South Carolina

UNIFORM APPLICATION
FY 2020 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020
(generated on 12/02/2019 9.47.15 AM)

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

A. State Information

State Information

State DUNS Number

Number	043980093
Expiration Date	

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

Agency Name	South Carolina Department of Mental Health
Organizational Unit	Office of the State Director
Mailing Address	2414 Bull Street/P. O. Box 485
City	Columbia
Zip Code	29202

II. Contact Person for the Grantee of the Block Grant

First Name	Mark W.
Last Name	Binkley, JD
Agency Name	South Carolina Department of Mental Health
Mailing Address	2414 Bull Street/P. O. Box 485
City	Columbia
Zip Code	29202
Telephone	803-898-8319
Fax	803-898-1383
Email Address	mark.binkley@scdmh.org

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

From	7/1/2018
To	6/30/2019

IV. Date Submitted

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

Submission Date	12/2/2019 9:47:02 AM
Revision Date	

V. Contact Person Responsible for Report Submission

First Name	D. Stewart
Last Name	Cooner, MHA
Telephone	803-898-8632
Fax	803-898-2206
Email Address	stewart.cooner@scdmh.org

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

Attachment 1
Review of 2020 MHBG Report

Review – South Carolina Mental Health State Planning Council

On Friday, November 1, 2019, a Request for Comments on the 2020 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 25-day review and comment period with all feedback requested by close of business on Monday, November 25, 2019. The Council was notified to whom any comments should be directed.

On Wednesday, November 20, 2019, the Agenda for the General Meeting of the Council included an item to address the following: Q&A - 2020 MHBG Report. An overview of the 2020 MHBG Report was provided.

As of close of business on Monday, November 25, 2019, no recommendations for modification to the 2020 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: Baseline Performance Measures

Priority Type: MHS

Population(s): SMI, SED, Other

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Employees Trained Related to Strategic Goals

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

First-year target/outcome measurement: 4,250

Second-year target/outcome measurement: 4,250

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

FY2018 Result: 4,800

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 4,510

Indicator #: 2

Indicator: SCDMH Patient Total Employment

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

First-year target/outcome measurement: 12%

Second-year target/outcome measurement: 12%

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

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source*(if needed)*:

Description of Data:

Program Indicators Data

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

FY2018 Result: 16%

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 14%

Indicator #: 3

Indicator: SCDMH Patient Competitive Employment

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

First-year target/outcome measurement: 50%

Second-year target/outcome measurement: 50%

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

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source*(if needed)*:

Description of Data:

Program Indicators Data

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 58.0%

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 60%

Indicator #: 4

Indicator: Life Expectancy - Skilled Nursing Facilities - Roddey Pavilion

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

First-year target/outcome measurement: 3.0

Second-year target/outcome measurement: 3.0

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

Data Source:

SCDMH – Division of Inpatient Services

New Data Source*(if needed)*:

Description of Data:

Client-Level Data Summarized Into Aggregate Outcomes

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 6.8 Years, exceeds the national average of 1.2 years.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 6.0 Years

Indicator #: 5

Indicator: Life Expectancy - Skilled Nursing Facilities - Stone Pavilion

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

First-year target/outcome measurement: 3.0

Second-year target/outcome measurement: 3.0

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

Data Source:

SCDMH – Division of Inpatient Services

New Data Source*(if needed)*:

Description of Data:

Client-Level Data Summarized Into Aggregate Outcomes

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 1.8 Years, exceeds the national average of 1.2 years.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 2.0 Years, exceeds the previous year's result.

Indicator #: 6

Indicator: Hospital Restraint Rate

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

First-year target/outcome measurement: Less Than 0.10 per 1,000 Inpatient Hours

Second-year target/outcome measurement: Less Than 0.10 per 1,000 Inpatient Hours

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

Data Source:

SCDMH – Division of Inpatient Services

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 0.18, less than the national average of 0.62.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 0.35, second year target recalculated to reflect national average of 0.62 hours per 1,000 hours of inpatient service.

Indicator #: 7

Indicator: Hospital Seclusion Rate

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

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

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

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

Data Source:

SCDMH – Division of Inpatient Services

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 0.22, less than the national average of 0.62.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:
FY2019 Result: 0.26, second year target recalculated to reflect national average of 0.36 hours per 1,000 hours of inpatient service.

Indicator #: 8

Indicator: 30-Day Hospital Readmission Rate

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

First-year target/outcome measurement: 5.00%

Second-year target/outcome measurement: 5.00%

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

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

New Data Source*(if needed)*:

Description of Data:
Client-Level Data Summarized Into Aggregate Outcomes

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:
None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 1.20%

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:
FY2019 Result: 2.80%

Indicator #: 9

Indicator: Patient Satisfaction Rate - Adult

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

First-year target/outcome measurement: 88%

Second-year target/outcome measurement: 88%

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

Compilation of Survey Results

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 92.0%

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 97%

Indicator #: 10

Indicator: Patient Satisfaction Rate - Youth

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

First-year target/outcome measurement: 85%

Second-year target/outcome measurement: 85%

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

Compilation of Survey Results

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 91.7%

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:
FY2019 Result: 97%

Indicator #: 11

Indicator: Patient Satisfaction Rate - Youth Families

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

First-year target/outcome measurement: 86%

Second-year target/outcome measurement: 86%

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

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

New Data Source*(if needed)*:

Description of Data:
Compilation of Survey Results

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:
Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 91.0%

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:
FY2019 Result: This indicator is no longer a performance measure for SCDMH.

