

South Carolina

UNIFORM APPLICATION

FY 2021 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 12/01/2020 11.00.54 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

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Last Name Rogers, MD

Agency Name South Carolina Department of Mental Health

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

From 7/1/2019

To 6/30/2020

IV. Date Submitted

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

Submission Date 12/1/2020 11:00:04 AM

Revision Date 12/1/2020 11:00:10 AM

V. Contact Person Responsible for Report Submission

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0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Attachment 1
Review of 2021 MHBG Report

Review – South Carolina Mental Health State Planning Council

On Monday, November 2, 2020, a Request for Comments on the 2021 MHBG 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 29-day review and comment period with all feedback requested by noon on Monday, November 30, 2020. The Council was notified to whom any comments should be directed.

On Wednesday, November 18, 2020, the Agenda for the General Meeting of the Council included an item to address the following: Q&A – 2021 MHBG Report. An overview of the 2021 MHBG Report was provided.

As of noon on Monday, November 30, 2020, no recommendations for modification to the 2021 MHBG 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: Current Baseline Performance Measures

Priority Type: MHS

Population(s): SMI, SED, Other (Various)

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: SCDMH will increase the number of children and adolescents it serves.

Baseline Measurement: Number of Children and Adolescents Served (Baseline = 27,000)

First-year target/outcome measurement: 29,000

Second-year target/outcome measurement: 29,000

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):

FY2020 Result: 30,000.

Indicator #: 2

Indicator: SCDMH will maintain or increase the number of total patients seen in community settings.

Baseline Measurement: Number of Adults Served in Community Mental Health Centers (Baseline = 84,500)

First-year target/outcome measurement: 86,800

Second-year target/outcome measurement: 86,800

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:

While SCDMH activity was able to approximate the baseline measure, the COVID-19 pandemic had an overall negative impact on achievement of this indicator.

How first year target was achieved (optional):

FY2020 Result: The Baseline Measure should read "Number of Total Patients Served in Community Mental Health Centers (Baseline = 84,500). The result for FY2020 was 83,689 which includes 30,000 children and adolescents and 53,689 adults.

Indicator #: 3

Indicator: Inpatient "bed days" will remain constant or increase.

Baseline Measurement: Number of Inpatient Bed Days (Baseline = 553,000)

First-year target/outcome measurement: 556,000

Second-year target/outcome measurement: 556,000

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:

While SCDMH activity was able to approximate the baseline measure, the COVID-19 pandemic had an overall negative impact on achievement of this indicator.

How first year target was achieved (optional):

FY2020 Result: The organizational target for this goal was refined to state "equal to or greater than the average of the previous five fiscal years." The target, based upon this refinement, is 535,578. The result for FY2020 was 534,641.

Indicator #: 4

Indicator: Admissions to inpatient forensic facilities.

Baseline Measurement: Number of Admissions to Inpatient Forensics Facilities (Baseline = 297)

First-year target/outcome measurement: 236

Second-year target/outcome measurement: 236

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. Patients requiring or in potential need of mental health services benefit from appropriate hospital services as opposed to county correctional facilities. This performance measure is related to access to services, when services are appropriate and necessary.

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:

While SCDMH activity was able to approximate the baseline measure, the COVID-19 pandemic had an overall negative impact on achievement of this indicator.

How first year target was achieved (optional):

FY2020 Result: 207. The organizational target for this goal in 2020 was refined to reflect a 3-year rolling average, so as to minimize the effects of any single year's wide fluctuation, and to offer a more historical comparison. The base is 236. The target is 258.

Indicator #: 5

Indicator: Patients requiring CMHC appointments will be seen in a timely manner according to

protocol (priority, urgent, or routine).

Baseline Measurement: Percent of Appointments Meeting Timeliness Expectations (Baseline = 95%)

First-year target/outcome measurement: 95%

Second-year target/outcome measurement: 95%

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):

FY2020 Result: 95%. The organizational target for this goal was refined to reflect a 5-year rolling average, so as to minimize the effects of any single year's wide fluctuation, and to offer a more historical comparison. The base is 94%. The target is equal to or greater than 91%.

Indicator #: 6

Indicator: Patients will have scheduled appointments at CMHCs within median of 7 days of discharge from an inpatient psychiatric facility.

Baseline Measurement: Median Number of Days from Discharge to Appointment at Community Mental Health Center (Baseline = 3.72 Days)

First-year target/outcome measurement: Less Than or Equal to 7 Days

Second-year target/outcome measurement: Less Than or Equal to 7 Days

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):

FY2020 Result: The organizational target for this goal was refined to state "equal to or less than the average of the previous five fiscal years." The base, based upon this refinement, is 4.69. The target, based upon this refinement, is equal to or less than 5.2. The result for FY2020 was 4.6.

Indicator #:

7

Indicator:

Percentage of patients requiring readmission within thirty days of discharge will be below 5%.

Baseline Measurement:

Percentage of Patients Requiring Readmission within 30 Days of Discharge (Baseline = Less than 1.2%)

First-year target/outcome measurement:

Less Than or Equal to 5%

Second-year target/outcome measurement:

Less Than or Equal to 5%

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):

FY2020 Result: The organizational target for this goal was refined to state "equal to or less than the average of the previous five fiscal years." The base, based upon this refinement, is 2.80%. The target, based upon this refinement, is equal to or less than 2.00%. The result for FY2020 was 1.20%.

Indicator #:

8

Indicator:

Number of hours employees receive training via computer will increase or remain constant.

Baseline Measurement:

Number of Hours Employees Receive Training via Computer (Baseline = 4,800)

First-year target/outcome measurement:

4,800

Second-year target/outcome measurement: 4,800

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):

This performance measure is no longer in use.

Indicator #: 9

Indicator: The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.

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

First-year target/outcome measurement: 23

Second-year target/outcome measurement: 25

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

Data Source:

SCDMH – Office of Medical Affairs (Emergency Department 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):

FY2020 Result: 23.

Indicator #: 10

Indicator: The number of Community Mental Health Centers utilizing Telepsychiatry services will remain constant or increase.

Baseline Measurement: Number of CMHCs Providing Services via Telepsychiatry (Baseline = 16)

First-year target/outcome measurement: 16

Second-year target/outcome measurement: 16

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):

FY2020 Result: 16.

Indicator #: 11

Indicator: Percentage of SCDMH patients having competitive employment will increase.

Baseline Measurement: Percent Employed as Compared Internally and to National Average Low and National Average High (Baseline = 16%)

First-year target/outcome measurement: At Least 14%

Second-year target/outcome measurement: At Least 14%

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. Targets are set to be at least equal to the average of the previous five years' value of the measure.

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):

FY2020 Result: Data Not Available. The tool and data used to measure the percent employed as compared internally and to the national average is under revision.

The organizational target for this goal will be refined to reflect a 5-year rolling average, so as to minimize the effects of any single year's wide fluctuation, and to offer a more historical comparison.

Indicator #: 12

Indicator: Percentage of patients participating in SCDMH employment programs, gaining meaningful employment, will meet or exceed national benchmark (40%).

Baseline Measurement: Percent of Patients Gaining Meaningful Employment (Baseline = 58%)

First-year target/outcome measurement: At Least 57%

Second-year target/outcome measurement: At Least 57%

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. Targets are set to be at least equal to the average of the previous five years' value of the measure.

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):

FY2020 Result: The organizational target for this goal was refined to state "equal to or greater than the average of the previous five fiscal years." The base, based upon this refinement, is 60.00%. The target, based upon this refinement, is equal to or greater than 48.60%. The result for FY2020 was 52.00%.

Indicator #: 13

Indicator: Life expectancy at Roddy Pavilion (skilled nursing facility) will exceed national average (1.2 years).

Baseline Measurement: Life Expectancy as Compared Internally and to National Average (Baseline = 6.8 Years)

First-year target/outcome measurement: At least 6.0 Years

Second-year target/outcome measurement: At least 6.0 Years

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. Targets are set to be at least equal to the average of the previous five years' value of the measure.

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):

FY2020 Result: 6.6 Years. The organizational target for this goal was refined to reflect a 5-year rolling average, so as to minimize the effects of any single year's wide fluctuation, and to offer a more historical comparison. The base is 6.0 years. The target is equal to or greater than 7.0 years.

Indicator #: 14

Indicator: Life expectancy at Stone Pavilion (skilled nursing facility for veterans) will exceed national average (1.2 years).

Baseline Measurement: Life Expectancy as Compared Internally and to National Average (Baseline = 1.8 Years)

First-year target/outcome measurement: At least 2.0 Years

Second-year target/outcome measurement: At least 2.0 Years

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. Targets are set to be at least equal to the average of the previous five years' value of the measure.

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):**

FY2020 Result: 2.3 Years. The organizational target for this goal was refined to reflect a 5-year rolling average, so as to minimize the effects of any single year's wide fluctuation, and to offer a more historical comparison. The base is 2.0 years. The target is equal to or greater than 2.5 years.

Indicator #: 15

Indicator: Use of restraints in SCDMH inpatient facilities will remain below of national average). (0.62 hours per 1,000 hours of inpatient service).

Baseline Measurement: Inpatient Restraint Rate as Compared Internally and to National Average (Baseline = 0.18)

First-year target/outcome measurement: Less Than or Equal to 0.17 Hours Per 1,000 Hours of Inpatient Service

Second-year target/outcome measurement: Less Than or Equal to 0.17 Hours Per 1,000 Hours of Inpatient Service

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. Targets are set to be at least equal to the average of the previous five years' value of the measure.

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):**

FY2020 Result: The organizational target for this goal was refined to state "equal to or below the average of the previous five years' data." The base, based upon this refinement, is 0.35. The target, based upon this refinement, is equal to or less than 0.17. The result for FY2020 is G. Werber Bryan Psychiatric Hospital - 0.06; Patrick B. Harris Psychiatric Hospital - 0.01.

Indicator #: 16

Indicator: Use of seclusion rooms in SCDMH inpatient facilities will remain below of national average). (0.49 hours per 1,000 hours of inpatient service).

Baseline Measurement: Inpatient Seclusion Rate as Compared Internally and to National Average (Baseline = 0.22)

First-year target/outcome measurement: Less Than or Equal to 0.22 Hours Per 1,000 Hours of Inpatient Service

Second-year target/outcome measurement: Less Than or Equal to 0.22 Hours Per 1,000 Hours of Inpatient Service

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. Targets are set to be at least equal to the average of the previous five years' value of the measure.

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:

The SCDMH Division of Inpatient Services continues to monitor the inpatient seclusion rate.

How first year target was achieved (optional):

FY2020 Result: The organizational target for this goal was refined to state "equal to or below the average of the previous five years' data." The base, based upon this refinement, is 0.26. The target, based upon this refinement, is equal to or less than 0.22. The result for FY2020 is G. Werber Bryan Psychiatric Hospital - 0.28; Patrick B. Harris Psychiatric Hospital - 0.01.

Indicator #: 17

Indicator: Percentage of adults expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).

Baseline Measurement: Percent of Adults Expressing Satisfaction with SCDMH Services (Baseline = 92%)

First-year target/outcome measurement: At Least 91%

Second-year target/outcome measurement: At Least 91%

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. Targets are set to be at least equal to the average of the previous five years' value of the measure.

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):

FY2020 Result: Satisfaction surveys were postponed, but should be conducted at the end of November 2020 via an electronic process. Satisfaction surveys are typically administered via a paper version during an in-person appointment – this method increases the return rate. However, paper ballots were not utilized due to considerations related to COVID-19. The surveys, when conducted, will be for adults and youths each reporting their own satisfaction with services.

Indicator #: 18

Indicator: Percentage of youths receiving SCDMH services will remain consistent with satisfaction of parents of youth (no national average available for youth satisfaction rates).

Baseline Measurement: Percent of Youths Expressing Satisfaction with SCDMH Services (Baseline = 91.7%)

First-year target/outcome measurement: At Least 89%

Second-year target/outcome measurement: At Least 89%

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. Targets are set to be at least equal to the average of the previous five years' value of the measure.

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):

FY2020 Result: Satisfaction surveys were postponed, but should be conducted at the end of November 2020 via an electronic process. Satisfaction surveys are typically administered via a paper version during an in-person appointment – this method increases the return rate. However, paper ballots were not utilized due to considerations related to COVID-19. The surveys, when conducted, will be for adults and youths each reporting their own satisfaction with services.

The indicator should read "Percentage of youth expressing satisfaction with SCDMH services will be equal to or greater than 95% (No national average available for youth satisfaction rates)."

Indicator #: 19

Indicator: All Community Mental Health Centers will meet Centers for Medicare and Medicaid Studies'

rules for emergency preparedness when surveyed for compliance (at least once every three years).

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

FY2020 Result: 100%.

Indicator #: 20

Indicator: SCDMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency situations.

Baseline Measurement: SCDMH will have Staff Available to Assist State and County Emergency Operations Centers (EOC) (Baseline = 75%)

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:

SCDMH is working to identify new candidates for inclusion in this pool of trained personnel.

How first year target was achieved (optional):

FY2020 Result: 75.00%.

Indicator #: 21

Indicator: Number of people awaiting beds will be reduced. (Data is based upon a "Monday morning snapshot" of hospital emergency departments).

Baseline Measurement: Number of Individuals Waiting in ER (Baseline = 2,428 Annually)

First-year target/outcome measurement: Less Than 2,250

Second-year target/outcome measurement: Less Than 2,250

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:

How first year target was achieved (optional):

FY2020 Result: 1,993.

Indicator #: 22

Indicator: Patients awaiting beds, at time of Monday snapshot, will be appropriately placed within 24 hours of their emergency room arrival.

Baseline Measurement: Number of Individuals Waiting in ER Longer than 24 Hours (Baseline = 1,919)

First-year target/outcome measurement: Less Than 1,750

Second-year target/outcome measurement: Less Than 1,750

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:**How first year target was achieved (optional):**

FY2020 Result: The target for this goal was refined to state "equal to or less than the average of the previous five fiscal years." The base, based upon this refinement, is 1,754. The target, based upon this refinement, is equal to or less than 1,652. The result for FY2020 was 1,442.

Indicator #:

23

Indicator:

The number of schools in South Carolina with a school based counselor will increase.

Baseline Measurement:

Number of Schools in School Mental Health Program (Baseline = 738)

First-year target/outcome measurement:

At Least 900

Second-year target/outcome measurement:

At Least 900

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:

While SCDMH activity was able to approximate the baseline measure, the COVID-19 pandemic had an overall negative impact on

achievement of this indicator.

How first year target was achieved (optional):

FY2020: 839. This represents an increase from FY2019 of approximately 139 schools.

Priority #: 2

Priority Area: New Performance Measures Under Consideration

Priority Type: MHS

Population(s): SMI, SED, Other (Various)

Goal of the priority area:

The intent is to evaluate the measurement of certain 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: South Carolina Youth Suicide Prevention Initiative (SCYSPI) will partner with an increasing number of schools in SC.

Baseline Measurement: Number of Schools Partnered with SCYSPI (Baseline = 25)

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):

FY2020 Result: 54.

Indicator #: 2

Indicator: SCYSPI will be in partnerships with a CMHC, Federally Qualified Health Center, a hospital ED, and an inpatient hospital. Each partnership will be 25% of achieving goal.

Baseline Measurement: Partnerships as a Percent of the Total By Organizational Type (Baseline = 75%)

First-year target/outcome measurement: 100%

Second-year target/outcome measurement: 100%

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):

FY2020 Result: 100.00%.

Indicator #: 3

Indicator: Percent of SC Schools with School Mental Health Counselors.

Baseline Measurement: Percent of South Carolina Schools with Access to a School Mental Health Program Counselor (Baseline = 58.06%)

First-year target/outcome measurement: At Least 66.88%

Second-year target/outcome measurement: At Least 66.88%

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):

FY2020 Result: 64.00%.

Indicator #: 4

Indicator: Percentage of inpatient bed days used compared to bed days available.

Baseline Measurement: Percent of Bed Day Use (Baseline = Not Calculated)

First-year target/outcome measurement: At Least 90%

Second-year target/outcome measurement: At Least 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):

After consideration of this performance measure, it was determined that the performance measure would not be included in those measures utilized to evaluate the effectiveness, or efficiency, of the organization.

Indicator #: 5

Indicator: Demonstrate effectiveness and/or efficiency of telepsychiatry.

Baseline Measurement: Specific Measures to be Identified

First-year target/outcome measurement: To Be Determined

Second-year target/outcome measurement: To Be Determined

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

Data Source:

SCDMH – Office of Medical Affairs (SCDMH Telepsychiatry Programs) with Evaluation by the South Carolina Telehealth Alliance (SCTA),

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

Program Indicators Data

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

In previous research studies, telepsychiatry has shown to produce higher follow-up and retention (for community treatment), shorter lengths of stay in emergency departments, fewer inpatient admissions, and total charges in the emergency department that were significantly lower. SCDMH will attempt to acquire similar data in future reports.

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):**

After consideration of this performance measure, it was determined that the performance measure would not be included in those measures utilized to evaluate the effectiveness, or efficiency, of the organization.

Indicator #: 6**Indicator:** Percentage of Under 18 Year Old Population in SC Served by SCDMH will be within 0.1% of Previous Year's Percentage**Baseline Measurement:** Percent of Under 18 Year Old Population Served (Baseline = 2.38%)**First-year target/outcome measurement:** At Least 2.38%**Second-year target/outcome measurement:** At Least 2.38%**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:

While SCDMH met the absolute number of children and adolescents served, the percentage of under 18 served is dependent upon

factors external to SCDMH (i.e. population growth). SCDMH will continue to monitor this performance measure.

How first year target was achieved (optional):

FY2020 Result: 2.13%. The performance measure states that the percentage will be within 0.1% of the previous year's percentage.

Indicator #: 7

Indicator: Percentage of Adult Population in SC Served by SCDMH will be within 0.1% of Previous Year's Percentage

Baseline Measurement: Percent of Adult Population Served (Baseline = 1.46%)

First-year target/outcome measurement: At Least 1.46%

Second-year target/outcome measurement: At Least 1.46%

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):

FY2020: 1.43%. The performance measure states that the percentage will be within 0.1% of the previous year's percentage.

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: At Least 370

Second-year target/outcome measurement: At Least 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:

None. Note that the intent in measuring the total number of patients served is to increase, as funding permits, the number of evidence-based interventions utilized to engage and appropriately serve this population.

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 began implementation of a Coordinated Specialty Care (CSC) program at one of its Community Mental Health Centers. The CSC program to be implemented was NAVIGATE. However, the program was not fully implemented. Consequently, the First-Year Target was not achieved. If the program had been implemented, the FY2020 Result would have more closely approximated the First-Year Target.

SCDMH is planning implementation in FY2021 of an additional CSC program – specifically, NAVIGATE.

How first year target was achieved (optional):

FY2020 Result: 253.

Program Status – Charleston-Dorchester Mental Health Center (Total Served: 77)

The NAVIGATE and New Directions programs continue to thrive. The CMHC recently added the ESPRITO grant which provides additional components to the NAVIGATE grant. This includes researching the patients who are enrolled in NAVIGATE in an effort to continue to provide the best methods of treatment, working with 12 other NAVIGATE sites in the country and adding Cognitive Adaptive Training services for the patients. The New Directions patients continue to do well with the use of the NAVIGATE treatment model. The CMHC is fully staffed with a NAVIGATE therapist, New Directions therapist, Care Coordinator, Peer Support Specialist, Supportive Employment Education Specialist and Prescriber. The team works cohesively to assist the patients in services and following the NAVIGATE model. This has resulted in many success stories with the patients, decrease in instances of psychotic episodes and the patients meeting their goals.

Program Status – Lexington County Community Mental Health Center (Total Served: 116)

LCCMHC has maintained consistent staffing this year for both positions which improves continuity of care for patients. Both staff were trained in CBT for Trauma this year and one was also trained in CBT for Suicidality. The FEP program made substantial changes to service delivery in March of 2020 due to the pandemic. Initially, many patients were converted to either video or phone services in an effort to continue intensive treatment services while also maintaining safety of patients/staff. Some in-person services have continued with patients who did not have the ability to participate in telehealth or if the patient is not sufficiently engaged by telehealth to benefit from treatment services. LCCMHC continues to focus on supporting patients experiencing a first episode of psychosis.

Program Status – Pee Dee Mental Health Center (Total Served: 60)

Established in 2015, Pee Dee Mental Health Center's First Episode Psychosis program continues to thrive. The CMHC refers to the

program as PREP (Prevention and Recovery in Early Psychosis) to eliminate any stigma associated with the term psychosis. The PREP program of Pee Dee Mental Health Center provides evidence-based therapy and skill building services to individuals experiencing psychotic symptoms for the first time. The program sustains two full-time clinicians who each manage a caseload of 12-15 patients ranging in age from 18-30. Individuals are seen weekly or bi-weekly according to the impact of their symptoms on daily functioning. PREP clinicians assist young people in understanding and coping with serious mental health symptoms such as hallucinations and delusions so that they can resume the educational, vocational, and relationship goals that were interrupted at the onset of illness. Interventions used in PREP include motivational interviewing, cognitive-behavioral therapy, family psycho-education, and family therapy (when indicated). During the COVID pandemic (March 2020-present), PDMHC has continued to provide services to PREP patients via telehealth (using video platforms when available and telephone when video is not available). Most PREP patients are able to receive services through telehealth from their homes, but are offered services at the Florence office as needed.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
RECENT DEVELOPMENTS AND ACHIEVEMENTS
FY2020**

Agency Values and Goals:

The South Carolina Department of Mental Health (SCDMH) is committed to improving access to mental health services, promoting recovery, eliminating stigma, improving collaboration with all its stakeholders, and assuring a high level of cultural competence among its workforce.

The Department's leadership believes that patients are best served in the community of their choice in the least restrictive settings possible. The agency is striving to make available a full and flexible array of coordinated services in every community across the state. Leadership recognizes that persons with a mental illness are more likely to recover when they receive services that build upon critical local supports: family, friends, faith communities, local healthcare providers, and other public services that offer affordable housing, employment, education, leisure pursuits, and other social and clinical supports.

The Department's leadership is committed to providing the highest standard of care in the agency's skilled nursing facilities, three of which serve South Carolina Veterans.

The agency continues to prioritize its statutory mission to provide appropriate forensic evaluation and/or treatment to the increasing number of individuals referred by the State's criminal justice system.

The agency's leadership is determined that the Department of Mental Health will remain an agency worthy of the highest level of public trust. The highest priority remains the safety and well-being of the Department's patients and residents, and management strives to provide work environments that are supportive and enable staff to work productively. SCDMH will hire and support staff who reflect the diversity of the State's population, and will recognize and value its employee's hard work and commitment. The Department will strive to provide treatment interventions which have demonstrated effectiveness and that are proven to support recovery.

The Department recognizes that people with a mental illness are often the object of stigma, and that stigma is a major barrier preventing many persons with a mental illness from seeking treatment. Therefore, the agency will build partnerships with the State's educational leadership and institutions, including both K-12 and institutions of higher learning, to enhance curriculum content on mental illness and mental health. The Department will work with employers, other state agencies, federal agencies, healthcare providers, and public media to eliminate stigma concerning mental illnesses. SCDMH leadership and staff will be leaders in the anti-stigma campaign.

The South Carolina Department of Mental Health consistently reviews its programs and services using data-driven analyses, performance measurements, and feedback mechanisms to determine the success with which it is meeting the goals of SCDMH Management and the South Carolina Mental Health Commission. Thus, the Department is able to identify its strengths in meeting the responsibility of being the mental health authority of South Carolina while subsequently identifying services and situations where improvements might prove beneficial. In meeting that responsibility, the Department strives to:

- Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.

- Continue building upon community mental health services to reduce necessity for hospital admissions.
- Maximize use of technology to meet needs of staff and patients in as cost efficient manner as possible.
- Implement programs that will improve the lives of citizens.
- Serve all patients with skill, dignity, compassion, and respect.
- Treat all employees with honesty and respect and provide opportunities for learning and professional advancement.
- Prepare to continue critical services to its patients while collaborating with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.
- Work together with other agencies to bring mental health assistance to people in non-SCDMH settings.

Responding to a Global Pandemic

Almost without warning, the Coronavirus or COVID-19 became a stark reality for South Carolinians. Even as the first nationwide cases became known, the Department took action to protect the health of its staff and patients. Between February 7 and May 27 of 2020, Governor Henry McMaster issued 28 Executive Orders pertaining to reducing the spread of the virus. The South Carolina Emergency Operations Center, as did most of the local emergency managers for county and city governments, went to an increased level of activation to assure healthcare agencies and their workers could continue to provide care in a safe and effective manner.

The challenge for SCDMH was (and still is) one of limiting the spread; The Division of Inpatient Services includes G. Werber-Bryan Psychiatric Hospital which has a child and adolescent program in addition to forensic and civil commitment facilities. Patrick B. Harris Psychiatric Hospital operates a large inpatient facility in the upstate of South Carolina. Morris Village Alcohol and Drug Addiction Treatment Facility provides recovery programs for people with substance addictions. The Sexually Violent Predators Treatment Program is a legislatively mandated program. There are four skilled nursing facilities – three serving South Carolina veterans. SCDMH serves vulnerable populations in each of these facilities, where physical distancing between patients and patients and staff and patients is not possible.

The Division of Community Mental Health services consists of sixteen Community Mental Health Centers (CMHCs) supporting clinics in each of South Carolina's forty-six counties. These clinics serve many of the state's most severely mentally ill or emotionally disturbed individuals. Maintaining treatment availability assured their safety and well-being and decreased the likelihood of hospitalization at a time when hospital beds were being reserved for treatment of COVID-19 patients.

Providing support to both inpatient and community programs are hundreds of dedicated workers whose efforts are essential. The following is a brief summary of actions taken to minimize the risk to exposure while maximizing efforts to continue the Department's most essential services.

- Division of Inpatient Services:
 - Child and Adolescent Services saw a decrease in admissions beginning in April and continuing into May as schools closed and student referrals were decreased. At one point, Hall Institute halted admissions, for a two-week period after one hospital employee tested positive. There continues to be a reduced rate of referrals as the child and adolescent program now requires COVID testing as part of the admissions process.

- In all of its facilities, DIS created COVID-19 isolation and observation areas, utilizing existing space, and implemented facility-wide testing of patients and staff (in some cases on a weekly basis). DIS also developed a large COVID-19 Taskforce that began meeting weekly in March and has helped guide ongoing COVID-19 preparations and responses. DIS has also pursued possible Alternate Care Sites to support Bryan Hospital's COVID-19 response plan. A temporary Forensic Alternate Care Site to support increased forensic admissions while allowing safe COVID-19 observation space is in progress and pending DHEC approval in the upcoming weeks.
- SCDMH hospitals experienced an increase in requests for admissions due to medical hospitals having increased numbers of mental health patients being treated for symptoms of COVID-19. State psychiatric hospitals are not designed to treat patients with highly infectious diseases. To appropriately serve a person testing positive might entail structural enhancements (negative pressure areas, HVAC upgrades) and an abundance of personal protective equipment that was (and in some cases, still is) unavailable.
- While school closures and health concerns impacted employee staffing, all inpatient facilities were able to continue to provide needed services.
- For some facilities, visitation was halted due to the Governor's executive orders. Hospital administration began providing visitation using FaceTime, Skype, and other social media platforms.
- Community Mental Health Services:
 - While all programs and services were affected to some degree, group therapy and day programs were especially impacted. The Department purchased laptops, smart phones and tablets to enable staff to telecommute, building upon its experience with telepsychiatry to continue services to as many individuals as possible.
 - Large, drive-through tents were set up in CMHC parking lots to allow nurses to administer injectable medications without patients leaving their vehicles.
 - As schools closed in March, clinicians providing mental health services at those locations continued contacting students using telephones, tablets, or meeting (maintaining social distancing) one-to-one in parks and school yards. SCDMH began a concerted effort to contact patients who had not received a service since the pandemic began. School mental health clinicians provided services over the phone and via video conferencing services, when clients have such technology available. To aid in this process, over 500 computer tablets were purchased and distributed across the state to clinicians to facilitate the delivery of telehealth services. In addition, SCDMH worked with the University of South Carolina to survey the parents of patients to gauge the ability for their child to continue to participate in clinical services over the summer. Most parents said that their child would be able to continue to participate in a variety of services (e.g., individual therapy, family therapy, small group activities, and social/emotional skill development) whether it was available in person following CDC guidelines or over the internet using telehealth. A majority (86.3%) of parents indicated that they had the technology needed in order for their child to participate in services provided via telehealth. When unavailable, staff used only audio.
 - Recognizing that SCDMH employees are vulnerable to all the stressors other South Carolinians face in addition to providing services in the changing environment, a call-in care-line specifically for SCDMH employees was established. As other agencies learned of the call-in service, several requested and received permission to inform their own employees of this care line.

- Administrative Supports:
 - Initially the Administration Building closed to all visitors and limited admittance to only those essential employees who could not effectively work away from their offices. While still striving to have a reduced “worker density,” more employees are in their offices but either staggering days or shifts. Visitors are now entering the building but only as necessary and all physical distancing and all CDC-suggested and Governor-mandated rules are enforced.
 - Because a number of unique issues related to the virus arose every day, Senior Management regularly met daily. More than half of the senior staff participated in the meeting by phone or Skype. Policies, procedures or memoranda to address the issues raised were discussed, initiated and revised on a continuing basis as additional information and new guidance from public health and other governmental officials was received.
 - Throughout the Department, personal protective equipment was scarce. While plans anticipated the arrival of items from the Center for Disease Control and Prevention, many of the supplies were out-of-date or unusable (fasteners for gowns and straps for N-95 masks failed are two examples). With several large hospital systems in the same areas as CMHCs or SCDMH inpatient facilities and with county officials determining where to distribute the limited supplies, almost all supplies came through requests to the SC Emergency Management Division. Even as SCDMH continues to adapt its traditional services to safely treat the mental health and nursing care needs of its own patients and residents, the Agency has developed resources and is making further plans to reach out to all citizens in South Carolina who may well be struggling emotionally because of this Emergency. Being stripped of normal routines, workspaces, procedures and familiar faces takes a toll on individuals’ wellbeing. Many have lost jobs; many have financial worries; many are struggling to adjust to disruptions in their lives caused by the closure of schools and non-essential businesses; and many, including health care workers, are suffering from additional trauma of dealing with the serious consequences of caring for those stricken by the virus.
 - Procurement made use of executive orders allowing modifications from normal procedures to make possible better healthcare services for staff, patients and citizens of SC.
 - SCDMH, in conjunction with the Department of Alcohol and Other Drug Abuse Services (DAODAS) initiated a statewide Crisis Counseling help line. It is available to any citizen who is anxious, depressed or struggling and needs help. Those taking calls will not only be a sympathetic ear but will be able to link callers to whatever level of behavioral health service they may need. Staff will have the capacity to patch callers through to their nearest community mental health center or to a substance use treatment program. Those in crisis are able to be patched to the Department’s 24/7 Community Crisis Response and Intervention program. This Crisis Counseling line partnership with DAODAS is being funded with grants the agencies have received from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Federal Emergency Management Agency (FEMA). People who are more comfortable speaking Spanish have a separate number to call and the person who answers will be fluent with Spanish.
- Accountability Report: One other consequence of COVID-19 for SCDMH became apparent when reviewing the data pertaining to the Department’s strategic planning goals and performance measures. In certain instances, the Department did not meet its goals due to the need for previous priorities to be replaced by an entirely new set of urgent concerns. Eliminating the

number of people in group and day programs, offices, patient waiting areas, and school settings impacted how many or how often patients could be served. However, the actions were prudent and necessary. The effects will be noticed in both community and inpatient services but also in individual programs, such as supportive employment, which relies on job opportunities to be available and a great deal of face-to-face interactions between staff, employers, patients, and often the public.

Changes in Leadership

- Kenneth M. Rogers, MD, began serving as the Department's State Director in April 2020. A native South Carolinian and Graduate of the University of South Carolina School of Medicine, he completed both his General Psychiatry residency and a Child Psychiatry fellowship at the William S. Hall Psychiatric Institute, which at that time was SCDMH's teaching hospital. Dr. Rogers is Board certified in both General Psychiatry and Child Psychiatry.
- Mark W. Binkley, JD, who had the role of SCDMH Interim State Director, now serves as the Executive Assistant to the State Director.
- L. Gregory Pearce Jr., who began serving on the South Carolina Mental Health Commission earlier in the year, now serves as Chair of the Commission as of July 2019. Mr. Pearce worked at the South Carolina State Hospital in 1970 as a clinical counselor and completed his SCDMH career as director of the Crafts-Farrow State Hospital until its closure in 1992.

Improving Community Mental Health Services:

- DMH continues to serve the citizens of South Carolina in the community mental health centers and clinics. The number of patients served under the age of eighteen reached the 30,000 mark for the first time in the Department's history. In the Agency's community mental health centers, patients in crisis can see a Mental Health Professional on a walk-in basis. Overall, there was a small reduction of adult patients.
- The agency continues improving and expanding the Justice-Involved Programming (JIP) initiative to support SC law enforcement agencies statewide. This goal is to involve SC jail administrators; SC detention centers; SC Department of Corrections; SC Sheriffs' Association; SC Police Chiefs' Association; State Law Enforcement Division (SLED); SC Department of Probation, Parole and Pardon Services; SC Department of Public Safety; SC Department of Natural Resources; and all state law enforcement agencies
 - Key to the JIP initiative is the continued expansion of existing mental health (MH) courts and the creation of new courts. Mental Health courts aim to divert offenders with a diagnosable mental illness from the criminal justice system and toward the community mental health treatment that supports patient outcomes. Currently there are seven (7) Mental Health Courts in SC. The two newest Courts, which opened within the past year, are in Aiken and Berkeley with additional programs planned for Orangeburg, Kershaw, Anderson and Spartanburg Counties. These new courts are made available using funds of a three-year; \$1.2 million grant from The Duke Endowment.
 - JIP partners with the SC Law Enforcement Assistance Program (SCLEAP) in their ongoing efforts supporting the needs of law enforcement and their families.
 - The First Responder Support Team (FRST) opened in Charleston in 2009 and serves the needs of any SC first responder or their family seeking support in a stigma-free setting. In February of 2020 the Midlands FRST office opened to serve first responders in living in areas of the state served by Lexington MHC, Columbia Area MHC, Orangeburg MHC and

Santee-Wateree MHC. Aiken-Barnwell MHC opened a third office in July 2020. JIP will champion the effort to open additional support teams statewide.

- In September 2015, SCDMH received a The Garrett Lee Smith Memorial Suicide Prevention grant of \$736,000 per year for five years. In 2018, the agency received the Zero Suicide grant of \$700,000 per year from the Substance Abuse and Mental Health Services Administration (SAMHSA). The awards support the suicide prevention program across the lifespan, an intensive, community-based effort with the goal of reducing suicide among South Carolinians by 20% statewide by 2025. In December 2018, the SC Department of Mental Health combined both grant programs to create the SCDMH Office of Suicide Prevention (SCDMH-OSP).

SCDMH's Office of Suicide Prevention (OSP) currently relies solely on grant funding to provide suicide prevention programming across the lifespan, and intensive, community-based efforts with the goal of reducing suicide among South Carolinians by 20% statewide by 2025. Recurring funds from the General Assembly will be needed to sustain this critical work beyond the grant-funding period. Through training and outreach, to date OSP has reached more than 613,298 individuals across the state using various multi-media platforms.

- Partnerships:
 - Through a partnership with the Department of Education (DOE) Signs Matter training will be offered to 10,000 teachers, faculty and other school staff over the next year.
 - In 2020 SCDMH and the Department of Probation, Parole & Pardon partnered to provide *Start*, an interactive online suicide prevention training by Living Works, to their entire workforce (730 staff members across all positions).
- Training Initiatives:
 - Through grant funding, the Zero Suicide Academy has been provided twice for Federally Qualified Health Centers (FQHC's), community hospital systems, and primary care settings to train on ZS implementation. All sixteen SCDMH Community Mental Health Centers have embedded the Zero Suicide model and over 10,398 behavioral health and medical professionals have been trained.
 - 215 of SCDMH's clinicians have been trained in the leading three evidenced based treatments: Dialectical Behavior Therapy (DBT), Collaborative Assessment and Management of Suicidality (CAMS), and CBT for Depression and Suicide Prevention.
- Other initiatives:
 - In 2018, the SC Suicide Prevention Plan 2018-2025 was published by SC Suicide Prevention Coalition. In 2020 there was a workgroup developed to edit the state plan, with updated data, goals and objectives.
 - In 2019, SCDMH was awarded a Lifeline Expansion Grant in partnership with the Mental Health Association of Greenville County with a goal of increasing the in-state answer rate from 19% to 70% by September 2020.
 - In 2020 BlueCross BlueShield of South Carolina Foundation awarded SCDMH a planning grant for Zero Suicide Communities of Care establishing SC as the first state to combine such an extensive suicide prevention and trauma-informed initiative as a statewide goal.
- SAMHSA's Center for Mental Health Services awarded SCDMH a Healthy Transitions Grant, effective September 30, 2018, for \$1 Million per year for five years. The resulting Roads of Independence program is continuing to bridge the gap for youth and young adults ages 16-25. The mission of the Roads of Independence program is to support the recovery of youth and young adults with mental illnesses and to promote their successful transitions. This is accomplished through our collaborative

and passionate staff members, building effective community partnerships and providing services catered to what the youth and young adults actually need and want. It is expected that this program will improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and be independent and self-sufficient.

- The Sumter location is fully functional and serving youth and young adults daily. Services have transitioned to virtual and we are providing virtual sessions, a daily virtual drop in center and peer support groups. The Kershaw location is in the works, as some minor renovations are addressed. Pee Dee staff are still searching for a Lee location, so any assistance that can be provided will be appreciated. This task is more daunting than anticipated.
- Staff have numerous training opportunities to ensure they are fully investing every possible resource to serve member-participants. Staff are trained as Benefit Specialists through SC Thrive so this enables them to assist with applying for Medicaid and SNAP benefits. Staff are also trained in Youth Mental Health First Aid and the ROI Director is a SafeTALK trainer for suicide prevention.
- With recurring funds appropriated by the SC General Assembly, SCDMH continues to expand its School Mental Health Program. As of June of this year (the most recent month we have for reports), SCDMH has staffing in over 64% of public schools, or approximately 839 out of 1292 public schools. Please note the total school list does not include virtual charter schools; however, the list does include alternative school programs, early childhood programs, vocational programs, and brick-and-mortar charter schools.
- DMH has launched a new crisis response program, Community Crisis Response and Intervention (CCRI). Services are now available 24/7/365 in each of SC's sixteen Community Mental Health Centers and 45 of South Carolina's 46 counties. CCRI continues its partnership between SCDMH and the SC Department of Health and Human Services (HHS) to provide 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).
 - From April 2020 to June 2020 - CCRI averaged over 1,300 services each month across the state.
 - During that time, 68% of patients served remained in the community.
 - Families are the #1 referral source, Self-referrals are #2, and Law enforcement is #3.
 - Mobile crisis remains innovative to ensure services can be accessed during the COVID pandemic. CMHC's are taking steps to implement telehealth with Law Enforcement and may expand to EMS.
 - Staff are equipped with PPE in instances where and on-site response is necessary.
 - People competitively employed generally have a better self-esteem and more open to social activity. "Competitive Employment" is "having a job paying at least minimum wage, commensurate to similar jobs (positions) in the community, and open to people without a mental illness or other disability." Individual Placement and Support (IPS) is one of SCDMH's evidenced-based best practices programs. IPS is a collaboration between South Carolina Department of Mental Health (SCDMH) and South Carolina Vocational Rehabilitation Department (SCVRD).
 - Since 2002, the SCDMH and the South Carolina Vocational Rehabilitation Department (SCVRD) have collaboratively implemented the IPS model of Supported Employment for people with severe mental illness. These state agencies combine resources and personnel to support the IPS model across South Carolina. SCDMH

and SCVRD annually measures all IPS programs to the fidelity standards of the model developed by Dartmouth.

- This standardized evaluation process uses a fidelity scale to measure performance in staffing, organization, and services.
 - In FY 2020, SCDMH completed its expansion of IPS programs to all sixteen CMHCs. All sixteen CMHCs have IPS funding to establish an IPS program. IPS staff provide services to residents of all counties in South Carolina.
 - Lives have changed rapidly due to COVID-19, including how to provide Individual Placement and Support services. The IPS Programs are making decisions based on guiding principles of safety and continued support, which has led to increased flexibility in services. IPS programs are providing services remotely via phone, video chat, text message, telehealth interventions and email in order to protect people's health.
 - IPS is now serving 796 individuals with mental illnesses. Currently, 367 of those individuals are working and 348 are actively looking for employment.
 - IPS programs are responding to a rapidly shifting labor market by continuing to find jobs and build employer partnerships. Due to the pandemic, IPS teams are connecting with employers remotely. Staff are looking at their employer contact logs and reaching out to existing employer connections. Individuals with mental illnesses are still getting job offers and many of them are working in essential jobs. Since the start of COVID, IPS received 375 referrals to the IPS programs, and have placed 160 individuals with mental illness in employment
- SCDMH believes safe, affordable housing removes one of the most powerful barriers to recovery. When this basic need is not achieved, people cycle in and out of homelessness, jails, shelters and hospitals. SCDMH is a member and current chair of the South Carolina Interagency Council on Homelessness (SCICH), a statewide network of advocates, service providers, and funders committed to ending homelessness in SC that also includes representation from DAODAS, Department of Corrections, Department of Education, SC Department of Health and Human Services, SC Housing, DSS, and DHEC. The Council meets every other month and focuses on achieving better statewide coordination among stakeholders to address homelessness in SC.
 - All 16 CMHCs have state-funded Community Housing rental assistance programs, including one that also serves Deaf Services patients. As of June 30, 2020, SCDMH was assisting 572 patients and their family members in 353 units at an annual cost of less than \$6,500 per unit through its Community Housing Program.
 - SCDMH is the grantee for three HUD Continuum of Care Permanent Supportive Housing grants that provide more than \$1.1 million annually for rental assistance for 169 formerly homeless patients and their family members in five SC counties.
 - DMH's SAMHSA/PATH (Projects for Assistance in Transition from Homelessness) grant provides funding for outreach and clinical services to individuals with serious mental illnesses and co-occurring disorders who are experiencing homelessness in Greenville, Columbia, Myrtle Beach, and Charleston areas. Current PATH provider agencies are Greater Greenville Mental Health Center, Waccamaw Center for Mental Health, Mental Illness Recovery Center, Inc., and One80 Place. Last year, the PATH provider agencies served over 1,900 individuals.
 - DMH is actively engaged in Year Two of a five-year, \$5 Million SAMHSA grant called Treatment for Adults Experiencing Homelessness in SC. This grant provides funding for

evidence-based treatment and other best practice services for adults with serious mental illnesses and co-occurring disorders who are experiencing homelessness.

- Partners include Prisma Health, Greater Greenville Mental Health Center, USC School of Medicine, Mental Illness Recovery Center, Inc., SC Department of Corrections, Charleston Dorchester Mental Health Center, Waccamaw Center for Mental Health, and United Way of the Midlands.
- Treatment sites are located in Columbia and Greenville, each providing intensive services using the Assertive Community Treatment (ACT) model. The ACT team in Columbia is operated by Prisma Health and the ACT team in Greenville is operated by Greater Greenville Mental Health Center. Both teams are on track to serve 75 adults over the five-year grant period.
- This grant also funds four (4) SOAR (SSI/SSDI Outreach, Access, and Recovery) benefits specialist positions throughout South Carolina. SOAR increases access to SSA disability programs for eligible individuals with serious mental illnesses who are experiencing or at risk of homelessness, which connects them to SSI/SSDI income supports and Medicaid and/or Medicare to support their recovery. One position is based at each of the following sites: Department of Corrections, Charleston Dorchester Mental Health Center, Waccamaw Center for Mental Health, and Greater Greenville Mental Health Center. To date, these benefits specialists have submitted 71 initial SSI/SSDI applications and for those initial applications with decisions, achieved an overall approval rate of 66%.
- SCDMH has committed \$1,875,000 in Bull Street/State Hospital sales proceeds for 75 housing units in eight development projects since FY18. Funding commitments for seven additional projects for a total of 33 units are pending.
- In FY17, SCDMH received a \$1 Million appropriation from the General Assembly to develop crisis stabilization centers in communities. As of June 30, 2019:
 - 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. On average, the Center serves over 60 individuals each month.
 - Spartanburg Mental Health Center opened their crisis stabilization center October 17, 2018.
 - The Anderson-Oconee-Pickens, Columbia Area, Orangeburg, and Waccamaw mental health centers are currently working with local stakeholders and exploring options to develop Crisis Stabilization Units in their respective areas.
- SCDMH 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. Several CMHCs have these partnerships, of which, Columbia Area CMHC's relationship with Prisma Richland Emergency Department is an excellent example. The Interagency Behavioral Health Team is primarily responsible for a dramatic decrease in patients waiting for an appropriate inpatient bed from a week or more in 2004 to less than 44 hours. Columbia Area has a Mental Health Professional on duty at Prisma's Emergency Department sixteen hours daily, seven days per week.
- Charleston Dorchester Mental Health Center's *Highway to Hope* project began in 2010 to address the needs of people in rural settings from Adams Run to Awendaw. Highway to Hope is a converted Recreation Vehicle (RV) with mental health staff providing a full range of services to include: crisis intervention, assessment, case management, individual and family therapy and medication management for adults and children. The RV has also been used in emergency / crisis situations

such as the Mother Emmanuel AME massacre and ambush of Florence Law Enforcement Officers to provide a place for grieving members of the community to find assistance.

- Due to the success of the Highway to Hope program and benefit to the community, additional vehicles were purchased and outfitted, largely with grant funding through the Health and Human Services Assistant Secretary for Preparedness and Response.
- These new RVs are dispersed regionally across SC to serve rural areas but also be readily available in emergency situations.

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

- Beginning in 1996, SCDMH became one of the earliest adopters of video technology, using telehealth to meet the needs of patients in its Deaf Services Program who wanted direct communication with their doctor or counselor.
 - Twenty-four years later, SCDMH is both the largest provider of telepsychiatry services and one of the largest providers of telehealth services in South Carolina.
 - In April 2020, SCDMH surpassed 150,000 telehealth services since the inception of its various telehealth programs, including the Emergency Department Telepsychiatry Program, the Community Telepsychiatry Program, the EMS Telehealth Pilot Project, the Inpatient Services Telepsychiatry Program, the Nursing Home Program, School Mental Health Program, and After-ED Discharge Clinic Contract.
 - Telehealth is an integral component of service delivery across SCDMH.
- As SCDMH began preparations to address COVID-19, telehealth became a focus for ensuring the safety and well-being of its patients, residents, and staff.
 - While most of SCDMH's telehealth programs continued to deliver services without significant modifications, SCDMH's Community Telepsychiatry Program rapidly enhanced its community-based and school mental health services with a new telehealth component to ensure continuity of care for patients: direct-to-patient (DTP).
 - All of SCDMH's Community Mental Health Centers (CMHC) remained open, but each was complemented with an array of DTP telehealth services.
 - Each CMHC has equipped the majority of its clinical staff to work from home – more than 850 are using a telehealth platform to do so.
 - The majority of centers' existing patients – adults, as well as children and families – are now receiving services using DTP as the primary medium.
 - With the advent of SCDMH's DTP presence, it has established a robust supervision and peer consultation regimen to ensure the highest standards of care for patients and their families.
 - Feedback on DTP services has been positive, with patients and their families enjoying the convenience of DTP care.
- Prior to the COVID-19 pandemic, SCDMH provided approximately 3,800 telemental health services per month. Since March 2020, that average has increased to 15,000 per month with the expansion of telemental health services.

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

- SCDMH is accustomed to listing the many employee-recipients of awards and honors each year. As so many events were noticeably canceled due to pandemic fears, the list is short compared to recent years. However, six SCDMH Nurses were honored as 2020 Palmetto Gold Nurses. This distinction recognizes, "Registered Nurses who exemplify excellence in nursing practice and commitment to the nursing profession in South Carolina." They are:
 - Amanda Clyburn, BSN, Clinical Nurse Leader CM Tucker-Roddey,

- Stephanie Kemp-Pearson, RN Medical Staffing PI/Credentialing Coordinator Long Term Care,
- Mary McLeod, RN II, Santee Wateree Mental Health Center,
- Mack Wilson, MBA, BSN, RN, Nurse Manager III Bryan Psychiatric Hospital - Lodge E,
- F'Lyce Major, RN, Resource Nurse/ Infection Control, Patrick B. Harris Psychiatric Hospital, and
- Michelle Allison, PMHNP-BC, Spartanburg Area Mental Health Center.
- In its second year of honoring eleven 'Women Vision SC' initiative SCETV honored SCDMH's Deputy Director of Community Mental Health Services Debbie Blalock for 2020. As part of the presentation video honoring Ms. Blalock, SCETV noted she is the first female Deputy Director of SCDMH in the role of leading Community Mental Health Services. They also note she was the Director of the Charleston Dorchester Mental Health Center during the time of the Mother Emmanuel AME shooting, which Ms. Blalock stated was "The most profound experience of my career." She also developed a model of emergency mental health services which became a blueprint for all of SC's CMHCs.
- Bryan Hospital Forensic Psychiatric Chief, Dr. Jennifer Alleyne, was awarded the University of South Carolina School of Medicine's Department of Neuropsychiatry -Chairman's Award for her ongoing work, as part of the collaboration between DMH and USC, in support the forensic psychiatry residency training program. The Chairman's Award for the Forensic Residency Program recognizes individuals and institutions for their outstanding contributions to the trainees and the community. Dr. Alleyne's passionate commitment to advancing forensic training has brought about significant and tangible improvements in these educational programs.
- DIS Forensic Evaluation Services Psychologist, Dr. Samantha Horsley was appointed to the Examination Faculty (which comprises only 10-12 individuals selected from across the country) for the American Board of Forensic Psychology, which conducts practice sample reviews and oral examinations of candidates seeking board certification in forensic psychology. She also now serves as a formal mentor for individuals seeking forensic board certification around the country. Similarly, she has served as a faculty member for the USC School of Medicine's forensic psychiatry fellowship, wherein she has provided training and didactics for the Program's forensic psychiatric fellows.
- DMH's Division of Public Safety remains accredited by the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA). SCDMH's Public Safety is currently the only mental health law enforcement agency in the United States to hold this distinction. Only 12% of law enforcement agencies in South Carolina are CALEA accredited. CALEA accreditation requires law enforcement agencies to demonstrate compliance with professional standards in multiple areas, including policy and procedures, administration, operations, and support services.

Meeting the needs for Inpatient Services

- The E. Roy Stone State Veterans Home, part of the C. M. Tucker, Jr. Nursing Care Center is one of three SCDMH nursing care facilities dedicated to providing long-term care to South Carolina veterans. Stone Pavilion is certified by the Centers for Medicare/Medicaid Services (CMS) and the Veterans Administration. Stone currently serves up to 90 veterans in its three units.
 - Stone has achieved CMS's Five Star rating (their highest rating) on the CMS Nursing Home Compare since April 2019 to July 2020, which is the last available report at this time.
 - Stone received zero citations from two CMS/SCDHEC Infection Control focused surveys conducted in June and August 2020 related to the COVID-19 pandemic.
 - Stone has achieved reductions in the following areas:

- Percentage of residents who received an antipsychotic medication – From 19.4% to 11.5%
 - Percentage of residents whose ability to move independently worsened – From 10.1% to 7.6%
 - Percentage of high-risk residents with pressure sores – 9.4% to 7.7%
- Anticipating a growing veteran population, SCDMH applied for funds in 2015 to construct additional State Veterans nursing homes. With guidance from the State’s Joint Bond Review Committee, SCDMH identified areas with significant need for new veterans’ nursing homes and proposed three 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 two of the three homes had become available.
 - The construction contracts for the Florence and Gaffney homes have been awarded and preliminary site work began in early May 2019. It is projected that the new facilities will likely be ready for occupancy in the summer of 2021. The projects are expected to have a significant impact on the local economies of Florence and Cherokee counties, both during the construction phase, and a recurring annual impact when the nursing homes open, with more than 100 jobs being added to the local economies at each site.”

DMH continues to plan for the future:

- Like many healthcare providers, SCDMH 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 and retains excellent staff. 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 hang onto high quality workers.
- In addition, SCDMH’s Human Resources Division is centralizing HR operations and streamlining the hiring process in an effort to significantly shorten the time between receiving applications and offering positions.

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

- Each of SCDMH’s sixteen 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.
- SCDMH’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 SCDMH’s 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.
- SCDMH has more than 900 portals by which citizens can access mental health services, including:
 - a network of 16 outpatient community mental health centers encompassing over 60 outpatient locations, multiple psychiatric hospitals, one community nursing care center, and three veterans’ nursing homes;

- more than 30 specialized clinical service sites (SCDMH 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 SCDMH staff regularly and routinely provide clinical services), and
- more than 800 school mental health service program sites.

[End]

C. State Agency Expenditure Reports

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

Reporting Period Start Date: 7/1/2019 Reporting Period End Date: 6/30/2020

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2019	Estimated/Actual SFY 2020	Expense Type
\$6,076,364	\$19,247,829	\$21,123,876	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

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

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

C. State Agency Expenditure Reports

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

Reporting Period Start Date: 07/01/2019 Reporting Period End Date: 06/30/2020

Period	Expenditures	<u>B1(2018) + B2(2019)</u> 2
(A)	(B)	(C)
SFY 2018 (1)	\$84,168,331	
SFY 2019 (2)	\$87,893,909	\$86,031,120
SFY 2020 (3)	\$93,251,367	

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

SFY 2018	Yes	<u>X</u>	No	_____
SFY 2019	Yes	<u>X</u>	No	_____
SFY 2020	Yes	<u>X</u>	No	_____

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes: