Agencies, Organizations and Programs Addressing Behavioral Health at the State Level in South Carolina

1) Behavioral Health Council at the South Carolina Hospital Association
The South Carolina Hospital Association (SCHA) Behavioral Health Council serves as a networking forum for members to discuss challenges facing their organizations in the delivery of behavioral health services and to develop public policy recommendations on relevant issues.

2) Faces and Voices of Recovery – South Carolina (FAVOR SC)
FAVOR SC is a non-profit organization that promotes long-term recovery from substance use disorders through education, advocacy and recovery support services resulting in healthier individuals, families and communities. FAVOR SC has a board that consists of two representatives from each of the five chapters in South Carolina and several consultants. FAVOR SC receives part of its funding from the South Carolina Department of Alcohol and Other Drug Abuse Services.

The core beliefs of FAVOR SC are:
- Recovery is a reality in the lives of millions
- There are many paths to recovery
- Recovery is a voluntary process
- Recovery flourishes in supportive communities
- Recovering people are part of the solution
- Recovery give back what addiction has taken away

FAVOR SC supports the work of five chapters in South Carolina:
- FAVOR Greenville
- FAVOR Grand Strand
- FAVOR Midlands
- FAVOR Tri-County
- FAVOR Pee Dee

3) Federation of Families of South Carolina
The Federation of Families of South Carolina is a non-profit organization that serves families of children with any degree of emotional, behavioral or psychiatric disorder. The organization strives to provide leadership in the area of children’s mental health through education, awareness, support and advocacy. The goals of the Federation of Families are to:
- Provide technical assistance and support when addressing the unique needs of children and youth and help them navigate the current mental health system and to advocate for an improved mental health system of care
- Participate in prevention and intervention activities and promote community-based services
- Facilitate a network of information to and from parents, youth and providers
- Involve families and youth in policy and program development to ensure access to appropriate services

Services Include:
- Individual and group support networks
• Telephone and e-mail support
• Referrals
• Screening tool
• Youth Motivating Others through Voices of Experience (M.O.V.E.) (provides youth with the opportunity to come together in an effort to raise awareness around youth issues)
• Educational resources

4) Joint Citizens and Legislative Committee on Children
The Joint Citizens and Legislative Committee on Children was created to research issues regarding the children of South Carolina and to offer policy and legislative recommendations to the Governor and Legislature. Membership of the Committee on Children is comprised of:
- 3 Senators appointed by the President Pro Tempore of the Senate: Senator Michael L. Fair, Senator C. Bradley Hutto and Senator Darrell Jackson
- 3 Representatives appointed by the Speaker of the House: Representative Shannon S. Erickson, Representative Mia S. McLeod and Representative L. Kit Spires
- 3 Citizens appointed by the Governor: Ms. Marie M. Land, Mr. W. Derek Lewis and Mr. George M. Milner
- The State Superintendent of Education, Mitchell M. Zais
- Directors of the Departments of Mental Health, Social Services, Juvenile Justice and Disabilities and Special Needs: John H. Magill, Lillian B. Koller, Margaret H. Barber and Beverly A. Buscemi

The Committee on Children identifies and researches issues related to children, provides information and recommendations to the Governor and General Assembly, offers recommendations for policy and legislation and collaborates with state agencies that serve children. The Committee on Children publishes an Annual Report to the Governor and the General Assembly. Research and staff support for the Committee on Children is provided by the Children's Law Center at the University of South Carolina School of Law.

2013 Annual Report Topic Areas
- School Readiness
- Childhood Obesity
- Fatal and Non-fatal Injuries
- Immunizations
- Child Trauma

Several studies and initiatives sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) demonstrate positive, often dramatic, results for child trauma victims and their families when properly served with needed services and support systems provided by a network of pediatricians, mental health counselors and school personnel.

Within six months of treatment, many children exposed to traumatic events show improved symptoms and functioning at home, in school and in their communities. After 12 months, 44% of treated children experienced improved school attendance and grades, arrests of juveniles dropped by 36% and suicide attempts dropped by 64%.
These positive results suggest that early and effective interventions work to reduce or eliminate more serious health and behavioral concerns and avoid costly treatment of consequential disorders. The Committee on Children adopted trauma-informed practice as an initiative in 2012 and tasked the Joint Council on Children and Adolescents, comprised of state and local agencies, with leading this initiative. The Joint Council has worked to provide training to child-serving professionals.

The Joint Council’s trauma-informed care workgroup has been led by the Department of Alcohol and Other Drug Abuse Services, the Department of Juvenile Justice, the Department of Mental Health, the South Carolina Chapter of the National Alliance on Mental Illness and the Continuum of Care for Emotionally Disturbed Children. This group has trained over 1,300 staff who work with children. As a consequence of these initiatives, identification and treatment for children experiencing trauma has improved in South Carolina. Testimony received at the Committee’s 2012 Town Hall Meetings strongly supports the state’s trauma-informed treatment training initiative and urged the continuation and expansion of evidence-based mental health treatment options for child trauma victims.

5) Joint Council on Children and Adolescents
Joint Council on Children and Adolescents (JCCA) membership consists of representatives from the following categories: Child-Serving State Agencies, Community and Other Organizations and Youth and Family Advocates. Current JCCA membership consists of the Directors, or their designees, of the following agencies/organizations:

- Department of Mental Health (DMH)
- Department of Juvenile Justice (DJJ)
- Department of Social Services (DSS)
- Department of Alcohol and Other Drug Abuse Services (DAODAS)
- Department of Disabilities and Special Needs (DDSN)
- Department of Education
- Department of Health and Environmental Control (DHEC)
- Department of Health and Human Services (DHHS)
- Continuum of Care
- Commission for Minority Affairs
- Behavioral Health Services Association of South Carolina
- Children’s Law Center
- Faces and Voices of Recovery SC (FAVOR SC)
- Federation of Families
- National Alliance on Mental Illness – South Carolina
- South Carolina Primary Health Care Association
- South Carolina Association of Children’s Homes & Family Services
- Children’s Trust of South Carolina
- University of South Carolina College of Social Work
- Blue Cross Blue Shield Foundation
Vision:
The children and adolescents of South Carolina are safe, healthy and educated and they learn to function well with family and others and to become responsible, productive citizens.

Mission:
To develop a coordinated system of care that promotes the efficient provision of effective services for children, adolescents and their families.

Goals:
The South Carolina Joint Council on Children and Adolescents strives to meet the changing needs of children, adolescents and their families through a collaborative effort in the development of a system of care for the efficient delivery of services offered by government and private child-serving organizations. The Joint Council shall promote a coordinated continuum of services, support and policies which integrate planning and management based upon meaningful partnerships with families and youth. Areas of interest include behavioral and physical health, mental health, substance abuse, developmental delays, child protection and welfare and juvenile justice.

The Joint Council endorsed the following list of core competencies and tasked its Training Collaborative to develop a statewide training plan that could be easily accessed:
1. Understanding Childhood and Adolescence Substance Abuse
2. Understanding Mental Health Issues
3. Diagnosis of Co-Occurring Disorders in Children and Adolescents
4. Normal Childhood and Adolescent Development
5. Treatment Knowledge for Children/Adolescents
6. Screening, Assessment and Referral
7. Crisis Management
8. Families and Communities as Partners
9. Cultural Competency
10. Professional and Ethical Responsibility
11. Trauma-Informed Practice
12. System of Care Competencies and Principles

Decisions made by the Council that have been implemented throughout the state include:
- Adopted the GAIN-SS as a universal screening tool that would be used by all provider agencies for early identification and referral for treatment services.
- Endorsed a list of core competencies for adolescent providers to ensure a high-quality, well-trained workforce for treating adolescents and their families.
- Implemented a statewide training plan for promoting quality standards in training and ongoing supervision opportunities.
- Recommended the Cognitive Behavioral Treatment (CBT) model as the evidence-based program for the treatment of co-occurring disorders in youth.
- Selected five state agencies to conduct a review of their current policies and procedures to determine how family-driven care and family involvement could be better integrated into their work.
Current JCCA initiatives include:

- Regional Trauma Informed Care trainings throughout the state
- Development of the Palmetto Coordinated System of Care (See #8)
- Creation and continued development of The Learning Management System (http://www.scjcca.org/) which provides free online training for providers in South Carolina

6) Mental Health America (MHASC)
MHASC has served the state of South Carolina since 1954 as a private not-for-profit organization. Their mission is improving the lives of people with mental illness in South Carolina, promoting mental health, preventing mental disorders and achieving victory over mental illness through advocacy, education, research and service. MHASC assists individuals with mental illnesses and their families, provides community educational trainings and reaches out to the state through health fairs and advocacy activities. MHASC programs include:

- Housing
  - MHASC created Turnkey Housing Corp. which is an arm of the organization that develops housing. The housing staff work with local communities to design housing that best fits the needs of consumers and may use federal, state and private funding sources for construction.
  - The KIVA Lodge (a group home for eight residents with persistent severe mental illness) located in Blythewood, South Carolina. This group home provides structured independent living with medication monitoring, group and individual therapy and ongoing support to ensure successful living in a community environment.
- Bridges Clubhouse
  - A program, in partnership with the Lexington Mental Health Center, which offers an array of psychological, social and vocational programs, housing assistance and case management services in a family oriented atmosphere to assist recovery.
- Our Place Clubhouse
  - A day program in Charleston that helps people with mental illness to reach goals of independent living, developing new coping skills and continuation of recovery.
- Suicide Prevention
  - Education related to suicide and the warning signs. Recommend using the QPR method, which stands for Question, Persuade and Refer -- 3 simple steps that anyone can learn to help save a life from suicide.
- Mental Health Screening
  - Online screening tool available for community use.
- Don’t Duck Mental Health
  - I.C. HOPE® “Don’t Duck Mental Health®” program is a public awareness and education campaign that dispels the negative perceptions and images associated with mental illness and mental health issues.
- Operation Santa
  - An annual holiday event that ensures all patients in state facilities receive at least one present.
MHASC also works on policies regarding South Carolina mental health clients and conducts public education campaigns through public appearances, media contacts, statewide speaking engagements, targeted workshops, legislative education days, special mailings, newsletters and community collaborations.

7) National Alliance on Mental Illness (NAMI) - SC
NAMI-SC, located in Columbia, SC, was founded in 1986 and has 18 affiliates around the state. The mission of NAMI-SC is to improve quality of life for individuals who live with mental illnesses and for their families by promoting the availability of effective services and resources through education, support and advocacy. NAMI-SC houses multiple programs related to mental health:

- For Families
  - Family-to-Family (a course for family members of adult individuals experiencing symptoms of mental illness)
  - NAMI Basics (for parents and other caregivers of children and adolescents experiencing symptoms of mental illness)
  - Family Support Group (for family members of individuals experiencing symptoms of mental illness)

- For Consumers
  - Peer-to-Peer (an experiential learning program for people experiencing symptoms of mental illness who are interested in establishing and maintaining their wellness and recovery)
  - In Our Own Voice (IOOV) (a public education program presented by two trained consumer speakers experiencing symptoms of mental illness and achieving recovery)
  - NAMI Connections (a weekly recovery support group lead by consumers in recovery for people experiencing symptoms of mental illness)

- For Schools
  - Breaking the Silence (teaches school children about mental illness)
  - Parents and Teachers as Allies (helps families and school professionals identify the key warning signs of early-onset mental illness in children and adolescents in our schools)

- For Professional Providers
  - Provider Education (for line staff at public agencies who work directly with people who experience symptoms of severe and persistent mental illness)

- For Law Enforcement and EMS
  - Crisis Intervention Training (CIT) (educates police officers about mental illness and how to apply their training in the field)

8) Palmetto Coordinated System of Care
It is the vision of the Palmetto Coordinated System of Care that the children and families of South Carolina shall receive services when needed which are designed to achieve safe, healthy and functional lives as successful, responsible, productive citizens.

It is the mission of the Palmetto Coordinated System of Care that the services provided by the agencies of the State of South Carolina to its citizens are thoughtfully planned and efficiently coordinated in a system of care and service delivery designed to respond to the needs of the child and family across agency lines of responsibility; the elimination of barriers to services; increased affordability and cost-
effectiveness by the braiding of governmental funding; and, the appropriate involvement of families
and local providers in decision-making for services.

The child-serving agency members:

- Department of Social Services
- Department of Juvenile Justice
- Department of Mental Health
- Department of Disabilities and Special Needs
- Department of Health and Human Services
- Department of Alcohol and Other Drug Abuse Services
- Department of Education
- Continuum of Care

The Leadership Team directing the System of Care has the directors of the above eight agencies and
three family member representatives.

9) Partners in Crisis

Co-Chaired by Judge Amy McCulloch and Sheriff Leon Lott

Partners in Crisis is a statewide coalition of stakeholders, including law enforcement officers, elected
officials and mental health advocates that have come together to advocate for improvements in the
state's mental health and substance abuse delivery system. Their mission is to promote access to
quality services, treatment and support for children and adults that have a mental illness and/or
substance abuse disorders. The goals for the group include:

- Promoting education and fostering awareness of mental health and/or substance abuse issues
- Advocating for appropriate resources for the prevention, care, treatment and follow-up services
  for individuals with a mental illness and/or substance abuse disorder
- Encouraging accountability of all community service providers and other activities or actions
  which will further the goals of promoting access, funding, education and advocacy for mental
  health and substance abuse services.

Partners:

- J. David Almeida, Eli Lilly and Company
- Heyward Bannister, President and Owner of BANCO/Bannister Co., LLC
- William Bilton, Richland County Solicitor’s Office
- Judge Mary Blunt, Dorchester County Probate Court
- Jarrod Bruder, S.C. Sheriff’s Association
- Gregory B. Gattman, Palmetto Health
- Jim Head, SC Hospital Association
- Joy Jay, Mental Health America - South Carolina
- Bill Lindsey, National Alliance for the Mentally Ill- SC
- Elyssia Lowe, CEO Three Rivers Behavioral Health
- Judge Amy McCulloch, Richland County Probate Court
- Jeff Moore, S.C. Sheriff’s Association
- Ronaldo Myers, Director of Alvin S. Glenn Detention Center
• Bonnie Pate, SC SHARE
• L. Gregory Pearce, Jr., Richland County Councilman, District 6
• Elizabeth Powers, SC Hospital Association
• Gloria Prevost, S.C. Protection and Advocacy for People with Disabilities
• Theodore D. Riley, Riley Pope and Laney
• David Ross, Executive Director SC Commission on Prosecution Coordination
• Dean Anna Scheyette, College of Social Work, USC
• John Stewart, M.D., SC College of Emergency Physicians
• Anne F. Summer, Mental Health Partners
• Joel Wier, National Alliance for the Mentally Ill-SC

10) Protection & Advocacy for People with Disabilities
Established in 1977, the Protection & Advocacy for People with Disabilities (P&A) is a statewide, non-profit organization that seeks to protect and advance the legal rights of people with disabilities. The P&A board of directors sets priorities annually under which P&A investigates reports of abuse and neglect. They also advocate for disability rights related to health care, education, employment and housing. Individuals of all ages and disabilities are served with no charges for service. Services include:

• Information Referral
• Case Representation
• Systemic Advocacy
• Training and Education
• Grievance Procedure

2013-2014 Priority Areas:

• People with disabilities will be protected from abuse and neglect.
• People with disabilities will receive the services and supports they need to live in the homes of their choice.
• People with disabilities who are in the custody of the South Carolina Department of Corrections will receive legally adequate mental health care.
• Help people with disabilities overcome barriers to work.
• Students with disabilities in the public school system will receive appropriate educational services in the least restrictive environment (LRE) without being secluded or inappropriately restrained.
• People with disabilities will obtain assistive technology such as computers, wheelchairs or other devices needed for work, school or other activities.
• People with disabilities will have legal representation in order to enforce their rights to equal access to goods, services, places and housing in the community.
• People with disabilities will be able to fully participate in the voting process.
• P&A will consider individual case representation issues that are legally compelling and are not identified under other priorities.
• P&A will conduct inspections of organizations that serve as representative payees of Social Security Disability Insurance (SSDI)/Social Security Income (SSI) beneficiaries. This work is conducted pursuant to a contract between P&A and the National Disability Rights Network (NDRN).
• P&A will provide outreach to military personnel and their families about their disability rights.
• P&A will advocate on behalf of people with disabilities in state and local disaster preparedness planning.
• P&A will conduct trainings regarding assistance/service animals.

11) South Carolina Continuum of Care
The South Carolina Continuum of Care works to ensure that children with severe emotional disturbance and their families whose needs are not being adequately met have continued development and delivery of appropriate services. Continuum of Care provides care coordination (case management) for patients age 6-21 by connecting children to service such as in-home treatment, education services, counseling and volunteer and community services.

The Continuum of Care is primarily funded with state revenues and Medicaid funds and has an administrative state office in Columbia and four regional offices located in Columbia, North Charleston, Greenville and Florence that provide services.

Guiding Principles
1. Families have the primary responsibility to care for their children's basic and special needs.
2. The Continuum will not reject a qualified applicant because of the severity of his/her emotional problems, the severity of need or difficulty to manage.
3. The Continuum will not eject a client because of the severity of his/her emotional problems, the severity of need or difficulty to manage.
4. The Continuum will develop a plan for services for each client in partnership with the client's family. This plan will be individualized and based on the specific needs of the client and on the support needs of the family related to the client.
5. The Continuum will use a multidisciplinary, interagency approach to service planning.
6. Clients will be provided services appropriate to their age and gender and sensitive to unique racial, ethnic and cultural distinctions.
7. Clients will have access to an interrelated array of therapeutic services with intensive case management as the unifying element of the array. Case managers will be aggressive advocates for individual clients and their families.
8. Clients will be served in the most normalized, least restrictive appropriate setting. Clients should remain with their families whenever possible and services will be provided, to the greatest extent possible, within the child's home community.
9. A range of support services should be available to families to strengthen their functioning and their ability to meet the needs of their child.
10. Efforts to reunify families will be a primary focus of case management when a child has been placed outside the home. Case management efforts should focus on maintaining the child's connections with family members whenever a child is placed outside his/her home.
11. Clients should not be confined in a state institution unless that confinement is in the best interest of the child and offers the most appropriate setting for the delivery of needed services.
12) South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)
Governor's Council on Drug and Substance Abuse

*Bob Toomey, Director; W. Lee Catoe, Council Chairman*

The Governor's Council on Substance Abuse Prevention, created January in 2001, provides oversight for the Governor's Cooperative Agreement for Prevention (G-CAP) initiative and serves as an advisory group to the Governor on issues related to the prevention of youth substance abuse. Two workgroups of the council, the Comprehensive Prevention Strategy Workgroup and the Funding and Resources Workgroup, explore key areas that the Governor's Council is charged with addressing. The council is made up of representatives of a number of state agencies and non-governmental organizations including:

- SC Council of Alcohol and Drug Abuse Authorities
- SC Department of Health and Human Services
- SC Law Enforcement Officers' Association
- SC PTA
- SC Recreation and Parks Association
- SC Society of Addiction Medicine
- SC Teen Institute Board of Directors
- Greenville Family Partnership
- Clemson University Department of Public Health Sciences
- University of South Carolina School of Public Health
- Southeast Center for the Application of Prevention Technologies
- U.S. Center for Substance Abuse Prevention/Substance Abuse and Mental Health Services Administration

*(G-CAP funds, which are part of the State Incentive Grants that the U.S. Center for Substance Abuse Prevention/Substance Abuse and Mental Health Services Administration award, are intended to reduce substance abuse among young people ages 12 to 17, and are administered through the South Carolina Department of Alcohol and Other Drug Abuse Services).*

DAODAS oversees the state's public substance abuse system, which is made up of 33 county alcohol and drug abuse authorities that have incorporated themselves as Behavioral Health Services Association of South Carolina Inc. (BHSA). The 33 county authorities have offices in each of the state’s 46 counties, thereby ensuring the availability of core substance abuse services to all South Carolina residents. These services include prevention, acute treatment, inpatient and outpatient services, the Alcohol and Drug Safety Action Program (ADSAP) for DUI offenders, adolescent services, women’s treatment services and recovery supports. Each of these services is driven by evidence-based practices and monitored by DAODAS for quality assurance.

The primary source of funding for these prevention and treatment programs is the Substance Abuse Prevention and Treatment Block Grant. This grant is provided by U.S. Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA). The federal block grant currently provides almost 50 percent of the department's funding for direct services coordinated by the county alcohol and drug abuse authorities.
13) South Carolina Department of Corrections (SCDC)
The primary goal of the SCDC Division of Behavioral/Mental Health and Substance Abuse Services is to identify, assess and provide substance abuse program opportunities that are educational and therapeutic as well as provide mentally ill offenders with a continuum of treatment and care.

Mental Health Division Program Philosophy
- SCDC is committed to providing high-quality mental health treatment to offenders. Treatment focuses on development of appropriate coping skills, self-management, management of disturbed behavior and risk to self and others. Program services include:
  - Group and Individual Psychotherapy
  - Psychiatric Evaluations
  - Psychological Assessments
  - Crisis Assessments
  - Crisis Intervention
  - Psychopharmacology
  - Inpatient Hospitalization
- Mental health services are accessed through four different settings:
  - Gilliam Psychiatric Hospital (GPH)
    - Services provided to inmates with acute mental health problems
    - Admission may be voluntary or involuntary
    - Male inmates are assigned to GPH and females are assigned to a contract facility
  - Intermediate Care Services (ICS)
    - Services provided to inmates with a serious and persistent mental illness that requires intensive treatment, monitoring and care.
  - Area Mental Health
    - Services provided to inmates with moderate symptoms who need frequent or ongoing mental health services
  - Outpatient Mental Health
    - Services provided to inmates who are able to function with limited support from mental health staff (this is provided in most SCDC institutions)
- Inmates who are considered “special needs” and have a mental health and/or medical diagnosis are also provided with services. Programs will be located at facilities that provide for necessary medical, psychiatric and mental health coverage and management of any psychotropic medication.
- Current special needs groups include:
  - Habilitation Program
  - Sexual Offender Treatment Program
  - Women Services
  - Handicap Unit
  - Hospice

Mental Health Treatment and Services
- Case Management
  - A Mental Health Professional (MHP) ensures that appropriate treatment and services are provided for inmates
- Treatment Team
Discuss relevant information, related to inmates, including:

- new assessment/intake
- additions to MPH caseload
- recommendations to discharge
- discharge plans
- recommendations for changes
- recommendations for referrals (psychiatry, ICS, area mental health centers)
- initial treatment/service plan
- discussion/updates
- quarterly updates or standard updates on treatment/service plans
- refusal of services
- any significant change in diagnosis or treatment/service plan
- behavior management plans

- Medication Administration and Monitoring
  - Each inmate who is prescribed medication for a mental illness will be monitored by a MHP and a psychiatrist as needed. Inmates will be consistently evaluated by a psychiatrist, physician or trained physician’s assistant or nurse practitioner.

- Individual and Group Counseling
  - MPHs will plan and organize group and individual counseling services

- Crisis Intervention (CI)
  - Provides a safe environment for inmates who exhibit signs, symptoms or changes in behavior due to mental illness and are believed to be capable of causing harm to themselves, others or the environment

- Habilitation Program
  - Provides appropriate social, vocational and academic skills for offenders with mental retardation or other developmental disabilities

- Sex Offender Treatment Program
  - Treatment provides educational groups, treatment groups and relapse prevention groups to inmates sentenced under the Youthful Offender Act and straight time inmates

- Self-Injurious Behavior Program
  - Long-term therapeutic program for male inmates that have long standing behavioral health problems offers a balance of therapies and activities in a safe, structured setting. The program has a multi-disciplinary team that addresses all medical, psychiatric, social and academic needs.

- Maternal Services
  - All pregnant inmates, who are not assigned to the Youthful Offender Intensification Program, will be assigned to the Camille Griffin Graham Correctional Institution for their entire pregnancy. They will remain in the institution until the six week post-partum physical exam has been completed. Services for pregnant inmates and custodial placement of newborns will be coordinated by a Prenatal Custodial Coordinator.

- Handicapped Services
  - Mental health services will be coordinated by the mental health staff. Handicapped services will be provided concurrently with mental health and other special needs services.
• Hospice Services
  o Hospice/palliative service inmates are assigned an MHP who will conduct a psychosocial assessment, admission assessment and develop a hospice or palliative service treatment plan

• Referral to Mental Health
  o Requests for a mental health evaluation and/or services may be initiated during the intake process or by the medical staff, an inmate’s family or any staff member

• Discharge Planning
  o A detailed plan is developed for the inmate who is nearing the end of incarceration. The plan includes specific dates for completion of tasks designed to aid in the transition of the mentally ill inmate into community-based services.

• Special Management Unit (SMU)
  o A mental health assessment will be performed on inmates housed in SMU facility within 30 days of admission and then every 90 days afterward until they are released

The division also offers several other programs including:
• Pre-Release Programming (Manning Correctional Institution-Manning, SC)
  o A six month program that houses 600 inmates and helps to prepare inmates for re-entry into the community. The three focus areas of the program are life skills, self-improvement and employability readiness.
    ▪ Clinical counselors conduct individual and group sessions and aid in discharge planning needs for inmates who are returning to the community.

• Screening, Identification and Orientation Program
  o Screen and identify all newly admitted offenders for potential behavioral health and substance abuse needs.

• Female Substance Abuse Programs
  o Camille Graham Addiction Treatment Unit (Columbia, SC): A residential 48-bed program that is designed to provide offenders with six to nine months of structured programming.
  o Goodman Addiction Treatment Unit (Columbia, SC): A residential 45-bed program for straight time sentenced and youth offenders. It is designed to provide the offenders with six months of structured programming.

• Adult Male Substance Abuse Programs
  o Horizon Addiction Treatment Unit (Bishopville, SC): A 256-bed residential program located in the Lee Correctional Institution. The six month program addresses substance abuse, criminal thinking and other life skills issues. Court ordered and conditionally paroled offenders with identified substance abuse program needs are given priority for admission.

• Male Youthful Offender Substance Abuse Program
  o A six to nine month structured treatment programming facility with 192 beds for youth male offenders at two locations: Turbeville, SC and Trenton, SC

• HIV/AIDS Programming
  o The program provides inmates who are living with HIV/AIDS with skills, self-discipline and a sense of responsibility that will help them learn to live with HIV/AIDS in a manner that supports their physical, mental and spiritual health.
14) South Carolina Department of Health and Human Services (DHHS)
The South Carolina Department of Health and Human Services, Bureau of Long Term Care and Behavioral Health Services is responsible for all long term care programs, both institutional and community based, for the elderly and other special needs populations. Below are the DHHS programs that relate to behavioral health:

a) Birth Outcomes Initiative
The South Carolina Birth Outcomes Initiative (BOI) is an effort that focuses on improving birth outcomes by reducing the number of low birth weight babies, reducing NICU admissions and stays and reducing racial disparities in birth outcomes. In order to achieve their goals, the BOI created several workgroups, one of which is undertaking the following initiatives related to behavioral health:
- Implementation of the Screening, Brief Intervention and Referral to Treatment (SBIRT) tool, which is a universal screening and referral tool in physician offices for screening pregnant and postpartum women for tobacco use, substance abuse, alcohol use, depression and domestic violence (Comprehensive Behavioral Health group).
- Improve care for infants exposed prenatally to narcotics by developing and disseminating best practices and coordinating referrals (Comprehensive Behavioral Health group).

b) Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program
- Provides funding for outreach and clinical services to persons with serious mental illnesses and co-occurring disorders who are homeless (programs currently located in Columbia, Greenville, Spartanburg, Myrtle Beach and Charleston).
- The program has implemented the Social Security benefits: Outreach, Access and Recovery (SOAR) Initiative in three pilot locations; Charleston, Columbia and Greenville Community Mental Health Centers.
  - SOAR provides states with technical assistance and training to increase access to Social Security disability benefits for people who are homeless or at risk of homelessness and have a mental illness and co-occurring disorder.

c) Quality through Technology & Innovation in Pediatrics (QTIP)
DHHS integration of behavioral health and primary care services in 18 pediatric practices in South Carolina
Goals:
- Quality: demonstrate that newly developed quality indicators can be successfully utilized in pediatric practices;
- Technology: share key clinical data through a statewide electronic quality improvement network;
- Innovation: develop a physician-led, peer-to-peer quality improvement network; and
- Pediatrics: expand the use of pediatric medical homes to address mental health challenges of children in our state.
15) South Carolina Department of Mental Health
Mental Health Commission
(John Magill, Director; Alison Y. Evans, Psy.D., Chair)
The South Carolina Mental Health Commission is the governing body of the SC Department of Mental Health and has jurisdiction over the state's public mental health system. The seven members are appointed for five-year terms by the Governor with advice and consent of the Senate. The Commission determines policies and promulgates regulations governing the operation of the department and the employment of professional and staff personnel.

Powers and Duties of the Mental Health Commission:
1. Cooperate 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.
2. Inaugurate and maintain an appropriate mental health education and public relations program.
3. Collect statistics on mental illness, drug addiction and alcoholism.
4. Provide vocational training and medical treatment which must tend to the mental and physical betterment of patients and which is designed to lessen the increase of mental illness, drug addiction and alcoholism.
5. Encourage the directors of hospitals and their medical staffs in the investigation and study of these subjects and of mental health treatment in general.
6. Provide 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 re-commitment of citizens to hospitals.

Additional DMH Initiatives:
a) Primary care mental health integration pilots –DMH and partners
   • Aiken-Barnwell MHC & Rural Health Services d/b/a Margaret J. Weston Health Center
   • Beckman CMHS & Carolina Health Centers, Inc.
   • Charleston-Dorchester CMHC & Franklin C. Fetter Family Health Centers, Inc.
   • Pee Dee MHC & Hope Health, Inc.
   • Santee-Wateree MHC & Sumter Family Health Center, Inc.
   • Tri-County MHC & CareSouth Carolina, Inc.
   • Waccamaw CMH Services & Little River Medical Center, Inc.
   • Coastal Empire MHC & Beaufort Jasper Hampton Comprehensive Health Service

b) DMH Clinical Care coordination (30 care coordinators in Community Health Centers)
   • The Care Coordinator serves as the patient's point of contact for navigating access to primary care and other medical providers, identifying their social support needs (eligibility for medical assistance, housing, employment, etc.) and the resources that will meet those needs.

c) Partners in Behavioral Health Services - DMH, The Duke Endowment (TDE), the Medical University of South Carolina (MUSC), SCHA, University of South Carolina (USC), the Office of Research and Statistics (ORS) and the Medical College of Georgia (MCG).
- Tele-psychiatry Emergency Department Consultation Program
  - A real time, video and voice technology that connects psychiatrists to hospital emergency rooms in South Carolina. Overall, the quality and timeliness of triage has increased, the length of stay in the emergency department has decreased and hospitals have seen financial savings.
  - Psychiatrists are available 18 hours a day, seven days a week.
  - Patients who have been discharged from tele-psychiatry consultation have a higher rate of accessing mental health services in the community, which can reduce their risk of re-admission to the emergency department.
  - From 2010 to 2013, the average number of behavioral health patients receiving tele-psychiatric consultations increased from 8.7 to 12.3 per day.
  - Hospitals save at least $1,800 per patient that is seen by a tele-psychiatrist.
  - Tele-psychiatry is located in 21 emergency departments in the state.
  - As of February 2013, approximately 40% of patients are discharged within 24 hours or less as a result of their tele-psychiatry emergency room consultation.

For more information: http://www.state.sc.us/dmh/telepsychiatry

- d) Children, Adolescents and Family Services
  The Children, Adolescents and Family (CAF) services develops and implements a statewide system of care for children, adolescents and families in South Carolina. DMH has several Best Practice Programs including School-Based Services.
  - School-Based Services
    - Provide mental health programs that are easily accessible to children and their families in communities. The goal is to provide a mental health professional in every school in South Carolina.
    - The mission of school-based services is to identify and intervene at early points in emotional disturbances and assist parents, teachers and counselors in developing comprehensive strategies for resolving these disturbances.
    - In 2012, DMH staff were in 385 schools in South Carolina (36 percent of schools); 11,525 children have been served through the School-Based programs.
      - 189 Elementary Schools
      - 100 Middle Schools
      - 70 High Schools
      - 26 Alternative, Charter or Specialized Schools

- e) Jail Division/ Forensic Services
  The Jail Division/Forensic Services established a program that provides training for law enforcement regarding de-escalation of encounters with persons in a psychiatric and/or emotional crisis. The program also provides consultation and promotes alliances and partnerships in local jurisdictions for the coordination of services for offenders with mental illness. Overall, there have been 3,417 law enforcement officers trained through this program. All DMH community mental health centers and their clinics provide mental health services to jail and detention facilities including:
  - Assessment and screening for inpatient admission
  - Medication monitoring
  - Referral for offenders with mental illnesses to other community services and supports to prevent re-offending
South Carolina also has three mental health courts located in Charleston, Richland and Greenville counties. The Mental Health Courts are funded by county governments and DMH’s community health centers. These courts focus on people with mental illnesses who have become involved with law enforcement and the criminal justice system. Services provided by the Mental Health Courts include:

- Crisis Management
- Case Management
- Individual, family and group counseling
- Groups in the areas of criminal thinking, substance abuse and anger management

f) U.S. Department of Housing and Urban Development (HUD) Shelter Plus Care

- DMH administers eight HUD Shelter Plus Care grants that fund nine programs located in fourteen counties.
  - The HUD Shelter Plus Care is a federal grant that provides rental assistance funds for housing units for homeless persons with mental illness. These units may be occupied by individuals or families with children with mental illness.
- DMH also supports and matches the funds for a program administered by the Myrtle Beach Housing Authority

16) SC SHARE

SC SHARE is a statewide non-profit organization that provides individuals with a mental illness tools for recovery, which they define as regaining meaning and purpose in their lives. The organization also established nine core values to aid in the recovery process:

- Education (develop and discover skills, knowledge and awareness)
- Choice (make responsible, informed decisions)
- Growth (growing and reaching your full potential)
- Hope (belief in the recovery process and expectations for change)
- Support (assist and encourage)
- Wellness (a positive state of recovery that leads to wholeness of mind, body and spirit)
- Community awareness and understanding (educating the community to improve perception of mental illness)
- Responsibility (taking ownership and accountability of yourself)
- Empowerment (having the tools, knowledge, skills and courage to grow, discover and proceed in recovery)

The concept of recovery is the foundation for all of their activities and resources. SC SHARE activities and resources include:

- Educational Workshops that:
  - Increase understanding of mental illness
  - Introduce individuals to new coping skills
  - Give information about how to access new resources
  - Helps individuals become fully engaged in their recovery
  - Helps individuals become their own advocates
  - Helps individuals to understand the need for partnership with their service providers
- Peer Support
- Recovery Resources
- Mentor Program
17) Statewide Housing Task Force
Co-Chaired by Joy Jay and Mike Chesser
The Statewide Housing Task Force conducted a needs assessment on available housing for mental health clients. Based on the information gathered by the task force, there is a gap between the total need of housing units and what is available. The largest gap is with “Apartments with Rent Supports with Mental Health Services Available.” Currently there is a need for 6,729 but there are only 2,868 available units; therefore there is a gap of 3,861. The next largest gap is with the “Apartments with On-Site or Scheduled Mental Health Staff Support,” which has a gap of 1,745. Community Residential Care Facilities (CRCFs) is the next category with a gap of 43 beds. Other important information related to this task force includes:

- Needs assessment 5,000 people are homeless, in sub-standard housing or in a hospital
- MHA has 600 units with support services
- 1380 people are in CRCFs in SC
- 27,000 individuals with a mental illness are living independently in SC
- DMH and MHA asked for $1.5 million in new dollars in DMH’s current budget proposal for rental assistance through home shelter plus

18) Veteran Affairs Programs
a) Veterans Policy Academy
The South Carolina Veterans’ Policy Academy (VPA) is a consortium of federal, state and non-government agencies dedicated to providing services for veterans. The mission of the VPA is to develop a plan to identify needed services, make these services easily accessible and ultimately help South Carolina’s veterans and their families return to healthy and successful lives.

Goals:

- Locate South Carolina veterans who served in the active, guard and reserve forces and their respective families.
- Reduce intake points for triage of veterans and their families. An overabundance of entry points causes confusion among veterans, especially those with mental and/or physical limitations and/or substance abuse problems.
- Communicate among all stakeholders to identify and share information about resources to assist veterans and their families.
- Reduce duplication across state agencies with regard to their roles in assisting veterans and their families.
- Identify resources (federal, state or private) to assist and educate veterans and family members with problems.

Leaders and supporters of this organization include:

- Department of Mental Health
- Department of Alcohol and Other Drug Abuse Services
- Governor’s Office of Veteran’s Affairs
- Vocational Rehabilitation Department
- Department of Employment and Workforce
- Department of Juvenile Justice
- Department of Education
- The Greater Columbia Chamber of Commerce
b) Veteran Affairs Program: Suicide Prevention Hotline (National)
The Veterans Affairs Suicide Hotline, which was launched in 2007, is a toll-free, confidential resource that connects families and veterans in crisis with qualified responders. The hotline is staffed by professionals that are trained and experienced in helping veterans of all ages and circumstances. In 2009 an online chat service was added and in 2011 a text messaging service was introduced.

c) Veterans Justice Outreach
The purpose of the Veterans Justice Outreach (VJO) Program is to avoid the unnecessary criminalization of mental illness and extended incarceration among veterans by ensuring that eligible justice-involved veterans have timely access to VHA services as clinically indicated. Veterans Justice Outreach Specialists are responsible for direct outreach, assessment and case management for justice-involved veterans in local courts and jails and liaison with local justice system partners.