Indicator #: 12

Indicator: Total Number Served

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

First-year target/outcome measurement: 82,000

Second-year target/outcome measurement: 82,000

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

FY2018 Result: 84,528

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 90,848

Indicator #: 13

Indicator: Children and Youth Served

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

First-year target/outcome measurement: 27,000

Second-year target/outcome measurement: 27,000

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

FY2018 Result: 26,998

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 29,288

Indicator #: 14

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

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

First-year target/outcome measurement: Less than 25%

Second-year target/outcome measurement: Less than 25%

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

Compilation of Externally-Sourced Data

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: This indicator is no longer a performance measure for SCDMH.

Indicator #: 15

Indicator: ED Patients - 24-Hour Wait

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

First-year target/outcome measurement: Less than 1,500 Annually

Second-year target/outcome measurement: Less than 1,500 Annually

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

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source*(if needed)*:

Description of Data:

Compilation of Externally-Sourced Data

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
SCDMH continues to offer the use of a Mental Health Professional (MHP) in local hospital emergency departments; to offer Telepsychiatry to local hospital emergency departments; to deploy the Community Crisis Response and Intervention Program; and to develop Crisis Stabilization Centers.

How first year target was achieved *(optional)*:
FY2018 Result: 1,919

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 1,754, second year target recalculated to reflect actual FY2018 results of 1,919.

Indicator #: 16

Indicator: SCDMH Hospital Admissions

Baseline Measurement: Number of Psychiatric Hospital Admissions (Baseline = 675 Annually)

First-year target/outcome measurement: 675

Second-year target/outcome measurement: 675

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

Data Source:

Avatar – Inpatient Information System

New Data Source*(if needed)*:

Description of Data:

Client-Level Data Summarized Into Aggregate Outcomes

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

FY2018 Result: 548, less than the baseline.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 485

Indicator #: 17

Indicator: Computerized Training for Employees

Baseline Measurement: Number of Staff Training Programs Available by Computer (Baseline = 200)

First-year target/outcome measurement: 200

Second-year target/outcome measurement: 200

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

FY2018 Result: 201

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 39, staff training programs realigned to remove those modules not required by CMS or other credentialing entities.

Indicator #: 18

Indicator: Participating Hospitals - ED Telepsychiatry Consultation Program

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

First-year target/outcome measurement: 23

Second-year target/outcome measurement: 23

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

FY2018 Result: 24

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 23

Indicator #: 19

Indicator: School-Based Services - Total Schools

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

First-year target/outcome measurement: 500

Second-year target/outcome measurement: 500

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

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 653

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 738

Indicator #: 20

Indicator: CMHC Appointment Timeframes

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

First-year target/outcome measurement: 90%

Second-year target/outcome measurement: 90%

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 95%

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 94%

Indicator #: 21

Indicator: CMHC Billed Hours

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

First-year target/outcome measurement: 985,000

Second-year target/outcome measurement: 985,000

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: This indicator is no longer a performance measure for SCDMH.

Indicator #: 22

Indicator: CMHC New Cases

Baseline Measurement: Total Number of New Cases (New Cases/Readmissions) in Community Mental Health Services (Baseline = 42,000)

First-year target/outcome measurement: 42,000

Second-year target/outcome measurement: 42,000

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

FY2018 Result: 43,461

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 43,096

Indicator #: 23

Indicator: ED Patients - Total

Baseline Measurement: Number of Individuals Waiting in ER (Baseline = Less Than 2,000 Annually)

First-year target/outcome measurement: Less Than 2,000

Second-year target/outcome measurement: Less Than 2,000

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

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source*(if needed)*:

Description of Data:

Compilation of Externally-Sourced Data

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

SCDMH continues to offer the use of a Mental Health Professional (MHP) in local hospital emergency departments; to offer Telepsychiatry

to local hospital emergency departments; to deploy the Community Crisis Response and Intervention Program; and to develop Crisis Stabilization Centers.

How first year target was achieved *(optional)*:
FY2018 Result: 2,428

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

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

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

FY2019 Result: 2,347

Indicator #: 24

Indicator: Inpatient Services - Total Bed Days

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

First-year target/outcome measurement: 520,000

Second-year target/outcome measurement: 520,000

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 553,041

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 556,255

Indicator #: 25

Indicator: Forensic Inpatient Services

Baseline Measurement: Number of Forensic Admissions (Baseline = 200)

First-year target/outcome measurement: 220

Second-year target/outcome measurement: 220

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

FY2018 Result: 297

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 236

Indicator #: 26

Indicator: Community Telepsychiatry Program

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

First-year target/outcome measurement: 15

Second-year target/outcome measurement: 15

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

Data Source:

SCDMH – Office of Medical Affairs (Community Telepsychiatry Program)

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 17

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 17

Indicator #: 27

Indicator: CMHC Emergency Preparedness

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

First-year target/outcome measurement: 100%

Second-year target/outcome measurement: 100%

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

Program Indicators Data

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 100%

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 100%

Indicator #: 28

Indicator: SCDMH Emergency Preparedness

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

First-year target/outcome measurement: 100%

Second-year target/outcome measurement: 100%

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

Program Indicators Data

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: 100%

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

SCDMH is in the process of identifying additional individuals who can be available to assist State and County Emergency Operations Centers.

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

FY2019 Result: 75%

Priority #: 2

Priority Area: Comprehensive Assessment

Priority Type: MHS

Population(s): SMI, SED, Other

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Expand Training Opportunities

Baseline Measurement: Increase in Productivity Due to Offline Training Resources (As Measured by Person-Hour Cost Savings

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: SCDMH currently has 201 staff training programs available by computer.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: 39, an extensive review of staff training programs available by computer resulted in a realignment to remove those modules not required by CMS or other credentialing entities.

