

Senate Medical Affairs Oversight Subcommittee

Summary Report on the

South Carolina Department of Mental Health

March 2016



The SC Department of Mental Health's mission is to support the recovery of people with mental illnesses. The department operates inpatient facilities, nursing homes, community mental health centers and clinics as well as other programs such as telepsychiatry to address the needs of its patients. For FY 14-15, DMH had a budget of \$421 million which includes state and federal funds, Medicaid reimbursements, and private insurance payments and a staff of over 4,000 employees. The department needs to ensure its Medicaid reimbursement equal the costs of services. It has significant issues in recruiting and retaining employees in behavioral health care and public safety positions and should work with other state agencies to help with those issues.

Agency at a Glance

The Department of Mental Health (DMH) has adopted a broad mission statement based upon its extensive statutory duties: to support the recovery of people with mental illnesses. The agency accomplishes this mission by providing comprehensive programs that range from inpatient care, community mental health centers, telepsychiatry, and school-based services. It also operates four nursing homes throughout the state and has submitted applications to the federal government for an additional three nursing homes for veterans. The department is governed by a commission appointed by the Governor with advice and consent of the Senate. For FY 14-15, DMH had a budget of \$421 million with 50% of its funding coming from state appropriations, spent \$388 million, and has a staff of over 4,000 employees.

Issues

MEDICAID COST SETTLEMENTS

The SC Department of Health and Human Services has changed its Medicaid reimbursements for services from a cost settlement of the actual costs to a prospective payment system with no adjustments. DMH had an increase in costs of \$1 million for FY 13-14 due to this change.

- **Agency Recommendation:** The Department of Mental Health should continue to seek efficiencies in the system to ensure that actual expenditures do not exceed the allowable reimbursement rate. However, if experience over time indicates that the actual costs do exceed the reimbursement, the department should pursue a rate adjustment with the SC Department of Health and Human Services to capture the Medicaid revenue available to fund these services.

WORKFORCE

The Department of Mental Health has shortages with its behavioral health care workforce as well as in public safety positions. The agency has efforts to recruit and retain employees but relies on contract and temporary employees to fill the positions.

DMH along with several other state agencies is authorized by proviso to pay bonuses, tuition reimbursement, and tuition prepayment to recruit and retain health care employees. For psychiatrists, psychologists, and nurses in critical needs areas, the agency can also repay twenty percent or \$7,500, whichever is less, of the employee's outstanding student loans each year over a five-year period. The positions which are eligible for student loan repayment could be expanded to include other health care workers such as certified nursing assistants.

- **Legislative Recommendation: The General Assembly should amend proviso 117.66 in the appropriations act to include other health care workers eligible for student loan repayment.**

Agency staff stated that it is difficult to hire or retain CNAs because the employees lose their eligibility for benefits such as food stamps or child care but do not earn enough to pay for those things. If there could be a transition period where the workers could retain those benefits, it could assist with the retention of these employees. DMH has a variety of methods to advertise for job vacancies such as advertisements in professional publications, contracts with staffing agencies, and attendance at job fairs. The agency has not worked with the Department of Employment and Workforce (DEW) to find employees.

- **Agency Recommendation: The Department of Mental Health should work with other state agencies, such as the Department of Social Services and the Department of Employment and Workforce, to improve DMH's recruitment and retention of employees.**

SC LEGISLATIVE AUDIT COUNCIL RECOMMENDATIONS

The subcommittee directed the Legislative Audit Council to review four issues for the review of the Department of Mental Health, which is included as a separate report. The LAC had two recommendations in the report:

Determine whether DMH should be responsible for the Sexually Violent Predator treatment program and the adequacy of the funding and resources for the program.

Due to constitutional concerns, DMH should continue to be responsible for the Sexually Violent Predator treatment program. The program has grown from 113 residents in 2010 at a cost of \$67,000 per resident to 179 residents in 2015 at a cost of almost \$72,000 per resident. The LAC recommended that DMH should annually request from the Office of the Attorney General the status of the individuals who have been discharged from the program.

Because of the funding and constitutional issues, this program should continue to be evaluated periodically to determine its need and purpose.

- **Legislative Recommendation: Further investigation and review is recommended to assess potential liabilities.**

Review the adequacy of the requirements for the forensics program operated by DMH.

After determining a defendant is incompetent to stand trial but restorable to competency through DMH's restoration program, the agency has 60 days to complete the process. National research shows that at least six months is needed to adequately restore patients. DMH has the space to operate the program but would need additional staff and funds if the law was amended to extend the time period. The LAC recommended that the General Assembly should amend S.C. Code §44-23-430 to increase the time limit to six months for DMH to restore patients to competency to stand trial.

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Members of Subcommittee:

Senator Robert W. Hayes, Jr., Chair
Senator Brad Hutto
Senator Ray Cleary
Senator Floyd Nicholson

The SC Department of Mental Health's mission is to support the recovery of people with mental illnesses. The department operates inpatient facilities, nursing homes, community mental health centers and clinics as well as other programs such as telepsychiatry to address the needs of its patients. For FY 14-15, DMH had a budget of \$421 million which includes state and federal funds, Medicaid reimbursements, and private insurance payments and has a staff of over 4,000 employees. The department needs to ensure its Medicaid reimbursement equal the costs of services. It has significant issues in recruiting and retaining employees in behavioral health care and public safety positions and should work with other state agencies to help with those issues.

I. Agency at a Glance

A. Mission

The Department of Mental Health (DMH) has adopted a broad, but simple, mission statement based upon their extensive statutory duties: to support the recovery of people with mental illnesses. The agency accomplishes this mission by providing comprehensive programs that range from inpatient care to school-based services. Additionally, South Carolina law designates the Department of Mental Health as the state's mental health authority for purposes of "administering Federal funds allotted to South Carolina under the provisions of the National Mental Health Act, as amended. [It] is further designated as the State agency authorized to administer minimum standards and requirements for mental health clinics as conditions for participation in federal-state grants-in-aid under the provisions of the National Mental Health Act, as amended, and is authorized to promote and develop community mental health outpatient clinics" (S.C. Code Ann. §44-9-70).

B. Governing Authority

The South Carolina Mental Health Commission governs the Department of Mental Health. Pursuant to S.C. Code Ann. §44-9-30, the Commission is made up of seven members, representing each congressional district, and are appointed by the Governor upon the advice and consent of the Senate. Members serve five-year terms and until successors are appointed and qualify. The terms of no more than two members may expire in one year. The commission meets monthly.

The Commission's statutory duties are expansive. They are responsible for setting policies and promulgating regulations governing the operation of the department and the employment of professional and staff personnel, as well as for appointing and removing the State Director of Mental Health. The Commission is charged with cooperating with persons in charge of penal institutions in this State for the purpose of providing proper care and treatment for mental patients confined in penal institutions because of emergency; maintaining an appropriate mental health education and public relations program; collecting statistics bearing on mental illness, drug addiction, and alcoholism; providing vocational training and medical treatment; encouraging the directors of hospitals and their medical staffs in the investigation and study of these subjects and of mental health treatment in general; and providing a statewide system for the delivery of mental health services to treat, care for, reduce, and prevent mental illness and provide mental health services for citizens of this State, whether or not in a hospital. The system must include services to prevent or postpone the commitment or recommitment of citizens to hospitals (S.C. Code Ann. §44-9-90). The Commission also has the statutory authority to prescribe the form of and information to be contained in applications, records, reports, and medical certificates for information under the jurisdiction of DMH; require reports from the director of a state hospital relating to the admission, examination, diagnosis, discharge, or conditional discharge of a patient; investigate complaints made by a patient or by a person on behalf of a patient; adopt regulations reasonably necessary for the government of all institutions over which it has authority and of state mental health facilities and the proper and efficient treatment of persons with a mental illness or substance abuse disorder; and take appropriate action to initiate and develop relationships and agreements with state, local, federal, and private agencies, hospitals, and clinics as the commission considers necessary to increase and enhance the accessibility and delivery of emergency and all other types of mental health services (S.C. Code Ann. §44-9-100).

Finally, the Commission is responsible for submitting an annual report to the Governor before January 11th each year setting forth its activities, the financial affairs, the state and condition of the State mental health facilities, and any other statistical information which is usually required of facilities of the type over which it has charge. The report must also include any recommendations which in the opinion of the Commission will improve the mental health program of the State. The Commission must send a copy of this report to the General Assembly (S.C. Code Ann. § 44-9-120).

Position	Position Title	Current Members	Appointed By	Appointed Date	Expiration Date
1st Congressional District	Member	Moore, Joan	Governor Marshall C. Sanford, Jr.	5/14/2009	3/21/2014
1st Congressional District	Member	Rutledge, Everard	Governor Marshall C. Sanford, Jr.	1/6/2009	3/21/2014
2nd Congressional District	Member	Terry, James Buxton	Governor Nikki R. Haley	6/25/2014	3/21/2017
3rd Congressional District	Member	Hiott, Robert E. Jr.	Governor Nikki R. Haley	6/18/2015	3/21/2016
4th Congressional District	Member	Wilson, Sharon L.	Governor Nikki R. Haley	2/20/2013	3/21/2017
5th Congressional District	Member	Cardwell, Beverly	Governor Nikki R. Haley	4/18/2013	7/31/2018
6th Congressional District	Member	VACANT			
7th Congressional District	Member	Evans, Alison Y.	Governor Nikki R. Haley	5/19/2015	7/31/2018

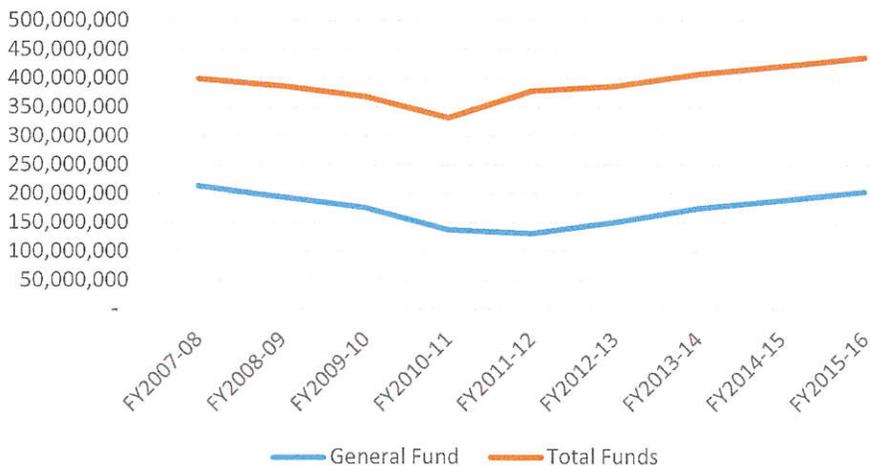
The Senate received an appointment from the Governor on May 27th for the 6th Congressional District. It was referred to the Senate Committee on Medical Affairs.

C. Finances: Revenues and Expenditures

Revenue

General Fund appropriations make up 50% of the Department of Mental Health's total revenues. The department experienced a decline in state appropriations in FY 07-08 through FY 11-12, from a high of \$213.7 million to a low of \$131.6 million. Since FY 11-12, state appropriations have been increasing steadily, although unevenly, to the current base appropriation of approximately \$210 million, just below the FY 2007-08 levels. The average rate of growth for these four years was 11.6%.

Appropriation History



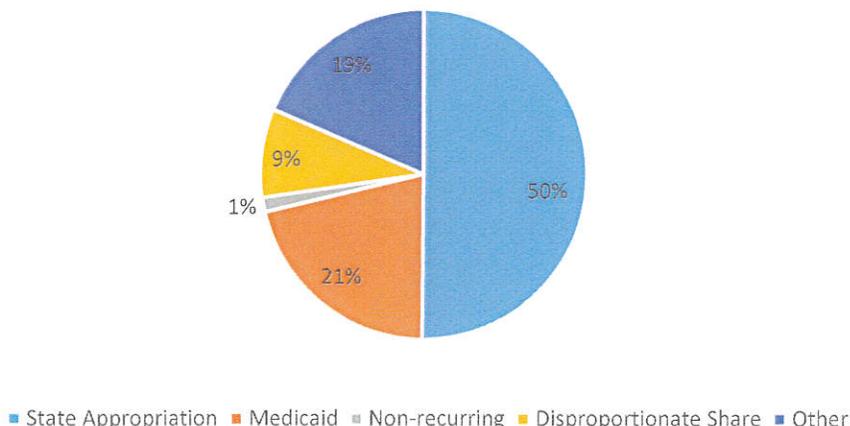
In the FY 15-16 appropriations act, the department received an increase of \$11 million in recurring funds:

- \$6.4 million for sustainability of mental health services;
- \$3.2 million for forensic inpatient services;
- \$0.5 million for school-based services;
- \$0.5 million for telepsychiatry program sustainability; and
- \$0.4 million for community supportive housing

The department also received \$6.4 million in non-recurring appropriations for a variety of purposes.

At the current level of \$35.3 million, Medicaid Disproportionate Share payments account for 9% of the department’s revenues. These revenues compensate the department for serving uninsured patients in the department’s hospitals. Medicaid reimbursements of \$86.3 million account for another 21% of the agency’s revenues. A myriad of other revenue sources including patient/private insurance payments, and federal grant programs account for another \$76 million in revenues.

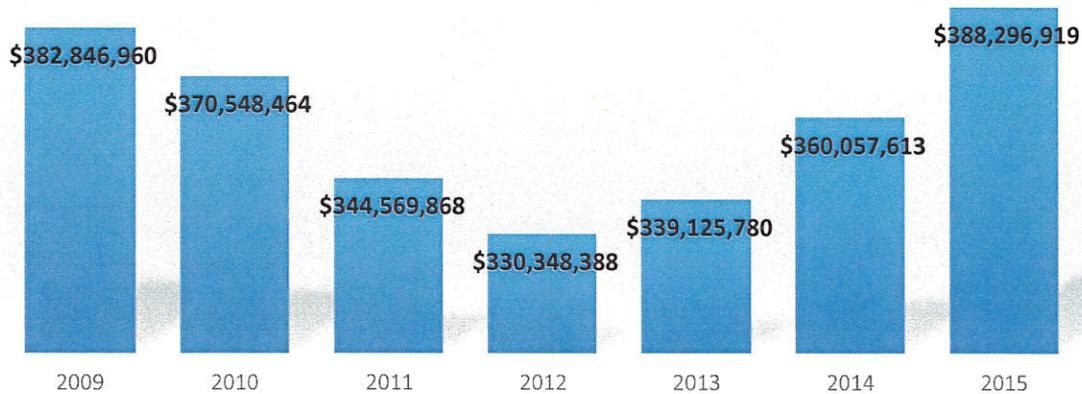
Revenues



Expenditures

The trend line of the Department's expenditures follows the pattern of the general fund allocation: declining after 2009 and increasing after 2012. The 2015 level of expenditures has exceeded the 2009 amount.

Actual Expenditures



D. Staffing

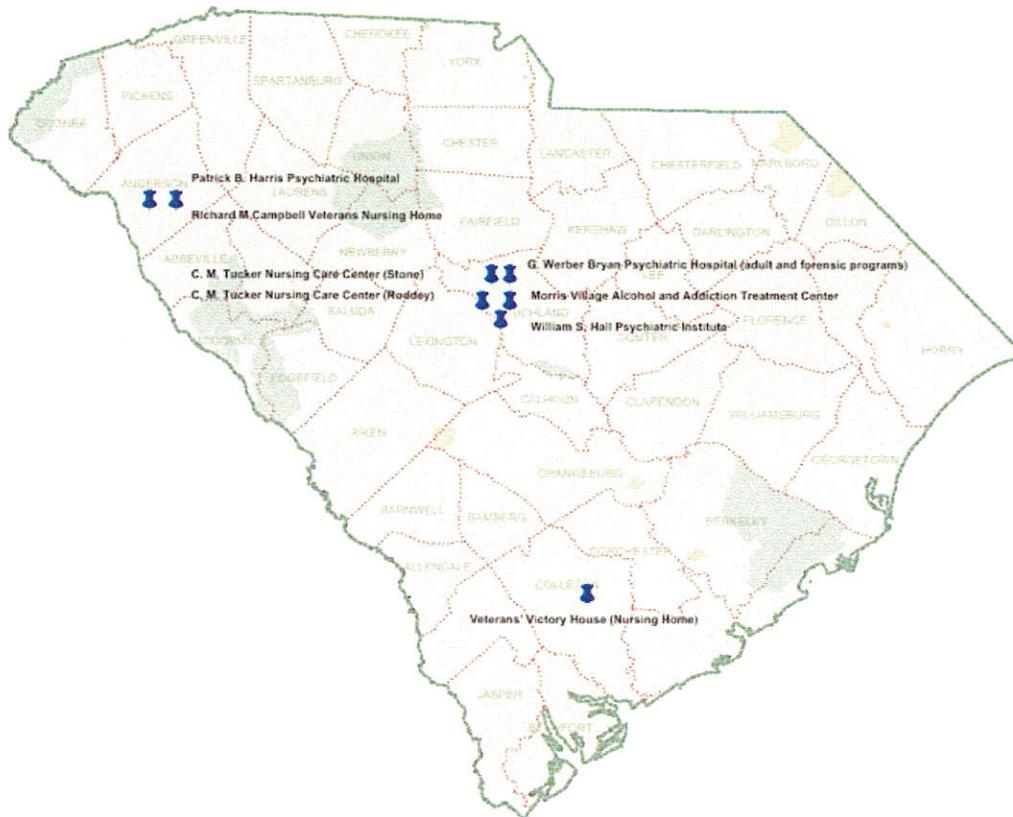
The Department of Mental Health employs in excess of 4,000 people in a wide variety of functions. The largest concentration of employees (approximately 2,000) are in the areas of human services coordinator, specialist, and assistant. These positions provide direct services to DMH clients at various facilities. The department reports having difficulty attracting physicians/psychiatrists because they are unable to compete with the private sector salaries, despite the benefits provided by the state. However, the use of innovative programs such as telepsychiatry has helped alleviate these shortages. Executive positions at DMH have had little turnover, resulting in continuity in executing the organization's mission.

E. Major Programs: Inpatient Behavioral Health, Community Mental Health, Telepsychiatry

These are the major programs operated by the Department of Mental Health. Additional programs are described in the appendix on page 15 of the report.

Inpatient Behavioral Health: Psychiatric Hospitals, Nursing Homes and Veterans Services, Sexually Violent Predator Treatment Program

Psychiatric Hospitals. Each of the four psychiatric hospitals is accredited by The Joint Commission. The Joint Commission is an independent, not-for-profit group that administers voluntary accreditation programs for hospitals and other healthcare organizations. A healthcare organization is subject to an onsite evaluation performed by a Joint Commission survey group at least every three years in order to remain accredited.



- Bryan Psychiatric Hospital. The G. Werber Bryan Psychiatric Hospital is located in Columbia. It provides inpatient psychiatric treatment to adults and is licensed by the state as a specialized hospital accredited by The Joint Commission. Two divisions are housed within the hospital: the Adult Services Division and the Forensics Division. The Adult Services Division provides care primarily to patients in the Midlands, Pee Dee, and Lowcountry regions. The majority of the patients are civil involuntary admissions.
- The Forensics Division is a program that provides inpatient evaluation and treatment, rehabilitation, and outpatient services. Admissions are court-ordered from across the state through the judicial system. DMH has had a difficult time admitting individuals committed by criminal courts because of the increased number of commitments. Last year, the agency opened an additional 40-bed unit and funded it with non-recurring FY 14-15 state funds. The agency received \$3.2 million in recurring funds for this program in FY 15-16 to address its rapid population growth.
- Hall Psychiatric Institute. The William S. Hall Psychiatric Institute is a child and adolescent psychiatric hospital in Columbia that provides acute, residential, and drug and alcohol addiction treatment for patients between the ages of 4 and 17. Hall is licensed by the state as a specialized hospital, with a separately licensed residential treatment facility for patients between the ages of 13 and 21. It is also accredited by The Joint Commission. Patients are admitted from all over the state, with referrals from community mental health centers, hospital emergency departments, the Department of Social Services, the family court system, and the Department of Juvenile Justice. Most of these patients are civilly committed involuntary admissions. The Hall Psychiatric Institute moved into the Bryan Psychiatric Hospital in December 2015.
- Morris Village. Morris Village Treatment Center, located in Columbia, is DMH's inpatient drug and alcohol facility. It is licensed by the Department of Health and Environmental Control, and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is an independent non-profit accreditor of health and human services. Patients are admitted from around the state with referrals from community health centers, community alcohol and drug commissions, community hospitals, and the judicial system. The majority of these patients are civil involuntary admissions.

- Harris Psychiatric Hospital. Patrick B. Harris Hospital is located in Anderson and provides specialized inpatient treatment to adults. It is licensed by the state as a specialized hospital and is accredited by The Joint Commission. Patients are admitted from the 13 Upstate counties and are largely involuntary admissions.

Nursing Homes & Veterans Services. DMH currently operates four nursing homes throughout the state. Three of the nursing homes are veterans nursing homes, while the fourth is a community nursing home. Two of the four facilities are located in the Columbia area at the C.M. Tucker Center. These are divided into the Roddy Pavilion, a 160-bed community nursing home, and the Stone Pavilion, a 76-bed facility for veterans. The agency anticipates expanding the Stone Pavilion facility to 90 beds in 2016. Both of these facilities are operated by the department. The other two nursing homes are the 220-bed Richard M. Campbell veterans home located in Anderson and the 220-bed Veterans Victory House located in Walterboro.

Approximately half of the residents of the Roddy Pavilion come from other DMH in-patient facilities. When the treatment for their age-related conditions exceeds the need for mental health services, these individuals are often moved to the nursing home setting where they can receive the appropriate level of service. Other residents are community referrals. DMH sometimes accepts new residents from other private facilities when a private nursing home closes. Because they have a high ratio of Medicaid beds, Roddy Pavilion is able to provide a Medicaid-funded bed when these cannot be located in the private market.

The department contracts with HMR Veterans Services Inc. for the operation of Veterans Victory House and Campbell nursing homes. HMR also operates four veterans facilities in Alabama and one in Maryland. Although the actual operation of these two nursing homes is managed by a private contractor, oversight is provided by the department through an onsite monitor and annual visits by an oversight team to assess the quality of services being provided. In addition to the department's oversight, the Center for Medicaid and Medicare Services contracts with the Department of Health and Environmental Control to inspect these facilities. The Veterans Administration also performs separate inspections. The Department of Mental Health described nursing homes as an extremely regulated industry second only to nuclear power. The staff indicates that they consider HMR Veterans Services Inc. to be a "good partner" in operating the nursing homes.

Funding of veterans nursing home operations comes from a variety of sources, with the Veterans Administration paying 50% up to a maximum of \$102.38 per bed day if the total cost is equal to or exceeds \$204.76 per bed day. This rate is higher for individuals with a service-connected condition. The remaining cost of operations comes from a combination of sources when applicable, including an individual co-pay of \$38 per day, Medicaid/Medicare, donations, and state appropriations.

Eligibility for admission to the State's veterans nursing homes requires that an individual meet all of the following criteria:

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

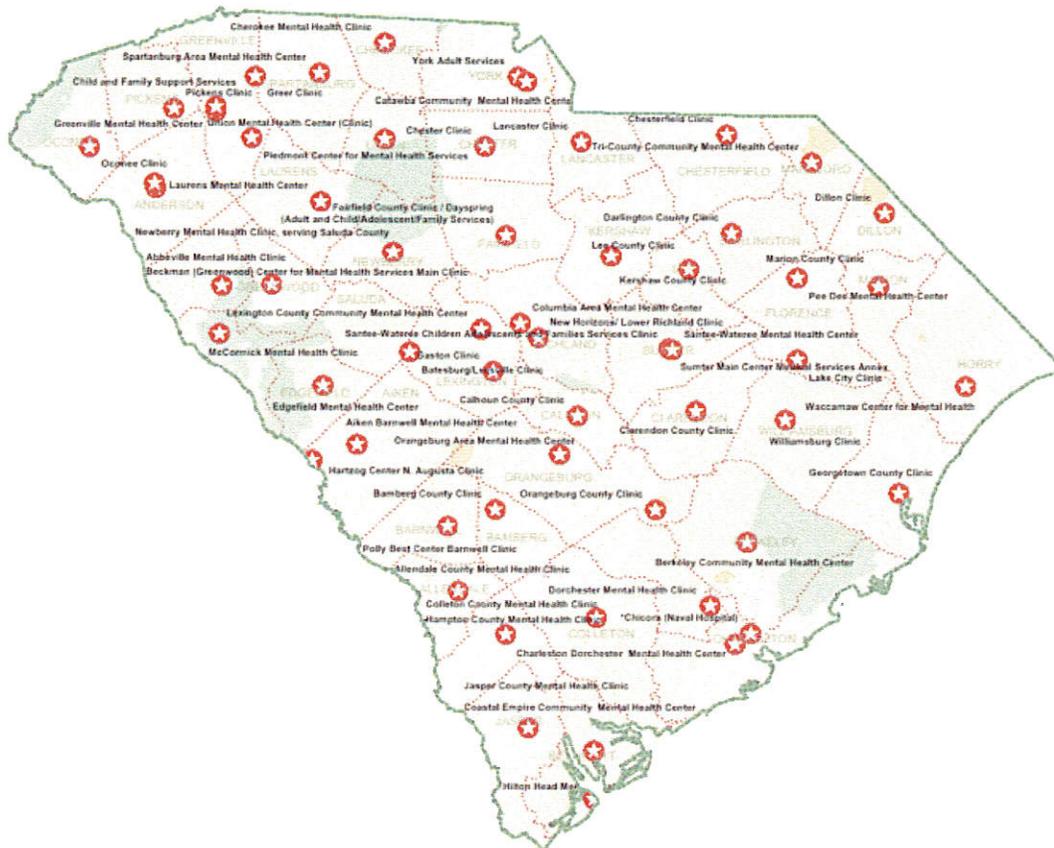
Proposed Expansion of Veterans Nursing Home Beds

In addition to the current 516 beds, the department has submitted separate applications to the federal government for three additional facilities of 108 beds each. One will be located on the grounds of the existing G. Werber Bryan hospital in Columbia. Another is to be located in Cherokee County on land donated by the local government. A third is intended for Florence County on land to be acquired from the non-profit Friends of the Florence Stockade. All of these applications were submitted to the federal government in time to meet the construction grant application deadline for priority one applications. The agency has placed \$42.5 million from Medicaid cost settlements in a restricted account to pay for the state portion of the construction. The state is obligated to pay for 35% of the cost of construction, with the Veterans Administration paying the remaining 65% for approved grants. While the department tentatively anticipates contracting out the operations of some or all of these new facilities, the time lag between approval and actual construction means that this decision is probably several years in the future; therefore, the actual decision would need to be based upon the prevailing circumstances at that time.

Sexually Violent Predator Program (SVPP). DMH is required to provide treatment for persons adjudicated as sexually violent predators (S.C. Code Ann. § 44-48-100). The Sexually Violent Predator Act, passed in 1998, created a new civil commitment process that requires screening prior to the release of persons previously convicted of a sexually violent offense.

Those who meet the statutory criteria are referred for possible civil commitment. If a person is adjudicated as a “sexually violent predator,” the statute requires that the person be committed to DMH for treatment in a facility that is segregated from other DMH patients. The Sexually Violent Predator Treatment Program is currently located at the Department of Corrections. People in this program are referred to as “residents” rather than “patients.” It is important to note the differences between patients of the Department of Corrections’ psychiatric hospital and residents at DMH’s SVPP: Corrections sees patients who have been adjudicated as guilty by reason of insanity, while DMH’s SVPP residents are guilty, but not by reason of insanity. A discharge review board handles discharge decisions and is a fast-growing population like forensics.

Community Mental Health: Community Mental Health Centers and Clinics and Telepsychiatry



Community Mental Health Centers & Clinics. The Department of Mental Health is statutorily obligated to establish and supervise community mental health centers (CMHCs) throughout the state (S.C. Code Ann. § 44-11-60). CMHCs provide comprehensive mental health services, which include outpatient, home-based, school-based, and community-based programs for children, adults, and families. DMH currently operates 17 CMHCs around South Carolina, all of which are CARF-accredited. The 17 CMHCs are:

- Aiken-Barnwell Community Mental Health Center
- Anderson-Oconee-Pickens Mental Health Center
- Beckman Center for Mental Health Services
- Berkeley Community Mental Health Center
- Catawba Community Mental Health Center
- Charleston-Dorchester Mental Health Center
- Coastal Empire Community Mental Health Center
- Columbia Area Mental Health Center
- Greenville Mental Health Center
- Lexington County Community Mental Health Center
- Orangeburg Area Mental Health Center

- Pee Dee Mental Health Center
- Piedmont Center for Mental Health
- Santee-Wateree Community Mental Health Center
- Spartanburg Area Mental Health Center
- Tri-County Community Mental Health Center
- Waccamaw Center for Mental Health

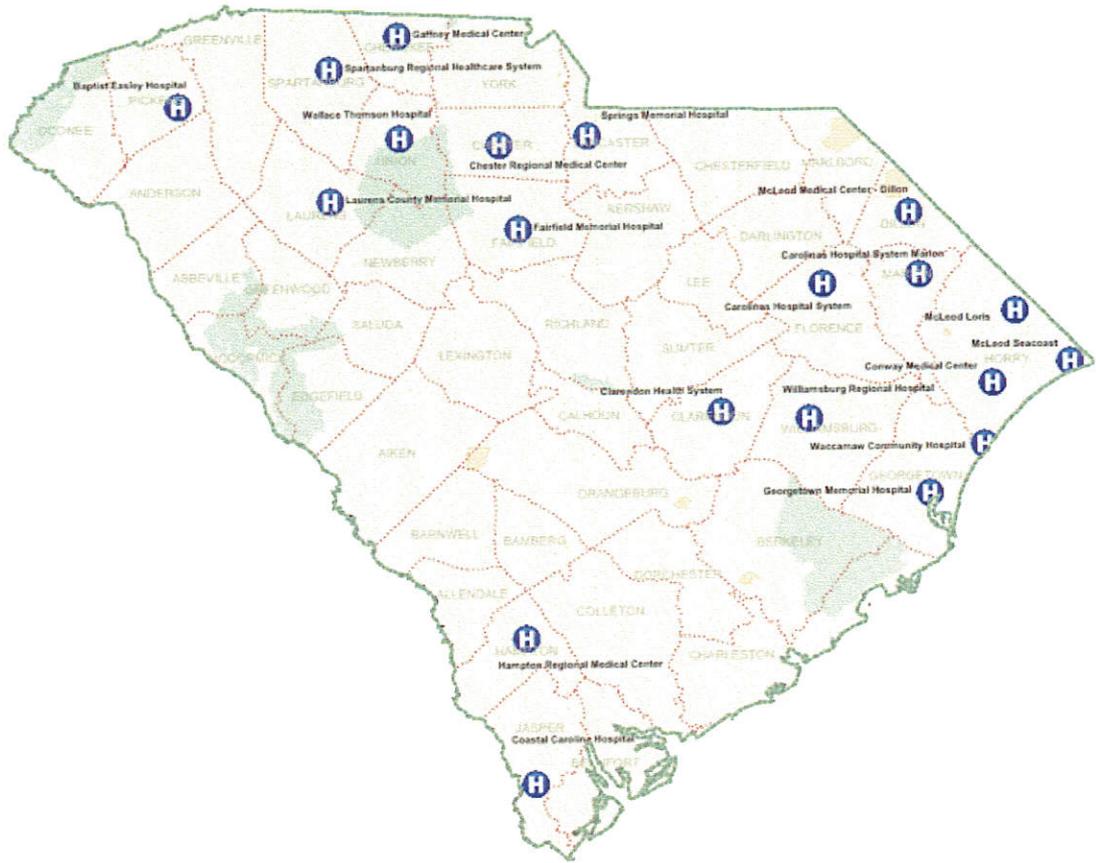
Each community mental health center has an advisory board that meets monthly. Advisory boards range between nine and fifteen members, one of whom must be a medical doctor. In FY 13-14, these centers served approximately 80,000 children, adolescents, adults, and families.

In addition to the CMHC's, the Department operates 46 mental health clinics around the state. Each county operates a clinic with varying degrees of services. Each clinic's services are listed on the department's website.

Telepsychiatry

DMH uses telepsychiatry to expand the delivery of medical services to mental health patients.

- **Telepsychiatry Consultation Program (ED).** This program provides mental health assessment consultations by utilizing high definition video technology to connect patients in local hospital emergency departments with a DMH psychiatrist located somewhere else in SC. The program provides critical psychiatric care in rural areas where there is a shortage of psychiatrists and other mental health professionals. Data indicates that 51% of individuals receiving consultations are recommended for discharge on the same day. Overall medical savings amount to \$3,006 per individual episode of care. Since July 2012, this program has been funded by The Duke Endowment, state appropriations, DHHS, and subscription fees from participating hospitals. Primary partners include The Duke Endowment, SC Department of Health and Human Services, University of South Carolina School of Medicine, and the SC Hospital Association. Currently, 23 hospitals are participating in the program. There are seven additional hospitals currently reviewing contracts to add telepsychiatry to their emergency services. The program has reduced the length of hospital stays in patients using the service by 53 percent.
- **Community Telepsychiatry Program.** The goal of this program is to improve patient access to psychiatric care, while using resources more efficiently. DMH has rural community mental health centers (CMHC) and mental health clinics (MHC) that are chronically short of needed psychiatric coverage. Just as with the Telepsychiatry Consultation Program (ED), deploying telemedicine equipment in rural CMHCs and MHCs enables DMH psychiatrists to reach patients in CMHCs and MHCs that do not have access to an on-site psychiatrist. The Community Telepsychiatry Program capitalizes on the use of technology to increase patient access to care while operating in a network secure environment. In contrast to the Emergency Department Telepsychiatry Consultation Program, the psychiatrists seeing patients through the Community Telepsychiatry Program are providing direct treatment services, including prescribing medication.



II. Issues

A. Legislative Audit Council Report Summary

The subcommittee directed the Legislative Audit Council to review four issues for the review of the Department of Mental Health, which is included as a separate report:

1. *Evaluate the sale of the DMH Bull Street campus and DMH's plans for the proceeds.*

DMH sold the Bull Street complex to the Hughes Development Corporation for \$18.6 million to be paid over eight years beginning in 2014. In August 2015, the SC Mental Health Commission approved using the proceeds from the sale as one-time matching funds for new affordable housing for patients.

2. *Determine whether DMH should be responsible for the Sexually Violent Predator treatment program and the adequacy of the funding and resources for the program.*

Due to constitutional concerns, DMH should continue to be responsible for the Sexually Violent Predator treatment program. The program has grown from 113 residents in 2010 at a cost of \$67,000 per resident to 179 residents in 2015 at a cost of almost \$72,000 per resident. DMH should annually request from the Office of the Attorney General the status of the individuals who have been discharged from the program.

- **Legislative Recommendation:** Further investigation and review is recommended to assess potential liabilities.
3. *Evaluate whether DMH and the Department of Alcohol and Other Drug Abuse Services (DAODAS) should be combined into one agency.*

Consolidating DMH and DAODAS would require a significant departure in governance and service delivery. Concern for patient care should be the primary consideration in the decision. Options for consolidation include administrative only, service delivery and administrative, improved collaboration, or co-location of services.

4. *Review the adequacy of the requirements for the forensics program operated by DMH.*

After determining a defendant is incompetent to stand trial but restorable to competency through DMH's restoration program, the agency has 60 days to complete the process. National research shows that at least six months is needed to adequately restore patients. DMH has the space to operate the program but would need additional staff and funds if the law was amended to extend the time period. The General Assembly should amend S.C. Code §44-23-430 to increase the time limit to six months for DMH to restore patients to competency to stand trial.

B. Payment for Patient Services

The Department of Mental Health receives payment for patient services from private insurance, Medicaid and Medicare, as well as private pay.

State law governs how DMH can charge for services in the community mental health centers. S.C. Code §44-15-80 states that the department:

- will not deny service due to inability to pay.
- will establish fee schedules and reductions of balances due based upon ability to pay.
- will regulate fees for consultation and diagnostic services which may be provided to anyone without regard to his financial status when referred by the courts, schools, health or welfare agencies.

DMH has policies establishing fee schedules, reductions of balance due to hardship, collections, and write-off of uncollectible debt. For calendar year 2014, the agency had accounts receivable of \$6.5 million and wrote off debt of

almost \$1.2 million. DMH files notices of liens with the courts and uses the Department of Revenue's Set-off Program. To improve its collections, DMH accepts credit cards and would like to accept medical savings account debit cards, but SC.gov, its payment vendor, cannot process those cards.

Medicaid accounts for approximately 60% of the payments received by DMH for services.

Sources of Payments for Services

	FY 13-14	FY 14-15
Medicaid Payments	\$74,927,669	\$82,979,273
Veterans Administration	20,432,112	20,021,449
Operation of Clinics ¹	12,975,504	14,399,336
Patient Care and Maintenance ²	13,874,759	11,816,041
Institutional Revenue ³	3,451,418	3,923,987
Total	\$125,661,462	\$133,140,086

¹ Includes self-pay and third party insurers except Medicaid for outpatient services.

² Includes self-pay, third party insurers except Medicaid, other contractual revenue for inpatient services.

³ Includes Medicare Part D (Pharmacy) for inpatient services and other contractual revenue.

The rates for services that DMH provides are set by the SC Department of Health and Human Services. Previously those rates were determined as part of the cost settlement process. Beginning in FY 12-13, the rates were set as part of the prospective payment system.

C. Medicaid Cost Settlements

Until FY 2013, Medicaid programs at hospitals and community mental health centers were reimbursed based upon the actual costs incurred. The SC Department of Health and Human Services would initially pay DMH the Medicaid portion of the set rate for services. Subsequently, DMH would submit a Medicaid Certified Public Expenditure (CPE) analysis. Based upon this analysis, the department would request that DHHS transfer the Medicaid portion of the actual costs incurred above the amount already paid based upon the established rate. This retrospective reimbursement practice applied to private and public medical facilities. From 2009 through 2015, DMH collected over \$154 million in previously unclaimed Medicaid cost settlement funds. The agency utilized these funds to offset reductions in the general fund appropriations resulting from the recession that occurred during this time frame.

Subsequently, the SC Department of Health and Human Services initiated a change in policy effective in October 2012 that eliminated the cost settlements for most purposes. For DMH, this affected the reimbursements to psychiatric hospitals and psychiatric residential treatment facilities. The impetus for this policy change was to provide an incentive for medical facilities to reduce costs. As part of the change, initial reimbursement rates are increased, but there is no adjusted settlement to pay any additional actual costs incurred. In the case of private providers, if the actual costs are lower than the reimbursement provided, the facility retains these surplus funds as additional profit. Should the actual cost exceed this amount, then a fiscal loss would be accrued. However, public entities must refund any portion of the reimbursement that exceeds the actual cost of service while still incurring the loss of the Medicaid portion of the actual cost (based upon the CPE analysis) that exceeds the reimbursement rate. In FY 13-14, this resulted in DMH sustaining approximately \$1 million in costs that would have been previously reimbursed with federal Medicaid funds. DMH staff depict this as a cost shift from the federal funding to state funding. While the staff at the SC DHHS do not contradict this perspective, they point out that the new policy provides the funding sooner, incentivizes efficiency and avoids having the reimbursements go unclaimed for long periods.

- **Agency Recommendation:** The Department of Mental Health should continue to seek efficiencies in the system to ensure that actual expenditures do not exceed the allowable reimbursement rate. However, if experience over time indicates that the actual costs do exceed the reimbursement, the department should pursue a rate adjustment with the SC Department of Health and Human Services to capture the Medicaid revenue available to fund these services.

D. Workforce

The Department of Mental Health has shortages with its health care workforce as well as in public safety and IT positions. The agency has made efforts to recruit and retain employees but relies on contract and temporary employees to fill the positions.

As of May 2015, DMH had 3,919 filled FTE positions with 578 vacant FTE positions. The number of positions that are funded with state funds have been increasing while the positions funded with federal and other funds have been decreasing. From May 2013 to May 2015, the state-funded filled positions increased from 2124 to 2454, the federal-funded filled positions decreased from 42 to 40, and the other-funded filled positions decreased from 1581 to 1424. The number of temporary employees also increased from 269 to 275.

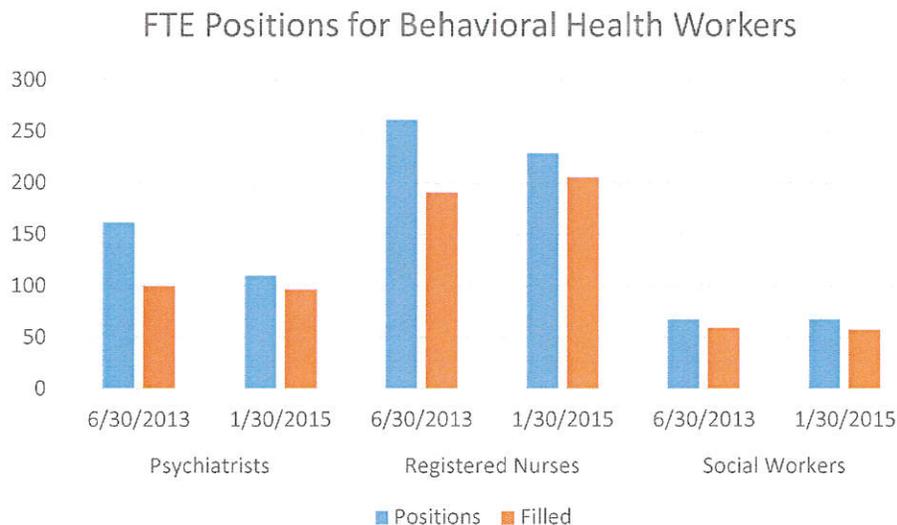
Sources of Funding for FTEs and Temporary Employees

	FY 12-13	FY 13-14	FY 14-15
General Fund	\$116,568,981	\$130,978,562	\$145,454,951
Medicaid	80,270,684	75,359,895	74,290,095
Clinics Revenue	8,177,113	7,585,888	7,779,260
Federal & Veterans Admin	5,724,898	4,639,079	4,388,534
Other	6,842,970	3,602,809	3,674,080
Total	\$217,584,645	\$222,166,233	\$235,586,920

There is a nationwide problem with the behavioral health workforce. Issues include:

- Finding qualified providers.
- Difficulty keeping employees.
- Aging workforce and not enough new workers to replace them.
- Severe shortages in rural areas.

The number of FTE positions for behavioral health workers has decreased over the last two years. The following chart shows the changes in the positions for some of the behavioral health workers.



In order to meet its staffing needs, DMH hires contract personnel and uses staffing services. As of December 2015, DMH had 21 contract psychiatrists, 39 locum tenens (physician staffing assistance), and 164 other contract personnel such as nurses and language interpreters. The amount that DMH is spending on contract personnel has increased by 32% from FY 12-13 to FY 14-15.

Sources of Funding for Contract Personnel

	FY 12-13	FY 13-14	FY 14-15
Medicaid	\$8,312,758	\$9,298,243	\$10,005,947
General Fund	4,312,042	5,799,332	4,804,919
Federal & Veterans Admin	2,807,577	2,144,753	3,228,478
Clinics Revenue	1,201,573	1,441,526	2,726,051
Other	1,579,527	2,859,849	3,273,354
Total	\$18,213,477	\$21,543,703	\$24,038,749

The agency offers a variety of training programs, both online and in-person, for health care staff and office staff. These programs allow staff to maintain licensures and reduces lost work hours. Some of the training that is offered such as the psychiatric nursing clinical rotations is used as a recruitment tool for health care workers. DMH also funds training for students studying in the behavioral health field. It provides funding for psychiatric residents at the state's medical schools and masters level social work clinicians. It also offers a nurse extern program which employs senior nursing students each summer to work with the nursing staff in the patient care areas.

DMH, along with several other state agencies, is authorized by proviso to pay bonuses, tuition reimbursement, and tuition prepayment to recruit and retain health care employees. For psychiatrists, psychologists, and nurses in critical needs areas, the agency can also repay twenty percent or \$7,500, whichever is less, of the employee's outstanding student loans each year over a five-year period. The positions which are eligible for student loan repayment could be expanded to include other health care workers such as certified nursing assistants.

- **Legislative Recommendation:** The General Assembly should amend proviso 117.66 in the appropriations act to include other health care workers eligible for student loan repayment.

The department also has significant vacancies in its public safety positions. DMH hires certified law enforcement officers and has difficulty in retaining them. For its law enforcement officer and security specialist positions, DMH had 44 vacancies (29%) out of 152 positions as of June 30, 2013. In January 30, 2015, it had 46 vacancies (31%) for 149 positions. Due to the high number of vacancies, DMH has to pay overtime. The department paid a total of \$4.15 million for FY 14-15 for overtime pay which may include overtime for other positions.

E. Working with State Agencies

DMH offers a certified nursing assistant (CNA) training program which is certified through DHHS. One hundred students have attended this program over the last three calendar years. Agency staff stated that it is difficult to hire or retain CNAs because the employees lose their eligibility for benefits such as food stamps or child care but do not earn enough to pay for those things. If there could be a transition period where the workers could retain those benefits, it could assist with the retention of these employees.

DMH has a variety of methods to advertise for job vacancies such as advertisements in professional publications, contracts with staffing agencies, and attendance at job fairs. The agency has not worked with the Department of Employment and Workforce (DEW) to find employees. DEW could provide assistance with recruitment and training for positions such as CNAs or public safety officers.

- **Agency Recommendation:** The Department of Mental Health should work with other state agencies, such as the Department of Social Services and the Department of Employment and Workforce, to improve DMH's recruitment and retention of employees.

Appendix

The Department of Mental Health offers a number of programs in addition to its hospitals, community mental health clinics, and nursing homes.

Blue Ribbon Programs. According to DMH, “Blue Ribbon Programs” are identified as outstanding areas of the Department’s service array. Senior Management and statewide advocacy organizations consider the programs to be premiere service areas within the Department’s operations.

- **Children, Adolescents and Family (CAF) Services.** The CAF Services Division provides a seamless statewide system of care for children, adolescents, and their families using best practice programming. These best practice programs include multi-systemic therapy, school-based services, trauma-focused cognitive behavioral therapy, and parent-child interaction therapy. The CAF Division provides staff support and acts in a leadership role to the Joint Council on Children and Adolescents to increase access to services and supports for families living with mental health issues. This division also serves as the communication hub for local CAF directors and provides consultation services, technical assistance, and serves as a monthly forum for the discussion and problem solving of issues relative to children’s services.
- **School-Based Services.** This best practice program identifies and intervenes at early points in emotional disturbances and assists parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. The program is currently in approximately 500 schools with clinicians located within school counselor offices. All services are provided with parental permission, and are protected by confidentiality agreements between parents, the children, and the school. Clinical information is not a part of the student’s permanent record and does not transfer to other schools. The program is funded through state appropriations (\$500,000 in recurring funds), school district funding, and grants.
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).** TF-CBT is an evidence-based treatment model for children ages 3-17 who have experienced a wide range of traumatic experiences, including child abuse, domestic violence, sexual abuse, and traumatic loss. DMH has clinicians trained in TF-CBT in each of the 17 community mental health centers. The agency uses video conferencing to conduct Trauma Informed Care trainings to ensure that all staff have access to the training.
- **Parent-Child Interaction Therapy (PCIT).** PCIT is an evidence-based treatment that seeks to improve a child’s behavior and strengthen the parent-child bond. It is designed for children between the ages of two and a half and seven, and is offered in two phases of parent training intervention. The first phase is the Child Directed Interaction phase, which is designed to teach the parent play therapy skills designed to nurture the child. The second phase is the Parent Directed Interaction, which teaches parents how to give instructions that children can follow. The program has been working closely with “PCIT of the Carolinas” and Duke University’s evidence-based practice implementation center.
- **IPS Employment.** The Individual Placement & Support Employment Program (IPS) is an evidence-based supported employment best practice model. IPS is a collaboration between DMH and the SC Vocational Rehabilitation Department. These agencies combine resources and personnel to implement the IPS Employment model with the goal of placing people with severe mental illness in competitive employment. Among 14 states participating in the IPS Dartmouth/Johnson & Johnson studies, South Carolina was ranked second in the highest average employment rate. From 2007 to 2015, South Carolina IPS programs had an average employment rate of more than 50%. IPS sites are located in Charleston/Dorchester, Berkeley, Greenville, Sumter, Florence, Columbia, Hartsville, Waccamaw, and Anderson Oconee-Pickens.
- **Deaf Services Program.** The department’s Deaf Services Program provides access for clients who are deaf or use American Sign Language. The program is staffed by individuals who are fluent in American Sign Language who can provide clinical and psychiatric services throughout DMH’s inpatient system. Additional components of the program include outpatient services for children, adults, and families using itinerant counselors who work in

regional teams across the state; school-based services in collaboration with the School for the Deaf and the Blind; and residential services in supported apartment locations across the state.

- **Assertive Community Treatment Model (ACT).** This model is an evidence-based practice that re-integrates people with severe mental illness into their communities. Based upon statewide research, specific modifications were made to the original ACT model to maximize positive outcomes. In FY 12-13, nine SC community mental health centers were implementing an ACT-like program. According to DMH, emergency room visits, hospital admissions, and hospital days (both within the DMH system and private hospitals) are the most notable impact areas.
- **Towards Local Care (TLC).** The TLC program was started in 1989 with the purpose of assisting patients with their transition from inpatient institutions into the community, helping patients remain in their communities and avoid re-hospitalization, facilitate downsizing of the agency's long-term psychiatric facilities, and to reduce the acute care psychiatric admissions. Every DMH community mental health center has a TLC program. These programs include community care residence, homeshare, supported apartments, and rental assistance. As of July 2014, a comparison of TLC participants' DMH inpatient use before and during TLC led to an 84% reduction in the number of patients requiring DMH hospitalization, and a 95% reduction in the number of days in a DMH inpatient facility.
- **Housing & Homeless Services.** DMH's Housing & Homeless Program has funded the development of over 1,600 housing units for people with mental illnesses across the state. The HUD Shelter Plus Care program has locations in 14 counties and provides rental assistance to over 350 patients and their family members. The Health and Human Services Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program provides funding for targeted outreach and clinical services to people who are homeless and have serious mental illness and co-occurring disorders. DMH is the lead agency for the Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access and Recovery (SOAR) initiative. SOAR, a Substance Abuse and Mental Health Services Administration (SAMHSA) best practice, is a partnership with the Social Security Administration and SC Disability Determination Services that increases access to Social Security disability benefits for people with serious mental illnesses who are homeless or at risk of homelessness. Last year, initial approval for SOAR applications was 62%, with an average decision time of 93 days.
- **Assessment & Resource Center (ARC).** The ARC is a children's advocacy center accredited through the National Children's Alliance. It is the only state-funded children's advocacy center in the state. DMH collaborates with the USC School of Medicine's Department of Pediatrics and Palmetto Health Children's Hospital to provide integrated services for children suspected of being physically or sexually abused. The ARC provides *ChildFirst South Carolina* training in forensic interviewing techniques for law enforcement and child protection professionals. This is a five-day, multi-disciplinary child abuse course that is provided in partnership with the USC School of Law's Children's Law Center. The ARC also provides court preparation for child witnesses, forensic interviews and medical exams, expert testimony in criminal and family court, and victim advocacy. The ARC was administratively transferred from DMH's Division of Inpatient Services to the Columbia Area Mental Health Center in July 2014. It serves approximately 600 children annually.
- **Dialectical Behavior Therapy (DBT).** Currently, ten community mental health centers offer DBT or DBT-like programming. DBT is a one-year program that works with highly symptomatic patients, most of whom have an affective disorder, as well as a borderline personality disorder. DBT is a cognitive behavioral treatment, originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder. Research has also shown that this treatment is effective in treating a wide range of other disorders, including depression, substance dependence, post-traumatic stress disorder, and eating disorders. DBT is a highly structured therapy that provides individual and group therapy and crisis phone consultation. There have been no completed suicides during or after patients undergo the program since DBT began.
- **Behavioral Health for First Responders.** This is a pilot program based on a new model for firefighter behavioral health. It was developed as a result of the National Fallen Firefighters Foundation's experience in supporting the New York City Fire Department after September 11, 2001, and its efforts to assist the Charleston

Fire Department after the Sofa Super Store fire on June 18, 2007. The program provides access to counseling and psychological support to firefighters and their families after a traumatic event. The program has been expanded to include firefighters whose needs arise from multiple traumatic incidents over a multi-year career, rather than the result of one specific incident.

- **SC Veterans Policy Academy.** The goals of this program are to address challenges to treat and reintegrate SC combat veterans into the community. The goals of the program are to locate veterans and their families, reduce intake points for triage of veterans and their families to reduce confusion, to communicate among all stakeholders to identify and share information about resources available to veterans and their families, to reduce duplication of services across state agencies, and to identify federal, state, and private resources to assist and educate veterans and their family members with problems. DMH works with the SC National Guard, USC's School of Social Work, and Star Behavioral Health Providers to provide services and assistance to veterans and their families. The SC National Guard has referred 34 veterans and three family members.
- **Integrated Primary & Behavioral Health Care.** From 2010 through 2014, Tri-County Mental Health had a nearly \$1.9 million SAMHSA grant to develop and integrate primary and behavioral health care. Integrated mental health, substance abuse, and physical health care is an effective way to address patient care, as well as decrease hospitalization, emergency department utilization, and incarceration.
- **Project BEST.** Project BEST is a statewide collaborative effort to use community-based dissemination, training, and implementation methods to dramatically increase the capacity of every community in South Carolina to deliver evidence-supported mental health treatments (ESTs) to every abused and traumatized child who needs them. The long-term goal of Project BEST is to ensure that all South Carolina children and their families, who are identified as having experienced abuse and resulting trauma, receive appropriate, evidence-supported mental health assessment and psychosocial treatment services. Project BEST involves teaching clinicians how to do ESTs and enabling brokers of mental health services to identify and refer appropriate children for treatment, incorporate ESTs into their treatment planning, and monitor treatment progress. Project BEST provides the training and ongoing consultation needed to build the knowledge and skills necessary to deliver ESTs and do evidence-based treatment planning and case management. The initial treatment being implemented by Project BEST is Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT).
- **Peer Support.** In 2004, South Carolina became the second state to negotiate a reimbursable peer support service with the Department of Health and Human Services. Certified Peer Support Specialists use personal experiences with mental illness to help others acquire, develop, and/or expand their rehabilitation skills in an effort to assist in recovery. A DMH study in 2011 showed that patients who receive 50+ hours of peer support annually had a significant reduction in the need for inpatient care and/or crisis services and drastically decreased the frequency to need to see a psychiatrist, nurse, or mental health professional.
- **Jail Diversion/Forensic Services.** This program provides agency consultation and promotes alliances and partnerships in local jurisdictions for coordination of services for offenders with mental illness. All 17 community mental health centers and their clinics provide mental health services to jails, which provide coverage to 38 of the 46 counties. Calhoun, Darlington, Dorchester, Florence, Lee, Marion, and Orangeburg County jails do not currently receive mental health services from DMH community mental health centers. These mental health services in jails and detention facilities include assessment and screening for inpatient admission, medication monitoring, and referral, as needed, for offenders with mental illnesses to other community services/support to prevent recidivism.

In addition to these services, there are three mental health courts around the state that are funded by county government and DMH's community mental health centers. These courts have single dockets to specifically address issues of persons with mental illnesses who become involved with law enforcement and the criminal justice system. The Probate Court serves at the lead agency, in partnership with DMH's community mental health centers and other stakeholders from the Public Defender's Office, the Solicitor's Office, DAODAS, and SC Probation, Parole and Pardon Services. These courts are located in Charleston, Richland, and Greenville counties.

Medical Affairs

- **Evaluation, Training, and Research (ETR).** ETR provides professional development for participants in the DMH Mentoring Program; administers Continuing Medical Education (CME), Nursing Continuing Education (NCE) and Continuing Education (CEU) programs for other licensed clinicians in DMH in accordance with accrediting standards; approves and monitors training which is qualified for peer support training hours; develops an annual needs assessment survey for physicians, nurses and other clinicians in DMH; uses the findings to develop education and training programs for staff; researches, develops and produces computerized learning modules for the agency; administers the Pathlore training database and trains regional administrators statewide; administers the statewide distance learning programs; plans, organizes and coordinates statewide training programs and conferences; provides consultation and assistance in the area of training for centers and facilities within DMH; supports facilities, centers and administration staff in ensuring all training is entered into the Pathlore database; provides nursing orientation, competency verification, CPR, BEST and new employee orientation for the Division of Inpatient Services; coordinates with the staffing agencies who are on the qualified provider list, to process nursing staff, who will work in the Division of Inpatient Services; administers the Cyber Security Training Program for DMH; and, plans, organizes and coordinates the agency-wide supervisory mini series.
- **Office of Quality Management & Corporate Compliance.** The Office of Quality Management's responsibilities include: clinical care coordination; community residential care facilities (CRCF); compliance; quality assurance; and utilization review. Clinical care coordination is a new branch of service for the department as of January 1, 2013. Clients are able to access care whether in the community or at the Community Mental Health Center or other DMH facilities, with the assistance of a care coordinator. The care coordinator identifies and arranges for all the needs of the client, such as transitioning from inpatient to outpatient care or from private to nursing home, as well as finding a family physician or specialist. Community Residential Care Facilities (CRCF) coordinate a comprehensive statewide program to improve the care provided to clients who live in CRCF's and implement and coordinate a statewide program to administer Pre-Admission Screening and Annual Resident Reviews (PASARR). Compliance promotes and monitors DMH adherence to state/federal laws and regulations, as well as to requirements of third party payors for the delivery and billing of quality services. DMH voluntarily implemented its compliance program in 1999, using the guidance of the Office of the Inspector General (OIG) of the US Department of Health and Human Services. Quality assurance establishes methods and procedures to assure that services provided are of the highest quality and systematically monitors performance against established standards for practice and implements actions for improvements as needed to assure that service delivery is appropriate and meets the needs of the patients. Utilization review assesses the appropriateness and efficacy of services in light of the client's medical necessity.
- **Pharmacy Consultation.** The Area of Community Pharmacy Services provides the following services to the 17 community mental health centers statewide: monthly on-site visits by a pharmacy consultant to 83 sites permitted by the South Carolina Board of Pharmacy; medication-related staff development and training for health care professionals; medication education for those SCDMH serves; administration and support of the Consumer Prescription Drug Card Program; administration of an Atypical Neuroleptic Indigent Program and other indigent medication programs; and collaboration with other state agencies to improve patients' access to medication.

Support Services

The Department has various programs within the agency that support the clinical delivery of services.

- **Financial services.** Financial Services establishes policies and administers the financial operations of the department. This ensures the practice of sound business methodologies, financial accountability, and adherence to the laws and regulations of state and federal governments. They also monitor and regulate the financial operations of the department's divisions to achieve cost-effective results from activities so that the stated mission of the department is accomplished with accountability. Financial Services is organized into seven sections: Accounting, Business Office, Budget and Planning, Contracts, Policies and Procedures, Procurement, and Reimbursement.

- **Human Resources.** Human Resource Services supports the department's efforts for a qualified and productive workforce to accomplish the department's mission. The Human Resources Director guides and manages the overall provision of human resource services, policies, and programs for DMH. The major areas include recruiting and employment, classification and compensation management, organizational planning, performance management, HR regulatory compliance, HR policy development and maintenance, employee relations, benefits administration, payroll, records management, employee information management, and pre-employment drug testing. It ensures that the agency is in compliance with HR-related state and federal laws.
- **Information Technology.** Information Technology Services provides automation and technology services, resources and support to the department in an efficient and cost-effective manner. It is responsible for maintaining the department's two core business applications: Avatar and Client Information System (CIS). Avatar is the primary data repository and billing application for the Division of Inpatient Services. CIS is the primary data repository and billing application for the Division of Community Mental Health Services. In addition, Information Technology Services coordinates the technological resources necessary to implement the South Carolina Enterprise Information System (SCEIS). Lastly, while many of the daily information technology operations are located at each inpatient or community mental health center site, Information Technology Services acts as a centralized resource and technological backbone for the state mental health system.
- **Public Safety.** The Office of Public Safety is the law enforcement and security entity for the DMH. It has specific responsibilities for coordinating all law enforcement, safety, and disaster preparedness programs within the department. Its officers perform a variety of law enforcement duties, while working with all components of DMH to ensure the best treatment for DMH's patients. According to DMH, the hallmark of the division is providing quality human service law enforcement with emphasis supporting the agency's mission.

The Office of Public Safety performs the following functions: enforces department rules and regulations, policies and procedures; protects patients, employees, visitors and property; investigates crimes and other violations; enforces all traffic rules and regulations; assists nursing personnel and others when necessary; and collaborates with outside law enforcement, including the State Law Enforcement Division, the South Carolina Department of Juvenile Justice and the South Carolina Department of Public Safety.

The division employs both sworn and security personnel. Public safety officers are certified law enforcement officers. Trained security officers assist and complement public safety officers. Both types of officers are responsible for providing security at department facilities 24 hours a day, seven days a week, and 365 days a year to ensure that patients, staff and visitors are secure. Certified telecommunication operators support officers in the field.

The Office of Public Safety is comprised of seven sections: Administration, Operations/Patrol Unit, Forensic/Edisto/DJJ Services, Transport Unit, Training; Investigations, and Fire, Life & Safety Services.

- **Communications.** The Office of Public Affairs develops and implements communication processes that keep DMH staff, clients, advocates and the public informed about DMH programs, issues facing the department and general mental health issues. The Office of Public Affairs also provides legislative updates to keep stakeholders informed of legislation introduced in the General Assembly that may affect DMH, mental health, health care, or state employees.
- **Physical Plant Services.** The Office of Physical Plant Services, Administrative and Technical Division directs professional engineering, building and preventive maintenance, construction and renovation, building codes and licensing standards, energy use and conservation. The Building Maintenance Division provides maintenance services to all DMH buildings in the Columbia area. These services include electrical, plumbing, HVAC, small projects, locksmith, glass, and energy plant operations. The Grounds Maintenance Division provides grounds services to all DMH properties in the Columbia area. This includes lawn care, planting flowers and shrubs, as well as general upkeep and cleanliness of grounds. This division also provides custodial services and horticulture services for various DMH departments. The Vehicle Management Division provides the fleet vehicles for DMH employees, as well as provides the maintenance and upkeep of these vehicles.

- **Small Projects.** The Office of Special Programs has direct responsibility for three primary areas: financial and operational liaison to the Division of Community Mental Health Services and the Division of Inpatient Services; project direction for the Community Mental Health Services Block Grant; and program management for strategic planning, performance improvement/accountability, and disaster response management services. Other responsibilities include program management for the behavioral health support for first responders.
- **Patient Advocacy.** The Client Advocacy Program is designed to prevent patient rights violations, advocate for the provision of quality of care in a humane environment, review, investigate and resolve patient rights complaints or issues, and monitor the number and types of complaints to identify systemic areas of concern. All inpatient and outpatient facilities have an assigned advocate. Advocates inform patients about their rights, help them speak for themselves or speak on their behalf, assist patients with questions and complaints about rights and services, and bring issues to DMH officials for resolution. If a patient or a family member has a question or concern regarding patient rights, an assigned advocate will interview the patient, staff, and others as necessary. The advocate will then review records, documents, or policies and attempt to negotiate a satisfactory result on behalf of the patient.
- **Patient Affairs.** The mission of the DMH Office of Patient Affairs is to support the department's Recovery Initiative through steering, developing, and supporting patient leaders within the agency. This is accomplished by hiring current and former patients as planners and policymakers, such as client affairs coordinators (CAC), service providers, such as certified peer support specialists (CPSS), and program trainers and evaluators, such as patient-to-patient evaluation and training team members. Within DMH, nine centers and one hospital have a local CAC, who voices patient perspectives in key meetings and policy sessions. CACs perform a variety of key roles, including serving as members of center management teams, supporting the development of patient leadership through client advisory boards (CAB), attending and participating in hospital and departmental meetings and task forces, and participating in anti-stigma campaigns, quality assurance initiatives, and new patient/new employee orientations.
- **Client Advisory Boards (CABs).** CABs provide mechanisms for collaboration and communication, and to empower patients at all department levels. CABs provide independent opportunities for input and involvement in all areas of planning, policy-making, program evaluation, and service provision. South Carolina is one of few state systems that have mandated CABs at each center and hospital. Along with local CABs, CAB members comprise the Statewide Client Advisory Board, which meets every other month.
- **Internal Audit.** This department serves as an independent appraisal function to examine and evaluate agency activities as a service to DMH management and the South Carolina Mental Health Commission. The Internal Audit Division reports administratively to the state director and functionally to the Commission's Audit Committee. Internal Audit provides analyses, recommendations, counsel, and information about activities or processes reviewed, usually in the form of an audit report.
- **Multicultural Council.** DMH's Multicultural Council is responsible for advising and guiding the agency's leadership in the creation and maintenance of a linguistically and culturally competent workforce, service divisions, programs, and collaborative endeavors that is reflective of the diversity of the population the agency serves and local communities.