RECEIVED
Aug 03 2026
SC Court of Appeals

STATE OF SOUTH CAROLINA

IN THE COURT OF APPEALS

Appeal from Spartanburg County

Honorable J. Mark Hayes, II, Circuit Court Judge

THE STATE,

APPELLANT,

V.

CASEY DOUGLAS,

RESPONDENT

APPELLATE CASE NO 2025-000914

INITIAL BRIEF OF RESPONDENT

GARY H JOHNSON
Appellate Defender

South Carolina Commission on Indigent Defense
Division of Appellate Defense
PO Box 11589
Columbia, SC 29211-1589
(803) 734-1330

ATTORNEY FOR RESPONDENT

TABLE OF CONTENTS

TABLE OF AUTHORITIES

Cases

Statutes

COUNTER STATEMENT OF THE ISSUES

I.

Is an order granting pre-trial release under specific terms and conditions of an accused who is incompetent to stand trial under the terms of S.C. Code Ann. § 44-23-410 which does not dismiss or terminate the underlying criminal charges immediately appealable?

II.

Has the State preserved its statutory construction argument regarding the scope of S.C. Code Ann. § 44-23-460 when such argument was never presented to the lower court and has been raised for the first time on appeal?

III.

Do the provisions of S.C. Code Ann. § 44-23-460 and S.C. Code Ann. § 44-23-430 work in concert that allows criminal charges to remain while an individual deemed incompetent to stand trial under the terms of S.C. Code Ann. § 44-23-410 receives out-patient treatment under terms and conditions that equate to release on bond?

IV.

Does a trial court abuse his discretion in making factual findings supported by multiple expert witnesses, including those called by the opposing party, authorizing out-patient care of an accused found incompetent to stand trial rather than requiring hospitalization under S.C. Code Ann. § 44-23-430?

STATEMENT OF THE CASE

Respondent generally concurs with the State's Statement of the Case. As additions to the Statement of the Case, Respondent would note that this Court raised appealability as a potential issue before briefing and allowed the present appeal to proceed without making a final determination on this issue. While several orders have been filed over the course of this action, the order under appeal is the Order Pursuant to §44-23-460 dated November 26, 2024. Hereinafter, this Order is simply designated as "Order" for clarity. Reference to any other orders will specifically designate the date and title of such order.

STATEMENT OF THE FACTS

The proceedings below centered on two issues: Respondent's continued incompetence to stand trial and the recommendation by the Department of Mental Health[1] regarding Respondent's continued treatment for his diagnosed mental illness. Two hearings were held, over the course of more than a year. Expert testimony was presented in support of the opinion that Respondent continued to be incompetent to stand trial under S.C. Code Ann. § 44-23-410. The lower court's ruling that Respondent continues to be incompetent to stand trial has not been appealed by any party.[2]

Specifically, Respondent was found by Dr. Matthew Gaskins[3] to suffer from schizophrenia with persistent delusional thinking that impacts his ability to meaningly interact with and assist his attorney during trial. Aug. Tr. 16, l. 20 – 17, l. 19; Aug. Tr. 18, l. 12 – 19, l. 25. The State's focus below centered not on contesting Respondent's competency, but on the Department of Mental Health's recommendation to continue Respondent's mental health treatment on an outpatient basis rather than at a secure hospital setting, a suggestion the Department of Mental Health had adopted well before the August 18, 2023, hearing. Aug. Tr. 4, l. 13 – 6, l. 3. Rather than make a ruling in 2023, the matter was continued to allow the State to present evidence it saw fit related to the question of competency and the recommendation for outpatient continued care. Aug. Tr. 7, l. 3 – 8, l. 12. More than a year later, the hearing resumed.

---

[1] Respondent joins with Appellant in acknowledging the Department of Mental Health is now part of the Department of Behavioral Health and Developmental Disabilities but that the statutes referenced herein still refer to it as the "Department of Mental Health." As with Appellant, this brief will also use that same reference for purposes of clarity.

[2] The State's brief criticizes the competency finding, but the State does not raise competency as a basis for reversal in the present appeal. The finding that Respondent is incompetent to stand trial at this stage is the law of the case for all parties to this appeal.

[3] Recognized as an expert in the field of forensic psychiatry. Aug. Tr. 11, l. 23 – 12, l. 11.

Once again, Dr. Gaskins opined that Respondent was not competent to stand trial, having again interviewed Respondent between hearings. Nov. Tr. 14 – 15.

The State called its own expert, Dr. Robert Nelson[4], who had not interviewed Respondent, opined only that concerns about feigning the illness could not be eliminated on the records he reviewed, and there remained a possibility that Respondent could be restored to competency. Nov. Tr. 37, l. 12 – 38, l. 1; 41, ll. 11 – 23; 43, ll. 4 – 15. Since Gaskins and Nelson were the only witnesses for the continued incompetency of Respondent, the lower court ruled that Respondent remained incompetent to stand trial and the matter proceeded to the next phase of Respondent's mental health treatment: continued hospitalization or services on a monitored outpatient basis. Nov. Tr. 52, ll. 3 – 5; Order.

Dr. Jennifer Alleyne and Dr. Richard Frierson both opined that outpatient care was warranted for Respondent based upon the progress he had made over the course of this inpatient treatment and his risk assessment. Nov. Tr. 61, l. 5 – 66, l. 14; 98; l. 8 – 100, l. 17. During the interim between hearings, the State secured an evaluation of Respondent by its own expert, Donna Maddox. Dr. Maddox opined that Respondent's mental illness would benefit from additional drug therapy and other restorative and therapeutic actions, such as the appointment of a guardian *ad litem*. As to the drug therapy, Dr. Maddox recommended use of Zyprexa which would take approximately six months to show positive impact.[5] Dr. Maddox summarized her findings on Respondent's current mental state:

> Oh, correct. He's doing -- he come -- he cooperates with everything you all have asked him to do and he even was good enough to understand some of the things he needs to look for in a group

---

[4] Recognized as an expert in forensic psychology. Nov. 36, ll. 6 – 23.

[5] Following Dr. Maddox's interview with Respondent, the Department of Mental Health prescribed Zyprexa to be administered orally in connection with Respondent's ongoing medication. Nov. 58, l. 10 – 59, l. 1.

> home. When we were talking about very -- visiting various places, you know he and I both, he had a very candid discussion about the things that he thinks would make him feel safer. He's able to give input.
>
> So, he's -- yes, he's communicating with you-all. He's taking the medicines. He's doing whatever you-all ask of him and he can't -- that's all we could ask him to do under the circumstances.

Nov. 129, ll. 10 - 21.

Dr. Maddox did recommend continued hospitalization to improve Respondent's symptoms. Nov. Tr. 129, l. 22 – 130, l. 5. However, even Dr. Maddox would have approved Respondent's transfer to a different setting than hospitalization. Nov. Tr. 124, l. 25 – 126, l. 4. Some of the recommendations Dr. Maddox made as a condition for her own approval of Respondent's transfer are reflected in the lower court's Order, including the appointment of a guardian *ad litem*, the additional medication recommendation and the continued relationship with Dr. Jennifer Alleyne. Nov. Tr. 125, ll. 3 – 24; Order pp. 4 – 5.

The State presented witnesses who questioned the threat assessment opinions offered by the Department of Mental Health experts and the State's own expert (Dr. Maddox, with conditions, would have approved the transfer). These experts focused on the nature of the underlying double homicide as well as the ongoing agreement that Respondent was incompetent based upon his mental health diagnosis and continued reporting of auditory delusions.[6]

Ultimately, the trial court adopted several of the recommendations made by the State's expert, Dr. Maddox, as additional requirements and approved Respondent's transfer for additional treatment outside the secured hospital setting. Order.

---

[6] Mike Prodan provided expert opinion regarding general risk assessment related to the underlying nature of the crimes (Nov. Tr. 139-142) and Dr. Jim Cawood offered expert opinion on the risk assessment related to Respondent's diagnosed mental illness (Nov. Tr. 149).

STANDARD OF REVIEW

As to Question 1

"Any judgment or decree, leaving some further act to be done by the court before the rights of the parties are determined, is interlocutory and not final." Ex parte Wilson, 367 S.C. 7, 12, 625 S.E.2d 205, 208 (2005). "Absent some specialized statute, the immediate appealability of an interlocutory or intermediate order depends on whether the order falls within § 14–3–330." Id., 367 S.C. at 13, 625 S.E.2d at 208.

As to Question 2

"It is axiomatic that an issue cannot be raised for the first time on appeal, but must have been raised to and ruled upon by the trial judge to be preserved for appellate review." Wilder Corp. v. Wilke, 330 S.C. 71, 76, 497 S.E.2d 731, 733 (1998).

As to Question 3

> In interpreting a statute, our primary role is to ascertain and effectuate the intent of the legislature. When the text of the statute is plain and unambiguous, and conveys a clear and definite meaning, the legislative intent must be determined from the statutory language alone. 'We should consider, however, not merely the language of the particular clause being construed, but the word[s] and [their] meaning[s] in conjunction with the purpose of the whole statute and the policy of the law.'

State v. Sweet, 446 S.C. 356, 362, 919 S.E.2d 909, 912–13 (2025) (internal citations omitted).

As to Question 4

"Credibility findings are treated as factual findings, and therefore, the appellate inquiry is limited to reviewing whether the trial court's factual findings are supported by any evidence in the record." State v. Johnson, 413 S.C. 458, 467, 776 S.E.2d 367, 371 (2015).

ARGUMENTS

I. An order granting pre-trial release under specific terms and conditions of an accused who is incompetent to stand trial under the terms of S.C. Code Ann. § 44-23-410, which does not dismiss or terminate the underlying criminal charges is not immediately appealable.

The order allowing Respondent's outpatient treatment under specific terms and conditions is analogous to an order granting limited release of an accused from confinement in a detention center pre-trial with stringent conditions. The nature of this pre-trial release as a form of bond is set forth in the statutory framework:

> If the pending charge is a violent crime, a hearing must be held by the court in which the charges are pending, prior to release, on the issue of whether the person shall be released on bond with terms and conditions appropriate for the safety of the community and the wellbeing of the person.

S.C. Code §44-23-430(C).

As with any other such order granting bond, this pre-trial release may be revisited by the Court of General Sessions based upon violation of the terms or a change in circumstance. The Order places fourteen conditions on the release of Respondent to out-patient care. R. * (Order dated Nov. 26, 2024, p. 4-5). The Order specifically notes that failure to comply with the conditions will result in a violation and appropriate court action:

> IT IS FURTHER ORDERED that in the event Mr. Douglas does not comply with the provisions of this Order requiring him to comply with the program of treatment developed by the Aiken-Barnwell Mental Health Center or monitoring by the Forensic Outreach Clinic, or in the event that Mr. Douglas is unable to reside at Generations of Monetta CRCF, it will be a violation of this Order and upon written certification of such noncompliance by the Aiken-Barnwell Mental Health Center or Forensic Outreach Clinic stating that Mr. Douglas is in apparent violation of the conditions of this Order, the ·Sheriff of Aiken County, or other

> Sheriff if Mr. Douglas is present in a different county than Aiken, is hereby required to immediately transport Mr. Douglas to the Spartanburg County Detention Center-pending a hearing.

R. * (Order dated Nov. 26, 2024, p. 6).

Orders concerning competency of this nature are not subject to immediate appeal to this Court. *See* State v. Dingle, 279 S.C. 278, 282, 306 S.E.2d 223, 225 (1983)[7] ("We hold that the order is interlocutory in nature and thus not appealable. Since the order is not appealable until final judgment is rendered, the trial court had continuing jurisdiction over the subject matter of the case."). They are, in effect, the equivalent of an order granting or denying bond pre-trial which has been deemed likewise interlocutory and not immediately appealable. *See* Parsons v. State, 289 S.C. 542, 347 S.E.2d 504 (1986) (holding an order denying bail was not directly appealable). Moreover, by its nature the order is interlocutory order since Respondent has not been convicted and sentenced nor have the underlying criminal charges been dismissed.[8] *See* State v. Rearick, 417 S.C. 391, 790 S.E.2d 192 (2016) (even a motion denying double jeopardy grounds is interlocutory and not appealable unless and until the defendant is convicted and sentenced in violation of his Constitutional protection against being subjected to double jeopardy). "Any judgment or decree, leaving some further act to be done by the court before the rights of the parties are determined, is interlocutory and not final." Ex parte Wilson, 367 S.C. 7, 12, 625 S.E.2d 205, 208 (2005).

Here, Respondent is still subject to criminal charges since the indictments have not been dismissed by the lower court. As argued in Argument 3, *infra*, the statutory scheme dictates that, should Respondent be deemed competent to stand trial during additional proceedings, the

---

[7] The treatment of the plain view doctrine in State v. Dingle was abrogated by Horton v. California, 496 U.S. 128 (1990) in terms of the inadvertence element of the plain view exception.

[8] Appellant's argument that the statute requires such action by the lower court under the terms of S.C. Code Ann. § 44-23-460 (2) and (3) are addressed in Argument 3, *infra*.

underlying charges would proceed to trial. *See* S.C. Code Ann. § 44-23-450 ("A finding of unfitness to stand trial under Section 44-23-430 may be reexamined by the court upon its own motion, *or that of the prosecuting attorney*, the person found unfit to stand trial, his legal guardian, or his counsel.") (emphasis added).

Since the underlying order is by its very nature interlocutory and the State has been granted the ability by statute to revisit Respondent's competency to stand trial *regularly* by S.C. Code Ann. § 44-23-450, the present appeal should be dismissed under S.C. Code Ann. § 14-3-330. Respondent would note the underlying order does not determine "the action and prevents a judgment from which an appeal might be taken or discontinues the action" under S.C. Code Ann. § 14-3-330(2)(a). To the contrary, a finding of incompetence to stand trial under S.C. Code Ann. § 44-23-410, without a dismissal of the underlying criminal charges under S.C. Code Ann. § 44-23-460, is interlocutory in nature and does not prevent a judgment from being rendered. *See* State v. Dingle, 279 S.C. 278, 306 S.E.2d 223 (1983).

II. The State failed to argue the scope of S.C. Code Ann. § 44-23-460 prohibited the lower court from ordering out-patient care of Respondent outside a secure facility under specific terms and conditions and has raised this argument for the first time on appeal.

The State's argument that the Order was outside the scope of the power of the lower court under the provisions of S.C. Code Ann. § 44-23-460 was not presented to or ruled upon by the lower court. At the underlying trial, the State's argument centered on the wisdom of allowing out-patient versus hospitalized care and treatment of Respondent. To that end, the State called several risk assessment experts to opine on the dangers Respondent could pose to others should he be released from a secure facility. As to Respondent's underlying competency, the State's lone expert who interviewed Respondent was Dr. Donna Maddox.[9] Dr. Maddox did not opine Respondent was competent. Instead, Dr. Maddox opined that additional treatment options were available that may improve Respondent's mental illness further and that restoration was still a viable path. Nov. Tr. 128, ll. 10 – 129, l. 21. At no point during the hearing, or in the State's Motion to Reconsider, did the State suggest the absence of a ruling specifically addressing the status of the pending criminal charges under S.C. Code Ann. § 44-23-460(2) or (3) would nullify the lower court's Order. This novel theory is being presented for the first time on appeal.

"It is axiomatic that an issue cannot be raised for the first time on appeal, but must have been raised to and ruled upon by the trial judge to be preserved for appellate review." Wilder Corp. v. Wilke, 330 S.C. 71, 76, 497 S.E.2d 731, 733 (1998). "Imposing such a requirement on the appellant 'is meant to enable the lower court to rule properly after it has considered all relevant facts, law, and arguments.'" Herron v. Century BMW, 395 S.C. 461, 465, 719 S.E.2d 640, 642 (2011) (*citing* I'On, L.L.C. v. Town of Mt. Pleasant, 338 S.C. 406, 422, 526 S.E.2d

[9] Dr. Maddox was qualified as an expert in forensic psychiatry. Nov. Tr. 116, ll. 19 – 24.

716, 724 (2000)). "Constitutional arguments are no exception to the preservation rules, and if not raised to the trial court, the issues are deemed waived on appeal." Herron, 395 S.C. at 465, 719 S.E.2d at 642. By extension, the same applies to the State's argument regarding the interplay between S.C. Code Ann. § 44-23-460(2) and (3) and the validity of the trial court's Order.

Here, the lower court's Order does not address the alleged limitation that S.C. Code § 44-23-460 places on release to outpatient status under conditions authorized by S.C. Code § 44-23-430 for a simple reason. This argument was never presented to the lower court and never ruled upon.

III. The provisions of S.C. Code Ann. § 44-23-460 and S.C. Code Ann. § 44-23-430 work in concert and allow criminal charges to remain while an individual deemed incompetent to stand trial under the terms of S.C. Code Ann. § 44-23-410 receives outpatient treatment under terms and conditions that equate to release on bond.

The State would have this Court read S.C. Code Ann. § 44-23-460 in isolation and completely distinct from the rest of Title 44, Article 5 concerning fitness to stand trial (§ 44–23–410 to § 44–23–460). Under the State's view of the statute, once a person against whom criminal charges are pending no longer requires hospitalization, then the lower court is restricted by statute to either dismiss and release the accused if they had been "hospitalized for a period of time exceeding the maximum possible period of imprisonment to which the person could have been sentenced if convicted as charged" or to "order that criminal proceedings against a person who has been found fit to stand trial be resumed, or the court may dismiss criminal charges and order the person released if so much time has elapsed that prosecution would not be in the interest of justice." S.C. Code Ann. § 44-23-460 (2) and (3).

As the State interprets the statutory scheme, a ruling under S.C. Code Ann. § 44-23-460 precludes an allowance for the criminal proceedings to resume while granting release under the provisions of S.C. Code Ann. § 44-23-430.

> "Thus, to be true to the statute, the court had only one option based on its findings of facts—to release Douglas from the hospital and require his transfer to the Spartanburg County Detention Center. There is no provision under S.C. Code § 44-23-460, to order continued treatment and/or care in an unsecure facility. Thus, the circuit court had no authority under the statute to allow a step-down transfer to a non-secure facility."

(State's Brief, p. 21). The State argues, for the first time on appeal, that the provisions of S.C. Code Ann. § 44-23-460 preclude a release from hospitalization under the provisions of S.C. Code § 44-23-430 that leaves the criminal charges in place. However, the State's restrictive reading of S.C. Code Ann. § 44-23-460 does not follow from the statutory scheme as a whole. *See* State v. Sweet, 446 S.C. 356, 919 S.E.2d 909 (2025) (holding that Courts should not focus merely on the language of a clause being construed, but read such clause in connection with the whole statute).

Here, the State ignores the impact of S.C. Code Ann. § 44-23-460(3) and the provision allowing the Court to order release from hospitalization while the criminal proceedings resume. By the State's reading of this provision, "criminal proceedings" equates to a transfer to a pre-trial detention center. To the contrary, "criminal proceedings" is an exceptionally broad term, and clearly would be incorporated into the statutory scheme governing an accused who is incompetent to stand trial. Thus, "criminal proceedings" would include the provisions of S.C. Code § 44-23-430. Rather than some inescapable loop alleged by the State between an incompetency designation, hospitalization, then recommendation for release while still incompetent starting the loop over again (State's Brief note 11), the statutory scheme covers

criminal proceedings continuing against an incompetent individual outside the need for hospitalization.

This scenario is specifically covered by S.C. Code Ann. § 44-23-430(C), which covers persons "against whom criminal charges are pending but who are not involuntarily committed following judicial admission proceedings . . ." Here, following a judicial proceeding on Respondent's continued involuntary hospitalization, the lower court had the option, following a hearing, "on the issue of whether the person shall be released *on bond* with terms and conditions appropriate for the safety of the community and the well-being of the person." S.C. Code Ann. § 44-23-430(C) (emphasis added).[10]

Here, the resumption of "criminal proceedings" under S.C. Code Ann. § 44-23-460(3) simply allows for the provisions of a bond to be implemented under S.C. Code Ann. § 44-23-430(C). Since the Legislature has already specially authorized the release on bond of an accused deemed incompetent to stand trial for a violent offense upon an appropriate judicial determination and under appropriate conditions, there is no need to speculate that the Legislature could not have intended this very result. Here, there is no statutory mandate that once a hearing is conducted on the potential release from hospitalization under S.C. Code Ann. § 44-23-460 the lower courts are without the power to incorporate the provisions of S.C. Code Ann. § 44-23-430(C) in placing an accused in a bond setting while preserving the underlying criminal charges.[11]

---

[10] As noted in Argument 1, *supra*, bond hearing of this nature are not immediately appealable.

[11] As the State now argues on Appeal, it should have moved for reconsideration and requested a specific ruling on the dismissal of the underlying criminal charges since, according to its restrictive reading of the statutory scheme, the lower court's only option in this case was outright dismissal since Respondent was incompetent to stand trial and was no longer required to be hospitalized.

Nothing in the lower court's Order is nullified by a proper reading of S.C. Code Ann. § 44-23-460 and S.C. Code Ann. § 44-23-430(C). As is common with statutory schemes, the two provisions work in concert and not as opposing forces. In an effort to find error, the State would force this Court to read the statutory scheme with an eye towards finding conflict, rather than read the statutes in harmony. Such a reading is unnecessary by the express terms used in the statutory scheme and would be against the cardinal rules of statutory construction. *See* State ex rel. McLeod v. Nessler, 273 S.C. 371, 373, 256 S.E.2d 419, 420 (1979) ("In determining the meaning of a statute, it is the duty of this Court to give force and effect to all parts of the statute, if possible.").

The State would read Wilson v. State, 315 S.C. 158, 432 S.E.2d 477 (1993) as somehow supporting its limited reading of S.C. Code Ann. § 44-23-460. Read properly, Wilson involves the alleged interaction between an emergency commitment under S.C. Code Ann. § 44-17-410 through the Probate Court and "Title 44, Chapter 23, Article 5, Code of Laws of South Carolina (1976) addresses fitness of persons charged in criminal proceedings to stand trial." Wilson, 315 S.C. at 162, 432 S.E.2d at 479. A person committed through Chapter 23, *Article 3* would in fact fall under the provision of Section 44–23–460 "after the South Carolina Department of Mental Health acquires jurisdiction of such person"[12] Wilson, 315 S.C. at 162, 432 S.E.2d at 479. Rather than interpret or dictate the interaction between S.C. Code Ann. § 44-23-430 and S.C. Code Ann. § 44-23-460, as implied by the State, Wilson simply acknowledges the PCR applicant's "hospitalization and subsequent out-patient treatment were not the result of a determination that he was unfit to stand trial. When considered within the framework of Chapter 23 in its entirety, we construe Section 44–23–460 to be inapplicable to petitioner." Wilson, 315

---

[12] For example, under Article 3, "No person who is mentally ill or who has an intellectual disability shall be confined for safekeeping in any jail." S.C. Code Ann. § 44-23-220.

S.C. at 163, 432 S.E.2d at 480. In no way does Wilson divorce S.C. Code Ann. § 44-23-460 to be read outside of the remaining provisions of Title 44, Chapter 23, Article 5.

IV. The trial court did not abuse its discretion in making factual findings supported by multiple expert witnesses, including those called by the opposing party, authorizing out-patient care of an accused found incompetent to stand trial rather than requiring hospitalization under S.C. Code Ann. § 44-23-430.

The State would have this Court ignore substantial evidence in the Record that supports the factual findings of the lower court in an effort to seek a new hearing on the underlying issue: that Respondent had been deemed and found incompetent to stand trial but no longer requiring hospitalization for his mental illness. At it's heart, there does not appear to be any substantial difference between the State's First and Second argument, other than a critique of the actions of the South Carolina Department of Mental Health in providing their opinions on the care and treatment of Respondent. To the extent that there is new argument presented, it is an attempt to undermine the credibility of the witnesses presented by the Department of Mental Health. As this Court has recognized on numerous occasions, the credibility of the witnesses on factual issues is a matter for resolution by the trier of fact and not a basis for reversal on appeal. Hoyler v. State, 428 S.C. 279, 300, 833 S.E.2d 845, 856 (Ct. App. 2019) ("We consider all of this evidence within the confines of a narrow scope of review, an obligation to defer to the fact finder's assessment of witness credibility, and longstanding precedent requiring construction of the State's purported conveyance of tidelands against the grantee."); *see also* State v. Johnson, 413 S.C. 458, 467, 776 S.E.2d 367, 371 (2015) ("Credibility findings are treated as factual

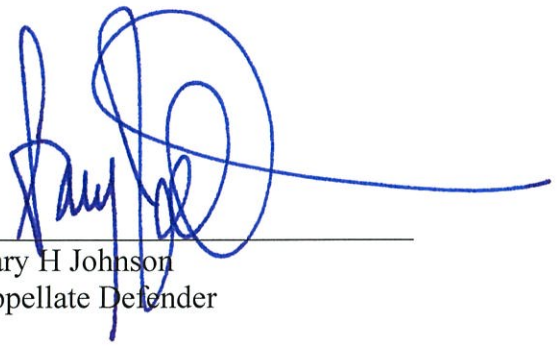
findings, and therefore, the appellate inquiry is limited to reviewing whether the trial court's factual findings are supported by any evidence in the record.").

The State in essence argues that because the Department of Mental Health was in error in the interpretation of S.C. Code Ann. § 44-23-460, all of the testimony supporting the lower court's factual findings lack value. The State cites no support for such an assertion outside its reliance on Wilson v. State, 315 S.C. 158, 432 S.E.2d 477 (1993). As noted, Wilson does not support the restrictive reading offered by the State of Title 44, Chapter 23, Article 5. It certainly does not support the rejection of the credibility of a class of witnesses because of an alleged error in statutory construction.

Ultimately, the trial court found the testimony and opinions of the Department of Mental Health compelling. Order. Rather than adopt the recommendations of the Department of Mental Health wholesale, the lower court modified the recommendations by adopting aspects of treatment recommended by Dr. Maddox, the State's own expert. As all of these findings are supported by the Record, this Court should affirm as dictated by the standard of review regarding factual findings. *See* State v. Johnson, 413 S.C. 458, 776 S.E.2d 367 (2015).

CONCLUSION

For the foregoing reasons, this Court should reject the present appeal and remand this matter for appropriate resolution under the terms and conditions outlined in the lower court's Order.



Gary H Johnson
Appellate Defender

ATTORNEY FOR RESPONDENT

This 3rd day of August, 2026.