Indicator #: 2

Indicator: Finalize Implementation of Electronic Medical Record

Baseline Measurement: Completion of Implementation Process

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

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

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

Data Source:

SCDMH – Division of Inpatient Services

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: SCDMH currently utilizes an Electronic Medical Record (EMR) in all of its 17 Community Mental Health Centers and has implemented an Electronic Health Record (EHR) in 4 of its 8 inpatient facilities.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: SCDMH currently utilizes an Electronic Medical Record (EMR) in all of its 16 Community Mental Health Centers and has implemented an Electronic Health Record (EHR) in all inpatient facilities, except its nursing homes.

Indicator #: 3

Indicator: Expand Use of Telepsychiatry

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

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

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

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: SCDMH has currently deployed its Emergency Department Telepsychiatry Program in 23 emergency departments across the State of South Carolina. SCDMH has also deployed telepsychiatry equipment to all 16 Community Mental Health Centers. At present, SCDMH has deployed Telepsychiatry across 7 services lines within SCDMH, and is exploring 6 other venues into which to deploy the service.

SCDMH is the largest provider of telepsychiatry services in South Carolina. It has provided approximately 127,000 psychiatric services via telehealth.

Indicator #: 4

Indicator: Expand Use of School-Based Services

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

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

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

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

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
FY2018 Result: SCDMH has expanded its School Mental Health Program into 633 schools across the State of South Carolina.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: SCDMH has expanded its School Mental Health Program into more than 700 schools across the State of South Carolina and is deployed in more than half of all schools in South Carolina.

Indicator #: 5

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

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

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

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

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

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: SCDMH currently has deployed Mental Health Professionals (MHP) from multiple Community Mental Health Centers in multiple emergency departments. As opportunities present, SCDMH offers this partnership as an option to local hospitals.

Indicator #: 6

Indicator: Enhance Workforce Development

Baseline Measurement: Provision of Opportunities to Positively Impact Recruitment and Retention

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

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

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: The following represent efforts on the part of SCDMH to recruit and retain staff: defining mission and purpose; scouting masters degree programs; creating internship programs; creating the John H. Magill School Mental Health Certificate Program at the University of South Carolina; participating in job fairs and other community events; creating a safe, pleasant, and supportive work environment; providing ongoing training, mentoring, and staff development opportunities; providing licensure supervision; recognizing staff for excellent work; and, caring for the caregiver.

Indicator #: 7

Indicator: Increase Community Supportive Housing

Baseline Measurement: Increase in the Possible Opportunities for Housing Placements

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

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

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

Data Source:

SCDMH – Division of Community Mental Health Services

New Data Source*(if needed)*:

Description of Data:

SCDMH has a long history of making efforts to foster more permanent supportive community housing for its patients. Appropriate housing is often the single biggest factor in determining whether a patient with serious psychiatric impairments is able to be successfully discharged or is able to remain successful in their recovery in the community.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: DMH believes safe, affordable housing removes one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. DMH is a member of the South Carolina Interagency Council on Homelessness DAODAS, Department of Corrections, Department of Education, SC 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 and mental health issues.
- DMH is actively engaged in Year One 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 serious mental illnesses and substance use 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 a total of 75 adults over the five-year grant period.
- This grant also funds four 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, connecting them to SSI/SSDI income supports and Medicaid and/or Medicare to support their recovery. These staff are on track to submit a total of 432 SSI/SSDI applications to SSA over the five-year grant period. Beginning in August 2018, SAMHSA awarded DMH a grant of $1 Million per year for five years, to fund the continuation of the evidence-based intensive treatment services and benefits assistance for individuals with serious mental illnesses and co-occurring disorders who are experiencing homelessness.
- The Grant will also fund four new SOAR benefits specialist positions, one at the South Carolina Department of Corrections to assist offenders who have serious mental illnesses with applications prior to release, and one each at the Charleston Dorchester, Waccamaw

and Greenville mental health centers. More than 500 individuals are expected to be served by the Grant over its five-year term.

Indicator #: 8

Indicator: Enhance Partnerships

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

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

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

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: The agency formalized the Justice-Involved Programming (JIP) initiative by hiring a dedicated program manager to provide oversight to support SC law enforcement agencies statewide. This effort will communicate with and 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 five (5) MH courts in SC. The agency will collaborate with at least two (2) counties to implement two (2) new courts in FY20 and increase the capacity of at least one existing court by increasing the number of participants by 25%.
- JIP will also partner 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. JIP will champion the effort to open additional support teams statewide.
- In September 2015, DMH 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).
- Using various multi-media platforms, SCDMH-OSP has surpassed its outreach and awareness goal of 300,000 individuals by year five, having reached more than 488,000 individuals across the state from 2016-2018.
- SCDMH-OSP offers trainings in suicide prevention to professional audiences and community members. To date, the Office has trained more than 19,000 individuals in suicide prevention.
- More than 45 school districts, private schools and educational settings in SC have adopted the SCD-OSP Comprehensive School Suicide Prevention Program.
- SCDMH-OSPI is implementing the ZERO Suicide model in Health Care settings throughout South Carolina. The foundational belief of ZERO Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. All 16 SCDMH Community Centers have embedded a Zero Suicide and we have trained over 10,398 behavioral health and medical professionals.
- SCD-OSP is also implementing a ZERO Suicide protocol among Federally Qualified Health Centers, hospital systems, and primary care settings.
- In 2016, DMH collaborated with the SC chapters of the American Foundation for Suicide Prevention, to form the SC Suicide Prevention Coalition with the goal of developing a State plan addressing suicide prevention. In 2018, we published the new SC Suicide Prevention Plan 2018-2025.
- The Coalition, co-chaired by DMH State Director John H. Magill and Senator Katherine Shealy, comprises lawmakers and leaders in the non-profit arena, as well as public and private sectors and plans to unveil its Plan this fall."
- In 2016, DMH collaborated with the SC chapters of the American Foundation for Suicide Prevention and Mental Health America, to form the SC Suicide Prevention Coalition with the goal of developing a State plan addressing suicide prevention.
- The Coalition, chaired by DMH State Director John H. Magill, comprises lawmakers and leaders in the non-profit arena, as well as public and private sectors and plans to unveil its Plan this fall.

In FY17, DMH 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.
- Greenville Mental Health Center anticipates their crisis stabilization center opening during FY2020.
- 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.

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

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

Indicator #: 9

Indicator: Expand Emergency Psychiatric Services

Baseline Measurement: Deployment of Emergency Psychiatric Service Resources Across the Mental Health Continuum

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

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

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

FY2019 Result: In September 2015, DMH 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).

DMH has now fully launched its crisis response program, Community Crisis Response and Intervention (CCRI). CCRI is a partnership between DMH 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. 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. Goals include providing clinical response to mental health crises within one hour to 50% of the state within two years and 100% of the state within four years.

• DMH 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, several Community Mental Health Centers are planning to develop similar programs in cooperation with healthcare agencies in their areas.

All 16 SCDMH Community Mental Health Centers (CMHC) provide crisis services. Annually, $6.2 million is awarded to the CMHCs for local/private inpatient/community crisis beds (78% diverted from EDs and 22% prevented an ED admission for local/private/community crisis beds) and crisis/co-occurring teams.

SCDMH also continues its partnerships to develop crisis stabilization centers in South Carolina communities.

Priority #: 3

Priority Area: First Episode Psychosis Program

Priority Type: MHS

Population(s): ESMI

Goal of the priority area:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: First Episode Psychosis Program

Baseline Measurement: Total Number of Patients Served (Baseline = 260)

First-year target/outcome measurement: 400

Second-year target/outcome measurement: 400

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

Data Source:

South Carolina Department of Mental Health (SCDMH)

New Data Source*(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
SCDMH continues to refine the referral process from internal resources and local providers. As community engagement and program awareness increase, it is expected that the incidence of referral will increase.

How first year target was achieved *(optional)*:
FY2018 Result: 372 individuals

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

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

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

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

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

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

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

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

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

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

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

FY2019 Result: 277 Individuals

Program Status – Charleston-Dorchester Mental Health Center
Charleston Dorchester Mental Health Center is currently operating 2 programs which identify as First Episode Psychosis teams: NAVIGATE and New Directions. There are currently 3 Individual Resiliency Training (IRT) therapists, 1 Supportive Employment & Education Specialist (SEE), 1 Program Director and 1 psychiatrist. There are currently vacancies for 1 IRT, 1 Peer Support Specialist (PSS) and 1 Care Coordinator. Interviews have been taking place in efforts to fill these vacancies with a staff member that is qualified per the fidelity requirements of each position. The IRT therapists and the Program Director are all trained to provide the Family Education services. The NAVIGATE evidence based interventions are used with patients in both programs. The NAVIGATE interventions include using the IRT manual, Family Education manual, SEE manual and the prescriber manual. These programs meet weekly for EBP consultations and weekly for team meetings. Also, consultation calls with the NAVIGATE trainers are utilized for IRT, family, SEE and the psychiatrist. There are continuous efforts to inform the intake staff and clinicians in the agency of the program criteria for both programs in order to assist with gaining new referrals.

The New Directions program consists of 2 IRT clinicians who have been with the program the duration of FY2019. The team continues to receive referrals for patients between the ages of 15-35 who are experiencing their first episode of psychosis and have been diagnosed with a psychosis-related diagnosis. During FY2019, they served 52 patients. The current caseload for the team is 21. This program is designed for the patients to receive services for New Directions for 2-3 years. During FY2019, some of the patients were in completion of the program which resulted in transition of services for patients. There were 13 patients during FY2019 who successfully graduated the program. Due to a less strict criteria with taking more broad psychosis-related diagnoses, this program is capable of accommodating more patients than the NAVIGATE program.

The NAVIGATE program currently consists of 1 IRT clinician who started in July 2019. The prior IRT clinician resigned from the agency in August 2019. In FY2019, the NAVIGATE program served 37 patients. This program serves individuals ages 13-35 with a diagnosis on the Schizophrenia Spectrum who have experienced their first episode of psychosis. The current caseload is 12. This program is designed for the patients to receive services for NAVIGATE for 2 years. During FY2019, there were 11 patients who successfully graduated and completed the program. For FY2020, there is an approved grant, EPINET that will be added to the NAVIGATE program. This grant will focus on hiring 1 part time staff to assist with research on medication adherence and engaging patients in the program. Also, the PSS for the program will be trained in Cognitive Adaptation Training (CAT) to assist with basic living skills for the patients. There will be an addition to the NAVIGATE EBP by providing Enhanced NAVIGATE services. This will assist with engaging current patients in the program and providing success for these patients.

Program Status – Lexington County Community Mental Health Center
In FY2019, Lexington County Community Mental Health Center served 161 patients with its FEP program. Numbers served were a little lower this year and this was due to having a vacancy October 2018-December 2018 and another for 4 months. In the past year, Lexington County CMHC has continued to target younger clients by working with our Child, Adolescent and Family clinic to transition to specialized services when psychosis is present. In September 2019, Lexington County CMHC launched an Individual Placement and Support Program (IPS) which is an evidenced-based practice for supported employment. The CMHC paired its IPS team with its FEP team to support CMHC client's efforts to obtain gainful employment. Lexington County CMHC is hoping these two teams working together will also promote more engagement with the FEP population as well as positive outcomes related to employment.

Program Status – Pee Dee Mental Health Center

Pee Dee served 27 people during FY2019 with two being referred to job corps upon their completion of the program. Other support services are also needed for program participants – especially safe, affordable housing. Referrals primarily originate internally. As awareness of the program increases, it is hoped that referrals from external sources begin and also more community resources become available.

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
RECENT DEVELOPMENTS AND ACHIEVEMENTS
FY2019

Agency Values and Goals:
The South Carolina Department of Mental Health (DMH) is committed to improving access to mental health services, promoting recovery, eliminating stigma, improving collaboration with all our stakeholders, and assuring the highest level of cultural competence.

We believe that people are best served in the community of their choice in the least restrictive settings possible. We commit to the availability of a full and flexible array of coordinated services in every community across the state. We believe in services that build upon critical local supports: family, friends, faith communities, healthcare providers, and other public services that offer affordable housing, employment, education, leisure pursuits, and other social and clinical supports.

We are committed to the highest standard of care in our skilled nursing facilities for South Carolina citizens. The Joint Commission has designated two of the Department's four nursing facilities as nationally accredited. Only about five percent of similar facilities in South Carolina have earned this recognition. We are also determined to provide appropriate evaluation and/or treatment to the increasing number of individuals requiring forensic services, both inpatient and in the community.

We strive to remain an agency worthy of the highest level of public trust. We will provide treatment environments that are safe and therapeutic and work environments that inspire and promote innovation and creativity. We will hire, train, support, and retain staff who are culturally and linguistically competent, who are committed to the philosophy of recovery, and who value continuous learning and best practices. We will provide services efficiently and effectively, and will strive always to provide interventions that are scientifically proven to support recovery.

We believe that people with mental illnesses, trauma victims, and others who experience severe emotional distress are often the object of stigma. Therefore, we 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. We will work with employers, other state agencies, federal agencies, healthcare providers, and public media to eliminate stigma concerning mental illnesses. And we will expect our own staff to be leaders in the anti-stigma campaign.

The South Carolina Department of Mental Health (SCDMH) 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 DMH 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 partnering with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.
- Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.

Changes in Leadership

- Upon the retirement of Mark W. Binkley in the fall of 2018, Debbie Calcote, MA, the executive director of the Berkeley Community Mental Health Center, was appointed as the new deputy director over Administrative Services.
- In addition to her role as Chief Medical Officer of the Division of Inpatient Services, Kimberly Rudd, MD, assumed duties as the Assistant Deputy Director of the Division of Long-term Care.
- Alan Powell announced his retirement as General Counsel for the Department with Elizabeth B. Hutto, JD, selected to take this position in early FY2020.
- As the DIS Director of Veterans Services, Robert "Bobby" Morgan is now overseeing the activities of all three Veteran Nursing Facilities in addition to serving as administrator for the E. Roy Stone State Veterans Home at the CM Tucker Center.
- South Carolina Department of Mental Health's State Director, John H. Magill, retired in January, 2019. Mr. Magill was appointed by the South Carolina Mental Health Commission in September 2006 and despite the financial crises beginning in 2008, launched the nationally acclaimed Emergency Department Telepsychiatry program using grant funding of The Duke Endowment. Recently retired Mark W. Binkley is serving as Interim Director until such time as the Mental Health Commission appoints a permanent replacement.
- L. Gregory Pearce Jr., was appointed to serve on the South Carolina Mental Health Commission, in April, 2019 and selected as Chair of the Commission in July. Mr. Pearce was originally employed with the South Carolina State Hospital in 1970 as a clinical counselor and completed his DMH career as director of the Crafts-Farrow State Hospital until its closure in 1992.
- In addition, five current DMH employees were promoted to new positions as center directors in FY2019.

Improving Community Mental Health Services:

- DMH has increased access to community mental health services and serves more patients than ever. Since FY2014, the Community Mental Health Services Division increased the percentage of all appointments meeting access standards, the percentage of new cases (new/readmissions), and the number of patients receiving services. Over the past five years, as of June 30, 2019, the number of people served increased by over 8,000 individuals, (10%). In the Agency's community mental health centers, patients in crisis can see a Mental Health Professional on a walk-in basis. We have significantly reduced wait times for appointments with counselors throughout the state. A number of DMH clinics now offer extended hours of operation.
    - DMH's Community Mental Health Services (CMHS) Division continues to increase community services for adults. The expected outcome of the additional appropriations is increased outreach to patients living with chronic mental illness who are at risk of hospitalization, by securing appropriate community housing and delivering needed services.

    - CMHS is also using additional appropriated funds to increase community services for children, adolescents, and their families. The additional funding available to Centers will increase the availability of intensive, evidence-based services to meet patients' needs in the community and prevent hospitalizations and out of home placements.
  - The agency formalized the Justice-Involved Programming (JIP) initiative by hiring a dedicated program manager to provide oversight for supporting SC law enforcement agencies statewide. This effort will communicate with and 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 five (5) MH courts in SC. The agency will collaborate with at least two (2) counties to implement two (2) new courts in FY2020 and increase the capacity of at least one existing court to accommodate 25% more participants.
    - JIP will also partner 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. JIP will champion the effort to open additional support teams statewide.
- In September 2015, DMH 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).
  - Using various multi-media platforms, SCDMH-OSP has surpassed its outreach and awareness goal of 300,000 individuals by year five, having reached more than 488,000 individuals across the state from 2016-2018.
  - SCDMH-OSP offers trainings in suicide prevention to professional audiences and community members. To date, the OSP has trained more than 19,000 individuals in suicide prevention.
  - More than 45 school districts, private schools and educational settings in SC have adopted the SCD-OSP Comprehensive School Suicide Prevention Program.
  - SCDMH-OSP is implementing the ZERO Suicide model in Health Care settings throughout South Carolina. The foundational belief of ZERO Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. All sixteen SCDMH Community Centers have embedded the Zero Suicide model and have trained over 10,398 behavioral health and medical professionals.
- SCD-OSP is also implementing a ZERO Suicide protocol among Federally Qualified Health Centers, hospital systems, and primary care settings.
- In 2016, DMH collaborated with the SC chapters of the American Foundation for Suicide Prevention, to form the SC Suicide Prevention Coalition with the goal of developing a State plan addressing suicide prevention. In 2018, we published the new SC Suicide Prevention Plan 2018-2025.

- The Coalition, co-chaired by DMH State Director John H. Magill and Senator Katherine Shealy, comprises lawmakers and leaders in the non-profit arena, as well as public and private sectors.
- In 2016, DMH collaborated with the SC chapters of the American Foundation for Suicide Prevention and Mental Health America, to form the SC Suicide Prevention Coalition with the goal of developing a State plan addressing suicide prevention.

- SAMHSA's Center for Mental Health Services has awarded DMH a Healthy Transitions Grant, effective September 30, 2018, in the amount of $1 Million per year for five years, to improve access to treatment and support services for youth and young adults ages 16-25 who have a serious emotional disturbance or a serious mental illness in Sumter, Kershaw and Lee Counties.
- The Community Mental Health Center serving Darlington, Florence and Marion Counties has invigorated DMH's already growing school-based services.
  - A $1.2 Million School Mental Health Services grant from The Duke Endowment, awarded in spring 2018, will help DMH implement a countywide school telehealth initiative integrating mental health and primary health care for children in Darlington County (DC Cares). DMH's Pee Dee Community Mental Health Center, in partnership with the Medical University of South Carolina, the South Carolina Telehealth Alliance, the Darlington One school district, and several local private providers, will make multiple healthcare services available in participating schools. Increased access to healthcare services for students and families is expected to improve student health, reduce absenteeism, and correspondingly improve student achievement. DC Cares plans to reduce the barriers to health care by bringing both services to the students in their school setting. Primary care services are provided via telehealth by a local physician or nurse practitioner with the student seated in the school nurse's office. Mental health services are available via telehealth by a nurse practitioner at the school mental health counselor's office.
  - The Reaching Families Project is an ambitious project to enhance student and caregiver engagement in school-based mental health services by utilizing an "Engagement Toolkit" to assist students and families overcome barriers, which prevent them from fully understanding and utilizing available mental health services. REACH is an acronym for "Relationship, Expectancy, Attendance, Clarity, and Homework/participation."
  - The Pee Dee Resiliency Project (PDRP) is funded by the Blue Cross / Blue Shield of South Carolina Foundation and is a collaborative effort between SCDMH, Pee Dee Mental Health, Children's Trust, the University of South Carolina School Behavioral Health Team, and the School Districts in Florence, Darlington, and Marion Counties. PDRP is of critical importance for developing school-based mental health programs in the Pee Dee region's elementary schools.
- With recurring funds appropriated by the SC General Assembly, DMH continues to expand its School Mental Health Program. School Mental Health services are now available in 738 (over 58%) schools across South Carolina and anticipates being in more than 850 (over two thirds) SC schools during the 2019-20 academic year. As a comparison, from June 30, 2014 to the end of FY2019, the School Mental Health Services program has expanded over 60%.
- DMH has launched a new crisis response program, Community Crisis Response and Intervention (CCRI). CCRI is a partnership between DMH 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).

- 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.
- Relies upon strong partnerships with local law enforcement offices, probate courts, emergency departments, and inpatient facilities.
- Additional goals include providing clinical response to mental health crises within one hour to 50% of the state within two years and 100% of the state within four years.
- DMH is also working with HHS to enable clinical response to mental health crises via telehealth, which would significantly reduce clinical response time.

- People competitively employed generally have better self-esteem and are more open to social activity. "Competitive Employment" is defined as 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. DMH has provided Individual Placement and Support (IPS) services, a model of supported employment for people with mental illness, beginning in 2001. While there are several core principles of IPS, a key ideology is that anyone with a mental illness who wishes to work, should have the opportunity to do so. Employment specialists develop relationships with potential employers and provide ongoing support to patients, with competitive employment in the workforce being the ultimate goal.
  - The national benchmark for patients achieving competitive employment while participating in IPS is 40%. DMH success has remained above 50% for each of the past five years and in FY2019 achieved a remarkable 60%.
  - Demetrius Henderson, DMH Director of IPS Programs, received the inaugural Rick Martinez Leadership Award at the 2019 International IPS Learning Community meeting in Denver, CO. Dr. Robert Drake presented the award, stating that "As a driving force helping South Carolina to implement effective IPS supported employment services in all of the state's community mental health centers, he [Mr. Henderson] has enabled thousands of South Carolina citizens with disabilities to succeed in competitive employment and thereby attain greater independence and community integration. He is recognized as an outstanding mental health leader throughout the U.S. and other countries."
- DMH believes safe, affordable housing removes one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. DMH is a member of the South Carolina Interagency Council on Homelessness DAODAS, Department of Corrections, Department of Education, SC 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 and mental health issues.
  - DMH is actively engaged in Year One 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 serious mental illnesses and substance use 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 a total of 75 adults over the five-year grant period.

- This grant also funds four 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, connecting them to SSI/SSDI income supports and Medicaid and/or Medicare to support their recovery. These staff are on track to submit a total of 432 SSI/SSDI applications to SSA over the five-year grant period. Beginning in August 2018, SAMHSA awarded DMH a grant of $1 Million per year for five years, to fund the continuation of the evidence-based intensive treatment services and benefits assistance for individuals with serious mental illnesses and co-occurring disorders who are experiencing homelessness.
- The Grant will also fund four new SOAR benefits specialist positions, one at the South Carolina Department of Corrections to assist offenders who have serious mental illnesses with applications prior to release, and one each at the Charleston Dorchester, Waccamaw and Greenville mental health centers. More than 500 individuals are expected to be served by the Grant over its five-year term.

