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 (DAODAS).

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 gives 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) Governor’s Council on Drug and Substance Abuse

In 2000, the federal Center for Substance Abuse Prevention awarded South Carolina a State Incentive Grant that sparked the formation of the Governor’s Council on Substance Abuse Prevention (later adding “and Treatment” to its mission), involving numerous state agencies committed to addressing alcohol, tobacco and other drug (ATOD) abuse. The group has met quarterly since 2000, but its workgroups meet monthly to bi-monthly.

The Council’s varied membership of state agencies and community and youth service organizations provides a mix of perspectives to effectively guide the state. Currently, the Council fulfills the following roles:

1. Serves as an advisory body to DAODAS on substance abuse prevention and treatment.
2. Tracks substance abuse funding streams and seeks to identify opportunities to coordinate, leverage, or redirect funding.
3. Promotes effective prevention strategies and processes and encourages their implementation in key organizations.
4. Addresses important issues through standing or ad hoc committees (i.e., Underage Drinking Action Group, State Epidemiological Outcomes Work Group, Fetal Alcohol Spectrum Disorders Collaborative and a Work Group on Evidence-Based Programs, Policies and Practices).
5. Advocates for prevention and treatment and their increased funding.
6. Oversees major initiatives such as serving as the advisory board for federal grants awarded to the state.
7. Informs members of ATOD information and important agency developments.

Governor’s Council Member Agencies

- Department of Alcohol and Other Drug Abuse Services (DAODAS)
- Department of Public Safety
- Department of Juvenile Justice (DJJ)
- Department of Mental Health (DMH)
- Department of Health and Environmental Control (DHEC)
- Law Enforcement Division
- Vocational Rehabilitation Department
- Department of Disabilities and Special Needs (DDSN)
- Association of Prevention Professionals and Advocates
- Behavioral Health Services Association of South Carolina Inc.
- Army National Guard
- Mothers Against Drunk Driving (MADD)
- University of South Carolina (USC)
- Clemson University
- Center for Applied Prevention Technologies
- Southeast Addiction Technology Transfer Center
- Substance Abuse and Mental Health Services Administration (SAMHSA)

5) 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:

- Three Senators appointed by the President Pro Tempore of the Senate
- Three Representatives appointed by the Speaker of the House
- Three citizens appointed by the Governor
- The State Superintendent of Education
- Directors of the Departments of Mental Health, Social Services, Juvenile Justice and Disabilities and Special Needs
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 DAODAS, the Department of Juvenile Justice, the Department of Mental Health, the South Carolina Chapter of the National Alliance on Mental Illness and Continuum of Care. 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.

6) Joint Council on Children and Adolescents (JCCA)
The mission of the Joint Council on Children and Adolescents is to develop a coordinated system of care that promotes the efficient provision of effective services for children, adolescents and their families. To this end, the council 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 promotes a coordinated continuum of services, support, and policies that integrate planning and management based on 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 council is made up of representatives from the following categories: Child-Serving State Agencies, Community and Other Organizations, and Youth and Family Advocates. Current council 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)
Appendix C

- 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 (COC)
- Commission for Minority Affairs
- Behavioral Health Services Association of South Carolina, Inc.
- Children’s Law Center
- Faces and Voices of Recovery SC (FAVOR SC)
- Federation of Families
- National Alliance on Mental Illness–South Carolina (NAMI-SC)
- South Carolina Primary Health Care Association (SCPHCA)
- South Carolina Association of Children’s Homes & Family Services
- Children’s Trust of South Carolina
- University of South Carolina College of Social Work
- The Duke Endowment
- Family Connection of South Carolina

7) Mental Health America of South Carolina (MHA-SC)
MHA-SC 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. MHA-SC assists individuals with mental illnesses and their families, provides community educational trainings and reaches out to the state through health fairs and advocacy activities. MHA-SC programs include:

- Housing
  - MHA-SC created Turnkey Housing Corporation, 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, that 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.
Appendix C

MHA-SC 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.

8) National Alliance on Mental Illness – South Carolina (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 (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
  - 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)

9) Palmetto Coordinated System of Care (PCSC)
It is the vision of the Palmetto Coordinated System of Care that the children and families of South Carolina shall receive services when needed that 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 (DSS)
- Department of Juvenile Justice (DJJ)
- Department of Mental Health (DMH)
- Department of Disabilities and Special Needs (DDSN)
- Department of Health and Human Services (DHHS)
- Department of Alcohol and Other Drug Abuse Services (DAODAS)
- Continuum of Care (COC)
Appendix C

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

10) 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 use disorder. 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 use disorder
- Encouraging accountability of all community service providers and other activities or actions that will further the goals of promoting access, funding, education and advocacy for mental health and substance abuse services.

11) Protection & Advocacy for People with Disabilities, Inc.
Established in 1977, Protection & Advocacy for People with Disabilities, Inc. (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 and Referral
- Case Representation
- Systemic Advocacy
- Training and Education

12) South Carolina Continuum of Care
The Continuum of Care (COC) is a South Carolina state program that serves children with serious emotional or behavioral health diagnoses whose families need help keeping them in their home, school or community. The COC helps children and families using Wraparound care coordination, a team-based approach to caring for families with complicated needs. The mission of the COC is to ensure continuing development and delivery of appropriate services to those children with the most severe and complex emotional or behavioral health challenges whose needs are not being adequately met by existing services and programs. Through Wraparound services, our objective is to empower youth and families to help them realize their hopes and dreams, decrease out of home placements, improve school attendance and performance, decrease interactions with the legal system, and enhance the overall quality of life of the child.

The COC 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.

COC’s Principles
COCs Wraparound approach is based on ten guiding principles purposed to empower youth and their families and to help them reach their family vision and goals.

1. Family Voice and Choice: Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the Wraparound process. Planning is grounded in family members’ perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
2. Team Based: The Wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal and community support and service relationships.
3. Natural Supports: The team actively seeks out and encourages the full participation of team members drawn
from family members’ networks of interpersonal and community relationships. The Wraparound plan reflects activities and interventions that draw on sources of natural support.

4. **Collaboration:** Team members work cooperatively and share responsibility for developing, implementing, monitoring and evaluating a single wraparound plan. The plan reflects a blending of team members’ perspectives, mandates and resources. The plan guides and coordinates each team member’s work toward meeting the team’s goals.

5. **Community-based:** The Wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible and least restrictive settings possible and that safely promote child and family integration into home and community life.

6. **Culturally Competent:** The Wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture and identity of the child/youth, family and their community.

7. **Individualized:** To achieve the goals laid out in the Wraparound plan, the team develops and implements a customized set of strategies, supports and services.

8. **Strengths Based:** The Wraparound process and the Wraparound plan identify, build on and enhance the capabilities, knowledge, skills and assets of the child and family, their community and other team members.

9. **Persistence:** Despite challenges, the team persists in working toward the goals included in the Wraparound plan until the team reaches agreement that a formal Wraparound process is no longer required.

10. **Outcome Based:** The team ties the goals and strategies of the Wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators and revises the plan accordingly.

13) **South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)**

A cabinet-level agency, DAODAS oversees the state’s public substance abuse system, which is made up of 33 county alcohol and drug abuse authorities. The 33 local agencies 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 include a wide array of prevention, treatment and recovery-support services, each of which is driven by evidence-based practices and monitored by DAODAS for quality assurance. The primary source of funding for these programs is the Substance Abuse Prevention and Treatment Block Grant provided by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). This block grant currently provides almost 50 percent of the department’s funding for direct services coordinated by the county alcohol and drug abuse authorities.

14) **South Carolina Department of Health and Human Services (SC DHHS)**

The South Carolina Department of Health and Human Services (SC DHHS) is a cabinet agency of the South Carolina Governor’s Office. The SC DHHS is the single state agency designated to administer the South Carolina Medicaid program, called Healthy Connections, under Title XIX of the Social Security Act. The agency is responsible for determining Healthy Connections Medicaid eligibility for all coverage groups and paying claims on behalf of its members. Through Healthy Connections Medicaid, SC DHHS concentrates on better care, better value and better health for South Carolinians.

Healthy Connections Medicaid is a medical assistance program that helps pay for some or all medical bills for many people who may be unable to afford health services. The program also assists individuals who are over 65, or who have a disability, with the costs of nursing facility care and other medical expenses. Eligibility is usually based on applicants’ income and assets.

The SC DHHS Division of Long Term Care and Behavioral Health is the agency’s department that guides long-term care and behavioral health policies as SC DHHS transforms these critical services and explores ways to better integrate long-term care and behavioral health with primary care services.
15) South Carolina Department of Mental Health (DMH) Mental Health Commission

The South Carolina Mental Health Commission is the governing body of the South Carolina Department of Mental Health (DMH) 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.

DMH serves adults, children and their families affected by mental illness. DMH is committed to eliminating stigma and promoting the philosophy of recovery, to achieving its goals in collaboration with all stakeholders and to assuring the highest quality of culturally competent services possible. It operates on four core principles: respecting the individual, support for local care, a commitment to quality and improved public awareness and knowledge of mental health issues and services.

DMH operates 17 Community Mental Health Centers (CMHC) serving all 46 counties in South Carolina through four service regions. Each CMHC is responsible for providing outpatient, home-based, school-based and community-based programs to children, adults and their families. Services are provided in 485 schools around the state. DMH has long emphasized continuity of care for its patients, and each CMHC has one or more hospital liaisons assigned to follow its hospitalized patients, as well as to work with hospitals seeking to arrange aftercare for currently hospitalized patients. All of the CMHCs utilize a common Electronic Medical Record (EMR). Due to the absence of psychiatrists in many counties, DMH has been investing in additional technology to increase access to psychiatrists in rural clinics via telemedicine and is investing additional funds to recruit and contract with available psychiatrists. Telepsychiatry services are also provided in 20 hospital Emergency Departments (ED) around the state.

DMH also operates several community residential care facilities, which principally serve as step-down facilities for patients being discharged from the agency’s forensic inpatient facility. DMH also operates four nursing homes, three of which are for state-qualified veterans. The agency currently operates four licensed state hospitals, of which one is dedicated to substance abuse treatment. Additionally, DMH operates the state’s Sexually Violent Predator Treatment program.

In summary, each year, the DMH system provides services for approximately 100,000 patients, of which approximately 30,000 are children. In total, DMH has over 700 direct portals to services and more than 1,600 affiliates that have various working relationships with the agency.

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)
Appendix C

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 Taskforce
The Statewide Housing Taskforce is comprised of representatives from DMH (central administration, community mental health centers and the inpatient system), private non-profit housing partner agencies, private for-profit entities, other state agencies and concerned citizens/client advocates. Chaired by Joy Jay, Executive Director of Mental Health America of South Carolina, the taskforce conducted a needs assessment in 2013 on available housing for mental health clients. Based on the information gathered by the taskforce, it was determined 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.” As of July 2013 there was a need for 6,729 units but there were only 2,868 available units; therefore, there was a gap of 3,861. The next largest gap was with the “Apartments with On-Site or Scheduled Mental Health Staff Support,” which had a gap of 1,745 units. Other important information related to this taskforce includes:
  - 5,000 people with mental illnesses in South Carolina are homeless, in sub-standard housing or in a hospital
  - Mental Health America of South Carolina has 600 units with support services
  - 27,000 individuals with a mental illness are living independently in South Carolina

18) 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.