



Public Mental Health in South Carolina

DMH South Carolina
Department of
Mental Health

John H. Magill

State Director of Mental Health

Purpose:

This PowerPoint presentation is designed to serve as an overview of DMH; Agency staff may tailor it as needed to specific centers, facilities, regions, or audiences. It highlights DMH's history, mission, accomplishments, Blue Ribbon programs, and projects/programs/initiatives that many outside of our agency may not be aware of.

This document is a work in progress and will be updated periodically.

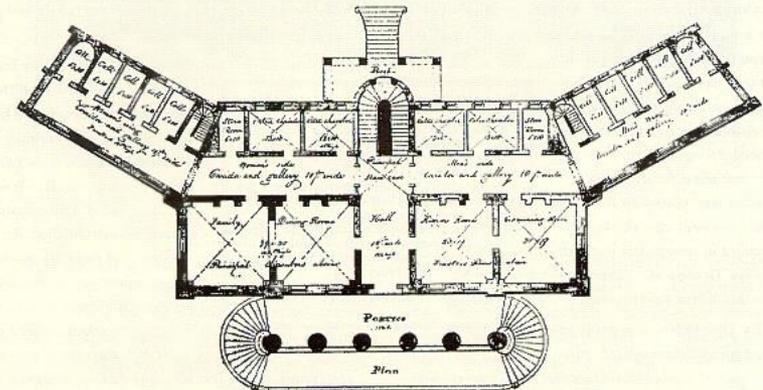
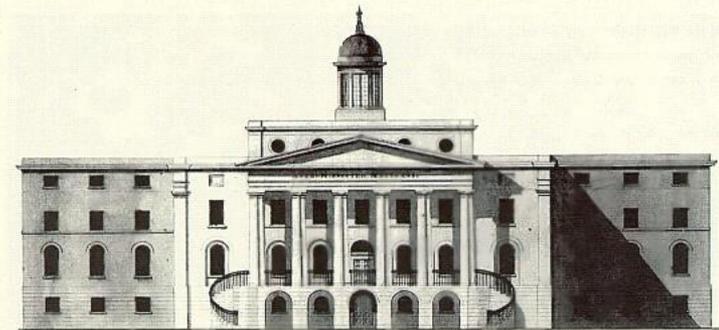
If you have questions or comments, contact Tracy LaPointe in the DMH Office of Public Affairs at (803) 898-8582 or tracy.lapointe@scdmh.org.

DMH: Beginnings

- In the 18th century, what to “do” with a mentally ill person depended upon the individual’s status, domestic situation, location, and medical condition.
- Insanity was viewed as a private matter and family responsibility, and it was expected that family would render care or pay someone else to do it.
- It was not uncommon for the mentally ill to live in workhouses or debtors’ prisons.

Beginnings

- Colonel Samuel Farrow, a member of the House of Representatives, and Major William Crafts, a member of the Senate, worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill. On December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the *SC Lunatic Asylum*.
- This legislation made South Carolina one of the first states in the nation (after Virginia and Maryland) to provide *state funding* for the care and treatment of people with mental illnesses.
- Renowned architect Robert Mills was enlisted to design the new SC Lunatic Asylum, the cornerstone for which was laid in 1822. It featured such innovations as central heating and fireproof ceilings.



The South Carolina Lunatic Asylum

First patient admitted – Lunatic Asylum – Columbia, SC – Dec. 12, 1828

Removed – February 7, 1829 – uncured

Dec. 12th 1828. Eliza Fanning at 20 of Barnwell Dist. SC was brought by her parents and admitted into the Lunatic Asylum.

History of the case. She has enjoyed good health during life with the exception of some irregularity in her catamenial discharges: which for the last two months have not appeared at all. This irregularity, however, has never appeared to create any constitutional disturbance. She is of a fair complexion and yellow hair (a large suit of it) and inclined to pleasantness of form with a healthy appearance. For a year last past she has been religiously disposed. For several weeks last past she has attended religious meetings especially an association – and during the same time was watching an aunt who was ill every night, and thereby lost her sleep.

On Dec. 1st she first betrayed symptoms of insomnia. Her theme was of a religious character, interspersed with profane expressions. She alternately sung sacred tunes, prayed, muttered incoherent nonsense, and lay silent.

Beginnings

- South Carolina's asylum was one of the first in the nation built expressly for the mentally ill.
- South Carolina's mental health system was the third in the U.S., as well as the third *funded by a state government*.
- By the 1850s, a large number of people were being admitted, and land was needed for new buildings and patient recreation and gardens. Some asylum leaders believed the institution should be moved to the country. Largely because the Legislature was unwilling to fund a new complex, it remained at the original location. Land was purchased next to the complex, and more buildings were erected. This is the campus we know today as the "SC State Hospital," or "Bull Street," as it is known throughout the Southeast.
- The asylum did not reach its full capacity of 192 until 1860 – more than 30 years after opening its doors. Many families preferred to care for mentally ill relatives at home, while others wanted them closer to home even if it meant they lived in the county jail or the work house.

Beginnings: A city within a city...



With walls closing patients off from the noisy and harried growing city, the campus was almost its own *city*, housing at one time or another a dairy, ice cream factory, mattress factory, bakery, lock shop, welding shop, and greenhouses. Doctors and nurses lived in homes on the campus, and many citizens today recall growing up in the pastoral setting of the grounds.

Beginnings: Progress

In 1892, a nursing school was founded, which remained open until 1950;

In 1896, the SC Asylum was renamed the *SC State Hospital for the Insane*;

The cost for each patient in 1877 was \$202 per year (55¢ per day);

By 1900, the State Hospital had 1,040 patients;

A legislative study of the Asylum in 1909 found many problems, ranging from poor sanitation and dilapidated buildings to unclean quarters and lack of room for patients. Many of the problems the State Hospital faced were common to facilities nationwide.

By 1910, after a legislative committee reported the asylum was too small, land was purchased north of Columbia, and plans were submitted for a new complex, which became known as "State Park." When it opened in 1913, it was for black patients only. This hospital, named *Palmetto State Hospital* in 1963, was renamed the *Crafts-Farrow State Hospital* in 1965. Today, this campus is home to many parts of DMH's central operations.

Development

Following the legislative study and opening of State Park, Dr. Fred Williams, who served as SC State Hospital superintendent from 1915 to 1945, realized that South Carolina's mental health system needed community mental health clinics. As such, he encouraged a program to educate the public about mental illness, its causes, and methods of prevention.

The first clinic to provide services for the mentally ill who did not need hospitalization was opened at the SC State Hospital in 1920. The first permanent outpatient clinic opened in Columbia in 1923. The success of this clinic inspired the opening of traveling clinics in Greenville and Spartanburg in 1924.

By 1927, clinics were established in Florence, Orangeburg, and Anderson. In 1928, a clinic opened in Charleston, with plans for one in Rock Hill.

Reopening of the clinics, which had closed as staff served in WWII, was delayed until late 1947 due to a lack of adequately trained personnel. As clinics continued to grow throughout the state, the need for state and federal funding increased. Help came in 1946 with the passage of Federal Public Law 487.

The Mental Health Act



The first outpatient clinic in Columbia, S.C.

- The Mental Health Act provided for a Mental Health Commission to be in charge of all mental health facilities. Communities were required to contribute one third of the cost of clinic or center operation and the state would furnish the remaining two thirds. The Mental Health Commission is still in place to this day and meets monthly.
 - By 1957, clinics were in operation in six counties.
 - Major functions of these clinics included: cooperation and consultation with other agencies and professional people in the community; evaluation and treatment of emotional disturbances in adults and children; public education; and training psychiatric and pediatric resident doctors from the Medical College Hospital.
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- In addition to self-referrals, patients were referred to the centers by physicians, ministers, lawyers, Vocational Rehabilitation, juvenile and domestic relations courts, and the Department of Public Welfare.
 - The 1960s ushered in the beginnings of the community mental health movement. The introduction of Medicaid and other improvements in the social welfare system underwrote the treatment of patients in their own communities, and the 1963 Federal Community Mental Health Centers Act provided matching federal funds for construction of community mental health centers.

Progress

In 1967, the Columbia Area Mental Health Center became the first comprehensive community mental health center in the Southeast. In that same year, Dr. William S. Hall, the first “South Carolina State Commissioner of Mental Health,” participated in a ceremony in which part of the wall surrounding the State Hospital came down.

During Dr. Hall's 21 year tenure, DMH made strides in community-based care. A comprehensive, statewide mental health care delivery system emerged, and grew to encompass 10 major inpatient facilities and 17 community mental health centers, providing services in all of the state's 46 counties, with more than 6,000 employees.

During the 1970s, South Carolina experienced a number of firsts, including the establishment of a transitional living project to help patients return to the community after long hospital stays, a facility for psychiatric patients who needed long-term care, a program for autistic children, an alcohol and drug addiction treatment center, and a patient advocacy system to protect the rights of those DMH served.

In 1983, DMH adopted a plan calling for the development of community-based services, the decentralization of hospital services, and a significant decrease in the population of its psychiatric facilities in Columbia. This is what we often hear referred to as “deinstitutionalization.”

Joseph J. Bevilacqua, Ph.D., who became state commissioner of Mental Health in 1985, led with the view that patients treated in the community progress better clinically; people with mental illnesses need and require close family and community support. Patients recover faster and stay well longer when receiving services in their communities, if such programs are reasonably funded, well organized, and easily available.



Dr. Hall looks on as part of the wall is taken down.

Progress: Community-based Services

- In 1989, the SC Department of Mental Health, with support from the National Institute of Mental Health, hosted a national conference to explore how other states shifted to community-based services, how they defined priority populations, and how they planned and located services.
- It was determined that the services necessary for the successful transition of patients into communities did not exist and must be developed. It was also clear that some patients could not be safely discharged into the community and should continue to be cared for in DMH facilities until appropriate services could be created.
- Some communities struggled to develop community-care programs at first. Patients faced a shortage of appropriate housing options, a lack of crisis care for short-term acute situations, and a lack of employment opportunities.
- Still, the agency moved forward. In 1993, 127 patients, from the South Carolina and Crafts-Farrow State Hospitals, moved into seven customized programs in Aiken, Charleston, Columbia, Lexington, Orangeburg, and Sumter. They were provided with appropriate housing, medication monitoring, psychiatric and medical services, supportive community services, meaningful activity, and employment assistance.
- In two separate moves between 1992 and 1995, 265 patients were discharged from inpatient facilities to Toward Local Care projects in community mental health centers across the state.
- The State Hospital, or “Bull Street” campus is closed. The DMH system now comprises 17 community mental health centers (each with clinics and satellite offices), multiple psychiatric hospitals, three veterans’ nursing homes, one community nursing home, and a Sexually Violent Predator Treatment Program.

Governance



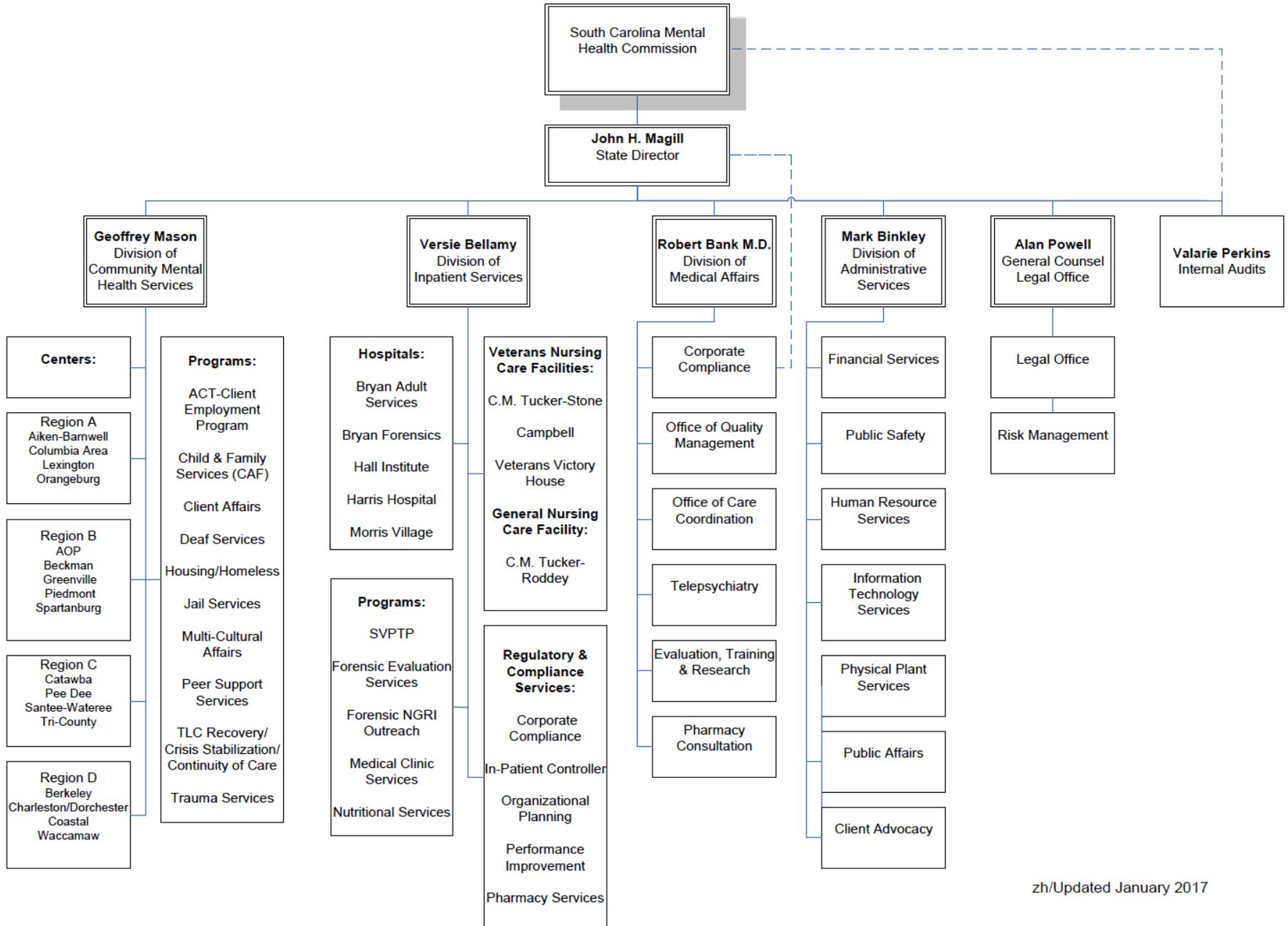
Governance

In 1827, the SC Legislature passed an act to bring the Asylum into *operation*. The act placed the organization and superintendence of the Asylum into the hands of nine Regents, or “Commissioners,” elected by the Legislature.

The Mental Health Commission still exists. It comprises 7 Commissioners, who are appointed by the Governor, with the consent of the SC Senate, and serve terms of 5 years.

The Commission convenes monthly, with meetings rotating among DMH’s centers, hospitals, and facilities.

S.C. Department of Mental Health Organizational Chart



Operations



John H. Magill

State Director of Mental Health

Did you know?

- Since opening its first hospital in 1828, DMH has served approximately 4 million South Carolinians in its inpatient and outpatient facilities.
 - 3 million patients have been served in DMH outpatient community mental health centers.
 - 1 million patients have been served in DMH inpatient facilities (hospitals and nursing homes).
- DMH is one of the largest hospital and community-based systems of care in South Carolina:
 - Each year DMH provides more than 500,000 inpatient bed days.
 - Almost half of DMH inpatient bed days are for nursing home residents.

Today

The DMH system:

- Comprises 17 community-based, outpatient mental health centers, each with clinics and satellite offices (a total of 60 outpatient locations), which serve all 46 counties in our state;
- Provides services approximately 100,000 patients per year, approximately 30,000 of whom are children;
- Operates multiple licensed hospitals, including one for substance abuse treatment;
- Operates four nursing homes, including three for veterans;
- Is one of the largest hospital and community-based systems of care in South Carolina;
- Includes operation of a Forensics program; and
- Includes operation of a Sexually Violent Predator Treatment Program.

Community Mental Health Centers

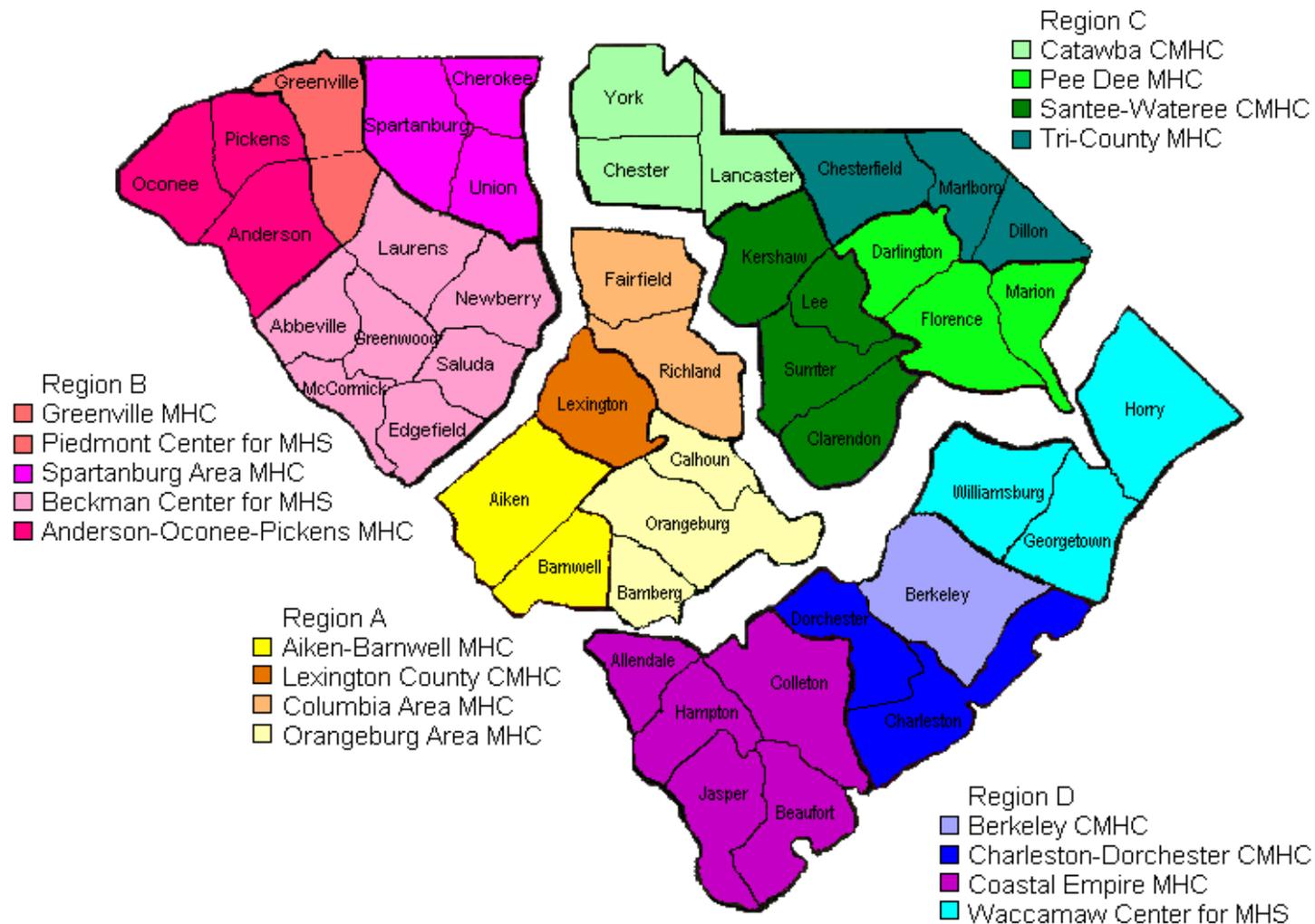
Community mental health centers (CMHCs) provide comprehensive mental health services, offering outpatient, home-based, school, and community-based programs to children, adults and families throughout South Carolina.

DMH Community Mental Health Centers

Aiken-Barnwell Community Mental Health Center
Anderson-Oconee-Pickens Mental Health Center
Beckman Center for Mental Health Services
Berkeley Community Mental Health Center
Catawba Community Mental Health Center
Charleston-Dorchester Mental Health Center
Coastal Empire Community Mental Health Center
Columbia Area Mental Health Center
Greenville Mental Health Center
Lexington County Community Mental Health Center
Orangeburg Area Mental Health Center
Pee Dee Mental Health Center
Piedmont Center for Mental Health
Santee-Wateree Community Mental Health Center
Spartanburg Area Mental Health Center
Tri-County Community Mental Health Center
Waccamaw Center for Mental Health

- All 17 DMH CMHCs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services.
- Each DMH community mental health center has an advisory board, with 9 to 15 members, including at least one medical doctor. Center boards meet monthly.

Community Mental Health Centers, cont.



DMH Inpatient Hospitals & Facilities

DMH's Inpatient Services comprises multiple psychiatric hospitals, one community nursing care center, three veterans' nursing homes, and a Sexually Violent Predator Treatment Program.