- In FY17, DMH 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.
  - Greenville Mental Health Center anticipates their crisis stabilization center opening during FY2020.
  - 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.
- DMH has entered into agreements with community hospitals to embed mental health professionals to assist hospital emergency departments (EDs) in meeting the needs of psychiatric patients. 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.
- Using funds of a three-year, $1.2 Million grant from The Duke Endowment, DMH is expanding Mental Health Courts in South Carolina. These Courts work by diverting non-violent offenders with a mental illness from the criminal justice system into treatment, all while under the supervision and monitoring of the Court. Funding from the Grant is also being used for an evaluation of outcomes of Mental Health Courts (conducted by the USC School of Medicine), including the extent to which they reduce public expenditures while improving the lives of participating defendants.

- 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, several Community Mental Health Centers are planning to develop similar programs in cooperation with healthcare agencies in their areas.

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

- In October, 2018, DMH's Telepsychiatry program provided its 100,000th psychiatric service. DMH operates the largest telemedicine program in SC and is believed to be the largest provider of telepsychiatry service in the United States.
    - The Program was developed to meet the critical shortage of psychiatrists in South Carolina's underserved areas and assist hospital emergency rooms by providing appropriate treatment to persons in a behavioral crisis, using real-time, state-of-the-art video-and-voice technology that connects DMH psychiatrists to hospital emergency departments throughout the state.
    - Built on the success of telepsychiatry services to emergency departments, DMH has equipped its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its patients via telepsychiatry.
    - In May 2018, The Duke Endowment announced that the DMH Community Telepsychiatry Program would receive a $600,000 award to increase access to psychiatric services by creating a varied roster of clinical care providers and administrative support, including the use of Advanced Practice Registered Nurses and Mental Health Professionals, and designing the most effective team structure for mental health service delivery.
    - During FY2019, 20,989 psychiatric services were administered through the use of the community telepsychiatry network.
    - During that same FY, psychiatrists using the telepsychiatry program provided 8,916 services to patients in hospital emergency departments.
    - In addition to the Community and Emergency Department Programs, telepsychiatry is also being used in:
        - Deaf Services was one of the earliest adopters of video technology, starting in 1996 to use telepsychiatry to meet the needs of patients who wanted direct communication with their doctor or counselor. The pool of available clinicians who are fluent in American Sign Language is very small and, as SCDMH serves the entire state, requires that either the patient or the staff drive great distances to deliver services. Telepsychiatry allows DMH staff to use their time more efficiently.
        - The Emergency Management Services Telehealth Pilot Project was created in an effort to appropriately divert behavioral health patients from local Emergency Departments and hospitals. Funded by an MUSC Telehealth Grant, the Charleston Dorchester Mental Health Center's Assessment Mobile Crisis Team uses the telehealth technology on all 911 calls which are identified as psychiatric in nature. If the emergency medical staff determine there are no medical concerns, a telehealth connection is used to assess the patient's needs rather than transporting the person to a hospital emergency department.

        - The Inpatient Services Telepsychiatry Program started because of the periodic need for psychiatric services in DMH's inpatient facilities across the state.
    - In May 2018, DMH completed its year-long implementation of the inpatient Electronic Health Record across the Agency's system of inpatient psychiatric facilities, helping ensure continuity of patient care and regulatory compliance.

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

- In 2015, then-Governor Nikki Haley created the Domestic Violence Task Force to study the issues surrounding domestic violence in South Carolina and make recommendations to respond to the problem. The Task Force, chaired by the Governor, included representatives from more than 40 organizations at the state and local levels. The Task Force and its subcommittees issued interim reports, resulting in a 2015 report of Proposed Recommendations identifying issues and proposing solutions to address domestic violence in SC.
    - DMH remains an active member of the Task Force and the Domestic Violence Advisory Committee, the latter of which works toward implementing the recommendations in the August 2015 report. Recently, DMH drafted a summary of agency-specific initiatives that meet the recommendations of the report. DMH staff will share this information with the Governor's staff as well as the members of the Advisory Committee members in the coming months.

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

- At the 2019 South Carolina Mental Health America's Annual Birthday Celebration, several DMH employees received recognition.
    - Kimberly Rudd, M.D., Assistant Deputy Director of the Division of Long-term Care and Chief Medical Officer of DIS, was named Champion in the Fight-Psychiatrist of the Year.
    - Mallory Miller, Division of Community Mental Health Services TLC Consultant, received the Champion in the Fight-Dedication of Service award.
    - Noni Richards, DIS Forensic Outreach Clinic Clinical Social Worker, was awarded the Constance Sheppard Champion in the Fight award.
    - Cathy Lance-Timmons, Program Manager at the Pee Dee Mental Health Center, received the Champion in the Fight-Ending Homelessness for Persons with Mental Illness award.
- Andrea "Lanalle" Darden, CAF Services director at the Santee-Wateree MHC, was named a 2019 Champion of Evidence-Based Interventions by the Association for Behavioral and Cognitive Therapies (ABCT). The award recognizes outstanding individuals who have shown exceptional dedication, influence, and social impact through the promotion of evidence-based interventions and who have thereby advanced the mission of ABCT.
- Six DMH Nurses were honored as 2018 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:
    - Kenneth Davis, BSN, RN – Patrick B. Harris Hospital
    - John Edwards, BS, RN, CIC – SCDMH, Division of Inpatient Services
    - Annie Hutchinson, BSN, RN – CM. Tucker Nursing Care Center – Stone Pavilion
    - Elva "Sandy" Hyre, MSN, RN – SCDMH, Evaluation, Training and Research
    - Holly Scaturo, MSN, RN – Contract Monitoring and Forensic Outpatient Services
    - Janice Thomas, BSN, RN, CWCN – CM. Tucker Nursing Care Center – Roddey Pavilion
- DMH's Division of Public Safety is accredited by the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA) and 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.

- In July 2018, the Joint Council on Children and Adolescents recognized DMH State Director John H. Magill for his years of dedicated service as chair of the Body. Established in August 2007 by DMH and the Department of Alcohol and Drug Abuse Services as a mechanism for transforming the service delivery system for youth and their families, the Council comprises the directors of multiple state agencies, advocacy groups, private organizations, and parents of children with serious mental illness. Its mission requires participating agencies to commit to the delivery of cost-effective, collaborative, quality service for children in need.
- Three DMH Staff became the recipients of the first-ever "Director's Awards" in recognition of their outstanding work and significant contributions to the South Carolina Department of Mental Health and the citizens it serves.
    - Melanie Gambrell, Beckman Community Mental Health Center Director Manages one of "the most successful of DMH's many outstanding CMHCs. Through her efforts, the Beckman Center is a model in regards to working with her Board of Directors as well as state and local officials."
    - Kimberly Rudd, M.D. "Not only serves as the DIS Medical Director and the medical director of Long-Term Care within DIS but also often fills in for other psychiatrists when short-handed. She does everything asked of her and more."
    - Stewart Cooner, Program Manager "In addition to being the director of the highly respected and esteemed Telepsychiatry Program, contributes extensively to the Agency's strategic planning efforts." (All quotes are from John Magill, State Director, Retired).
- In early August 2018, approximately 1,300 mental health professionals and others with interest in mental health issues from across the country attended the 7th annual Lowcountry Mental Health Conference. The 2018 event, sponsored by the Charleston-Dorchester Mental Health Center and Mental Health Heroes (a non-profit organization serving the mental health community), featured multiple mental health experts and advocates as speakers.
- Each September, DMH and the USC School of Medicine jointly sponsor *A Psychiatric Update*, a daylong, continuing medical education training offered both in-person and via video conference to approximately 200 mental health professionals. This year's event, September 28, will be the 19th annual and feature presentations from physicians and other professionals in various fields of study. The event offers continuing education credit staff can use toward renewal of their professional licenses.

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 DMH 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. It is accredited by The Joint Commission. Stone currently serves 90 veterans in its three units.
    - Stone has achieved CMS's Five Star rating (their highest rating) on their Nursing Home Compare.
    - Stone received zero citations from the DHEC Certification survey in September 2018.
    - Stone has reduced the usage of antipsychotic/anti-anxiety medications by 54% and resident behavior incidents by 71% due, in part, to participating in a state-wide learning collaborative.

- Recognizing the need for additional capacity for the increasing census of residents, including the need to provide adequate treatment space the current location could not accommodate, the Department in 2016 secured funding from the General Assembly for a new Sexually Violent Predator Treatment Program facility. The 250-bed, secure facility opened in October 2018.
- Anticipating a growing veteran population, DMH applied for funds in 2015 to construct additional State Veterans nursing homes. With guidance from the State's Joint Bond Review Committee, DMH identified areas with significant need for new veterans' nursing homes and proposed 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. 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, DMH faces enormous challenges in recruiting and retaining the healthcare professionals it needs. Increased competition with other public and private healthcare providers for psychiatrists, nurses, counselors, and other positions has placed more emphasis on how the Agency recruits 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 retain high quality workers.
- In addition, DMH's Human Resources Division is centralizing its 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 DMH's 16 community mental health centers is accredited by CARF International, an independent, nonprofit accreditor of human service providers. Morris Village Treatment Center, the Agency's inpatient drug and alcohol hospital, is also accredited by CARF International.
- DMH's psychiatric hospitals are accredited by The Joint Commission, which aims to improve healthcare by evaluating healthcare providers and inspiring them to excel in the provision of safe, effective care of the highest quality and value.
- Each of DMH's four nursing homes is licensed by DHEC and certified by CMS. Three of the four nursing homes (530 beds) serve veterans exclusively and are certified by the Department of Veterans Affairs. The Tucker Nursing Care Facility (Roddey-General Nursing Home and Stone-Veterans Nursing Home) is nationally accredited by The Joint Commission (TJC) and represents one of only six nursing homes in South Carolina with this distinction. **There are approximately 200 nursing homes in the State of South Carolina.*
- DMH has more than 900 portals by which citizens can access mental health services, including:

    - a network of 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 (DMH offices that provide some type of clinical care, but do not offer a full array of services found in a center or clinic);
    - more than 20 South Carolina hospitals with Telepsychiatry services;
    - more than 140 community sites (non-DMH entities or businesses where DMH staff regularly and routinely provide clinical services), and
    - more than 725 school mental health service program sites.
- Parcel sales of the Bull Street property have continued with the latest transaction bringing the total revenue, as of June 30, 2019, to $16,338,819.80.

C. State Agency Expenditure Reports

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

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	**Actual SFY 2018**	**Estimated/Actual SFY 2019**	**Expense Type**
$6,076,364	$17,482,719	$19,247,829	(•) Actual ( ) 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: 06/07/2017 Expires: 06/30/2020

Footnotes:

C. State Agency Expenditure Reports

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

Total Expenditures for SMHA		
Period **(A)**	**Expenditures** **(B)**	**B1(2017) + B2(2018)** **2** **(C)**
SFY 2017 (1)	$80,302,077	
SFY 2018 (2)	$84,168,331	$82,235,204
SFY 2019 (3)	$87,893,909	

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

SFY 2017	Yes	X	No	
SFY 2018	Yes	X	No	
SFY 2019	Yes	X	No	

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

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes: