

South Carolina

UNIFORM APPLICATION

FY 2019 BEHAVIORAL HEALTH REPORT

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020
(generated on 11/30/2018 11.32.09 AM)

Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number 043980093

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia

Zip Code 29202

II. Contact Person for the Grantee of the Block Grant

First Name John H.

Last Name Magill

Agency Name South Carolina Department of Mental Health

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia

Zip Code 29202

Telephone 803-898-8319

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Email Address john.magill@scdmh.org

III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2017

To 6/30/2018

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

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Last Name Cooner

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Footnotes:

Attachment 1
Review of 2019 MHBG Behavioral Health Report

Review – South Carolina Mental Health State Planning Council

On Monday, November 5, 2018, a Request for Comments on the 2019 MHBG Behavioral Health Report (Report) was distributed via email to all members of the South Carolina Mental Health State Planning Council (Council). Attached to the email was a draft copy of the Report. The body of the email contained a summary of the Report including information on the following sections: Priority Area and Annual Performance Indicators - Progress Report; Set-Aside for Children's Mental Health Services; and, Maintenance of Effort for State Expenditures on Mental Health Services. Council members were provided with a 24-day review and comment period with all feedback requested by close of business on Thursday, November 29, 2018. The Council was notified to whom any comments should be directed.

On Wednesday, November 21, 2018, the Agenda for the General Meeting of the Council included an item to address the following: Q&A - 2019 MHBG Behavioral Health Report. An overview of the 2019 MHBG Behavioral Health Report was provided.

As of close of business on Thursday, November 29, 2018, no recommendations for modification to the 2019 MHBG Behavioral Health Report had been offered by the members of the South Carolina Mental Health State Planning Council.

[End]

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Baseline Performance Measures

Priority Type: MHS

Population(s): SMI, SED, Other

Goal of the priority area:

The intent is to measure the activities and achievements of the Department and compare said measurements to internal and external benchmarks, as available and appropriate, established over time.

Strategies to attain the goal:

Given the comprehensiveness of the measurement tools, changes in results from one year to the next generally are a reasonable determinant of the effectiveness of the mental health continuum - understanding that South Carolina has an integrated system of care over which SCDMH has significant influence and control since it is the primary service provider for inpatient and community services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Employees Trained Related to Strategic Goals

Baseline Measurement: Total Number of Hours of Training (Baseline = 4,100)

First-year target/outcome measurement: 4,250

Second-year target/outcome measurement: 4,250

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 4,800

Indicator #: 2

Indicator: SCDMH Patient Total Employment

Baseline Measurement: Percent Employed as Compared Internally and to National Average Low and National Average High (Baseline = 12%)

First-year target/outcome measurement: 12%

Second-year target/outcome measurement: 12%

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source(if needed):

Description of Data:

Program Indicators Data

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 16%

Indicator #: 3

Indicator: SCDMH Patient Competitive Employment

Baseline Measurement: Percent of Patients Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 50%)

First-year target/outcome measurement: 50%

Second-year target/outcome measurement: 50%

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source(if needed):

Description of Data:

Program Indicators Data

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 58.0%

Indicator #:

4

Indicator:

Life Expectancy - Skilled Nursing Facilities - Roddey Pavilion

Baseline Measurement:

Life Expectancy as Compared Internally and to National Average (Baseline = 3 Years)

First-year target/outcome measurement:

3.0

Second-year target/outcome measurement:

3.0

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Inpatient Services

New Data Source(if needed):

Description of Data:

Client-Level Data Summarized Into Aggregate Outcomes

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 6.8 Years, exceeds the national average of 1.2 years.

Indicator #:

5

Indicator:

Life Expectancy - Skilled Nursing Facilities - Stone Pavilion

Baseline Measurement:

Life Expectancy as Compared Internally and to National Average (Baseline = 3 Years)

First-year target/outcome measurement:

3.0

Second-year target/outcome measurement:

3.0

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Inpatient Services

New Data Source(if needed):**Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):****Indicator #:**

6

Indicator:

Hospital Restraint Rate

Baseline Measurement:

Inpatient Restraint Rate as Compared Internally and to National Average (Baseline = 0.12 per 1,000 Inpatient Hours)

First-year target/outcome measurement:

Less Than 0.10 per 1,000 Inpatient Hours

Second-year target/outcome measurement:

Less Than 0.10 per 1,000 Inpatient Hours

New Second-year target/outcome measurement(if needed):**Data Source:****New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Indicator #: 7

Indicator: Hospital Seclusion Rate

Baseline Measurement: Inpatient Seclusion Rate as Compared Internally and to National Average (Baseline = 0.23 per 1,000 Inpatient Hours)

First-year target/outcome measurement: 0.15 per 1,000 Inpatient Hours

Second-year target/outcome measurement: 0.15 per 1,000 Inpatient Hours

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Inpatient Services

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 0.22, less than the national average of 0.62.

Indicator #: 8

Indicator: 30-Day Hospital Readmission Rate

Baseline Measurement: 30-Day Hospital Readmission Rate (Baseline = 5.00%)

First-year target/outcome measurement: 5.00%

Second-year target/outcome measurement: 5.00%

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

Client-Level Data Summarized Into Aggregate Outcomes

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 1.20%

Indicator #: 9

Indicator: Patient Satisfaction Rate - Adult

Baseline Measurement: MHSIP Survey Results (Baseline = 88%)

First-year target/outcome measurement: 88%

Second-year target/outcome measurement: 88%

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

Compilation of Survey Results

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 92.0%

Indicator #: 10

Indicator: Patient Satisfaction Rate - Youth

Baseline Measurement: MHSIP Survey Results (Baseline = 85%)

First-year target/outcome measurement: 85%

Second-year target/outcome measurement: 85%

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

Compilation of Survey Results

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 91.7%

Indicator #: 11

Indicator: Patient Satisfaction Rate - Youth Families

Baseline Measurement: MHSIP Survey Results (Baseline = 86%)

First-year target/outcome measurement: 86%

Second-year target/outcome measurement: 86%

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

Compilation of Survey Results

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 91.0%

Indicator #:

12

Indicator: Total Number Served

Baseline Measurement: Total Number of Individuals Served by SCDMH Community Mental Health Services (Baseline = 82,000)

First-year target/outcome measurement: 82,000

Second-year target/outcome measurement: 82,000

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 84,528

Indicator #: 13

Indicator: Children and Youth Served

Baseline Measurement: Total Number of Individuals Served by SCDMH Community Mental Health Services (Baseline = 27,000)

First-year target/outcome measurement: 27,000

Second-year target/outcome measurement: 27,000

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 26,998

Indicator #:

14

Indicator:

Persons Visiting SC ERs with a Primary Diagnosis of MH or SA and Seen by SCDMH within the Past Three Years

Baseline Measurement:

Number of Individuals Visiting SC ERs with a Primary Diagnosis of MH or SA and Seen by SCDMH within the Past Three Years (Baseline = 24%)

First-year target/outcome measurement:

Less than 25%

Second-year target/outcome measurement:

Less than 25%

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):

Description of Data:

Compilation of Externally-Sourced Data

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: This indicator is no longer a performance measure for SCDMH.

Indicator #:

15

Indicator:

ED Patients - 24-Hour Wait

Baseline Measurement:

Number of Individuals Waiting in ER Longer than 24 Hours (Baseline = 1,499)

First-year target/outcome measurement:

Less than 1,500 Annually

Second-year target/outcome measurement:

Less than 1,500 Annually

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source(if needed):**Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):****Indicator #:**

16

Indicator:

SCDMH Hospital Admissions

Baseline Measurement:

Number of Psychiatric Hospital Admissions (Baseline = 675 Annually)

First-year target/outcome measurement: 675**Second-year target/outcome measurement:** 675**New Second-year target/outcome measurement(if needed):****Data Source:****New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Indicator #: 17
Indicator: Computerized Training for Employees
Baseline Measurement: Number of Staff Training Programs Available by Computer (Baseline = 200)
First-year target/outcome measurement: 200
Second-year target/outcome measurement: 200

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Evaluation, Training, and Research (ETR) – Pathlore (SCDMH Training Database)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 201

Indicator #: 18

Indicator: Participating Hospitals - ED Telepsychiatry Consultation Program

Baseline Measurement: Number of Participating Hospitals - ED Telepsychiatry Consultation Program (Baseline = 23)

First-year target/outcome measurement: 23

Second-year target/outcome measurement: 23

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Office of Medical Affairs (ED Telepsychiatry Consultation Program)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 24

Indicator #:

19

Indicator:

School-Based Services - Total Schools

Baseline Measurement:

Number of Schools in School-Based Program (Baseline = 500)

First-year target/outcome measurement:

500

Second-year target/outcome measurement:

500

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 653

Indicator #:

20

Indicator:

CMHC Appointment Timeframes

Baseline Measurement:

Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 90%)

First-year target/outcome measurement:

90%

Second-year target/outcome measurement:

90%

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 95%

Indicator #:

21

Indicator:

CMHC Billed Hours

Baseline Measurement:

Hours of Billed Services in Community Mental Health Services (Baseline = 985,000)

First-year target/outcome measurement:

985,000

Second-year target/outcome measurement:

985,000

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 910,595, as compared to revised baseline target in Accountability Report of 900,000.

Indicator #: 22
Indicator: CMHC New Cases
Baseline Measurement: Total Number of New Cases (New Cases/Readmissions) in Community Mental Health Services (Baseline = 42,000)
First-year target/outcome measurement: 42,000
Second-year target/outcome measurement: 42,000
New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 43,461

Indicator #: 23
Indicator: ED Patients - Total
Baseline Measurement: Number of Individuals Waiting in ER (Baseline = Less Than 2,000 Annually)
First-year target/outcome measurement: Less Than 2,000
Second-year target/outcome measurement: Less Than 2,000
New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source(if needed):

Description of Data:

Compilation of Externally-Sourced Data

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

☐

Achieved

☒

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

SCDMH continues to offer the use of a Mental Health Professional (MHP) in local hospital emergency departments; to offer Telepsychiatry to local hospital emergency departments; to deploy the Community Crisis Response and Intervention Program; and to develop Crisis Stabilization Centers.

How first year target was achieved (optional):

FY2018 Result: 2,428

Indicator #:

24

Indicator:

Inpatient Services - Total Bed Days

Baseline Measurement:

Total Number of Inpatient Bed Days (Baseline = 520,000)

First-year target/outcome measurement:

520,000

Second-year target/outcome measurement:

520,000

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 553,041

Indicator #:

25

Indicator:

Forensic Inpatient Services

Baseline Measurement:

Number of Forensic Admissions (Baseline = 200)

First-year target/outcome measurement:

220

Second-year target/outcome measurement:

220

New Second-year target/outcome measurement(if needed):

Data Source:

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 297

Indicator #: 26

Indicator: Community Telepsychiatry Program

Baseline Measurement: Number of CMHCs Providing Services via Telepsychiatry (Baseline = 15)

First-year target/outcome measurement: 15

Second-year target/outcome measurement: 15

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Office of Medical Affairs (Community Telepsychiatry Program)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 17

Indicator #: 27

Indicator: CMHC Emergency Preparedness

Baseline Measurement: CMHCs will Meet the New Regulatory Requirements for Emergency Preparedness as Per 42 CFR-485.920 (Baseline = 0%)

First-year target/outcome measurement: 100%

Second-year target/outcome measurement: 100%

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):

Description of Data:

Program Indicators Data

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 100%

Indicator #: 28

Indicator: SCDMH Emergency Preparedness

Baseline Measurement: SCDMH will have Staff Available to Assist State and County Emergency Operations Centers (EOC) (Baseline = 100%)

First-year target/outcome measurement: 100%

Second-year target/outcome measurement: 100%

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):

Description of Data:

Program Indicators Data

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: 100%

Priority #: 2
Priority Area: Comprehensive Assessment
Priority Type: MHS
Population(s): SMI, SED, Other

Goal of the priority area:

SCDMH identified certain opportunities in its operations that would lead to cost savings and increased efficiencies. Many of the identified opportunities illuminate unmet service needs and critical gaps within the current system.

Strategies to attain the goal:

The strategy is defined by the Performance Indicator and may vary depending upon the nature of the effort, but all are related to the enhancement of the overall mental health continuum.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Expand Training Opportunities
Baseline Measurement: Increase in Productivity Due to Offline Training Resources (As Measured by Person-Hour Cost Savings)
First-year target/outcome measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH
Second-year target/outcome measurement: Compare to Prior Year's Results
New Second-year target/outcome measurement(if needed):
Data Source:

SCDMH – Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

SCDMH has a commitment to staff development and training. There is an online learning management system in place which allows staff to participate in trainings that are required by regulatory and accrediting agencies. In excess of one hundred fifty (150) training modules are offered online to meet The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), Occupational Safety and Health Administration (OSHA) and the Department of Health and Environmental Control (DHEC) standards. Curriculums have been developed for staff which outlines those modules that are required for their particular job duties and responsibilities. These online trainings allow staff to participate in the required training in-place as schedules permit, eliminating the need to travel to attend the trainings in a traditional classroom setting and the associated loss in productivity during travel times.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: SCDMH currently has 201 staff training programs available by computer.

Indicator #: 2

Indicator: Finalize Implementation of Electronic Medical Record

Baseline Measurement: Completion of Implementation Process

First-year target/outcome measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Inpatient Services

New Data Source(if needed):

Description of Data:

The Department's goal is to provide technologically-appropriate resources for the efficient and effective provision of care for patients receiving inpatient services. Electronic Medical Records reduce required storage space for physical storage media (i.e. paper records), assimilate various components of a patient's medical record into a single access point, reduce the cost of record transference, improve overall operating efficiency, increase portability and accessibility of health information, reduce medical errors, provide for ease of updating to current technologies including coding, and will transition the Department into compliance with Medicare and Medicaid preferred technologies.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: SCDMH currently utilizes an Electronic Medical Record (EMR) in all of its 17 Community Mental Health Centers and has implemented an Electronic Health Record (EHR) in 4 of its 8 inpatient facilities.

Indicator #: 3

Indicator: Expand Use of Telepsychiatry

Baseline Measurement: Deployment of Telepsychiatry Resources Across the Mental Health Continuum

First-year target/outcome measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):

Description of Data:

The SCDMH telepsychiatry program addresses the overcrowding of psychiatric patients in local hospital emergency departments ("ED"). It is a cutting-edge statewide service delivery model that provides remote access for EDs in rural areas of South Carolina to psychiatrists whenever psychiatric consultation services are required. And it is the first of its kind nationally, and has been widely recognized for its effectiveness. Just as with the previously mentioned program, which is still expanding, SCDMH has implemented the use of telepsychiatry in its Community Mental Health Centers (CMHC) and Inpatient Facilities. The CMHCs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to-Center. Center-to-Clinic Telepsychiatry connects the primary CMHC with its satellite mental health clinics. Center-to-Center Telepsychiatry connects the CMHCs to each other. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, as well. This expanded use of technology, in the form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 43 Mental Health Clinics, and multiple Inpatient Facilities to utilize a common pool of physicians to deliver services to clients and patients without the loss of productivity associated with travel time, and to deliver services to clients and patients in rural areas where physician availability may be non-existent.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: SCDMH has currently deployed its Emergency Department Telepsychiatry Program in 24 emergency departments across the State of South Carolina. SCDMH has also deployed telepsychiatry equipment to all 17 Community Mental Health Centers.

SCDMH is the largest provider of telepsychiatry services in South Carolina. The week of October 7, 2018 marked a historic event for the South Carolina Department of Mental Health. On Thursday, October 11, 2018, SCDMH's Telepsychiatry Program delivered its 100,000th psychiatric service rendered via telehealth.

Indicator #: 4

Indicator: Expand Use of School-Based Services

Baseline Measurement: Deployment of School-Based Resources Across the Mental Health Continuum

First-year target/outcome measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source(if needed):

Description of Data:

SCDMH school-based mental health (SBMH) services improve access to needed mental health services for children and their families. The

information exchange and collaboration that develops between school teachers, school counselors and administrators and school based mental health staff improves early identification and treatment for children in need; and, for those children and families in need of services, the SBMH program services increase school attendance, reduce discipline referrals and decrease drop-out rates. These positive outcomes for the student and their families also positively correlate to a decreased risk for violence in the school and community.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: SCDMH has expanded its School Mental Health Program into 633 schools across the State of South Carolina.

Indicator #: 5

Indicator: Expanded Use of Mental Health Professionals (MHP) in Emergency Departments

Baseline Measurement: Deployment of Mental Health Professional Resources Across the Mental Health Continuum

First-year target/outcome measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source(if needed):

Description of Data:

The MHP provides consultative services to patients experiencing psychiatric emergencies in the emergency department and facilitates linkage to appropriate resources. Evidence supports the assertion that MHPs placed in Emergency Departments to augment the mental health resources currently available have a direct impact on the overall treatment of patients presenting with possible mental health issues. MHPs support the determination process for appropriateness for inpatient admission, and therein the absolute number of patients admitted versus those discharged the same day, and they positively affect the overall effectiveness of navigating patients presenting with potential mental health issues through the Emergency Department process. These placements create partnerships between SCDMH and the placement hospitals and leverage the resources of all.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: SCDMH currently has deployed Mental Health Professionals (MHP) from multiple Community Mental Health Centers in multiple emergency departments. As opportunities present, SCDMH offers this partnership as an option to local hospitals.

Indicator #: 6**Indicator:** Enhance Workforce Development**Baseline Measurement:** Provision of Opportunities to Positively Impact Recruitment and Retention**First-year target/outcome measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH**Second-year target/outcome measurement:** Compare to Prior Year's Results**New Second-year target/outcome measurement(if needed):****Data Source:**

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):**Description of Data:**

SCDMH continues to pursue creative solutions to recruitment, retention, and graduate medical education. Its Talent Acquisition and Retention Program (TARP) is one example of SCDMH's efforts to address workforce development.

New Description of Data(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

FY2018 Result: The SCDMH Talent Acquisition and Retention Program (TARP) has demonstrated positive results including an increase in the number of MDs and APRNs. SCDMH has increased the number of licensed professionals, held a long-term care expo to expedite employment offers, revised pay scales, and created a certification track for its School Mental Health Program.

Indicator #: 7**Indicator:** Increase Community Supportive Housing**Baseline Measurement:** Increase in the Possible Opportunities for Housing Placements**First-year target/outcome measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH**Second-year target/outcome measurement:** Compare to Prior Year's Results**New Second-year target/outcome measurement(if needed):****Data Source:**

SCDMH – Division of Community Mental Health Services

New Data Source(if needed):**Description of Data:**

SCDMH has a long history of making efforts to foster more permanent supportive community housing for its patients. Appropriate

housing is often the single biggest factor in determining whether a patient with serious psychiatric impairments is able to be successfully discharged or is able to remain successful in their recovery in the community.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: SCDMH is actively engaged in year three of its Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI-SC). The \$1.8 Million per year, three-year SAMHSA grant, awarded in late 2015, serves individuals who are chronically homeless and have a serious mental illness and has expanded partnerships with a number of organizations, including Palmetto Health, the University of South Carolina School of Medicine, the United Way of the Midlands, and the South Carolina Interagency Council on Homelessness.

In August 2018, SAMHSA awarded DMH a grant of \$1 Million per year for five years, to fund the continuation of the evidence-based intensive treatment services and benefits assistance for individuals with serious mental illnesses and co-occurring disorders who are experiencing homelessness.

Indicator #: 8

Indicator: Enhance Partnerships

Baseline Measurement: Presentation of Opportunities to Enhance Partnerships with Other Entities

First-year target/outcome measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):

Description of Data:

The South Carolina Department of Mental Health has affiliations with more than 50 educational institutions in South Carolina and more than five other states. SCDMH also works closely with independent advocacy organizations to improve the quality of lives for persons with mental illness, their families, and the citizens in South Carolina.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2018 Result: The South Carolina Interagency Council on Homelessness has expanded, including representation from eight state agencies: DMH, DAODAS, Department of Corrections, Department of Education, HHS, SC Housing, DSS, and DHEC. The Council meets every other month and focuses on achieving better statewide coordination among stakeholders to address homelessness and mental health issues.

In April 2018, DMH's Metropolitan Children's Advocacy Center (MetCAC) hosted a rededication of the Richland County Child Abuse Response Team Investigative Protocol, commemorating 20 years of partnership serving Richland County children who have suffered abuse and neglect. The MetCAC is a member of the Richland County Child Abuse Investigation Multi-Disciplinary Team, which comprises local law enforcement, Department of Social Services, The Solicitor's Office, forensic medical providers, mental health providers, and victims' services providers, dedicated to ensuring a collaborative approach to investigating child abuse in Richland County.

SCDMH has received a three-year grant from The Duke Endowment, totaling \$1.2 Million, to support and expand Mental Health Courts in South Carolina. These Courts work by diverting non-violent offenders with a mental illness from the criminal justice system into treatment, all while under the supervision and monitoring of the Court. Funding from the Grant is also being used for an evaluation of outcomes of Mental Health Courts (conducted by the USC School of Medicine), including the extent to which they reduce public expenditures while improving the lives of participating defendants.

In 2015, then-Governor Nikki Haley created the Domestic Violence Task Force to study the issues surrounding domestic violence in South Carolina and make recommendations to respond to the problem. The Task Force, chaired by the Governor, included representatives from more than 40 organizations at the state and local levels. The Task Force and its subcommittees issued interim reports, resulting in a 2015 report of Proposed Recommendations identifying issues and proposing solutions to address domestic violence in SC.

Indicator #: 9**Indicator:** Expand Emergency Psychiatric Services**Baseline Measurement:** Deployment of Emergency Psychiatric Service Resources Across the Mental Health Continuum**First-year target/outcome measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH**Second-year target/outcome measurement:** Compare to Prior Year's Results**New Second-year target/outcome measurement(if needed):****Data Source:**

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):**Description of Data:**

In addition to the SCDMH Emergency Department Telepsychiatry Consultation Program, SCDMH, through its Community Mental Health Centers, utilizes a number of measures to divert individuals in a behavioral health crisis from community hospital emergency departments. The crisis intervention measures include entering into contracts with hospitals with community psychiatric beds to admit patients referred by CMHCs; funding all or part of a mental health professional's salary to provide on-site consultation to hospital emergency departments; and funding the mobile crisis program at Charleston-Dorchester CMHC.

New Description of Data(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:**Report of Progress Toward Goal Attainment**First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)**Reason why target was not achieved, and changes proposed to meet target:**

How first year target was achieved (optional):

FY2018 Result: In September 2015, SCDMH received a youth suicide prevention grant of \$736,000 per year for five years from the Substance Abuse and Mental Health Services Administration (SAMHSA). The award supports the SC Youth Suicide Prevention Initiative (SCYSPI), an intensive, community-based effort with the goal of reducing suicide among youths and young adults, aged 10 to 24, by 20% statewide by 2025.

SCDMH has launched a new crisis response program, Community Crisis and Response and Intervention (CCRI). CCRI is a partnership between DMH and the SC Department of Health and Human Services (HHS) that provides adults and children with clinical screening to de-escalate crises and provide linkage to ongoing treatment and other resources in one of three ways: in person at the location of crisis, in person at a CMHC clinic, or by phone.

In FY17, SCDMH received a \$1 Million appropriation from the General Assembly to develop crisis stabilization centers in communities. The Charleston-Dorchester Mental Health Center, in collaboration with MUSC, Roper Hospital, and the Charleston County Sheriff's Department, opened the 10-bed Tri-County Crisis Stabilization Center in June 2017. As of August 2018, the Center has served 893 individuals. Spartanburg Mental Health Center will open its model of a crisis stabilization center by the beginning of September 2018. Greenville Mental Health Center anticipates its model of a crisis stabilization center will open in early 2019. The Anderson-Oconee-Pickens, Pee Dee, Orangeburg, and Waccamaw mental health centers are currently working with local stakeholders and exploring options to develop Crisis Stabilization Units in their respective areas.

Priority #: 3
Priority Area: First Episode Psychosis Program
Priority Type: MHS
Population(s): ESMI

Goal of the priority area:

The intent is to address the needs of persons with early psychotic disorders, specifically first episode psychosis, either through enhancing existing program activities or development of new activities.

Strategies to attain the goal:

The Department has specifically cited Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) as the treatment modalities it will deploy utilizing a portion of the Ten Percent Set Aside. These treatment modalities have been identified as appropriate and effective for persons experiencing First Episode Psychosis (FEP). It has also been found that maximum effectiveness is attainable when the two modalities are deployed together. MI serves as the engagement modality and CBT serves as the therapy modality.

SCDMH will also deploy NAVIGATE as its CSC (Coordinated Specialty Care) program utilizing a portion of the Ten Percent Set Aside.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: First Episode Psychosis Program
Baseline Measurement: Total Number of Patients Served (Baseline = 260)
First-year target/outcome measurement: 400
Second-year target/outcome measurement: 400

New Second-year target/outcome measurement(if needed):**Data Source:**

South Carolina Department of Mental Health (SCDMH)

New Data Source(if needed):**Description of Data:**

Internally-Generated Subject-Specific Information Resources

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

SCDMH will work with Dr. Meera Narasimhan and her team at the University of South Carolina, School of Medicine to determine those outcome measurements appropriate to demonstrate the efficacy of the Traditional and CSC Programs beyond reporting only the number of patients served.

New Data issues/caveats that affect outcome measures:**Report of Progress Toward Goal Attainment**

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

SCDMH continues to refine the referral process from internal resources and local providers. As community engagement and program awareness increase, it is expected that the incidence of referral will increase.

How first year target was achieved (optional):

FY2018 Result: 372 individuals

The Traditional Program

The Traditional Program served a total of 340 individuals – Charleston-Dorchester Mental Health Center (67), Pee Dee Mental Health Center (73), and Lexington County Community Mental Health Center (200). Program Statuses are provided below.

Program Status – Charleston-Dorchester Mental Health Center

Charleston-Dorchester Mental Health Center is currently operating 2 programs which are identified as First Episode Psychosis teams, Navigate and New Directions. There are currently 4 Individual Resiliency Training (IRT) therapists, a care coordinator, a peer support specialist, a vocational services clinician, and a psychiatrist dedicated to the support of the patients on these teams. The Director position is currently vacant, but a new Director is expected to start within the next few weeks. Since the Director was also fulfilling the role as the Family Education clinician, each of the IRT therapists have assumed this role with their respective patients.

The New Directions team consists of 2 IRT clinicians who have been with the program for the duration of FY18, as well as the additional team members listed above. This team continues to receive referrals on patients who are experiencing their first episode of psychosis which is thought to be related to a disorder other than a Schizophrenia Spectrum Disorder. During FY18, they served 67 patients. The current caseload for this team is 35. This program has been found to be capable of accommodating more patients than the Navigate program, so one of the continued challenges is working with the intake unit to identify appropriate patients at the beginning of treatment as often as possible.

Program Status – Pee Dee Mental Health Center

The First Episode Psychosis Program at Pee Dee Mental Health, which is called "Prevention and Recovery of Early Psychosis" (PREP), currently has 31 patients. The program was developed to assist clients who are experiencing their first encounter with a psychotic disorder. The coordinators understand patients are confused and distressed during this time and patients are provided support and education for the individual and family. The "PREP" program serves persons from the ages 17-30. The program has developed three phases to help structure the program. Phase one deals with assessing the client's current needs; Phase two introduces the illness to the client by providing psycho-education to client and family; and Phase three implements independent living as working towards transitioning to lower level of care. Community resources are being utilized during this phase to assist a client in becoming more stable.

Program Status – Lexington County Community Mental Health Center

The program currently has one staff vacancy. Over the summer, program changes were made with the goal of targeting younger clients. To accomplish this, Lexington has assigned a staff member time to work out of its Child, Adolescent and Family clinic on an as needed basis in seeing clients who are experiencing initial onset of psychosis, but are not ready to transition to the adult clinic yet. This change in the program has helped to improve referrals from the child clinic and provide a better bridge. In the next quarter, Lexington is focusing on increasing community integration and having clinical staff to do more community based treatment services. This is being accomplished by some additional training and support/supervision.

The CSC (Coordinated Specialty Care) Program

The CSC Program served a total of 32 individuals – Charleston-Dorchester Mental Health Center (32). A Program Status is provided below.

Program Status – Charleston-Dorchester Mental Health Center

Charleston-Dorchester Mental Health Center is currently operating 2 programs which are identified as First Episode Psychosis teams, Navigate and New Directions. There are currently 4 Individual Resiliency Training (IRT) therapists, a care coordinator, a peer support specialist, a vocational services clinician, and a psychiatrist dedicated to the support of the patients on these teams. The Director position is currently vacant, but a new Director is expected to start within the next few weeks. Since the Director was also fulfilling the role as the Family Education clinician, each of the IRT therapists have assumed this role with their respective patients.

The Navigate team consists of 1 IRT clinician who has been in the program for all of FY18, and a new IRT clinician who started in August 2018. The previous IRT clinician moved to a new team in June 2018, so there was a one month gap in the staffing. In FY18, the Navigate team served 32 patients. This team only serves individuals with a diagnosis on the Schizophrenia Spectrum with the added support of the additional team members previously listed. Their current combined caseload is 24. As the new Director begins with the program soon, community engagement will be a big part of their role to help identify additional patients for this program from local providers.

Footnotes:

NOT FINAL

Recent Developments and Achievements

The South Carolina Department of Mental Health (DMH) strives to improve and expand its mental health services to the citizens of our state. With your support, we continue to make progress. This document is an update of select examples of Agency milestones, achievements, and services since DMH's last update in May 2017.

DMH continues to expand and improve its community mental health services.

- Thanks to the support of the Governor and the General Assembly, DMH has increased access to community mental health services and serves more patients than it ever has. From FY14 to FY18, the Community Mental Health Services Division increased the percentage of all appointments meeting access standards by 17.28%, increased the percentage of new cases (new/readmissions) by 7.29%, and increased the number of patients treated by 6.42%. In the Agency's community mental health centers, patients in crisis can see a Mental Health Professional on a walk in basis, and wait times for appointments with counselors have been reduced significantly. A number of DMH clinics offer extended hours of operation.
 - DMH's Community Mental Health Services (CMHS) Division is in the process of using additional funds appropriated to increase community services for adults. The expected outcome of the funding is to increase outreach to patients living with chronic mental illness who are at risk of hospitalization, by securing appropriate community housing and delivering services in the community at an intensity to meet their needs.
 - CMHS is also in the process of using additional appropriated funds to increase community services for children, adolescents, and their families. The additional funding available to Centers will increase the availability of intensive, evidence-based services to meet patients' needs in the community and prevent hospitalizations and out of home placements.
- A \$1.2 Million School Mental Health Services grant from The Duke Endowment, awarded in spring 2018, will help DMH implement a countywide school telehealth initiative integrating mental health and primary health care for children in Darlington County. DMH's Pee Dee Community Mental Health Center, in partnership with the Medical University of South Carolina, the South Carolina Telehealth Alliance, the Darlington One school district, and several local private providers, will make multiple healthcare services available in participating schools. Increased access to healthcare services for students and families is expected to improve student health, reduce absenteeism, and correspondingly improve student achievement.
- In September 2015, DMH received a youth suicide prevention grant of \$736,000 per year for five years from the Substance Abuse and Mental Health Services Administration (SAMHSA). The award supports the SC Youth Suicide Prevention Initiative (SCYSPI), an intensive, community-based effort with the goal of reducing suicide among youths and young adults, aged 10 to 24, by 20% statewide by 2025.
 - Using various multi-media platforms, SCYSPI has surpassed its outreach and awareness goal of 300,000 individuals by year five, having reached more than 360,000 individuals across the state from 2016-2018.
 - SCYSPI offers trainings in suicide prevention to professional audiences and community members. To date, the Initiative has trained more than 9,000 individuals in suicide prevention.
 - More than 45 school districts in SC have adopted the SCYSPI *Comprehensive School Suicide Prevention Program*.
 - SCYSPI is implementing the ZEROSuicide model in Health Care settings throughout South Carolina. The foundational belief of ZEROSuicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. SCYSPI will begin piloting the ZEROSuicide approach this year in six DMH mental health centers: Anderson-Oconee-Pickens, Beckman,

Berkeley, Lexington, Santee-Wateree, and Spartanburg, with the goal of eventual Agency-wide implementation.

- SCYSPI is also implementing a ZEROSuicide protocol among Federally Qualified Health Centers.
- In July 2018, DMH received a ZEROSuicide grant of \$700,000 per year for five years from SAMHSA to increase the ability of organizations and professionals to provide coordinated, responsive, effective, rapid follow-up and aftercare to adults aged 25 and older who have attempted suicide and those who are assessed as being at risk of doing so.
- In 2016, DMH collaborated with the SC chapters of the American Foundation for Suicide Prevention and Mental Health America, to form the SC Suicide Prevention Coalition with the goal of developing a State plan addressing suicide prevention.
 - The Coalition, chaired by DMH State Director John H. Magill, comprises lawmakers and leaders in the non-profit arena, as well as public and private sectors and plans to unveil its Plan this fall.
- SAMHSA's Center for Mental Health Services has awarded DMH a Healthy Transitions Grant, effective September 30, 2018, in the amount of \$1 Million per year for five years, to improve access to treatment and support services for youth and young adults ages 16-25 who have a serious emotional disturbance or a serious mental illness in Sumter, Kershaw and Lee Counties.
- With recurring funds appropriated by the SC General Assembly, DMH continues to expand its School Mental Health Program. School Mental Health services are now available in 653 schools across South Carolina and the Program anticipates being in more than 700 SC schools during the 2018-19 academic year.
- DMH has launched a new crisis response program, Community Crisis and Response and Intervention (CCRI). CCRI is a partnership between DMH and the SC Department of Health and Human Services (HHS) that provides adults and children with clinical screening to de-escalate crises and provide linkage to ongoing treatment and other resources in one of three ways: in person at the location of crisis, in person at a CMHC clinic, or by phone. CCRI services can be accessed via a toll free number: (833) DMH-CCRI [364-2274].
 - Since the May launch, the statewide line has received approximately 824 calls, 93% of which occurred after hours and weekends.
 - Berkeley County launched mobile response services in May 2018, joining neighboring Charleston and Dorchester counties, which have provided mobile response services since 1987.
 - On August 1, 2018, CCRI services launched in Horry and Beaufort counties.
 - The Program plans to provide services to the entire coastal region by mid-October 2018.
 - CCRI aims to establish statewide CCRI after-hours response coverage by the summer of 2019.
 - Other goals of CCRI include providing clinical response to mental health crises within one hour to 50% of the state within two years and 100% of the state within four years. DMH is also working with HHS to enable clinical responses to mental health crises to be delivered via telehealth, which would significantly reduce clinical response time.
- DMH is actively engaged in year three of its Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI-SC). The \$1.8 Million per year, three-year SAMHSA grant, awarded in late 2015, serves individuals who are chronically homeless and have a serious mental illness and has expanded partnerships with a number of organizations, including Palmetto Health, the University of South Carolina School of Medicine, the United Way of the Midlands, and the South Carolina Interagency Council on Homelessness.
 - Palmetto Health operates an Assertive Community Treatment (ACT) team in Columbia, which provides mental health services to homeless individuals wherever they are, and encourages them to accept available services.
 - CABHI-SC is funding five grant-supported positions at Greenville Mental Health Center to expand its existing ACT team to serve an additional 34 chronically homeless patients by the end of the Grant.
 - As of August 2018, the CABHI-SC treatment sites at Palmetto Health and Greenville Mental Health Center have enrolled 109 clients, meeting the target for the grant period.
 - In addition to funding ACT teams, CABHI-SC also funds four SSI/SSDI Outreach, Access, and Recovery (SOAR) benefits specialist positions throughout South Carolina. SOAR specialists accelerate the establishment of Social Security benefits to eligible individuals. As of June 30, 2018, these specialists have submitted 88 applications that received decisions. Of this total, 71% were

approvals that connected people with disabilities to SSI/SSDI income supports and Medicaid and/or Medicare to support their recovery.

- SOAR achieved a 71% approval rate and average decision time of 84 days based on 56 initial SSI/SSDI applications with decisions in FY17, and was highlighted in SAMHSA's *National Outcomes Report* for achieving "very good outcomes, in part due to a strong partnership with SSA, DDS, DMH, and nonprofit partners."
- In FY18, SOAR achieved a 69% approval rate and average decision time of 78 days based on 74 initial SSI/SSDI applications with decisions.
- The South Carolina Interagency Council on Homelessness has expanded, including representation from eight state agencies: DMH, DAODAS, Department of Corrections, Department of Education, HHS, SC Housing, DSS, and DHEC. The Council meets every other month and focuses on achieving better statewide coordination among stakeholders to address homelessness and mental health issues.
- In August 2018, SAMHSA awarded DMH a grant of \$1 Million per year for five years, to fund the continuation of the evidence-based intensive treatment services and benefits assistance for individuals with serious mental illnesses and co-occurring disorders who are experiencing homelessness.
 - The Grant will also fund four new SOAR benefits specialist positions, one at the South Carolina Department of Corrections to assist offenders who have serious mental illnesses with applications prior to release, and one each at the Charleston Dorchester, Waccamaw and Greenville mental health centers. More than 500 individuals are expected to be served by the Grant over its five-year term.
- Parcel sales of the Bull Street property have continued; additional parcel sales took place December 2017, with additional sales scheduled for the end of September 2018. The Buyer has continued to exceed – remain ahead of – the minimum payment schedule required in the Agreement.
 - An accurate accounting of the funds received to date by the Department is maintained and the proceeds are deposited in a segregated account. The Commission has authorized the agency to use the initial sale proceeds to increase additional affordable housing for patients in the community.
 - DMH has committed \$1 Million in Bull Street proceeds for 40 units in four housing projects in FY18: Parkside at Drayton (Spartanburg), Northside Development (Spartanburg), Preserve at Logan Park (Greenville), and Mental Illness Recovery Center (MIRCI) Youth Home (Columbia). Parkside at Drayton and the MIRCI Youth Home are currently under construction, and closings for the other two projects are pending.
- In FY17, DMH received a \$1 Million appropriation from the General Assembly to develop crisis stabilization centers in communities.
 - The Charleston-Dorchester Mental Health Center, in collaboration with MUSC, Roper Hospital, and the Charleston County Sheriff's Department, opened the 10-bed Tri-County Crisis Stabilization Center in June 2017. As of August 2018, the Center has served 893 individuals.
 - Spartanburg Mental Health Center will open its model of a crisis stabilization center by the beginning of September 2018.
 - Greenville Mental Health Center anticipates its model of a crisis stabilization center will open in early 2019.
 - The Anderson-Oconee-Pickens, Pee Dee, Orangeburg, and Waccamaw mental health centers are currently working with local stakeholders and exploring options to develop Crisis Stabilization Units in their respective areas.
- DMH has entered into agreements with community hospitals to embed mental health professionals to assist hospital emergency departments (EDs) in meeting the needs of psychiatric patients. DMH currently has this type of partnership in multiple community hospitals, resulting in more than 9,242 dispositions from EDs in FY18.

DMH continues to use innovative technology to advance and increase its services.

- Since its inception, DMH's Telepsychiatry programs have provided more than 92,000 psychiatric services.
 - As of June 30, 2018, DMH's innovative and award winning Emergency Department Telepsychiatry Program has provided more than 41,000 evaluations and treatment recommendations to emergency departments across South Carolina. The Program was developed to meet the critical shortage of psychiatrists in South Carolina's underserved areas, and assist hospital emergency rooms by providing appropriate treatment to persons in a behavioral crisis, using real-time, state-of-the-art video-and-voice technology that connects DMH psychiatrists to hospital emergency departments throughout the state.
 - Built on the success of telepsychiatry services to emergency departments, DMH has equipped its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its patients via telepsychiatry. Since August 2013, the Community Telepsychiatry Program has provided more than 49,000 psychiatric treatment services to DMH patients throughout South Carolina.
 - The Charleston Dorchester Mental Health Center received the prestigious *Leaders Innovating Telehealth* (LIT) Award, at the Vidyo Healthcare Summit in November 2017. The Center was recognized for its EMS Mobile Crisis Telehealth Project, a partnership with Charleston County EMS, the Medical University of South Carolina, and the South Carolina Telehealth Alliance, that offers on-site emergency mental health assessments in real-time to the Charleston area community. Vidyo, which provides software-based collaboration technology, presents the LIT award to healthcare providers driving national innovation in healthcare by creating greater access to and simplifying the way care is provided to patients.
 - At its 51st Annual Conference, the SC Association of Counties presented Charleston County with the J. Mitchell Graham Award for the EMS Mobile Crisis Telehealth Project. The Award is presented to counties that have shown great leadership and achievement in programs and services provided to the community.
- In May 2018, The Duke Endowment announced that the DMH Community Telepsychiatry Program would receive a \$600,000 award to increase access to psychiatric services by creating a varied roster of clinical care providers and administrative support, including the use of Advanced Practice Registered Nurses and Mental Health Professionals, and designing the most effective team structure for mental health service delivery.
- In May 2018, DMH completed its yearlong implementation of the inpatient Electronic Health Record across the Agency's system of inpatient psychiatric facilities, helping ensure continuity of patient care and regulatory compliance.

DMH is a dedicated partner in serving the citizens of South Carolina.

- In April 2018, DMH's Metropolitan Children's Advocacy Center (MetCAC) hosted a rededication of the Richland County Child Abuse Response Team Investigative Protocol, commemorating 20 years of partnership serving Richland County children who have suffered abuse and neglect. The MetCAC is a member of the Richland County Child Abuse Investigation Multi-Disciplinary Team, which comprises local law enforcement, Department of Social Services, The Solicitor's Office, forensic medical providers, mental health providers, and victims' services providers, dedicated to ensuring a collaborative approach to investigating child abuse in Richland County.
- DMH has received a three-year grant from The Duke Endowment, totaling \$1.2 Million, to support and expand Mental Health Courts in South Carolina. These Courts work by diverting non-violent offenders with a mental illness from the criminal justice system into treatment, all while under the supervision and monitoring of the Court. Funding from the Grant is also being used for an evaluation of outcomes of Mental Health Courts (conducted by the USC School of Medicine), including the extent to which they reduce public expenditures while improving the lives of participating defendants.
- In 2015, then-Governor Nikki Haley created the Domestic Violence Task Force to study the issues surrounding domestic violence in South Carolina and make recommendations to respond to the problem. The Task Force, chaired by the Governor, included representatives from more than 40 organizations at the state

and local levels. The Task Force and its subcommittees issued interim reports, resulting in a 2015 report of Proposed Recommendations identifying issues and proposing solutions to address domestic violence in SC.

- DMH remains an active member of the Task Force and the Domestic Violence Advisory Committee, the latter of which works toward implementing the recommendations in the August 2015 report. Recently, DMH drafted a summary of agency-specific initiatives that meet the recommendations of the report. DMH staff will share this information with the Governor's staff as well as the members of the Advisory Committee members in the coming months.

DMH is dedicated to employing an excellent, well-trained staff.

- In late July 2018, DMH's Division of Public Safety received a four-year accreditation from the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA), making it the only mental health law enforcement agency in the United States to hold this distinction, following a final review and vote by the CALEA Commission. Only 12% of law enforcement agencies in South Carolina are CALEA accredited; the accreditation program requires law enforcement agencies to demonstrate compliance with professional standards in multiple areas, including policy and procedures, administration, operations, and support services.
- DMH Deputy Director, Inpatient Services Versie Bellamy, DNP, received the Mental Health Professional of the Year Award from the National Alliance on Mental Illness-SC at its 2018 awards ceremony August 24. The award recognized Dr. Bellamy for her many years of service to those with mental illness, their families, and NAMI SC.
- Five of DMH's Nurses were recognized as 2018 Palmetto Gold Nurses. Elizabeth A. Brown, MS, RN; Jeanne G. Felder, MHA, BSN, RN; Christine J. Mayo, MSN, RN; Donna M. McLane, MA, BSN, RN; and Nicole D. Hamilton, DNP, MSN, MHA, MEd, were honored as "Registered Nurses who exemplify excellence in nursing practice and commitment to the nursing profession in South Carolina."
- In February 2018, the Action Council for Cross Cultural Mental Health and Human Services presented two DMH employees with awards at its 40th Annual Cross Cultural Conference.
 - Elizabeth Schrum, an employee at the Catawba Community Mental Health Center received the Irene H. Singleton Support Staff Award, which recognizes a DMH employee with an outstanding dedication to his or her work, commitment and loyalty to fellow staff and the Agency, compassion and concern for fellow employees and patients, personal resilience, and cross-cultural involvement.
 - Tracy Richardson, from the Anderson-Oconee-Pickens Mental Health Center, received the Otis A. Corbitt Leadership & Community Service Award, honoring an individual who has provided exceptional leadership and support to the Conference and its success.
- On July 16, 2018, the Joint Council on Children and Adolescents recognized DMH State Director John H. Magill for his years of dedicated service as chair of the Body. Established in August 2007 by DMH and the Department of Alcohol and Drug Abuse Services as a mechanism for transforming the service delivery system for youth and their families, the Council comprises the directors of multiple state agencies, advocacy groups, private organizations, and parents of children with serious mental illness. Its mission requires participating agencies to commit to the delivery of cost-effective, collaborative, quality service for children in need.
- In June 2018, approximately 400 professionals participated in the third annual statewide Cultural and Linguistic Competency Summit, designed to increase professionals' and individuals' capacity to effectively address cultural differences among diverse children and families in South Carolina.
- In April 2018, approximately 550 professionals from 18 states attended the 5th Annual Southeastern School Behavioral Health Conference, *Building Momentum for Effective School Behavioral Health*, of which DMH was a co-sponsor.
- In early August 2018, approximately 1,300 mental health professionals and others with interest in mental health issues from across the country attended the 7th annual Lowcountry Mental Health Conference. The 2018 event, sponsored by the Charleston-Dorchester Mental Health Center and Mental Health Heroes, featured multiple mental health experts and advocates as speakers and boasted the largest group of attendees to date.

- Each September, DMH and the USC School of Medicine jointly sponsor *A Psychiatric Update*, a daylong, continuing medical education training offered both in-person and via video conference to approximately 200 mental health professionals. This year's event, September 28, will be the 19th annual and will feature presentations from physicians and other professionals in various fields of study. The event offers Continuing education credit staff can use toward renewal of their professional licenses.

DMH continues to plan for the future:

- Construction of a new Santee-Wateree Mental Health Center in Sumter was completed in July 2018, and the facility opened for services in early August. The new building allows the Center to provide comprehensive mental health services under one roof in a state-of-the-art facility.
- Recognizing the need for additional capacity for the increasing census of residents, including the need to provide adequate treatment space the current location could not accommodate, the Department in 2016 secured funding from the General Assembly for a new Sexually Violent Predator Treatment Program facility. The 250-bed, secure facility will open in October 2018.
- Anticipating a growing veteran population, DMH applied for funds in 2015 to construct three additional State Veterans nursing homes. With guidance from the State's Joint Bond Review Committee, DMH identified areas with significant need for new veterans' nursing homes and proposed new 104-bed facilities in Florence, Richland, and Cherokee counties. In April 2018, the Department received official notification from the U.S. Department of Veterans Affairs that construction grant funding for the three homes had become available. DMH expects conditional grant approval from the VA Undersecretary of Health in September 2018, and continues to manage aggressively the three projects. Leadership is confident the State will receive conditional grant approval for all three facilities and complete the remaining steps to receive final grant awards.
- In late May 2018, DMH convened a Leadership Assembly, comprising approximately 100 senior staff from across the Department. The Assembly's three-fold goal was reaffirming the vision and mission of the Agency; recognizing the accomplishments, challenges, and opportunities of the Agency; and holding an open forum to discuss future Agency goals. Input from the day's event yielded objectives and action steps that will guide DMH's next Strategic Plan.
- Like many healthcare providers, DMH faces enormous challenges in recruiting and retaining the healthcare professionals it needs. Increased competition with other public and private healthcare providers for psychiatrists, nurses, counselors, and other positions has placed more emphasis on how the Agency recruits. To that end, the Department launched the Talent Acquisition and Retention Program, which uses traditional methods (e.g. commercials, ads, and online postings), as well as newer technology and techniques (e.g. social media and geo-fencing) to reach applicants for hard-to-fill positions, and to retain high quality workers.
- In addition, DMH's Human Resources Division is centralizing HR operations and streamlining the hiring process in an effort to shorten significantly the time between receiving applications and offering positions.
- DMH's Office of Grants Administration, formed in 2008, seeks out funding opportunities and manages federal and non-federal grants in all aspects of grant management for the Department. In addition to the Mental Health Services Block Grant and the grants detailed above, the South Carolina Department of Mental Health was awarded the following grants in FY18-19:
 - TDE – *Telepsychiatry*: \$3,350,000
 - The Blue Cross Blue Shield Foundation of South Carolina – *Project PERSIST*: \$2,098,403
 - SAMHSA – *State Youth Suicide Prevention Cooperative Agreement*: \$3,680,000
 - SAMHSA – *Projects for Assistance in Transition from Homelessness*: \$680,000
 - SAMHSA – *Primary and Behavioral Health Care Integration*: \$1,523,308 over 4 years
 - Department of Justice (DOJ) National Institute of Justice – *Children Exposed to Violence*: \$576,214
 - DOJ Department of Public Safety – *Crime Victims Counseling I*: \$258,752
 - DOJ Department of Public Safety – *Crime Victims Counseling II*: \$406,898
 - DOJ – *Body Worn Cameras*: \$93,000
 - MUSC – *Victims of Crime Emanuel AME Church*: \$674,000
 - Housing and Urban Development – *Continuum of Care*: \$1,103,950

The South Carolina Department of Mental Health's mission is to support the recovery of people with mental illnesses, giving priority to adults with serious and persistent mental illness and to children and adolescents with serious emotional disturbances.

- Each of DMH's 17 community mental health centers is accredited by CARF International, an independent, nonprofit accreditor of human service providers. Morris Village Treatment Center, the Agency's inpatient drug and alcohol hospital, is also accredited by CARF International.
- DMH's psychiatric hospitals are accredited by The Joint Commission, which aims to improve healthcare by evaluating healthcare providers and inspiring them to excel in the provision of safe, effective care of the highest quality and value.
- Each of DMH's four nursing homes is licensed by DHEC and certified by CMS. Three of the four nursing homes (530 beds) serve veterans exclusively and are certified by the Department of Veterans Affairs. The Tucker Nursing Care Facility (Roddey-General Nursing Home and Stone-Veterans Nursing Home) is nationally accredited by The Joint Commission (TJC) and represents one of only six nursing homes in South Carolina with this distinction. **There are approximately 200 nursing homes in the State of South Carolina.*
- DMH has more than 900 portals by which citizens can access mental health services, including:
 - a network of 17 outpatient community mental health centers, 43 clinics, multiple psychiatric hospitals, one community nursing care center, and three veterans' nursing homes;
 - more than 30 specialized clinical service sites (DMH offices that provide some type of clinical care, but do not offer a full array of services found in a center or clinic);
 - more than 20 South Carolina hospitals with Telepsychiatry services;
 - more than 140 community sites (non-DMH entities or businesses where DMH staff regularly and routinely provide clinical services), and
 - more than 650 school mental health service program sites.

We will continue to highlight select examples of DMH's system, programs, and achievements in future periodic updates.

For more information, please contact Tracy LaPointe at (803) 898-8582 or tracy.lapointe@scdmh.org.

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C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Statewide Expenditures for Children's Mental Health Services		
Actual SFY 1994	Actual SFY 2017	Estimated/Actual SFY 2018
\$6,076,364	\$16,244,118	\$17,482,719

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Footnotes:

The amounts reported are actual.

NOT FINAL

C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2016) + B2(2017)</u> 2 (C)
SFY 2016 (1)	\$72,905,252	
SFY 2017 (2)	\$80,302,077	\$76,603,665
SFY 2018 (3)	\$84,168,331	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2016	Yes	<u>X</u>	No	_____
SFY 2017	Yes	<u>X</u>	No	_____
SFY 2018	Yes	<u>X</u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

Footnotes: