatric Hospital	Inpatient psychiatric hospital	\$ 10,890,948.63	\$ 13,786,324.52	\$ -	\$ 24,677,273.15	\$ 10,772,800.00	\$ 13,078,143.00	\$-	\$ 23,850,943.00
7000.10150.000	Medical Clinics	Inpatient medical clinic	\$ 1,821,093.77	\$ 24,488.98	\$ -	\$ 1,845,582.75	\$ 2,106,185.00	\$ 14,798.00	\$-	\$ 2,120,983.00
7000.20100.000	Morris Village	Alcohol & drug treatment facility	\$ 9,858,550.90	\$ 1,733,525.26	\$ -	\$ 11,592,076.16	\$ 9,508,650.00	\$ 1,640,864.00	\$-	\$ 11,149,514.00
7000.35000.000	Tucker/Dowdy-Gardner Nursing Care Center	Funded program no longer used	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$ -
7000.50050.000	Administrative Services	HR, IT, Financial Services, etc.	\$ 24,104,727.97	\$ 855,470.44	\$ 7,985,840.19	\$ 32,946,038.60	\$ 23,312,127.00	\$ 619,228.72	\$ 265,214.66	\$ 24,196,570.38
7000.50100.000	Public Safety Division	Public safety	\$ 2,234,101.71	\$ -	\$ 102,652.13	\$ 2,336,753.84	\$ 2,486,858.00	\$ -	\$ -	\$ 2,486,858.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General	(Projected) Other	(Projected) Federal	(Projected) Total
7000.501500.000	Nutritional	Nutritional services for inpatient facilities	\$ 3,990,346.42	\$ 787,316.92	\$-	\$ 4,777,663.34	\$ 4,042,624.00	\$ 573,764.00	\$-	\$ 4,616,388.00
7000.502000.000	Training & Research	Education training and research	\$ 1,959,141.06	\$ 24,620.02	\$-	\$ 1,983,761.08	\$ 2,539,503.00	\$ -	\$-	\$ 2,539,503.00
7000.550100.000	Stone Pavilion	Veterans Nursing Home	\$ 4,859,495.25	\$ 4,343,089.12	\$-	\$ 9,202,584.37	\$ 4,833,438.00	\$ 4,132,826.00	\$-	\$ 8,966,264.00
7000.550300.000	Campbell Veterans Home	Veterans Nursing Home - Moving to DVA per S.399	\$ 9,287,676.49	\$ 16,899,493.65	\$ 1,499.72	\$ 26,188,669.86	\$-	\$-	\$-	\$ -
7000.550400.000	Veterans' Victory House	Veterans Nursing Home - Moving to DVA per S.399	\$ 8,456,662.46	\$ 15,390,187.71	\$-	\$ 23,846,850.17	\$-	\$-	\$-	\$ -
7000.551000.000	Roddey Pavilion (Tucker Center)	Nursing home facility	\$ 10,025,097.96	\$ 7,896,006.04	\$-	\$ 17,921,104.00	\$ 9,903,443.00	\$ 7,971,412.00	\$-	\$ 17,874,855.00
7000.551500.000	Veterans Village	Veterans Nursing Home - Moving to DVA per S.399	\$ 10,067,340.27	\$ 9,437,993.65	\$-	\$ 19,505,333.92	\$-	\$-	\$-	\$ -
7000.552000.000	Palmetto Patriots Home	Veterans Nursing Home - Moving to DVA per S.399	\$ 9,929,568.53	\$ 8,928,368.44	\$-	\$ 18,857,936.97	\$-	\$-	\$-	\$ -
7000.600000.000	Sexual Predator Treatment Pgm	Funding for SVPTP - state mandated	\$ 20,509,233.03	\$ -	\$-	\$ 20,509,233.03	\$ 20,717,118.24	\$-	\$-	\$ 20,717,118.24
7000.600500X000	Lease Payment to SFAA	Lease payment	\$ 2,760,118.76	\$ -	\$-	\$ 2,760,118.76	\$ 2,763,243.76	\$-	\$-	\$ 2,763,243.76
9500.050000.000	State Employer Contributions	State Employer Contributions	\$ 68,897,567.89	\$ 29,844,390.49	\$ 4,127,495.53	\$ 102,869,453.91	\$ 70,251,732.00	\$ 28,622,993.79	\$ 2,819,465.38	\$ 101,694,191.17
9808.360000X000	Community Supportive Housing MHA - SC	Community Housing program	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$ -
9810.070000X000	Electronic Medical Records	No longer in use	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$ -
9813.410000X000	Certification Of State Match - Va Nursing Homes	No longer in use	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$ -
9411.110000X000	Dtn Ctr Medication	Detention Center Medication program	\$-	\$-	\$-	\$ -	\$ 374,601.87	\$-	\$-	\$ 374,601.87
9411.120000X000	Crisis Stabil Unit	Crisis stabilization funding	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$ -
9411.080000X000	Inpatient Services	No longer in use	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$ -
9411.130000X000	Mental Illness Recov	No longer in use	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$ -
9816.090000X000	Alternative Transportation	Alternative Transportation programs for patients	\$ 2,283,012.19	\$-	\$-	\$ 2,283,012.19	\$ 4,449,540.40	\$-	\$-	\$ 4,449,540.40

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General	(Projected) Other	(Projected) Federal	(Projected) Total
9817.10000X000	Detention Center Telepsychiatry	Community program	\$-	\$-	\$-	\$ -	\$ -	\$-	\$-	\$ -
9814.12000X000	CRISIS STABIL UNIT	Crisis stabilization funding	\$ 596,506.63	\$-	\$-	\$ 596,506.63	\$ 426,126.05	\$-	\$ -	\$ 426,126.05
9816.42000X000	9-8-8 SUICIDE CRISIS	Community call center funding	\$ 447,606.71	\$-	\$-	\$ 447,606.71	\$ 674,116.41	\$-	\$ -	\$ 674,116.41
9819.21000X000	CONTRACTED COMM BEDS	Community bed day funding	\$ 900,000.00	\$-	\$-	\$ 900,000.00	\$ -	\$-	\$ -	\$ -
9820.20000X000	CIRCLE PRK BEHAV HTH	Pass through funding	\$ 600,000.00	\$-	\$-	\$ 600,000.00	\$ 200,000.00	\$-	\$ -	\$ 200,000.00
9821.13000X000	MENTAL ILLNESS RECOV	Pass through funding	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ 250,000.00	\$-	\$ -	\$ 250,000.00
9821.19000X000	BERKELEY COMM MH CTR	Community Jail based program	\$ 400,000.00	\$-	\$-	\$ 400,000.00	\$ 400,000.00	\$-	\$ -	\$ 400,000.00
9823.18000X000	ANDERSON MH CLINIC	Anderson Mental Health Center building	\$ 750,000.00	\$-	\$-	\$ 750,000.00	\$ -	\$-	\$ -	\$ -
9823.22000X000	PATHWAYS COMM CENTER	Pass through funding	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ -	\$-	\$ -	\$ -
9823.23000X000	PEE DEE MENTAL HLTH	Pass through funding	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ -	\$-	\$ -	\$ -
9824.24000X000	SC INFANT MH ASSOC	Pass through funding	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ 467,000.00	\$-	\$ -	\$ 467,000.00
9826.17000X000	988 GREENVILLE CALL	Pass through funding	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ 750,000.00	\$-	\$ -	\$ 750,000.00
9825.25000X000	STATE OPERATED INTENSIVE GROUP	Intensive Group Home funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$-	\$ -	\$ -
0124.05000X000	AGENCY LEASE PAYMENTS	Lease payment	\$ -	\$ -	\$ -	\$ -	\$ 2,050,215.00	\$ -	\$ -	\$ 2,050,215.00
9818.41000X000	SERIOUS MENTAL ILLNESS (SMI)	Hall inpatient psychiatric hospital funding	\$ -	\$ -	\$ -	\$ -	\$ 6,351,000.00	\$ -	\$ -	\$ 6,351,000.00

2024

Legal Data

as submitted for the Accountability Report by:
J120 - Department of Mental Health

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-17-320	State	Statutory	Discharge of voluntary patient by superintendent	Requires a service	Discharge of patients	No Change
§ 44-17-330	State	Statutory	Discharge at request of patient or another person	Requires a service	Discharge of patients	No Change
§ 44-17-340	State	Statutory	Written notice of right to release	Requires a service	Inform patient of discharge rights	No Change
§ 44-17-410	State	Statutory	Emergency admission of person likely to cause serious harm; procedures; court review; assessment by examiners; initiation of emergency commitment procedures; hearing; right to counsel	Requires a service	Emergency admission for mental health treatment	No Change
§ 44-17-415	State	Statutory	Physical examination report to accompany certification for emergency admission	Requires a service	Provide physical exam report	No Change
§ 44-17-430	State	Statutory	Examination under custody of person requiring immediate hospitalization when examination not otherwise possible.	Requires a service	Agency may need to perform examination	No Change
§ 44-17-440	State	Statutory	Custody and transport of person requiring immediate care; peace officer; friend or relative	Requires a service	Permit or perform transports	No Change
§ 44-17-450	State	Statutory	Preadmission screening and evaluation in psychiatric emergencies	Requires a service	Preadmission screenings and evaluations	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-17-460	State	Statutory	Examinations prior to emergency admissions to psychiatric facilities	Not related to agency deliverable		No Change
§ 44-17-510	State	Statutory	Petition for judicial commitment; certificate of designated examiner	Not related to agency deliverable		No Change
§ 44-17-520	State	Statutory	Notice of petition and right to counsel.	Not related to agency deliverable		No Change
§ 44-17-530	State	Statutory	Appointment of counsel; examination and record	Not related to agency deliverable		No Change
§ 44-17-540	State	Statutory	Hearing to be held if examiners find mental illness	Not related to agency deliverable		No Change
§ 44-17-550	State	Statutory	Notice of hearing and rights	Not related to agency deliverable		No Change
§ 44-17-560	State	Statutory	Removal of proceedings to another county.	Not related to agency deliverable		No Change
§ 44-17-570	State	Statutory	Conduct of hearing.	Not related to agency deliverable		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-17-580	State	Statutory	Hospitalization of person if court finds mental illness and other conditions.	Requires a service	Designate facilities to receive committed persons	No Change
§ 44-17-600	State	Statutory	No admission based on order more than thirty days after it has been rendered.	Not related to agency deliverable		No Change
§ 44-17-610	State	Statutory	Commitment to private, county, Veterans' Administration, or other hospital.	Not related to agency deliverable		No Change
§ 44-17-620	State	Statutory	Appeal.	Not related to agency deliverable		No Change
§ 44-17-630	State	Statutory	Right to reexamination; notice.	Requires a service	Inform patient of rights	No Change
§ 44-17-640	State	Statutory	Admission to agency of the United States; jurisdiction retained.	Not related to agency deliverable		No Change
§ 44-17-660	State	Statutory	Payment of monies to state employees who are not performing their duties as state employees and are not full-time state employees.	Requires a service	Employees may be paid for duties under this section	No Change
§ 44-17-810	State	Statutory	Release or discharge upon own recognizance	Requires a service	Signing for discharge	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-17-860	State	Statutory	Unlawful taking of person from mental health facility without permission.	Not related to agency deliverable		No Change
§ 44-17-865	State	Statutory	Department to notify law enforcement officials of patients absent without proper authorization.	Requires a service	Notify authorities in event of unauthorized patient departure	No Change
§ 44-17-870	State	Statutory	Reconfinement of involuntarily committed patient who has left treatment facility without proper authorization.	Not related to agency deliverable		No Change
§ 44-17-890	State	Statutory	Discharge or leave of absence during judicial proceeding.	Not related to agency deliverable		No Change
§ 44-17-900	State	Statutory	Officials not liable for release or discharge of patient.	Not related to agency deliverable		No Change
§ 44-22-100	State	Statutory	Confidentiality of records; exceptions; violations and penalties.	Requires a service	Maintain confidentiality of patient records	No Change
§ 44-22-110	State	Statutory	Access to medical records; appeal of denial of access.	Requires a service	Permit access to patient records	No Change
§ 44-22-120	State	Statutory	Patients' rights; communication with outside; visitors; personal belongings and effects; clothing; religious practice; limits on rights made part of record and valid no more than 30 days.	Requires a service	Conform with patient rights	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-22-130	State	Statutory	Physical examination of involuntarily committed patient to rule out physical condition mimicking mental illness.	Requires a service	Permit or conduct examination	No Change
§ 44-22-140	State	Statutory	Authorization of, and responsibility for, treatment and medication; guidelines for medication; rights with respect to refusal of treatment.	Requires a service	Authorize medications	Amended
§ 44-22-150	State	Statutory	Restraint; seclusion; physical coercion.	Requires a service	Conform with patient rights	No Change
§ 44-22-160	State	Statutory	Employment within facility; compensation; right to refuse nontherapeutic employment.	Requires a service	Employ patients; conform with patient rights	No Change
§ 44-22-170	State	Statutory	Education of school-aged residents	Not related to agency deliverable		No Change
§ 44-22-180	State	Statutory	Exercise and exercise facilities; right to go outdoors.	Requires a service	Permit exercise	No Change
§ 44-22-190	State	Statutory	Finding employment for mentally disabled citizens.	Requires a service	Coordinate with DEW and VocRehab	No Change
§ 44-22-200	State	Statutory	Move of patient to less restrictive setting; court approval required for move to more restrictive setting.	Requires a service	Move patient to less restrictive setting	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-22-210	State	Statutory	Temporary leaves of absence.	Requires a service	Permit temporary absences	No Change
§ 44-22-220	State	Statutory	Grievances concerning patient rights; penalties for denial of patient rights.	Requires a service	Develop procedures	No Change
§ 44-22-30	State	Statutory	Right to counsel for involuntarily committed persons suffering from mental illness or chemical dependency.	Not related to agency deliverable		Amended
§ 44-22-40	State	Statutory	Consent to electro-convulsive therapy or major medical treatment; determination of ability to give consent; who may give consent.	Requires a service	Attending physician may in some circumstances provide consent	No Change
§ 44-22-50	State	Statutory	Treatment suited to needs; least restrictive care and treatment.	Requires a service	Provision of care guidelines	No Change
§ 44-22-60	State	Statutory	Explanation of rights with regard to admission to facility; individualized treatment plan.	Requires a service	Must provide notification of rights and treatment plan	No Change
§ 44-22-70	State	Statutory	Assessment of patient; establishment and review of individualized treatment plan; discharge plan; notice of discharge.	Requires a service	Patient assessment and individual treatment plan	No Change
§ 44-22-80	State	Statutory	Patients rights	Requires a service		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-22-90	State	Statutory	Communications with mental health professionals privileged; exceptions	Requires a service	Patients' communications with mental health professionals are confidential with some exceptions	No Change
§ 44-24-100	State	Statutory	Notice of hearing for emergency or judicial admission.	Not related to agency deliverable		No Change
§ 44-24-110	State	Statutory	Examiners' reports; disposition of child when report does not recommend judicial admission, recommends judicial admission, or is divided.	Not related to agency deliverable		No Change
§ 44-24-120	State	Statutory	Removal of proceedings to another county.	Not related to agency deliverable		No Change
§ 44-24-130	State	Statutory	Hearing; location; testimony; rules of evidence; transcript	Not related to agency deliverable		No Change
§ 44-24-140	State	Statutory	Determination after presentation of evidence.	Not related to agency deliverable		No Change
§ 44-24-150	State	Statutory	Psychiatric evaluations of children; notification of victims.	Not related to agency deliverable		No Change
§ 44-24-160	State	Statutory	Examination and review of child admitted to inpatient program; program of care and treatment.	Requires a service	Examine and review children admitted to facilities	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-24-170	State	Statutory	Right to reexamination; notice of right; proceedings upon petition for reexamination.	Requires a service	Inform patient of rights	No Change
§ 44-24-180	State	Statutory	Court review of case of child involuntarily admitted.	Not related to agency deliverable		No Change
§ 44-24-190	State	Statutory	Notification to court when child moved to different program; court approval for move to more restrictive program; placement in crisis stabilization.	Requires a service	Notify court of move	No Change
§ 44-24-20	State	Statutory	Voluntary admission; notification of guardian ad litem.	Requires a service	Admit for treatment	No Change
§ 44-24-200	State	Statutory	Unauthorized absence of child from facility or residential program.	Requires a service	Notify authorities in event of unauthorized patient departure	No Change
§ 44-24-210	State	Statutory	Unlawful to remove child from inpatient facility or residential program without authorization.	Not related to agency deliverable		No Change
§ 44-24-220	State	Statutory	Requirement of discharge planning and continuity of service in community.	Requires a service	Create community plan	No Change
§ 44-24-230	State	Statutory	Provision of community-based treatment as alternative to hospitalization.	Requires a service	Provide or aid in provision of community-based treatment	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-24-240	State	Statutory	Agencies to participate in planning and provision of services; exchange of records.	Requires a service	Exchange records with other agencies	No Change
§ 44-24-250	State	Statutory	Consultation with parent or guardian; participation in or cooperation with treatment.	Requires a service	Confer with parents/guardians	No Change
§ 44-24-260	State	Statutory	Child's right to communicate, consult, or visit with agency or person having custody, with counsel, or with private mental health service provider.	Requires a service	Permit communications	No Change
§ 44-24-270	State	Statutory	Personal, civil, and property rights of child in treatment program.	Requires a service	Conform with patient rights	No Change
§ 44-24-280	State	Statutory	Use of restraint, seclusion, or physical coercion; corporal punishment prohibited.	Requires a service	Conform with patient rights	No Change
§ 44-24-30	State	Statutory	Admission of child sixteen or older as inpatient; determination of voluntariness; appointment of guardian ad litem.	Not related to agency deliverable		No Change
§ 44-24-40	State	Statutory	Discharge of voluntarily admitted child; grounds for not effecting discharge.	Requires a service	Discharge patients	No Change
§ 44-24-50	State	Statutory	Periodic notification to voluntarily admitted child and parent or guardian of right to release.	Requires a service	Notify of right to release	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-24-60	State	Statutory	Emergency admission of child to inpatient hospital.	Not related to agency deliverable		No Change
§ 44-24-70	State	Statutory	Taking custody of child needing emergency admission.	Not related to agency deliverable		No Change
§ 44-24-80	State	Statutory	Transportation of child to hospital; parent's or guardian's request to accompany child.	Requires a service	Transport and reimbursement for transport	No Change
§ 44-24-90	State	Statutory	Notification to child and guardian of petition; contents of petition; right to counsel; examination and conclusions.	Not related to agency deliverable		No Change
§ 44-25-20	State	Statutory	Terms of compact	Requires a service	Conform with terms of compact; provision of mental health services	No Change
§ 44-25-30	State	Statutory	Director of Mental Health and Director of Disabilities and Special Needs shall be compact administrators.	Requires a service	Administrate compact	No Change
§ 44-25-40	State	Statutory	Supplementary agreements with other states.	Requires a service	Enter into agreements with other states	No Change
§ 44-25-50	State	Statutory	Family of proposed transferee shall be consulted; probate court shall approve transfer out of State.	Requires a service	Consult with family of patient; probate court	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-25-60	State	Statutory	Payment of obligations.	Requires a service	Pay obligations	No Change
§ 44-48-100	State	Statutory	Standard for determining predator status; control, care, and treatment of person; release; mistrial procedures; persons incompetent to stand trial.	Requires a service	Comply with SVP institutionalization guidelines; cooperate with other agencies	No Change
§ 44-48-110	State	Statutory	Periodic mental examination of committed persons; report; petition for release; hearing; trial to consider release.	Requires a service	perform periodic examinations	No Change
§ 44-48-120	State	Statutory	Petition for release; hearing ordered by court; examination by qualified expert; burden of proof.	Requires a service	Determine and certify determinations regarding safety to release	No Change
§ 44-48-130	State	Statutory	Grounds for denial of petition for release.	Not related to agency deliverable		No Change
§ 44-48-140	State	Statutory	Restricted release of confidential information and records to agencies and Attorney General	Requires a service	Release records as required	No Change
§ 44-48-150	State	Statutory	Evidentiary records; court order to open sealed records	Requires a service	Seal records under court corder	No Change
§ 44-48-160	State	Statutory	Registration of persons released from commitment.	Not related to agency deliverable		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-48-170	State	Statutory	Involuntary detention or commitment; constitutional requirements.	Requires a service	Conform with constitutional requirements of patient detention	No Change
§ 44-48-20	State	Statutory	Legislative findings.	Not related to agency deliverable		No Change
§ 44-48-30	State	Statutory	Definitions	Not related to agency deliverable		No Change
§ 44-48-40	State	Statutory	Notification to team, victim and Attorney General regarding release, hearing or parole; effective date of parole or release; immunity.	Requires a service	Notify identified parties upon release of a SVP	No Change
§ 44-48-50	State	Statutory	Multidisciplinary team; appointments; review of records; membership.	Requires a service	Assessment for SVP designation	No Change
§ 44-48-60	State	Statutory	Prosecutor's review committee; scope of review; membership requirements.	Not related to agency deliverable		No Change
§ 44-48-70	State	Statutory	Petition for probable cause determination.	Not related to agency deliverable		No Change
§ 44-48-80	State	Statutory	Determination of probable cause; taking person into custody; hearing; evaluation.	Requires a service	Receive SVP as designated by court	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-48-90	State	Statutory	Trial; trier of fact; continuation of trial; assistance of counsel; access of examiners to person; payment of expenses.	Not related to agency deliverable		No Change
§ 44-52-10	State	Statutory	Definitions.	Not related to agency deliverable		No Change
§ 44-52-110	State	Statutory	Involuntary commitment; conduct of hearing and effect of findings.	Requires a service	Receive patients; ask court for order to cooperate	No Change
§ 44-52-120	State	Statutory	Involuntary commitment; period of treatment.	Requires a service	Send notice of intent to discharge to court	No Change
§ 44-52-130	State	Statutory	Transfer of patient.	Requires a service	Transfer to another facility; seek court approval when needed	No Change
§ 44-52-140	State	Statutory	Release of patient for temporary leave of absence.	Requires a service	Permit temporary absences	No Change
§ 44-52-150	State	Statutory	Reconfinement of involuntarily committed patient who has left treatment facility without permission.	Requires a service	Provide written notice to LEO	No Change
§ 44-52-160	State	Statutory	Violation of conditions of release; supplemental proceedings and recommitment.	Requires a service	Provide written statement to court	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-52-165	State	Statutory	Patients receiving alcohol and drug addiction services prohibited from possessing alcohol, firearms, weapons, or drugs; penalties; unlawful to allow.	Requires a service	Prevent patient access to drugs/alcohol	No Change
§ 44-52-20	State	Statutory	Voluntary admission.	Requires a service	Admit voluntary patients; notify patients of rights	No Change
§ 44-52-200	State	Statutory	Authority of State Department of Mental Health.	Requires a service	Adopt procedures, regulations, forms, etc. Visit and treat patients at facilities.	No Change
§ 44-52-210	State	Statutory	Comprehensive program for chemically dependent persons.	Requires a service	Approve Division plans/designations	No Change
§ 44-52-30	State	Statutory	Discharge of voluntary patient.	Requires a service	Discharge of patients	No Change
§ 44-52-40	State	Statutory	Release of voluntary patient.	Requires a service	Review requests for release	No Change
§ 44-52-50	State	Statutory	Procedure for emergency admission.	Requires a service	Receive emergency patients	No Change
§ 44-52-60	State	Statutory	Preliminary judicial review of emergency admission; patient's attorney's access to documents.	Not related to agency deliverable		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
§ 44-52-65	State	Statutory	Transfer of patients under emergency commitment.	Requires a service	Transfer to less-restrictive settings	No Change
§ 44-52-70	State	Statutory	Involuntary commitment; examination; report; commencement of judicial proceedings.	Requires a service	Petition court	No Change
§ 44-52-80	State	Statutory	Involuntary commitment; notice of hearing.	Not related to agency deliverable		No Change
§ 44-52-90	State	Statutory	Contents of report; background investigation; counsel to have access to reports.	Requires a service	Submit reports to the court	No Change
2017-11	State	Executive Order	Every state agency shall be responsible for emergency services as assigned in the South Carolina Emergency Operations Plan and participate in scheduled exercises. Note: there are additional State statutes which require or authorize SCDMH to provide a service or product to a respective court. These include: evaluations and or reports related to: stalking, child need for treatment , Mental health courts, Restoration of gun rights. Federal laws and regulations which significantly impact the Department: SCDMH is a covered entity as defined in the Health Insurance Portability and Accountability Act, (HIPAA) and is subject to the Privacy and Security regulations; 45 CFR Part 164 ,promulgated pursuant to the Act; SCDMH operates several alcohol and drug treatment facilities and program+E93s. Those Programs are subject to 42 CFR Part 2 confidentiality regulations; here of the SCDMH hospitals and all of its four nursing homes are certified Medicaid and Medicare providers by the Centers for Medicare and Medicaid Services (CMS), and are subject to extensive federal regulations governing the Conditions of Participation of those facilities, and Conditions of Participation, 42 CFR Part 485. SCDMH's three State Veterans Nursing Homes are additionally subject to federal Veterans Administration regulations governing the conditions of operation of those facilities, 38 CFR Part 51; SCDMH is also subject to additional Federal laws via Federal contracts and Grants. SCDMH operates several alcohol and drug treatment facilities or programs that are subject to 42 CFR Part 2 confidentiality.	Requires a service	Mental health treatment and related services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
SECTION 44- 24-10, et seq.	State	Statutory	Commitment of Children in Need of Mental Health Treatment	Requires a service	Mental health treatment and related services	No Change
SECTION 44-11-10.	State	Statutory	SCDMH Inpatient and Outpatient Facilities to be maintained and purposes	Requires a service	Mental health treatment and related services	No Change
SECTION 44-11-110.	State	Statutory	Commission and Attorney General approval of easements and rights of way on SCDMH grounds	Requires a service	May permit easements and right-of-ways	No Change
SECTION 44-11-30.	State	Statutory	Establishment, purpose and admission requirements of SCDMH South Carolina Veterans Homes.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-11-60.	State	Statutory	Establishment of mental health clinics/centers	Requires a service	Mental health treatment and related services	No Change
SECTION 44-11-70.	State	Statutory	Appointment and powers of SCDMH inpatient facility Public Safety officers.	Requires a service	May employ LEOs	No Change
SECTION 44-11-75.	State	Statutory	Entering or refusing to leave state mental health facility following warning or request; penalty.	Not related to agency deliverable		No Change
SECTION 44-13-05.	State	Statutory	Authority for law enforcement to take individual who appears to be mentally and posing a risk of harm into protective custody.	Requires a service	Mental health treatment and related services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
SECTION 44-13-10.	State	Statutory	Detention and care of individual by county pending removal to SCDMH inpatient facility.	Not related to agency deliverable		No Change
SECTION 44-13-20.	State	Statutory	Admission of resident ordered committed by foreign court.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-13-30.	State	Statutory	Removal of patient who is not a citizen of this State.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-13-40.	State	Statutory	Removal of alien patient.	Requires a service	Report undocumented patient to state authorities	No Change
SECTION 44-13-50.	State	Statutory	Return of patient to out-of-State mental health facility.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-13-60.	State	Statutory	Transfer of custody of infirm or harmless patient to custodian, guardian or county.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-13-70.	State	Statutory	Admission forms to be kept by probate judges.	Not related to agency deliverable		No Change
SECTION 44-15-10.	State	Statutory	Establishment of local mental health programs and clinics/centers	Requires a service	Consent to creation of community mental health programs	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
SECTION 44-15-20.	State	Statutory	Mental health center Services for which funds may be granted.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-15-30.	State	Statutory	Applications for mental health center funds .	Requires a service	Receive plans and budgets from local community health programs	No Change
SECTION 44-15-40.	State	Statutory	Allocation of mental health center funds and review of expenditures.	Requires a service	Allocate funds	No Change
SECTION 44-15-50.	State	Statutory	Grants for mental health center services.	Requires a service	May issue grants	No Change
SECTION 44-15-60.	State	Statutory	Establishment and membership of community mental health center boards.	Not related to agency deliverable		No Change
SECTION 44-15-70.	State	Statutory	Powers and duties of community mental health center boards	Requires a service	Standards for community mental health boards	No Change
SECTION 44-15-80.	State	Statutory	Powers and duties of SCDMH related to mental health centers	Requires a service	Mental health treatment and related services	No Change
SECTION 44-15-90.	State	Statutory	Mental health center unexpended appropriations.	Requires a service		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
SECTION 44-17-310, et. seq.	State	Statutory	Care and Commitment of Mentally Ill Persons	Requires a service	Mental health treatment and related services	No Change
SECTION 44-22-20, et. Seq.	State	Statutory	Patients rights	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-1080.	State	Statutory	Patients or prisoner denied access to alcoholic, firearms, dangerous weapons and controlled substances.	Requires a service		No Change
SECTION 44-23-1100.	State	Statutory	Confidentiality and disclosure of copies of probate judge forms/documents.	Not related to agency deliverable		No Change
SECTION 44-23-1110.	State	Statutory	Charges for patient/client maintenance, care and services.	Requires a service	establish the charges for maintenance and medical care for patients	No Change
SECTION 44-23-1120.	State	Statutory	Liability of estate of deceased patient or client	Requires a service	Present claims for decedent expenses	No Change
SECTION 44-23-1130.	State	Statutory	Payment contracts for care and treatment by persons legally responsible	Requires a service	Investigate patient associates who may be financially capable of paying for care	No Change
SECTION 44-23-1140.	State	Statutory	Lien for care and treatment; filing statement; limitation of action for enforcement.	Requires a service	Department may pursue a lien for cost of services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
SECTION 44-23-1150.	State	Statutory	Sexual misconduct with an inmate, patient, or offender.	Not related to agency deliverable		No Change
SECTION 44-23-210.	State	Statutory	Transfer of confined persons to or between SCDMH and DDSN	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-220.	State	Statutory	Inpatient admission of persons in jail.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-240.	State	Statutory	Criminal liability of anyone causing unwarranted confinement.	Requires a service		No Change
SECTION 44-23-40.	State	Statutory	Appeal to court from rules and regulations adopted by SCDMH	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-410.	State	Statutory	Determining fitness/capacity to stand trial	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-420.	State	Statutory	Fitness to stand trial examiner's report.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-430.	State	Statutory	Hearing on fitness capacity to stand trial; effect of outcome.	Requires a service	Mental health treatment and related services	Amended

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
SECTION 44-23-450.	State	Statutory	Reexamination of finding of unfitness.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-23-460.	State	Statutory	Procedure when SCDMH determines forensic patient no longer requires hospitalization.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-25-10, et. seq.	State	Statutory	Interstate Compact on Mental Health	Requires a service	Mental health treatment and related services	No Change
SECTION 44-48-10, et. seq.	State	Statutory	Sexually Violent Predator commitment, detention, treatment and release	Requires a service	Sexually Violent Predator Treatment	No Change
SECTION 44-52-5, et. seq.	State	Statutory	Alcohol and Drug Abuse Commitment	Requires a service	Alcohol and Drug Treatment	No Change
SECTION 44-9-10.	State	Statutory	SCDMH creation and authority over State's mental hospitals, clinics (community mental health centers) for mental health and alcohol and drug treatment, including the authority to name each facility.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-9-100.	State	Statutory	Additional powers and duties of commission	Requires a service	form corporate body; provide care to penal patients; PR and education programs; collect statistics; provide vocation training; provide statewide system for mental health treatment	No Change
SECTION 44-9-110.	State	Statutory	Authority of the Commission to accept gifts and grants on behalf of SCDMH	Not related to agency deliverable		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
SECTION 44-9-120.	State	Statutory	Annual report of Commission to Governor and GA	Requires a service	Produce annual report to gov. and GA	No Change
SECTION 44-9-30.	State	Statutory	Creation of South Carolina Mental Health Commission and its authority	Not related to agency deliverable		No Change
SECTION 44-9-40.	State	Statutory	Appointment of the State Director of Mental Health and powers, duties and qualifications.	Requires a service	administer the policies and regulations established by the commission	No Change
SECTION 44-9-50.	State	Statutory	Divisions of SCDMH as authorized by State Director and Commission.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-9-60.	State	Statutory	Appointment of directors of hospitals; employment of personnel.	Requires a service	Appointment of directors of hospitals; employment of personnel.	No Change
SECTION 44-9-70.	State	Statutory	Administration of Federal funds; development of mental health clinics.	Requires a service	Administration of Federal funds; development of mental health clinics.	No Change
SECTION 44-9-80.	State	Statutory	Utilization of Federal funds provided to improve services to patients.	Requires a service	Mental health treatment and related services	No Change
SECTION 44-9-90.	State	Statutory	Powers and duties of Mental Health Commission	Requires a service	form of reports; require reports from state hospital; investigate complaints; adopt regulations; form relationships with other entities	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
SECTION 62-5-105.	State	Statutory	SCDMH Director or designee may act as conservator for a patient in a SCDMH inpatient facility and funds used for patient's care and maintenance.	Requires a service	Conservator for Patient	No Change
Section 44-23-10(23) - 26	State	Statute	Procedures and conditions for release of neurologically impaired criminal defendants who are not competent to stand trial and cannot be committed.	Not related to agency deliverable.		Amended

2024

Services Data

as submitted for the Accountability Report by:
J120 - Department of Mental Health

Description of Service	Description of Direct Customer	Customer Name	Others Impacted by Service	Division or major organizational unit providing the service.	Description of division or major organizational unit providing the service.	Primary negative impact if service not provided.	Changes made to services during FY2024	Summary of changes to services
The Department of Mental Health primarily serves adults with chronic, severe mental illness. While the Department does treat patients with less serious disorders, those suffering with the most difficult symptoms remains its priority.	3) People 18 years of age or older. No income requirements.	Severely, persistently mentally ill.	All SC citizens	Community Mental Health Centers	Approximately 82,000 adult citizens of South Carolina with mental illness. This number includes forensic services mentioned below.	Severely, persistently mentally ill adults would remain untreated.	No Change	
The Department of Mental Health primarily serves children and adolescents with major mental illness or severe emotional disorders and their families.	3) Children and adolescents (and their families) from birth through age 17. No income requirements.	Children and adolescents with major mental illness or severe emotional disorders and their families.	All SC citizens	Community Mental Health Centers	Approximately 28,000 Children and Adolescents of South Carolina and their families.	Children and adolescents with major mental illness or severe emotional disorders would remain untreated.	No Change	
Inpatient psychiatric services for children and adolescents and substance use treatment for adolescents. Patients are admitted from throughout the state primarily through Emergency Departments. However referrals may come from community mental health centers, Department of Social Services, the family court system, and the Department of Juvenile Justice. The majority of patients are admitted through probate court, family court, or are voluntary admissions.	3) Children and adolescents ages 4 through 17.	Children and adolescents with major mental illness or severe emotional disorders.	All SC citizens	Department of Inpatient Services, Child and Adolescent	Citizens in need of inpatient mental health services.	Children and adolescents with major mental illness or severe emotional disorders needing inpatient services may remain untreated.	No Change	
Inpatient psychiatric services at facilities in Richland and Anderson Counties with a total of 319 beds to serve all counties in South Carolina. The majority of patients are involuntary admissions.	3) Adults over the age of 17.	Severely, persistently mentally ill adults.	All SC citizens	Department of Inpatient Services, Adult Civil Involuntary Admissions	Citizens in need of inpatient psychiatric Services.	Severely, persistently mentally ill adults needing inpatient services may remain untreated.	No Change	
This includes criminal defendants who require psychiatric evaluations to determine whether they are mentally able to assist in their own defense when charged with a crime in South Carolina. The Department of Mental Health also serves patients found Not Guilty by Reason of Insanity.	The Department's forensic services are available for any adult (18 years of age or older) in the south Carolina judicial services that requires a mental health evaluation or treatment.	Severely, persistently mentally ill adults who may be criminal defendants or have been found Not Guilty by Reason of Insanity.	All SC citizens	Department of Inpatient Services, Forensic	Citizens in need of forensic services.	Courts may lose ability to determine fair trials for mentally ill adults involved in criminal justice.	No Change	

Description of Service	Description of Direct Customer	Customer Name	Others Impacted by Service	Division or major organizational unit providing the service.	Description of division or major organizational unit providing the service.	Primary negative impact if service not provided.	Changes made to services during FY2024	Summary of changes to services
The Department of Mental Health operates a treatment facility with approximately 100 beds. Morris Village Treatment Center, the Agency's inpatient drug and alcohol treatment facility, is licensed by the South Carolina Department of Health and Environmental Control (DHEC) and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services.	3) All South Carolina residents aged 18 or older. All patients must be diagnosed with a substance abuse disorder.	Adults with substance abuse disorders.	All SC citizens	Department of Inpatient Services, Substance Abuse	Persons requiring substance abuse treatment services.	Low-income SC residents may be unable to afford inpatient substance abuse treatment.	No Change	
The Department of Mental Health is licensed for 738 beds in five locations across South Carolina to serve those who have served their country. These homes are in Walterboro, Columbia, Florence, Gaffney and Anderson and are certified by the Department of Veterans Affairs.	3) Any person residing in South Carolina for at least one year who has received a general discharge or an honorable discharge from military service and who requires long term nursing care.	SC residents who are veterans who require long-term nursing care.	Family members and other caregivers.	Veterans	Veterans in need of skilled nursing care.	Inability of SC to honorably serve veterans needing long-term nursing care.	No Change	
The Department has 308 licensed beds for general purpose skilled nursing beds at Tucker Care / Roddey Pavilion. The Tucker Nursing Care Facilities (Roddey, the general nursing home, and Stone, a veterans' nursing home).	3) Any resident of South Carolina who requires long term nursing care. Priority is given to patients of DMH hospitals primarily in need of nursing care.	People needing long-term nursing care.	Family members and other caregivers.	Tucker/Dowdy	Adults in need of nursing care.	Inability of SC to provide long-term nursing care to those without financial resources.	No Change	
The Department currently treats over 200 individuals convicted of crimes that have served their sentences yet have been adjudicated as sexually violent predators and civilly committed for sex offender treatment.	3) People adjudicated as sexually violent predators who have completed their sentence but who, it has been determined, remain a danger to other people in the community. This is located within the confines of facilities maintained by the South Carolina Department of Corrections.	Sexually violent predators.	All SC citizens	Sexual Predator	Sexually Violent Predators	Potential sexual predators, who are deemed a threat to others, would be released from incarceration into the community.	No Change	

2024

Partnerships Data

as submitted for the Accountability Report by:
J120 - Department of Mental Health

Type of Partner Entity	Name of Partner Entity	Description of Partnership	Change to the partnership during the past fiscal year
State Government	Department of Alcohol and Other Drug Abuse Services	1. "No Wrong Door" initiative. 2. Morris Village Alcohol & Drug Addiction Treatment Center	No Change
State Government	Department of Corrections	Collaborate in order to link inmates with a mental illness who are scheduled for release with a DMH Community Mental Health Center for continued treatment upon their release.	No Change
State Government	Department of Education	Identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. SCDMH often places staff onsite through its school-based services program.	No Change
State Government	Department of Health & Human Services (HHS)	SCDMH serves approximately 50,000 Medicaid eligible clients per year and, other than State appropriations, Medicaid is the Department's largest single payer source. HHS is the State Agency responsible for the administration of the Medicaid program and, therefore, the relationship between HHS and DMH is critical to our agency's mission and those 50,000 clients we serve who are also covered by Medicaid.	No Change
State Government	Department of Health and Environmental Control	Licenses Mental Health inpatient facilities. Serves as primary agency for state emergencies in Health and Medical Emergency Support Functions with Mental Health serving as chief support for mental health services.	No Change
State Government	Department of Juvenile Justice (DJJ)	SCDMH has defined the Severely Mentally Ill (SMI) inclusion criteria to assist with transfers of juveniles with mental health needs to the care of SCDMH for treatment. We have four community mental health centers with staff located in county DJJ county offices. An additional staff is placed at the DJJ Broad River Road Correctional Facility.	No Change
State Government	Department of Social Services	Works closely with DSS to assure appropriate treatment services for children and adolescents (and their families) in foster care services.	No Change
State Government	Department of Vocational Rehabilitation (SCVRD)	Individual Placement and Support (IPS) is an evidenced-based supported employment best practice model and provided through a collaboration between SCDMH and SCVRD. The goal of this partnership is to place people with serious mental illness in competitive employment.	No Change
State Government	Disabilities and Special Needs	The SCDMH/DDSN relationship is a collaboration to ensure services, treatment, and where applicable, appropriate housing for patients with a dual diagnosis (mental health and intellectual disabilities). Disabilities and Special Needs, with SCDMH support, operates two group homes serving people whom are patients of both agencies. One is specifically designed for people who would otherwise be in an inpatient forensic setting.	No Change

Type of Partner Entity	Name of Partner Entity	Description of Partnership	Change to the partnership during the past fiscal year
State Government	Emergency Management Division	Provides staff to assist in emergency preparedness and recovery efforts in communities affected by disasters.	No Change
Higher Education Institute	Medical University of South Carolina (MUSC)	Residents receive educational experiences and supervision through scheduled rotations community setting. Medical Students and Physician Assistant students rotate regularly through Charleston Dorchester Mental Health Center (CDMHC) throughout the academic year. CDMHC is involved with a learning collaborative between Mental Health, the Crime Victim's Center at MUSC and the Dee Norton Lowcountry Children's Center. Contracts with MUSC to provide forensic evaluation of adult criminal defendants in a dozen counties in the low-country of South Carolina.	No Change
Higher Education Institute	University of South Carolina School of Medicine	SCDMH has contracts with the University of South Carolina School of Medicine, Department of Neuropsychiatry and Behavioral Science. DMH provides clinical rotation for 1st, 2nd, 3rd and 4th year medical students from the School of Medicine. The medical students are assigned DMH physician preceptors and rotate through the centers and facilities. There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psych) that rotate through SCDMH centers and facilities.	No Change

2024

Reports Data

as submitted for the Accountability Report by:
J120 - Department of Mental Health

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
State Auditor's Report		Agreed upon procedures report		Annually	South Carolina state agency or agencies	Available on another website			Report is generated by State Auditor who is responsible for scheduling audit. This report has not been completed for FY2021 nor FY2022.
Agency Accountability Report	S.C. Code of Laws Section 1-1-810	The report must contain the agency's mission, and performance measures that show the degree to which objectives are being met. Agencies must identify key program area descriptions and expenditures and link these to key financial and performance results measures.	September 2023	Annually	Governor or Lt. Governor AND Legislative entity or entities AND South Carolina state agency or agencies	Provided to LSA for posting online	N/A	No Change	
Bank Account Transparency and Accountability	Appropriations Act Proviso 117.79	Report of any bank or other financial accounts not otherwise reported through SCEIS	October 2023	Annually	South Carolina state agency or agencies	Available on another website	N/A	No Change	
Mental Health Block Grant Application	Public Law 102-321	The Application serves as the Department's State Plan for providing comprehensive community mental health services to adults with a serious mental illness and children suffering from severe emotional disturbances.	September 2023	Annually	Entity within federal government	Hard copy available upon request.	N/A	No Change	
Debt Collection Report	Appropriations Act Proviso 117.33	Agency reports on the measures it used to collect debts owed to the agency	February-23	Annually	South Carolina state agency or agencies	Electronic copy available upon request	N/A	No Change	

AGENCY NAME:	SC Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

**2024
Accountability Report**

SUBMISSION FORM

I have reviewed and approved the data submitted by the agency in the following templates:

- Data Template
 - Reorganization and Compliance
 - FY2024 Strategic Plan Results
 - FY2025 Strategic Plan Development
 - Legal
 - Services
 - Partnerships
 - Report or Review
 - Budget
- Discussion Template
- Organizational Template

I have reviewed and approved the financial report summarizing the agency’s budget and actual expenditures, as entered by the agency into the South Carolina Enterprise Information System.

The information submitted is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR <i>(SIGN AND DATE):</i>	SIGNATURE ON FILE	Signature Received: 09/13/2024
<i>(TYPE/PRINT NAME):</i>	Robert Bank, MD, Acting State Director	

BOARD/CMSN CHAIR <i>(SIGN AND DATE):</i>	SIGNATURE ON FILE	Signature Received: 09/13/2024
<i>(TYPE/PRINT NAME):</i>	Elliot Levy, MD, SC DMH Commission Chair	