



# History of the South Carolina Department of Mental Health

From 1995 to 2013

The South Carolina Department of Mental Health (SCDMH) has a long and rich history of providing care and services to the citizens of South Carolina. This has carried forward since its establishment in 1828.

Many changes in how and where patients receive care have occurred over the years. The SCDMH system of care today includes inpatient and outpatient settings to provide psychiatric residential and treatment needs for the citizens of South Carolina in the 46 counties. With third generation antipsychotic medications and increased public knowledge about mental illness, SCDMH has been able to restructure and improve the system to meet the needs of the individual. Overall, SCDMH provides services to nearly 140,000 individuals each year, approximately 43,000 of whom are children and approximately 40,000 of whom are one-time contacts for service information, evaluation and referral, and speaking engagements.

In 1993, the agency operated seven licensed hospitals, (G. Weber Bryan Psychiatric Hospital, Crafts-Farrow State Hospital, South Carolina State Hospital, William S. Hall Psychiatric Institute for Children and Adolescents, William S. Hall Psychiatric Institute for Forensics, Patrick B. Harris Psychiatric Hospital, and Morris Village Alcohol and Drug Addiction Treatment Center) and four nursing homes (Dowdy-Gardner/Rock Hill Nursing Home, Dowdy-Gardner/ Columbia Nursing Home and C M Tucker Nursing Home: Stone, Fewell and Roddey Pavillions, and Richard M. Campbell Veterans Nursing Home) and one intermediate care facility for the mentally retarded (Dowdy-Gardner ICF/MR).

As of 2012, the agency operates four licensed hospitals, including one for substance abuse treatment; a forensics program and the sexually violent predator program; and, four nursing homes, including three for veterans. In FY12, four thousand five hundred and fifty-seven (4,557) unduplicated individuals, of whom four hundred and twenty-eight were children and adolescents, received services in one of the above institutions.

The four licensed hospitals include G. Werber Bryan Psychiatric Hospital, which provides inpatient psychiatric treatment to adults for citizens in the Midlands, Pee Dee and Low Country regions of the state. G. Werber Bryan Hospital also provides inpatient treatment and outpatient evaluations for the forensic population statewide. Patrick B. Harris Hospital is located in the Upstate and provides inpatient psychiatric treatment to adults from that region. The majority of patients are civil involuntary admissions. Both facilities are licensed by the state of South Carolina as a Specialized Hospital and are accredited by The Joint Commission on Accreditation of Healthcare Organizations, also known as The Joint Commission.

The William S. Hall Psychiatric Institute provides inpatient treatment for children and adolescents ages 4-17. Hall is licensed by the state of South Carolina as a Specialized Hospital, with a separately licensed Residential Treatment Facility for adolescents ages 13-21. It is accredited by

The Joint Commission and has three inpatient programs: Acute, Alcohol and Drug, and Residential Treatment. The Assessment and Resource Center (ARC), which conducts forensic evaluations of children suspected of being physically or sexually abused, provides outpatient services. Patients are admitted from throughout the state, with referrals from community mental health centers, hospital emergency departments, juvenile parole boards, the Department of Social Services, the family court system, and the Department of Juvenile Justice. The majority of patients are civil, criminal, or Juvenile Justice involuntary admissions.

The Morris Village Alcohol and Drug Addiction Treatment Center provides inpatient treatment for adults with alcoholism and drug addiction and, when indicated, addiction accompanied by psychiatric illness. It is licensed by the state of South Carolina and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services. Patients are admitted from throughout the state with referrals from community mental health centers, community hospitals, and the judicial system. The majority of admissions are civil involuntary.

The nursing homes operated by SCDMH include the C. M. Tucker, Jr. Nursing Care Center in Columbia. It is an intermediate and skilled long-term care facility and is licensed by the state of South Carolina, dually certified by the Centers for Medicare/Medicaid, and accredited by The Joint Commission. It comprises two nursing homes, Roddey Pavilion and E. Roy Stone, Jr. Veterans Pavilion. The Richard M. Campbell Veterans Nursing Home, located in the Upstate, is a VA-certified nursing care facility. It admits eligible veterans from across the state and is operated by an independent health care contractor. Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes. The Veterans Victory House, in Walterboro, is also a VA-certified nursing care facility and is operated under the same eligibility and referral sources as Stone Pavilion and Richard M. Campbell.

SCDMH also is responsible for the operation of a Sexually Violent Predator Treatment Program. The program was established by legislation to provide treatment for persons adjudicated as sexually violent predators. The Sexually Violent Predator Act (SVPA) of 1998, created a new civil commitment process. Under the SVPA, persons previously convicted of a sexually violent offense are screened prior to their release from confinement. Those meeting the criteria in the SVPA are referred for possible civil commitment. If subsequently adjudicated as "sexually violent predators," the SVPA requires that they be committed to SCDMH for treatment and kept segregated from other SCDMH patients. Persons committed to SCDMH as sexually violent predators are treated in this program. Referrals come from the Department of Corrections and are civil involuntary commitments.

In addition to its inpatient facilities, SCDMH operates 17 community mental health centers with 42 clinics located throughout the state. The centers provide comprehensive mental health services, offering outpatient treatment not only in clinics but also in home, school, and community-based settings to children, adults and families. All 17 SCDMH community mental health centers have CARF Accreditation. In FY 12, community mental health centers served 85,287 clients totaling 1,119,943 service contacts with 28,010 of those representing children from ages 0-17 totaling 305,027 service contacts.

SCDMH has a number of "Blue Ribbon" community programs that have been initiated since 1989. These are evidenced based treatment models or promising practices approaches for mental health service delivery. "Blue Ribbon" programs demonstrate effective and efficient treatment models for achieving optimum response and recovery of clients.

In 1989, the SCDMH Deaf Services Program was created with a designated inpatient treatment unit at Harris Hospital, and in 1994 developed a community-based program, McKinney House Community Residential Care Facility, for 10 clients. In 2003, this program was nationally recognized as the first state where individuals who are mentally ill and deaf can receive mental health services from clinicians fluent in American Sign Language, regardless of where they live. The program stays at the forefront of technology using telepsychiatry and Internet access as a method to connect psychiatrists and clinicians who are fluent in American Sign Language (ASL) with their clients. Given the effectiveness of this program, the specialized inpatient unit closed in 2000 and in 2013, with clients moving and continuing services in supported independent living environments, the McKinney House is serving other mental health clients. The SCDMH Deaf Services Program has had several journal articles published about the effectiveness of the program and one in *Mental Health Weekly* (October 2009) praised SCDMH's program as being "at [the] forefront of addressing needs for this underserved group."

The SCDMH Housing and Homeless Program began in 1989 and has funded the development of more than 1,600 housing units for persons with mental illnesses and co-occurring substance use disorders. Housing developments range from one-bedroom apartments to family units in both congregate and scattered site locations across the state. Future development of new housing units will be based on availability of new funding. In 1998, SCDMH was awarded its first HUD Shelter Plus Care grants, which provide rental assistance funding for persons and their family members with mental illnesses and co-occurring substance use disorders who are formerly homeless. These programs have since expanded to 14 counties and serve over 300 persons and their family members in supportive housing on any given day. The SCDMH Shelter Plus Care programs received a HUD Best Practices Award for South Carolina in 2000. The Housing and Homeless Program also administers the US Department of Health and Human Services Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program, which provides funding for targeted outreach and clinical services to persons with mental illnesses and co-occurring disorders who are homeless. Programs are currently located in the Charleston, Columbia, Greenville, Myrtle Beach, and Spartanburg areas. These programs provide outreach services to an estimated 1,700 persons who are homeless each year.

The Towards Local Care (TLC) initiative also began to establish the infrastructure for residential and service delivery to assist long-term patients' transitioning from inpatient care into the community, helping patients remain in their communities, and avoiding re-hospitalization. This initiative created programs like Homeshare, Intensive Residential Community Care Facilities, and Supported Apartments. Along with traditional options for placement, these programs helped facilitate the downsizing of the Agency's long-term psychiatric facilities, reduce acute psychiatric admissions, and decrease the cost of psychiatric care to SCDMH. As funding is allocated, TLC grows; and since 1992, it has funded more than 1,000 community residential and treatment options.

SCDMH is part of the SC Emergency Planning Committee for People with Functional Needs, which is a committee of organizations, and agencies that came together after Hurricane Hugo in 1989. The purpose of the committee is to improve emergency and disaster planning; policy development and response to the functional needs of individuals and communities; to involve the participation of state, local and voluntary agencies in educating South Carolina citizens in preparing for emergencies and disasters with regard to the needs of people with disabilities. The Committee was among the first organized in the country to act as a resource for state leadership in planning for and responding to people with functional needs. SCDMH continues to participate with the Emergency Management Division for emergency planning on all levels from management to

direct service. Each mental health center has staff available to provide mental health supportive services wherever needed within South Carolina. SCDMH has also sent teams to Louisiana, Mississippi, and Georgia to assist in response to disasters. SCDMH also provides supportive services to the Public Information Phone System (PIPS) Emergency Telephone System when called.

In 1996, South Carolina Department of Mental Health had its 175th anniversary to celebrate the South Carolina State statute of 1821 that provided state funds for institutional care for the mentally ill. This statute made South Carolina the third state in the nation (after Virginia and Maryland) to allocate state funds for building an institution for psychiatric care. As part of the evolution of treatment services, South Carolina State Hospital and Craft-Farrow State Hospital consolidated their services to create the Division of Psychiatric Rehabilitation Services in this commemorative year.

In 1997, Stephen M. Soltys, M.D., was selected as state director. At that time, SCDMH had three residency training programs: Child and Adolescent, General and Forensic. These programs were extremely costly to operate and, as a result, were transferred to the Palmetto Health Richland Hospital, which also operates the other residency training programs associated with the University of South Carolina School of Medicine. However, the Residency Training Program continues to have a strong presence in SCDMH. Residents rotate throughout the inpatient facilities and mental health centers providing care and services to the clients while fulfilling the requirements of their training programs.

There has been a long collaborative relationship between SCDMH and the Department of Neuropsychiatry and Behavioral Science at the University of South Carolina School of Medicine, which provides clinical consultation and training delivery to SCDMH staff on a range of clinical topics. SCDMH provides clinical rotation for 1st, 2nd, 3rd and 4th year medical students from the School of Medicine. The medical students are assigned SCDMH physician preceptors and rotate through the centers and facilities. In addition, there are four fully accredited Psychiatric Residency Training Programs (Child, General, Forensics, and Geriatric Psychiatry) which the Agency supports via contract that offers a rotation through SCDMH centers and facilities.

Even in times of budget constraints, SCDMH has maintained high quality education and training for its staff. This is done both in the classroom and on line through the on-line learning modules that are developed in-house. All training is designed to meet regulatory and accrediting standards. In addition, SCDMH has affiliations with more than 50 educational institutions in South Carolina and more than five other states. SCDMH's affiliations include activity therapy, clinical counseling, medical students, nursing students, social work students, psychology interns, psychology graduate students, and residents and fellows in psychiatry.

The training initiative has continued to expand with succession planning and leadership development programs. There are programs in place to groom future leaders of the Agency. These include the Mentoring/Succession Program, the Executive Leadership Development Program, the Physician Leadership Development Program, and the Nursing Leadership Development Program. All of the programs use in-house resources and remain a budget neutral endeavor for SCDMH.

SCDMH is not only concerned about having quality staff but also desires to improve the quality of life for the clients served. In his last will and testament, Dr. Irwin E. Phillips, a physician at the SC State Hospital in the 1960's, bequeathed part of his estate to SCDMH. The Will, which named the

SC Mental Health Commission as Trustee, dictated the funds were to be used for the comfort and convenience of patients. In March 1999, the Irwin E. Phillips fund, with descriptive guidelines and procedures for fund dispersal, was established. The funds provide emergency financial assistance to clients for the purchases of eyeglasses, rent evictions, dental work, utilities, etc. Clients apply for funds from the Irwin Phillips Fund through their local community mental health centers and a committee reviews applications.

In 2001, George P. Gintoli became state director. One of his major contributions to SCDMH was the development and implementation of the Recovery Model, which focuses on shorter, yet effective, inpatient care with the goal of patients returning to their families and communities and continuing treatment through outpatient facilities.

To emphasize recovery, the role of art became a focus as part of a recovery process. SCDMH developed a program called "The Art of Recovery" in 2001 as an effort to display the talents of those receiving services. This program gives individuals living with mental illnesses the opportunity to exhibit and sell their works of art. Pieces are submitted from across South Carolina, by participants who use a variety of artistic media, not only as a means of empowerment but also as a tool to educate the public about and dispel the stigma associated with, mental illness. Pieces from The Art of Recovery have traveled across South Carolina and have been featured in public galleries, libraries, community centers, and at meetings and conferences across the state. The Art of Recovery received the 2006 Elizabeth O'Neill Verner Governor's Award for the Arts, the highest Arts honor in South Carolina. The program has received grant funding from Blue Cross Blue Shield of South Carolina and serves as a model for other mental health groups in the U.S. In 2013, The Art of Recovery was chosen to participate in Piccolo Spoleto to showcase the artwork. SCDMH staff participated in the event and shared information about the program and art, to further public awareness about mental illness, and help dispel the stigma around it.

In 2002, SCDMH and Vocational Rehabilitation collaborated to implement the Individual Placement and Supported Employment Program (IPS). This program provides consultation, training, and fidelity monitoring for the establishment and growth of client employment, focusing on evidence-based practices that result in gainful employment of seriously mentally ill clients. As a direct result of the program, there has been a substantial decrease in hospital admissions and bed day utilization among the clients served comparing one year before receiving IPS services and one year after receiving IPS services. In 2008, Johnson & Johnson, Inc. awarded Charleston-Dorchester Mental Health Center (CDMHC) the National IPS Program of the Year. CDMHC was selected for having the best-supported employment outcomes and was chosen out of 11 nominations from other states.

The majority of SCDMH community mental health centers and their clinics provide mental health services to jails/detention facilities, including assessment and screening for inpatient admission, medication monitoring, and referral to other community services or support systems to prevent re-offending and involvement with Law Enforcement. It should be noted, however, that jails/detention facilities have the option to contract with private providers for mental health services, which may influence the community mental health center's service delivery to the jail setting. Through National Alliance on Mental Illness, SCDMH funds the Crisis Intervention Training for law enforcement officers and other interested parties. This training provides education and consultation to Law Enforcement regarding de-escalation of encounters with individuals in psychiatric and emotional crises. It also provides consultation and promotes alliances and partnerships in local jurisdictions for coordination of services for offenders with mental illness after release.

With grant funding from the Department of Public Safety, Charleston opened the first Mental Health Court in SC in 2003. This specially authorized probate court handles cases of selected psychiatric patients who were arrested for non-violent crimes, and have repeated contacts with the criminal justice system because of behaviors and symptoms of the illness. The court holds sentencing in abeyance, requires involvement of the client with outpatient mental health services and closely monitors compliance. Charleston expanded the Mental Health Court to include a mobile crisis team. Following Charleston, Columbia Area Mental Health Center and Tri-County Mental Health Center also received grants to create Mental Health Courts for pre and post-booking diversions in local jails. Three Mental Health Courts remain operational in 2013 in Charleston, Columbia and Greenville. County governments and SCDMH's community mental health centers fund the courts.

In 2003, SCDMH provided \$500,000 to start or enhance four crisis programs recognizing that a significant number of public and private psychiatric hospital beds had closed. Augmenting the community mental health centers core crisis services, SCDMH invests these funds and subsequent state appropriations for specific crisis initiatives. The Crisis Stabilization Initiative funds have allowed development, expansion and continuation of crisis programs with every mental health center having at least two crisis initiative programs from crisis/co-occurring teams, to purchasing inpatient and community crisis beds, to center-to-clinic telepsychiatry programs. One of these initiatives was the Charleston Dorchester Mental Health Center's Highway to Hope Mobile Crisis RV launched in November 2010. This first in South Carolina program serves individuals, who would otherwise end up in hospital emergency departments or not receive services at all, in rural areas through the use of a renovated recreational vehicle. "The Charleston Dorchester Mental Health Center's mobile clinic serves multiple purposes in reaching the underserved, reducing stigma and saving money," said *Mental Health Weekly* (April 2011). The Highway to Hope RV, along with another innovative initiative of the Charleston Dorchester Mental Health Center, the Psychiatric Urgent Care Clinic (PUC), was also featured in a recent issue of *Promising Practices: Innovation in Human Services*, a newsletter of the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, international nonprofit accreditor of human service providers.

In 2004, South Carolina became the second state to negotiate a reimbursable peer support service with the Department of Health and Human Services. SCDMH has become a training site for preparing peer support staff from SCDMH and other S.C. agencies as well as other states. SCDMH has also assisted other agencies with creating training programs. Certified Peer Support Specialists use their own experiences with mental illness to help others acquire, develop, and /or expand their rehabilitation skills in order to move forward in recovery. In 2008, SCDMH completed an inter-agency training partnership with the Department of Alcohol and Other Drug Abuse Services and the Veterans Administration to provide peer training for their candidates.

On September 1, 2006, John H. Magill was appointed state director for SCDMH. With a steady flow of budget cuts in state appropriations, Mr. Magill has been faced with the challenges of adjusting to budget reductions while maintaining the integrity and care of services of the department and positive outcomes for the citizens of South Carolina.

In November of 2007, SCDMH received the first grant from The Duke Endowment (TDE) to develop a statewide telepsychiatry network for SC hospitals operating emergency departments, which became the DMH Telepsychiatry Consultation Program. South Carolina is the first state successfully connecting patients in emergency departments statewide with telepsychiatrists. SCDMH utilizes real-time, state-of-the art video-and-voice technology that connects SCDMH psychiatrists to hospital emergency departments throughout South Carolina 16 hours per day. With support from The Duke Endowment, The University of South Carolina School of

Medicine, the SC Hospital Association, SC Department of Health and Human Services (DHHS), state funding, and low-cost hospital subscription fees, SCDMH is able to sustain the program. With the implementation of telepsychiatry, there has been a reduced average length of stay, a strong network of participating hospitals, demonstrated savings to hospitals and communities, a uniform credentialing process, and an Electronic Medical Record designed for use in the program. On October 27, 2011, the American Psychiatric Association (APA) awarded SCDMH and the Department of Neuropsychiatry and Behavioral Science of the University of South Carolina, School of Medicine (USCSOM) the Psychiatric Services Achievement Award, Silver Medal, the second highest achievement award that the APA grants. SCDMH State Director, John H. Magill was recognized for his work as originator of the Telepsychiatry Program in South Carolina. Meera Narasimhan, M.D., Professor and Chair, Department of Neuropsychiatry and Behavioral Science and Director, Research Initiatives, SCDMH was recognized for her work as evaluator of the program.

Spring boarding off the Telepsychiatry Consultation Program, Community Mental Health Centers began using this approach in 2012 to connect centers to outlying clinics for providing psychiatric medical assessment on clients when there was not a physician available locally. As of 2013, Beckman, Catawba, Orangeburg, Santee-Wateree, Tri-County, and Waccamaw Community Mental Health Centers have implemented this approach. In rural areas and with physician shortages, this method of providing psychiatric service has benefited the client, community, and department in effectiveness and efficiency. This approach also is utilized in the SCDMH Inpatient Facilities to address specialty need populations and doctor shortages.

The Division of Community Mental Health Services, Child, Adolescent and Family (CAF) office implements several "Blue Ribbon" programs, such as Multi-Systemic Therapy (MST), Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy (PCIT), and the Center on the Social Emotional Foundations for Early Learning (CSEFEL).

SCDMH provides school-based services in approximately 400 schools in South Carolina. This program seeks to identify and intervene at early points in emotional disturbances and assists parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. Services include primary prevention by helping to increase parental involvement in school, early intervention and services to youth dealing with transitions and milestones, and individual and family services including family and group counseling, crisis intervention, mentoring, and tutoring.

In August 2007, the Joint Council on Children and Adolescents was established as a mechanism for transforming the service delivery system for youth and their families. The Council's mission requires participating agencies to commit to the delivery of cost effective, quality service that emphasizes a "No Wrong Door" approach. Under the leadership of the council chairman and SCDMH State Director John H. Magill, the Joint Council has led efforts to improve services for children and youth needing treatment services, specifically for mental health, substance abuse, and co-occurring disorders. Some of its major accomplishments include an electronic, common, universal screening tool, the GAIN-SS, for statewide implementation through the Office of Research and Statistics. Another is family-driven care training. In addition, member agencies have conducted reviews of their policies to determine what modifications are needed further to treat children and adolescents in a more "family friendly" manner.

SCDMH has developed a statewide Trauma Initiative, which fosters the development of policies, procedures, and practices that ensure clients with histories of trauma receive state-of-the-art

assessment and treatment. It further ensures that practices in the SCDMH centers and facilities do not create, nor recreate, traumatizing events for clients.

In August 2008, South Carolina joined nine other states and federal groups in Bethesda, Maryland for a Substance Abuse and Mental Health Services (SAMHSA) sponsored summit dedicated to assisting veterans and their families in returning to civilian life by identifying and providing needed services in a variety of areas. Under the direction of Mr. Magill and involving more than 50 organizations, including military, legislative, veterans' groups, state agencies, and non-profit representatives, Team South Carolina, developed a 6-priority item Action Plan to identify and coordinate existing services and improve the integration of said services. On June 1, 2009, leaders from the Columbia regional community, local and state government agencies, and non-profit organizations joined military officials from the SC National Guard, Fort Jackson, and the Army Reserve in signing the South Carolina Veterans Policy Academy Covenant at the Greater Columbia Chamber of Commerce. In 2010, the six-priority item Action Plan was streamlined to three main goals that seek to improve access and streamline services for veterans and their families while reflecting on the activities designed to meet the goals of education, access and successful navigation of available services for all. In mid-2011, Team South Carolina was asked by SAMHSA to identify areas the team felt were most in need of assistance. The team identified two main areas: employment for returning/retiring veterans, and communication/access to services. Subsequently, SAMHSA held a site visit on August 31, 2011, to render technical assistance in these areas. Team South Carolina works continuously to improve services to returning veterans and their families.

SCDMH is one of a few agencies to focus on the importance of cultural competency and its integral role in providing quality care. The Agency considers cultural competency part of its mission and believes that cultural competency is driven by leadership and should be staff and client-focused. In September 2009, SCDMH created the first directive on this topic to outline goals and objectives. Given the importance of this issue, a Multicultural Council was created and charged with the responsibility of advising and guiding Agency leadership in the creation and maintenance of a linguistically and culturally competent workforce, service divisions, program and collaborative endeavors, which are reflective of the diversity of the population served and local communities. Every facility and mental health center has a cultural competency committee.

Between 2010 and 2013, SCDMH has been preparing for the Health Care Affordability Act and aligning the community mental health centers into a cohesive system of care. Under the Future is Now (FIN) initiative, activity to establish a system for rapid access to care, to enhance treatment effectiveness, to enhance efficiency of the system of care and to continuously sustain and improve performance has been the initial focus. This will be an on-going and expanding effort to ensure SCDMH is providing efficient and effective mental health treatment to the citizens of South Carolina.

Every facility and mental health center has a unique history and legacy of championing services to guide and support the recovery of individuals with mental illness. We have highlighted some of the unique local programs but you are encouraged to go to [www.scdmh.org](http://www.scdmh.org) for more detail.

On December 16, 2010, SCDMH signed a contract with Hughes Development Corporation of Greenville, SC, to purchase the SC State Hospital property on Bull Street in a phased manner over seven years for \$15 million. The proceeds from the sale of the property must go to SCDMH in a trust for the care and treatment of the mentally ill, as determined by a declaratory judgment issued by the SC Supreme Court on February 20, 2007. The developer is currently working with the City

of Columbia on a design that will meet the needs of the city while preserving the history of the South Carolina Department of Mental Health.

The long and majestic history of SCDMH, its importance in the community and presence on Bull Street will continue to live on in the Mills and Babcock buildings, which are both on the historic registry.



Babcock Building



Mills Building

The Order of the Palmetto was first awarded in 1971 by Governor John C. West to recognize a person's lifetime achievements and contributions to the state of South Carolina. Only two SCDMH directors have received the Order of the Palmetto, the first being Dr. William S. Hall, state director from 1963 to 1985. He received this honor under two governors: Governor Edwards in 1979 and the second by Governor Riley in 1986. Dr. Hall was also the third person inducted into the SC Hall of Fame.

In 2011, John H. Magill was awarded the Order of the Palmetto, the highest civilian honor in the state of South Carolina. Governor Sanford bestowed this honor upon Mr. Magill in recognition of his service to the citizens of South Carolina and contributions to behavioral healthcare. A strong advocate for those SCDMH serves, Mr. Magill has gone throughout the state conducting over 50 community forums since 2010, in every mental health center, hospital, and nursing home operated by the Agency. Over 3,500 individuals and stakeholders from the local communities have attended these forums. The purpose is to inform the community of the services provided by SCDMH while eliciting questions, input, and support from community leaders and the citizens of South Carolina. In addition, the forums provide SCDMH the opportunity to discover and strengthen connections in communities across the state. Mr. Magill believes that "as information is freely shared, we develop ideas and methods to improve services through joint efforts and collaboration with others in the community whose missions are also served by supporting the recovery of people with mental illnesses." To this end, in 2012, he was responsible for the development of written "Profiles" for each center and facility. The profiles give an in-depth description of services provided by each of the SCDMH entities. Under his leadership, vision, and guidance, SCDMH continues to be a leader in the state, creating new and innovative programs, which provide quality psychiatric care to the citizens of South Carolina. Mr. Magill strives for excellence and leads by example in encouraging and supporting staff, while ensuring that SCDMH continues to meet its mission "To Support the Recovery of People with Mental Illnesses."

In January 2013, SCDMH created a new division under the Medical Affairs/Dept. of Quality Management called the Office of Clinical Care Coordination dedicating staff solely for the purpose of helping clients access needed services in the community. Research and experience shows our clients have multiple and complex health and social needs so this function is key to the clients' maintenance and quality of recovery. Clinical Care Coordinators assist clients to find such services as medical and dental care, specialized treatments, temporary or permanent housing, clothing, medicines, food. The Care Coordinator is the patient's personal health navigator providing support to clients who have other needs beyond psychiatric treatment. The Care Coordinator is part of every CMHC's clinical team, helping to bridge the communication gap between numerous providers. One Care Coordinator created a "Wardrobe Closet" for the clients at her Center. Another helped a young client find an eating disorder specialist in the community. Another Coordinator saw the patient while still in the hospital, completed a comprehensive assessment, and began a search for a primary care doctor or clinic, and an appointment with Dept. of Vocational Rehabilitation. Please look for a new series of *Mental Health Matters* articles highlighting the Care Coordinators throughout the state and how they are helping patients towards a better quality of life.

On July 1, 2013 the South Carolina Department of Mental Health (SCDMH) joined the South Carolina State Firefighters' Association (SCSFA), the South Carolina Fire Academy (SCFA), and the National Fallen Firefighters Foundation (NFFF), in launching a pilot program to provide behavioral health support to South Carolina's 17,500 firefighters. *The Behavioral Health Support for First Responders – South Carolina Pilot Program* is based on a new model for firefighter behavioral health developed as a result of the NFFF's first-hand experience in supporting the New York City Fire Department immediately after September 11, 2001 and its efforts to assist the

Charleston Fire Department after the Sofa Super Store fire on June 18, 2007. Sixteen Initiatives were created and all are part of the NFFF's *Everyone Goes Home* program that seeks to prevent firefighter line-of-duty deaths and injuries. This innovative initiative has been made possible due to a web-based clinical training program commissioned by NFFF and developed by the Medical University of South Carolina, called *Helping Heroes*. It is also supported by Provident Insurance and South Carolina Firefighters Insurance Services. The program, the first of its kind in the nation, will serve as a national and international model. It is led by the SCSFA's Firefighters Assistance and Support Team (FAST) and clinicians from SCDMH's Beckman (based in Greenwood County), Berkeley, Charleston/Dorchester, Columbia Area, and Pee Dee (based in Florence County) community mental health centers. Upon completion of the pilot, the program will be implemented across South Carolina. "The efforts of SCDMH and the SC FAST program will offer behavioral health services to South Carolina firefighters and ensure career long care and retention of valuable personnel resources," said South Carolina State Firefighters' Association Executive Director Joe Palmer. "The savings presented through personnel well-being have been demonstrated in some of the recent national cases and will become self-evident in South Carolina as these teams are deployed. The anguish of job-related experiences need not carry a cost that ultimately hurts our firefighting ranks and this effort and these teams present an excellent pathway of helping volunteer and paid firefighters alike." "Mental Health is proud to be part of this distinctive collaboration," said SCDMH State Director John H. Magill. "The recent events in Arizona and our experience with the 2007 loss of nine firefighters in the Charleston Super Store tragedy remind us how much is at stake when these first responders report to work each day, and how important it is to have the right type of behavioral health resources available to them when needed."

Beginning in FY2009, the Department experienced a series of significant reductions in state appropriations. By FY2012, state appropriations had been reduced to levels equivalent to 1987. Based on increases in the Consumer Price Index, this effectively cut in half the Department's 2012 purchasing power when compared to 1987. The loss of state appropriations has had a direct impact on the number of people the department has been able to serve through its Community Mental Health Centers and Psychiatric Inpatient Facilities. The loss of state appropriations also directly affected the staffing level of the Department's workforce.

Beginning in FY2013, the Department received incremental funding increases in state appropriations that have mitigated the 39.63% reduction from FY2008 to FY2012 to 29.69% from FY2008 to FY2013. Based on the need to sustain levels of service equivalent to the demand, the Department continues to request additional recurring state appropriations and will for the near future. This will allow SCDMH to continue to address demand and use the latest evidenced based practices to obtain the best results for the clients and citizens of South Carolina.