- Each of DMH's psychiatric hospitals is 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.
- Morris Village Treatment Center, the Agency's inpatient drug and alcohol treatment facility, is licensed by the South Carolina Department of Health and Environmental Control (DHEC) and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services.
- Each of DMH's four nursing homes is licensed by the SC DHEC and certified by the Centers for Medicare & Medicaid Services.
- Three of the Agency's four nursing homes (comprising more than 530 beds) serve veterans exclusively and are certified by the Department of Veterans Affairs.
- The Tucker Nursing Care Facilities (Roddey, a general nursing home, and Stone, a veterans' nursing home) are nationally accredited by the Joint Commission and represent two of 10 Nursing homes in South Carolina with this distinction.

DMH Inpatient Hospitals and Nursing Homes



Richard M. Campbell Veterans Nursing Home
Skilled nursing care facility for SC veterans in Anderson



Patrick B. Harris Psychiatric Hospital
Adult psychiatric care hospital in Anderson.



G. Werber Bryan Psychiatric Hospital Adult Services - Adult psychiatric care hospital in Columbia.

Forensics - Court-ordered stabilization, restoration, evaluation, and ongoing treatment for people found not competent to stand trial or Not Guilty by Reason of Insanity. Located in Columbia.



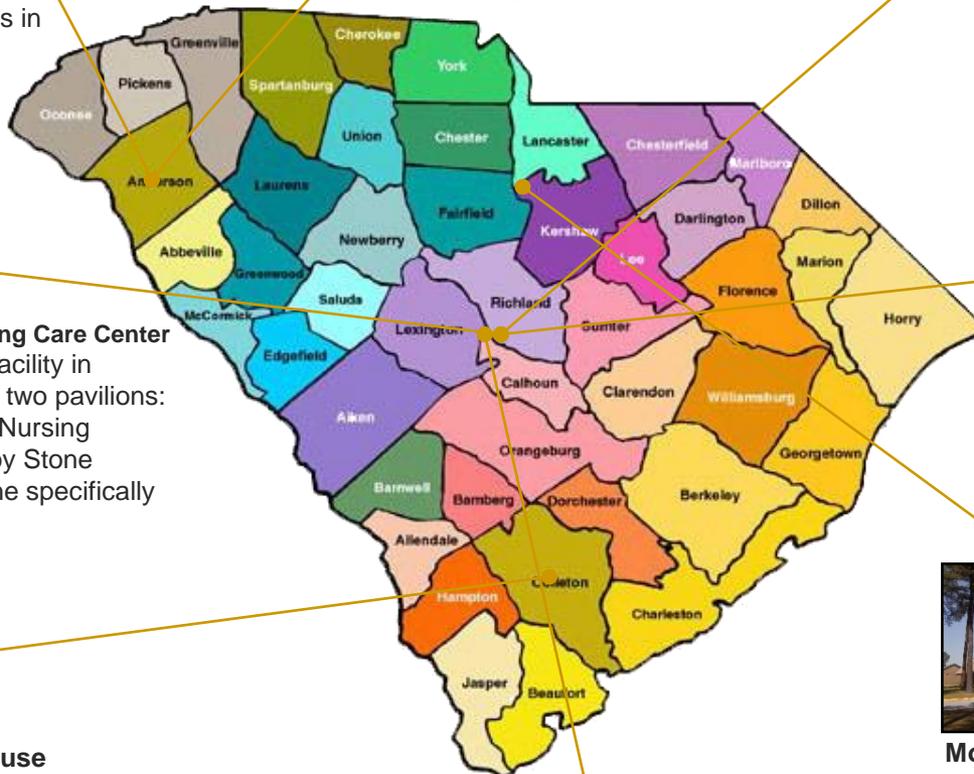
C.M. Tucker, Jr. Nursing Care Center
Skilled nursing care facility in Columbia comprising two pavilions: the Frank L. Roddey Nursing Facility and the E. Roy Stone Veterans Home. Stone specifically serves SC veterans.



William S. Hall Psychiatric Institute at Bryan Hospital
Child and Adolescent psychiatric hospital with acute, residential, and alcohol and drug addiction treatment.



Veterans Victory House
Skilled nursing care facility for SC veterans in Walterboro.



Sexually Violent Predator Treatment Program
Treatment facility in Columbia for persons adjudicated as sexually violent predators.



Morris Village Alcohol and Drug Addiction treatment Center
Alcohol and drug addiction treatment hospital in Columbia.

DMH Hospitals

G. Werber Bryan Psychiatric Hospital (Columbia)

G. Werber Bryan Psychiatric Hospital (Bryan) provides inpatient psychiatric treatment to adults. It is licensed by the State of South Carolina as a Specialized Hospital and is accredited by The Joint Commission.



Adult Services - Bryan's Adult Services patients are admitted primarily from the 33-county Midlands, Pee Dee, and Lowcountry regions of South Carolina. The majority of patients are civil involuntary admissions.

Forensics - The Forensics Division provides inpatient evaluation and treatment, rehabilitation, and outpatient services. Admissions are court-ordered from across the state through the judicial system.

William S. Hall Psychiatric Institute at Bryan Psychiatric Hospital (Hall) - Hall provides inpatient treatment for children and adolescents aged 4-17. It has three inpatient programs: Adolescent Acute, Child Acute, and a program for adolescents with both substance use and psychiatric disorders.

DMH Hospitals, cont.

Patrick B. Harris Hospital (Anderson)

Harris Hospital provides inpatient treatment to adults. It is licensed by the State of South Carolina as a Specialized Hospital and is accredited by The Joint Commission. Patients are admitted from the 13 Upstate counties of South Carolina, and the majority are civil involuntary admissions.

In 2015, Harris was recognized as a 2014 Top Performer on Key Quality Measures by The Joint Commission. The award recognizes accredited hospitals and critical access hospitals that attain and sustain excellence in accountability measure performance. Recognition in the program is based on an aggregation of accountability measure data reported during the previous calendar year.



DMH Hospitals, cont.

Morris Village Alcohol & Drug Addiction Treatment Center (Columbia)

Morris Village provides inpatient treatment for adults with alcohol and drug addictions, and, when indicated, addiction accompanied by psychiatric illness. It is licensed by the State of South Carolina and is accredited by the Commission on Accreditation of Rehabilitation Facilities.



Patients are admitted from throughout the state, with referrals from community mental health centers, community alcohol and drug commissions, community hospitals, and the judicial system.

Many patients are civil involuntary admissions.

Nursing Homes

C. M. Tucker, Jr. Nursing Care Center (Columbia)

Tucker Center is an intermediate and skilled long-term care facility. It is licensed by the state of South Carolina, dually-certified by the Centers for Medicare/Medicaid, and accredited by The Joint Commission. It comprises two nursing homes.

Frank L. Roddey Nursing Facility

- Provides care to residents from around the state. Referral sources include hospitals, family members, service agencies, and other nursing homes.

E. Roy Stone Veterans Home

- Provides long-term nursing care for South Carolina veterans and is additionally certified by the Veterans Administration (VA). Residents are admitted from across the state. Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.



In July 2017, Stone received a 5-star rating from the Centers for Medicare and Medicaid Services.

Nursing Homes, cont.

Richard M. Campbell Veterans Nursing Home (Anderson)

Campbell is a VA-certified nursing care facility in Anderson. It admits eligible veterans from across the state and is operated by an independent health care contractor. Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.



Nursing Homes, cont.

Veterans Victory House (Walterboro)



Veterans Victory House is a VA-certified nursing care facility in Walterboro. It admits eligible veterans from across the state and is operated by an independent health care contractor. Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.

Sexually Violent Predator Treatment Program

- The South Carolina legislature passed the Sexually Violent Predator Act (SVPA) in 1998, creating a new civil commitment process.
- Under the SVPA, persons previously convicted of a sexually violent offense are screened prior to release from prison to evaluate whether they meet the criteria in the SVPA to be civilly committed to DMH for care and treatment in a Sexually Violent Predator Treatment Program (SVPTP).
- The SVPTP is located within the confines of the Broad River Correctional Institute in Columbia.
- In December 2016, a private company, Correct Care Recovery Solutions, contracted with DMH to operate and manage the SVPTP, with DMH maintaining oversight.
- A new, state-of-the-art, 268 bed facility is being built to house the SVPTP on the Department of Corrections Broad River Road campus. The Program is expected to move to the new facility at the end of 2018.

DMH Portals to Mental Health Services

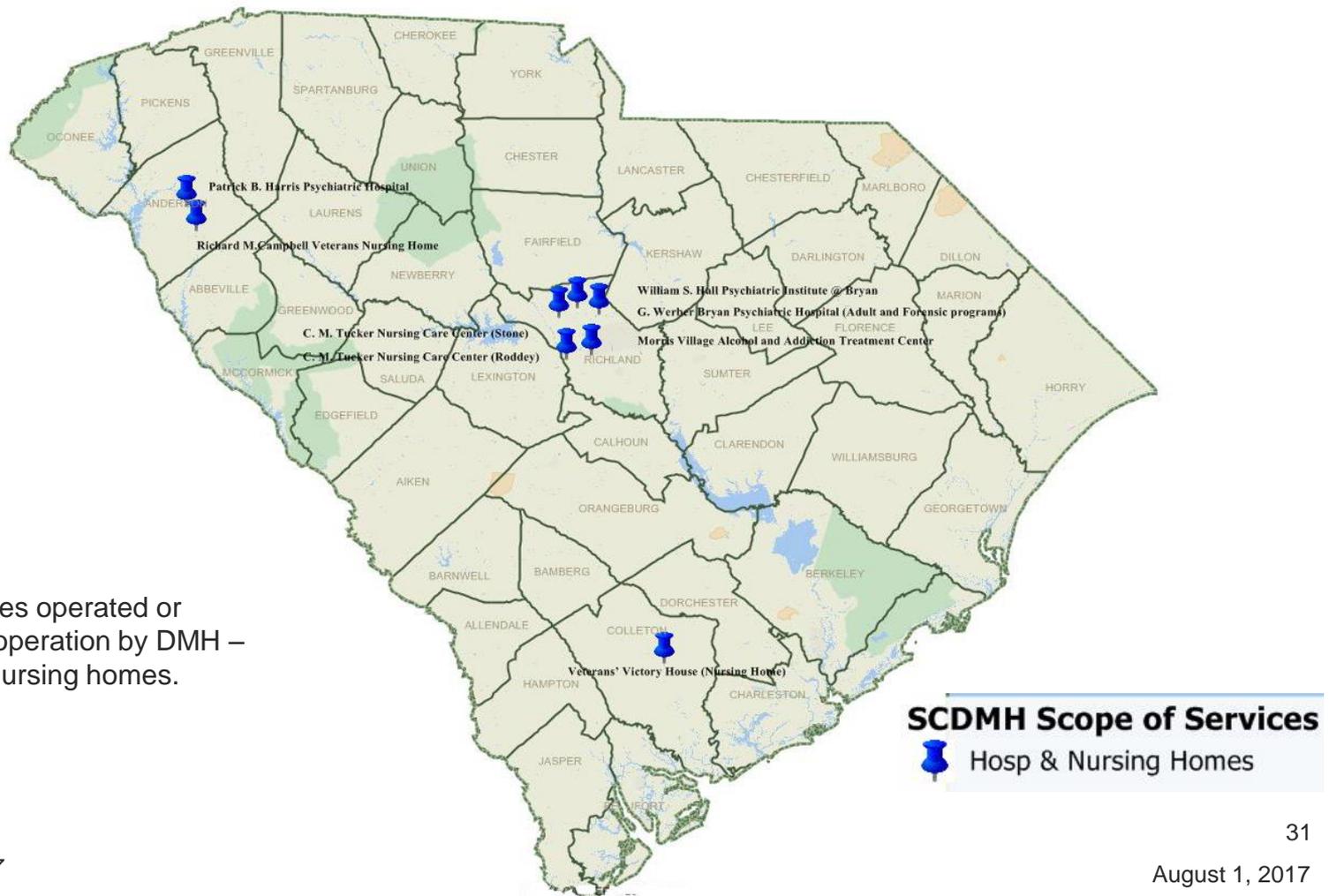
DMH provides more than 800 portals to access mental health services.



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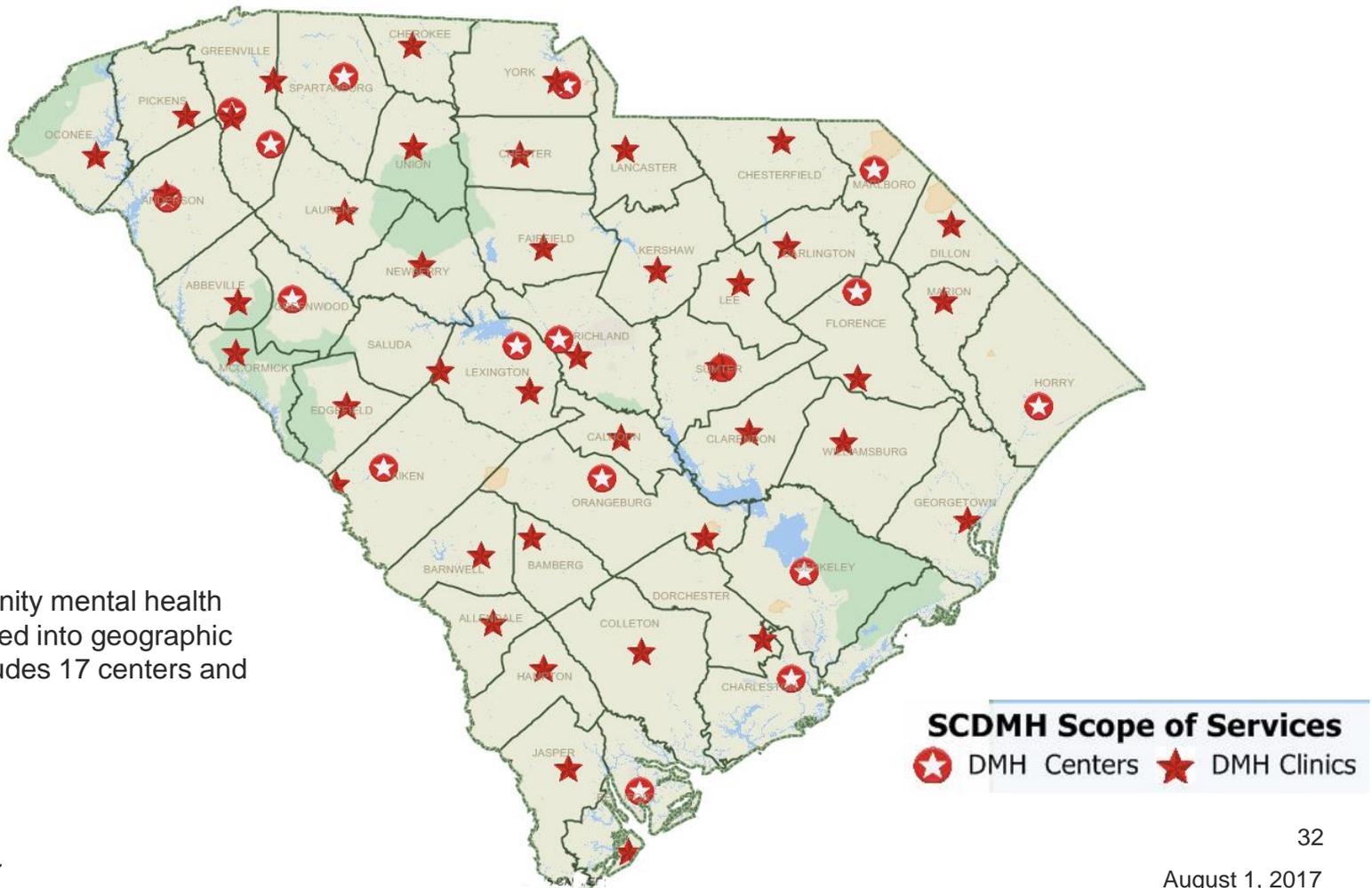
State Director of Mental Health

DMH Portals: Hospitals & Nursing Homes



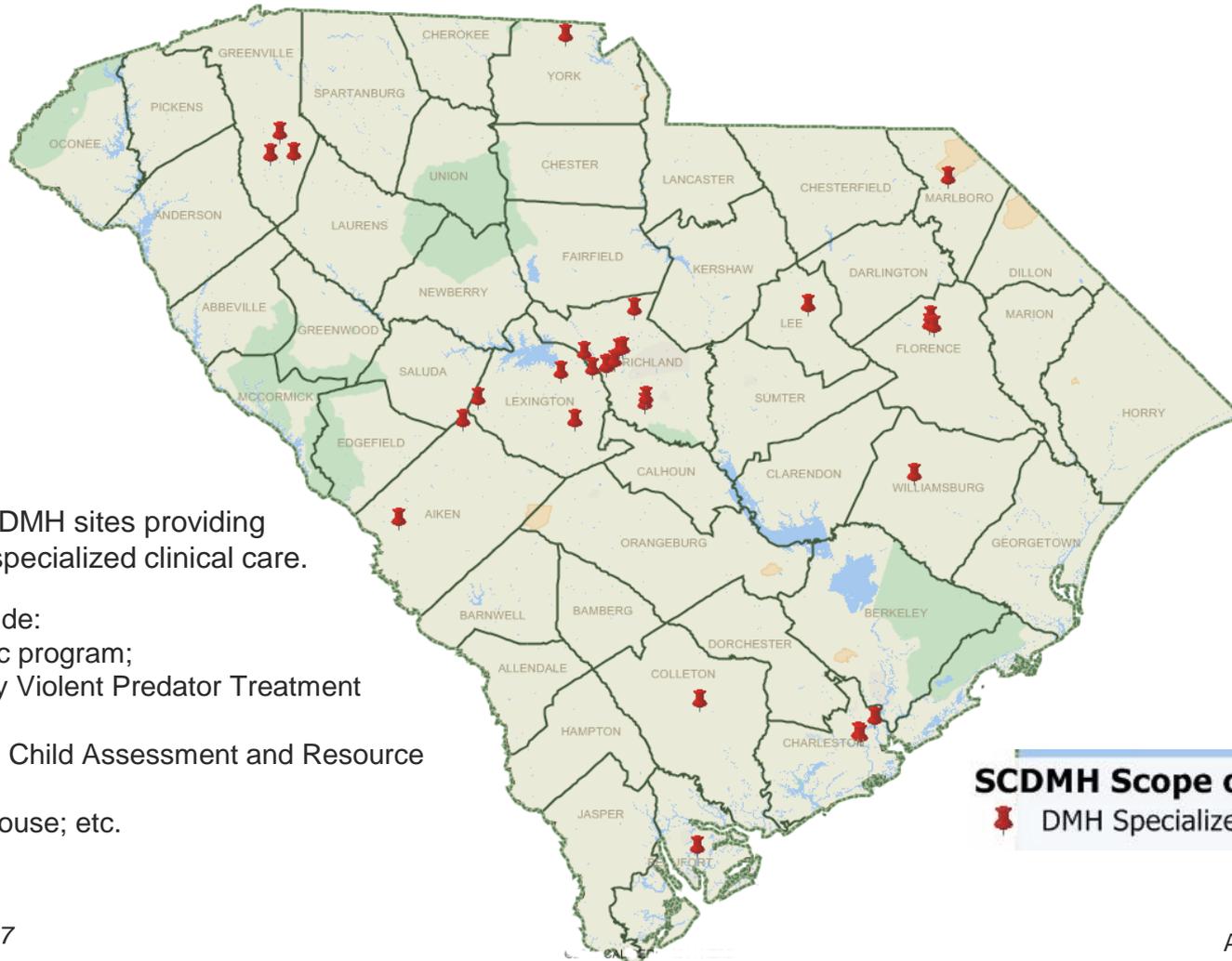
Inpatient facilities operated or contracted for operation by DMH – hospitals and nursing homes.

DMH Portals: Mental Health Centers & Clinics



DMH's community mental health system is divided into geographic areas and includes 17 centers and 40+ clinics.

DMH Portals: Specialized Clinical Service Sites

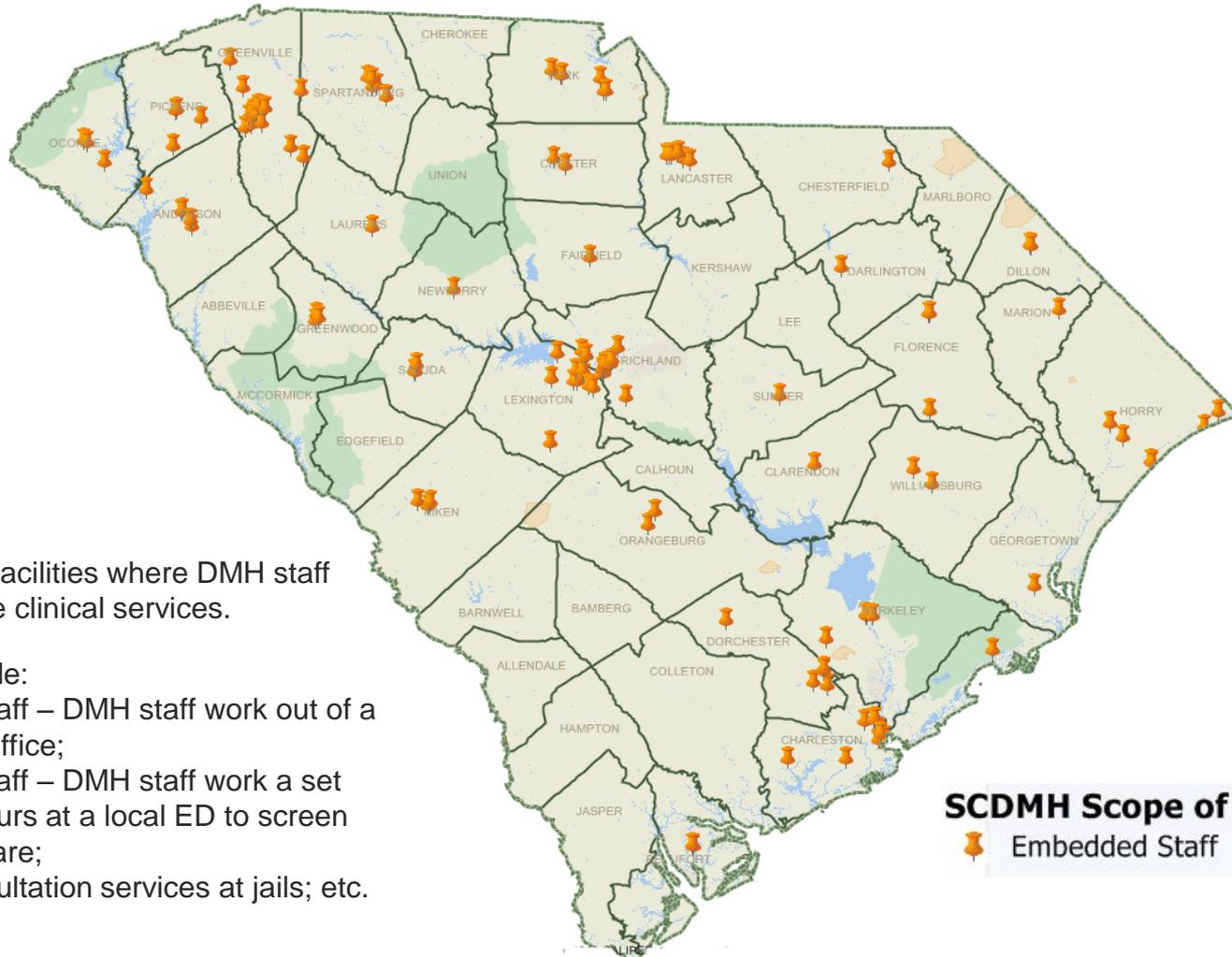


20+ additional DMH sites providing some type of specialized clinical care.

Examples include:

- The Forensic program;
- The Sexually Violent Predator Treatment Program;
- Metropolitan Child Assessment and Resource Center;
- McKinney House; etc.

DMH Portals: Out-stationed Staff Sites

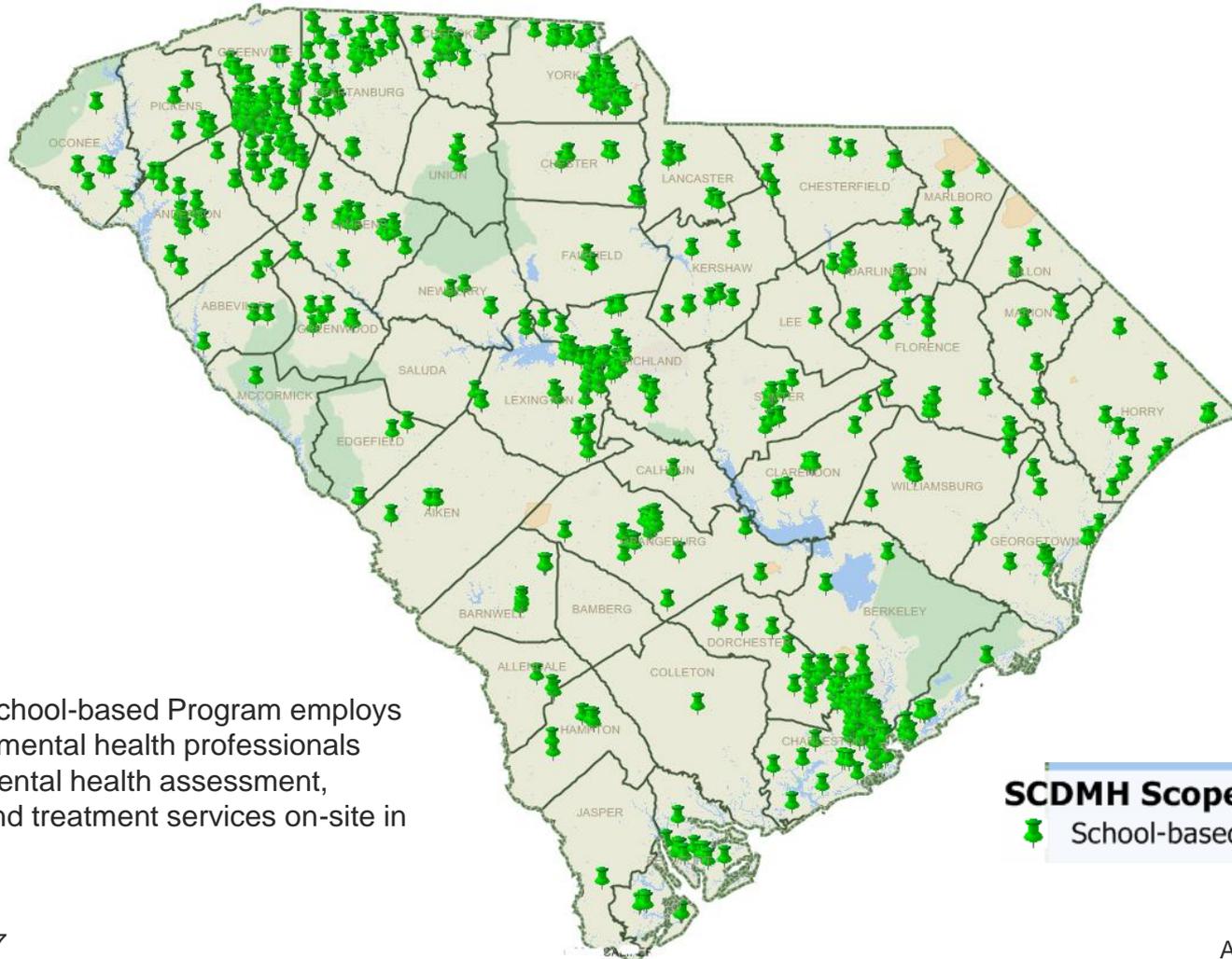


140+ non-DMH facilities where DMH staff regularly provide clinical services.

Examples include:

- Co-located staff – DMH staff work out of a DJJ or DSS office;
- Embedded staff – DMH staff work a set number of hours at a local ED to screen patients for care;
- Regular consultation services at jails; etc.

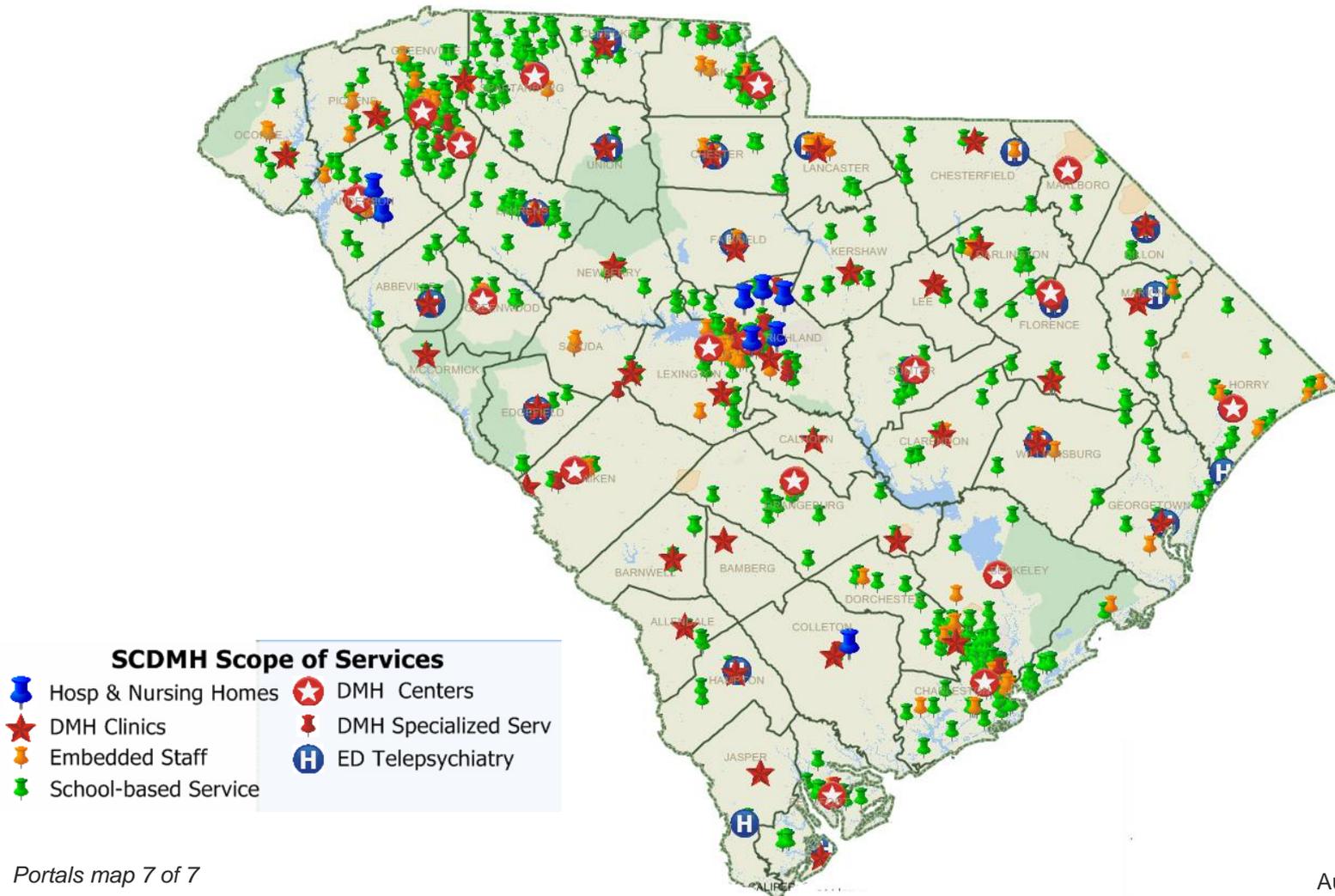
DMH Portals: DMH School-based Program Sites



640+ DMH's School-based Program employs Master's-level mental health professionals who provide mental health assessment, intervention, and treatment services on-site in schools.

SCDMH Scope of Services
📌 School-based Service

DMH Portals: 800+ Portals to DMH Services



Innovation

Using Technology to Improve & Expand Services



John H. Magill

State Director of Mental Health

Innovation: Telepsychiatry

- DMH, in partnership with The Duke Endowment (TDE), the University of South Carolina School of Medicine, the South Carolina Hospital Association, and the South Carolina Department of Health and Human Services (SC DHHS), received several grants to provide psychiatric consultations (via telemedicine) in emergency departments (EDs) across South Carolina beginning in 2009.
- SC was the first state to successfully connect patients in EDs statewide with telepsychiatrists.
- As of July 2017, 22 hospitals were connected to the Telepsychiatry program. There have been more than 34,000 ED consultations since the Program's inception.
- Built on the success of its ED Telepsychiatry program, DMH has equipped its mental health centers and clinics to provide psychiatric treatment services to its patients via telepsychiatry: the DMH Community Telepsychiatry Program.
- As of July, 2017, the Community Telepsychiatry Program provides approximately 1,100 treatment services per month.
- Since August 2013, the Community Telepsychiatry Program has provided more than 31,000 psychiatric treatment services to patients across South Carolina.

Innovation: Tri-County Crisis Stabilization Center

- The Tri-County Crisis Stabilization Center (TCSC) is a 10 bed adult facility accepting voluntary admissions to assist individuals with stabilizing increased psychiatric symptoms.
- The Center accepts residents from Charleston, Dorchester, and Berkeley counties.
- The TCSC staff comprises 5 Registered Nurses, 4 Master's level clinicians, and 2 Bachelor's level clinicians. A psychiatrist is on-site for 3 hours a day, and on call 24/7/365.
- The facility accepts admissions 24/7/365 from local EDs, law enforcement, outpatient providers, and self-referrals.
- TCSC began accepting admissions in June 2017.

Tri-County Crisis Stabilization Center, cont.

- TCSC implements evidence-based practices with the following services:
 - Crisis intervention
 - Assessment
 - Case management
 - Individual and family therapy
 - Medication management

- TCSC is a financial collaboration of the following:
 - DMH
 - Charleston-Dorchester MHC
 - Berkeley MHC
 - Roper St. Francis Hospital
 - MUSC
 - Charleston County Sheriff's Office

Innovation: Electronic Medical Record

- The outpatient Electronic Medical Record (EMR) is used in all 17 DMH community mental health centers, DMH's ED Telepsychiatry Program, and by DMH's Clinical Care Coordination.
- The inpatient Electronic Health Record has been implemented at DMH's Bryan Psychiatric Hospital, William S. Hall Institute at Bryan Hospital, and Morris Village Treatment Center.
 - The EHR will be implemented at Patrick B. Harris Hospital and Tucker Nursing Care Center by the end of 2017.

Innovation: School-based Services

The mission of this Best Practice program is to promote academic and personal success through identifying and intervening at early points and partnering to support the social and emotional/behavioral wellbeing of children and youth in South Carolina.

Services include:

- Prevention and early intervention, clinical assessment, individual therapy, family therapy, group therapy, crisis intervention, psychiatric assessment/evaluation, and mental health awareness.

Funding:

- In FY17, DMH received \$3 Million in funding from the SC General Assembly for the expansion of school-based mental health services.
- Another \$500K is expected to be appropriated in FY18 to DMH for the expansion of school-based mental health services.

FY17 Program Data:

- In FY17, with appropriated funds from the SC General Assembly, DMH school-based programs provided clinicians to more than 550 of the 1,267 public schools in South Carolina, or 43% of schools.
- DMH had staff in 555 schools statewide – 43% of SC schools.
- This expansion will allow school-based services to serve approximately 18,000 students.

Innovation: Charleston Dorchester Assessment/Mobile Crisis

- Assessment/Mobile Crisis (AMC) is a psychiatric emergency services program of Charleston/Dorchester Mental Health Center (CDMHC), created in 1987.
- The AMC team comprises 8 full-time Master's level clinicians, 2 part-time Master's level clinicians, a Master's level team leader, and 1 full-time nurse practitioner.
- When called by law enforcement, night or day, rain or shine, mobile crisis team members will go anywhere in the community, except emergency departments, to provide triage, assessments, and referrals.
- The service is available to anyone in psychiatric crisis.
- CDMHC's AMC is the only 24/7 psychiatric emergency response team of its kind in South Carolina.

CDMHC Assessment/Mobile Crisis, cont.

- In Fiscal Year 2016, Assessment/Mobile Crisis:
 - Provided 332 emergency department diversions
 - Provided 661 hospital diversions
 - Responded to 367 crisis calls
 - Handled 1,454 after-hours crisis phone calls
 - Completed 1,986 intakes
 - Provided services to 1,221 walk-in patients

- AMC partners with the Lowcountry Crisis Negotiators' team to assist at bridge jumping, barricade, and hostage scenes. The behavioral health expert sent to the scene can often get the person in crisis directed to treatment.

Innovation: Highway to Hope RV Project

- The Highway to Hope RV of the CDMHC (launched in 2010) provides immediate psychiatric care to adults and children in the Charleston and Dorchester counties in a mobile setting. It visits rural areas that are known as underserved.
- The RV functions as a mobile mental health clinic, providing a full range of services, including:
 - Crisis intervention
 - Assessment
 - Case management
 - Individual and family therapy
 - Medication management
- Staff include 2 counselors and a psychiatrist.
- Services are available Monday through Friday from 8am to 4pm; the Center posts a schedule of days and locations.
- Fees are based on an individual's and family's ability to pay. Third party payments through private insurance, Medicaid, Medicare, and self pay are accepted. As with all services provided by DMH, no one is turned away due to the inability to pay.

Innovation: Research & IRB

DMH recognizes the need for safeguarding the rights and welfare of research subjects.

In accordance with Department of Health and Human Services regulations, DMH has an established Institutional Review Board (IRB), which is charged with these responsibilities.

DMH's online IRB manual provides researchers with tools and information necessary to ensure these obligations are met and facilitates the research process.

http://www.state.sc.us/dmh/irb_manual/table_contents.htm

The DMH IRB has approved research projects conducted in-house and/or with research partners, including faculty and staff from USC, MUSC, Clemson University, Emory University, Georgia Regents University, and the University of Florida.

Innovation: The Ensor Trust

- The Ensor Trust at DMH was established years ago through a donation.
- All monies used from the Trust must be used in a manner consistent with the wishes of the settler of the Trust, meaning that the money spent in the form of Ensor Grants must foster and support research initiatives in the area of mental health treatment.
- The program looks specifically for proposals in the area of Translational Research and Clinical Outcomes related to mental health. However, the focus of research may change each year based on the needs and/or mission of DMH and the discretionary authority for Directive Research.
- All requests for Ensor Funds are reviewed and approved by the DMH Research Committee and the state director and are monitored by the DMH Grant Steering Committee.
- Grant recipients must submit periodic reports and a final product (presentation, publication and new research proposal submission for external funding) is anticipated as an outcome of the proposed research.

Collaboration

Building Partnerships to Meet Unique Local Needs



John H. Magill

State Director of Mental Health

Collaboration: Family Violence Unit

- In 2015, the Charleston-Dorchester Mental Health Center (CDMHC) partnered with the Charleston Police Department to embed a mental health clinician in their Family Violence Unit (FVU).
- In 2017, CDMHC and Berkeley Mental Health Center applied for and were awarded a Victims of Crime Act grant to expand on the FVU model by embedding 4 clinicians with 4 additional law enforcement agencies in Charleston and Berkeley counties.
- These clinicians respond to homes where police have reported children or adults have been victims of violence, offering an immediate link to mental health treatment.
- Treatment services are typically short-term and include:
 - Crisis intervention
 - Assessment
 - Case management
 - Individual and family therapy
 - Medication management

Collaboration: Response to the Mother Emanuel AME Shooting

- On the evening of Wednesday, June 17, 2015, nine people were shot and killed in an attack during a prayer service at Emanuel AME Church in Charleston.
- Due in part to excellent working relationships with local law enforcement and community groups, staff from Charleston-Dorchester MHC were able to respond immediately in the wake of the tragedy.
- The Center reached out to victims, their families, the Emanuel Community, the Office of the Mayor, first responders (EMS, law enforcement, the Coroner's office), the Media, victims' advocates, and the community at large.
- The following is a brief summary of services provided by Charleston-Dorchester MHC and its partners following the shootings.

Collaboration: Response to the Mother Emanuel AME Shooting



- CDMHC quickly collaborated with multiple community partners, including:
 - Berkeley MHC
 - Orangeburg MHC
 - Waccamaw CMHS
 - DMH Central Administration
 - The National Crime Victims' Center (MUSC)
 - 211 hotline
 - Lowcountry Pastoral Counseling
 - SAVE, Inc. (County and City employee assistance program)

Collaboration: Response to the Mother Emanuel AME Shooting

- Together, these partners were able to provide immediate access to care, via:
 - A Family Assistance Center
 - A Church Assistance Center
 - Regular and timely debriefings
 - Funeral planning meetings
 - Phone banks and interviews
 - Community assistance at the Mental Health Centers
 - Support presence at prayer vigils
 - Support presence at every victim's wake and funeral
 - Highway to Hope RV presence at the memorial service at Emanuel AME

Collaboration: Response to the Mother Emanuel AME Shooting

- Partners continued to provide support in the following weeks and months, including:
 - Counselors at every worship service
 - Presence at all court hearings
 - Counselors at various ministry meetings
 - Church bulletin inserts
 - Grief support groups
 - Individual therapy
 - Applying for a Victims of Crime grant to provide ongoing support
 - Opening a Recovery Center for victims and the community at large
 - A case study, outlining actions taken, outcomes, and lessons learned
 - Ongoing grief groups - 2 per week
 - A retreat for families of the victims

Collaboration: Response to the Mother Emanuel AME Shooting

- The group who responded to this tragedy was careful to ensure that they “Cared for the Caregivers”; many staff at the nearby MHCs knew victims or their families. The entire community was affected.

- To ensure that those providing services to others were well, partners:
 - Held internal “town hall meetings”
 - Conducted debriefings
 - Provided ongoing training and consultation
 - Ensured constant communication
 - Received ongoing DMH Central Administration support

- The CDMHC and its partners have made sure the local community knows they are “in it for the long haul,” and will continue to provide support **as long as it is needed.**

Collaboration:

Beckman CMHS with Greenville Hospital System/
Laurens County Memorial Hospital, & Carolina Health
Centers

- This unique partnership began with Telepsychiatry; the first consult in Laurens Hospital took place July 11, 2010.
- In 2011, the Upstate Hospital Consortium launched, to facilitate communication between Upstate hospitals and DMH community mental health centers with regard to psychiatric services in emergency departments.
- As a result of the Consortium, Beckman CMHS and Laurens Hospital developed a contract in August of 2012 to provide a full-time mental health professional (MHP) to provide services in the Hospital's emergency department.
- The contract expanded in July of 2014 to include another full-time MHP to cover LC4, the urgent care area of the Federally Qualified Healthcare Center, located in the former Laurens Hospital emergency department. In addition to serving LC4, the MHP will serve Laurens Pediatric Clinic, as division of Carolina Health Centers.

Beckman CMHS with Greenville Hospital System/ Laurens County Memorial Hospital, & Carolina Health Centers, cont.

- The MHP provides consultative services to patients experiencing psychiatric emergencies in the emergency department and facilitates linkage to the Telepsychiatry program.
- The second MHP provides services to those in need of urgent care and brief treatment in LC4 and the Laurens Pediatric Clinic.
- Since the collaboration began, 3,574 consults have been provided in the emergency department.

Collaboration: Harris Psychiatric Hospital & AnMed Health

- In March of 2013, Harris Psychiatric Hospital entered into an agreement with AnMed Health in Anderson to bring 15 acute inpatient beds back online at Harris. In October of 2014, the capacity was expanded to 20 acute inpatient beds.
- The agreement includes the emergency departments at AnMed, Oconee Memorial, Cannon Memorial, and Baptist-Easley hospitals.
- Patients screened and admitted to Harris from these locations receive services from a private psychiatrist on the AnMed medical staff.
- 4 private psychiatrists have agreed to rotate and cover the admissions to the 20 beds outlined in the agreement.
- Without this collaboration, the Upstate region of South Carolina would have 20 fewer beds to serve psychiatric patients. These beds have provided care to more than 400 patients since March 2013.
- This is the first collaboration where private psychiatrists provide services to involuntarily committed psychiatric patients within a public mental health system, highlighting the determination of the DMH to develop public/private partnerships to enhance the delivery of behavioral health services within the state.

Collaboration: Harris Psychiatric Hospital

Additional public/private partnerships

- Harris Hospital and a 4-physician psychiatric private practice are finalizing an agreement to provide scalable psychiatric inpatient coverage at Harris for up to 16 additional patients.
- Looking outside the box, Harris Hospital is finalizing a contract with a former staff psychiatrist who has moved out of state to provide interstate telepsychiatry services for long-term patients previously under the doctor's care while working at Harris. This will free up on-campus medical resources to focus on acute patients.

Collaboration: Behavioral Health for First Responders

- In July of 2013, DMH joined the South Carolina State Firefighters' Association (SCSFA), the South Carolina Fire Academy (SCFA), and the National Fallen Firefighters Foundation (NFFF), in launching a pilot program to provide behavioral health support to South Carolina's 17,500 firefighters.
- The goal is to ensure that behavioral health interventions are available to firefighters when needed and that the care provided represents best-practices.
- The program provides clinical intervention; firefighter peer teams provide first-tier response, and DMH provides second-tier clinical support.
- The program is the first of its kind in the nation, and will serve as a national and international model.
- Appropriately trained DMH staff are available at the following centers, under this regional pilot program:
 - Beckman CMHS
 - Berkeley MHC
 - Charleston/Dorchester MHC
 - Columbia Area MHC
 - Pee Dee MHC

Collaboration: University of SC School of Medicine

- DMH has contracts with the University of South Carolina School of Medicine (USCSOM) and the Department of Neuropsychiatry and Behavioral Science.
- There has been a long collaborative relationship between DMH and the Department of Neuropsychiatry and Behavioral Science at the USCSOM, which provides clinical consultation and training delivery to DMH staff on a range of clinical topics.
- DMH provides clinical rotation for 1st, 2nd, 3rd, and 4th year medical students from the School of Medicine. The students are assigned DMH physician preceptors and rotate through the centers and facilities.
- There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psych) that rotate through DMH centers and facilities, which the Agency supports via contract.

Collaboration: Medical University of South Carolina (MUSC)

- Residents from the MUSC Residency Training Program receive educational experiences and supervision in Psychiatry, through scheduled rotations at the Charleston Dorchester Mental Health Center (CDMHC).
- CDMHC is involved with learning collaborative between DMH, the Crime Victim's Center at MUSC and the Dee Norton Low country Children's Center. This initiative revolves around Trauma Focused Cognitive Behavioral Therapy (TFCBT).
- Forensic fellows from MUSC receive training in the Charleston Mental Health Court Program.
- Medical students rotate regularly through CDMHC throughout the academic year.
- DMH has a contract with MUSC to provide forensic evaluation of adult criminal defendants in eight counties in the low-country of South Carolina. These counties include Charleston, Dorchester, Beaufort, Allendale, Colleton, Hampton, Jasper, and Berkeley.

Collaboration: Disaster Preparedness & Response

- DMH is part of the SC Emergency Planning Committee for People with Functional Needs, a committee comprising organizations and agencies that came together after Hurricane Hugo to:
 - Improve emergency and disaster planning, policy development, and response to the functional needs of individuals and communities.
 - Educate and promote the participation of state, local, and voluntary agencies, people with functional needs, and emergency management organizations in preparing for emergencies and disasters.
- This committee was among the first organized in the country to act as a resource for state leadership in planning for and responding to people with functional needs.

Disaster Preparedness & Response, cont.

- DMH staffs the State Emergency Operations Center during periods of activation, and is tasked with obtaining and providing information and resources to local Emergency Operations Centers, Emergency Support Functions staff, and DMH inpatient and outpatient settings.
- DMH does not directly manage incidents but supports those who do.
- Immediate Response:
 - Information and Planning (Public Information Phone System)
 - Health and Medical (site for potential evacuees, special medical needs shelters)
 - Clinical Support as needed
 - Support DMH mental health centers, until staff affected by disaster are able to return to work
- Long Term Recovery – Crisis Counseling Teams are:
 - Strengths-based
 - Outreach-oriented
 - Assumes natural resilience & competence
 - Culturally competent
 - Not diagnostic nor clinical
 - Non-traditional settings
 - Bolster Community Support Systems
 - Resiliency

Disaster Preparedness & Response, cont.

Recent Activity of DMH Disaster Response Teams

2016 Hurricane Matthew	2015 Mother Emmanuel Shooting
2016 Townville Elementary School Shooting	2014 Midlands/Upstate Ice Storms
2015 South Carolina Flood	2007 Sofa Superstore Fire

Townville Elementary Response

- Following the school shooting in Townville, DMH's Anderson-Oconee-Pickens Community Mental Health Center (AOP), with additional personnel from other DMH Upstate community mental health centers, provided crisis counseling and support to the victims, families, and school personnel. Following the initial response, AOP continues to provide support for the affected community and the school's children and personnel in dealing with the long-term impact of this tragic event.

Hurricane Matthew & Flooding Response

- DMH received almost \$4.4 million dollars in FEMA grants to provide Crisis Counseling services to people impacted by the historic flooding of 2015; 87 Crisis Counselors worked in 24 counties for 14 months.
- As a result of Hurricane Matthew, DMH has received \$2,769,657 thus far for crisis counseling services in impacted areas, with additional funding expected.
- DMH also provided clinical counselors to assist North Carolina's mental health response in severely affected counties.

Affiliations:

Working Together to Identify & Address Needs



John H. Magill

State Director of Mental Health

Affiliations

- The South Carolina Department of Mental Health has affiliations with more than 60 educational institutions in South Carolina and more than 5 other states.
- The DMH's affiliation with the University of South Carolina includes activity therapy, clinical counseling, medical students, nursing students, social work, psychology interns, psychology graduate studies, and residents and fellows in psychiatry.

Affiliations, cont.

- Allen University
- Anderson University
- Appalachian State University
- Argosy University-Atlanta, Georgia
- Aspen University-Denver, CO
- ATEC Technical College
- ATSU/SOMA Medical School, AZ
- AT Still Medical University
- Augusta State University
- Benedict College
- Campbell University, North Carolina
- Capella University
- Central Carolina Technical College
- Citadel
- Clemson University
- Columbia International University
- Coker College
- East Carolina University
- ECPI University
- Edward Via College of Osteopathic Medicine
- Erskine College
- Florence-Darlington Tech. College
- Francis Marion University
- Furman University
- Gardner Webb University, NC
- Grand Canyon University
- Greenville Technical College
- Horry Georgetown Technical College
- Lander University School of Nursing
- Lenoir–Rhyne University
- Liberty University
- Limestone College
- Longwood University, VA
- Low Country Technical College
- Medical University of South Carolina
- Mesa University, Arizona
- Midlands Technical College
- Northeastern Technical College
- Orangeburg Calhoun Tech. College
- Piedmont College, GA
- Piedmont Technical College
- Presbyterian College of Pharmacy
- Regent University, Virginia Beach
- Rush University Medical Center
- Simmons College
- South University
- University of North Carolina
- University of North Dakota
- South Carolina College of Pharmacy
- Tri County Technical
- Trident Technical College
- University of Akron
- University of South Alabama
- University of Southwest Hobbs, New Mexico
- USC (Activity Therapy, Clinical Counseling, Medical Students, Social Work, Psychology Interns, Psychology Grad. Studies)
- USC – Lancaster
- USC – Upstate
- USC School of Medicine - Neuropsychiatry & Behavioral Science Residency Training Programs (Child, General, Geropsychiatric and Forensics)
- Vanderbilt University, TN
- Wake Forest University, NC
- Walden University
- Webster University
- Williams Carey University
- Winthrop University
- Wofford College
- York Technical College

Affiliations: Advocacy Organizations

DMH works closely with independent advocacy organizations to improve the quality of lives for the persons with mental illness, their families, and the citizens of SC.

- **AFSP-SC** – the American Foundation for Suicide Prevention SC
- **FAVOR** – Faces and Voices of Recovery
- **The Federation of Families** for Children’s Mental Health – SC
- **MHA-SC** – Mental Health America of South Carolina
- **NAMI-SC** – the National Alliance for the Mentally Ill in South Carolina
- **SC SHARE** – SC Self Help Association Regarding Emotions, the state’s only patient-run advocacy organization

Affiliations: Interagency

■ SC Departments of:

- Alcohol and Other Drug Abuse Services
- Corrections
- Disabilities and Special Needs
- Education
- Emergency Management
- Employment and Workforce
- Employment Security Commission
- Health and Environmental Control
- Health & Human Services
- Juvenile Justice
- Social Services
- Vocational Rehabilitation

■ SC:

- Alzheimer's Association
- American College of Mental Health Administrators
- American Red Cross
- Assistive Technology Program
- Christian Action Council
- Commission for the Blind
- Commission on Minority Affairs
- Development Disabilities Council

- Disabled American Veterans
- Independent Living Council
- Lieutenant Governor's Office on Aging
- Mental Illness Recovery Center, Inc. (MIRCI)
- Migrant and Health Program
- National Association of Consumer/Survivor Mental Health Administrators
- National Association of State Mental Health Program Directors
- National Center for Missing & Exploited Children
- Santee-Lynches Council on Government
- School for the Deaf & the Blind
- Southeastern Kidney Council
- Substance Abuse and Mental Health Services Administration
- The National Research Institute
- The Salvation Army
- United Way Association of South Carolina
- United Way of the Midlands
- USC: Center for Public Health Preparedness
 - Arnold School of Public Health
- Veterans Administration

Affiliations: Joint Council on Children & Adolescents

The Joint Council on Children & Adolescents has led efforts to improve services for children and youth needing treatment services across systems to include mental health, substance use and care coordination. DMH State Director John H. Magill currently serves as Chair.

The body was established in August 2007 as a mechanism for transforming the service delivery system for youth and their families. The Council's mission requires participating agencies to commit to the delivery of cost-effective, quality service which emphasizes a "No Wrong Door" approach.

Unique in its membership, the Joint Council comprises agency directors of:

SC Dept. of Mental Health	Commission of Minority Affairs	SC Children's Trust
SC Dept. of Alcohol & Other Drug Abuse Svcs.	Behavioral Health Services Assoc. of SC	Children's Law Center
SC Dept. of Juvenile Justice	SC Faces and Voices of Recovery	Duke Foundation
SC Dept. of Social Services	Federation of Families of SC	SC Sisters of Charity
SC Dept. of Disabilities & Special Needs	National Alliance of Mental Illness of SC	Blue Cross Blue Shield
SC Dept. of Education	SC Primary Health Care Association	Family Connections
Governor's Office Continuum of Care	2 parents of children with serious mental illness	University of South Carolina

Joint Council on Children & Adolescents, cont.

The Joint Council has revised its bylaws to incorporate “System of Care” and “Trauma-Informed Care” language.

Products of the “Trauma-Informed Care” initiative, include a six-hour training on 8 trauma-informed core competencies approved by the Joint Council.



These trainings are provided to the public at no cost and are presented in regions across the state.

Through the Breaking Boundaries planning grant, SC has created a statewide strategic plan to implement a best practices, child and family-centered approach to services and supports. With the full support of the Joint Council on Children and Adolescents, and a broad base of involvement from agencies, organizations, youth, and families, the State has moved towards the next phase of implementation.

Blue Ribbon Programs

Outstanding Areas of DMH's Service Array



John H. Magill

State Director of Mental Health

Blue Ribbon Programs: Youth Suicide Prevention Initiative

- In September 2015, DMH received a major youth suicide prevention grant of \$736,000 per year for 5 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.
- Emphasis:
 - cross training providers;
 - improved access to services for youth with or at risk of serious mental illness.
- Requirement:
 - to improve continuity of care and follow up with at-risk youth.
- Focuses:
 - policy changes;
 - increased collaboration across organizations;
 - increased data use for program improvement.

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The South Carolina Youth Suicide
Prevention Initiative

Youth Suicide Prevention Initiative, cont.

- The SCYSPI's suicide prevention activities have included education, training programs (including Gatekeeper training), screenings, infrastructure development for improved linkages to services, creation of crisis hotlines, and establishment of community partnerships.

- Outcomes :
 - 100,000 individuals have been exposed to suicide awareness social media marketing and have been contacted through SCYSPI program outreach efforts.
 - More than 2,500 individuals have received training in prevention or mental health promotion.
 - SCYSPI staff have trained 180 law enforcement officers in suicide prevention.
 - Staff are currently conducting statewide training for foster parents and staff of the SC Department of Social Services.
 - The Initiative is currently working with 10 learning institutions to develop policy, procedure, and training in suicide prevention.
 - Staff have trained more than 430 mental health and medical staff across the State in Zero Suicide Care.

SC Suicide Prevention Coalition

- The SC Suicide Prevention Coalition was created with the goal to develop a State plan to address suicide prevention.
- The Coalition, chaired by DMH State Director John H. Magill, consists of lawmakers and leaders of non-profit organizations and the public and private sector.

Blue Ribbon Programs:

The Metropolitan Children's Advocacy Center (Met CAC) is accredited through the National Children's Alliance in Washington, DC. It is the only state-funded CAC in South Carolina.

DMH collaborates with the USC School of Medicine's Department of Pediatrics and Palmetto Health Children's Hospital to provide integrated services for children suspected of being sexually or physically abused.

In partnership with the Children's Law Center of the University of South Carolina School of Law, the Met CAC also provides *ChildFirst*, a training in forensic interviewing techniques provided quarterly for law enforcement and child protection professionals.

The Met CAC, which is a program under DMH's Columbia Area Mental Health Center, serves more than 1,000 children each year.

The Metropolitan Children's Advocacy Center provides:

- Forensic interviews and medical exams
- Court preparation for children
- Expert testimony in Family and Criminal Court
- Victim advocacy
- Focused therapeutic and educational interventions



Metropolitan Children's Advocacy Center: Outcomes

- In calendar year 2016, the Met CAC provided 540 forensic interviews and 914 medical examinations to children, of whom:
 - 564 were suspected of having been sexually abused
 - 466 were suspected of having been physically abused
 - 314 were suspected of having been abused by neglect, drug endangerment, domestic violence or having witnessed a violent crime.
- During this period, the Met CAC provided testimony and consultation in more than three dozen court proceedings, as well as short-term interventions to 32 children and families, including court preparation, trauma symptom reduction, and clarification therapy.
- 10-15 cases are reviewed every three weeks at meetings of the Richland County Multi-disciplinary Child Abuse Investigation Team.

Statewide Training: *ChildFirst South Carolina*

- This is a 5-day, multi-disciplinary training for child protection professionals.
- From its inception in 2001 through February 2017, *ChildFirst South Carolina* has trained:
 - 328 Law Enforcement Officers
 - 313 Child Protective Service case workers
 - 317 Children's Advocacy Center interviewers
 - 46 prosecutors
 - Met CAC also provides ongoing training to medical residents, child life students, and nursing students.



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Blue Ribbon Programs: Child & Family Services

Children, Adolescents and their Families (CAF) Services

- CAF Services develops and aspires to implement a seamless statewide system of caring for the children, adolescents and families of South Carolina including ensuring the use of best practices when appropriate and possible.
- Best Practice programs, which vary among DMH locations, include: Multi-Systemic Therapy, School-based Services, Trauma-Focused Cognitive Behavioral Therapy and Parent-Child Interaction Therapy.
- The CAF Division assumes a leadership role and provides staff support to the Joint Council on Children and Adolescents, providing a “No Wrong Door” approach to increase access to services and supports for families living with mental health, substance abuse and co-occurring concerns, as well as through the Palmetto Coordinated System of Care.
- The CAF Division serves as the central hub of communication for local CAF directors, providing consultation services, technical assistance, and problem solving of issues relative to Children's Services.

Blue Ribbon Programs: Parent-Child Interaction Therapy

- Parent-Child Interaction Therapy (PCIT) is an empirically supported treatment for young children (ages 2 to 7) with emotional and behavioral problems.
- Emphasis is on improving the parent-child relationship and changing parent-child interaction patterns.
- PCIT draws on attachment and social learning theories, and treatment can last from 14 to 20 weeks.
- This treatment model is divided into 2 phases:
 - Child Directed Interventions (CDI) - promotes secure attachment as it restructures the parent-child relationship.
 - Parent Directed Interventions (PDI) - parents learn to use effective and consistent contingency strategies to manage their child's behavior.
- In PCIT, the therapist coaches the parent in real time and in specific skills as the parent engages in interaction with his or her child.

Parent-Child Interaction Therapy, cont.

PCIT at DMH:

- The Duke Evidence-based Practice Implementation Center (EPIC) selected 4 clinicians and 1 senior leader from Beckman Center for Mental Health Services (BCMHS) to participate in the Center for Child and Family Health PCIT of the Carolinas Learning Collaborative to provide PCIT in its Greenwood Clinic.
- Duke trained 5 staff in the initial PCIT project. In addition, Duke has trained 1 staff member to be an in-house trainer, who in turn trained 2 more BCMHS staffers in 2016.
- The Charleston Dorchester MHC has 2 rostered PCIT therapists.
- A Duke Endowment grant the Beckman Center participated in has provided it with the capability to train PCIT therapists in-house.
- In addition, training has been provided to 2 clinicians and a senior leader each from the Greenville and Lexington County Mental Health Centers.

Blue Ribbon Programs: Clinical Care Coordination

- In 2012, DMH began planning to create a new branch of service called Care Coordination, a patient-centered, assessment-based, multidisciplinary approach for individuals with high-risk, multiple, chronic, and complex conditions.
- In January of 2013, DMH launched the Office of Clinical Care Coordination with 19 internally transferred staff, with the goal of improving outcomes for patients and reducing healthcare costs.
- Provision of Care Coordination services results in:
 - Decreased re-hospitalizations and emergency room visits
 - Increased utilization of primary care physicians
 - Increased detection and treatment of Depression
- Because of its proven effectiveness, Care Coordination is now a **required service** for any provider that wishes to contract with Medicaid. Medicare and other major insurance companies are following suit.
- Care Coordinators (CCs) offer patients assistance with accessing various community resources to support their recovery.
- Key features of the service include in-home visits and reporting and monitoring of patients' progress in collaboration with referral sources.

Clinical Care Coordination, cont.

- Each patient receives a comprehensive care assessment, which identifies any medical, dental, housing, employment, educational, or other community support or advocacy service needs. The care coordinator, knowledgeable about the local community's resources, links the patient to those resources and then monitors until successful completion.

- Outcomes:
 - In FY 16, 13,718 individuals were referred to OCCC, 8,280 of whom were new to OCCC.
 - As of April 2017, the Office of Clinical Care Coordination comprised 50 Care Coordinators, 4 regional managers, 4 50/50 (half time) supervisors, 2 administrative support staff, and 1 director.
 - There is at least one CC in each of DMH's 17 community mental health centers. All DMH satellite locations have access to Care Coordination services. Care Coordination services are also available at DMH's Bryan, Harris, and Hall inpatient facilities.

- The Office of Clinical Care Coordination has established several initiatives with the SC Department of Health and Human Services and other partners, including a pilot project with a Medicaid Managed Care Organization, and is working diligently to implement CCC services as patients transition to the community from hospitals.

- OCCC is now a provider of Community Long Term Care case management services.

Blue Ribbon Programs: Deaf Services

DMH's Deaf Services provides a continuum of outpatient and inpatient behavioral health services to persons who are Deaf and Hard of Hearing. The program uses innovative technological and human service program initiatives to ensure that all services are delivered in a cost-effective and timely manner throughout the state.

Components include:

- Outpatient services for children, families, and adults, using itinerant counselors who are part of regional teams located across the state.
- School-based services in collaboration with the South Carolina School for the Deaf and the Blind.
- Residential services in supported apartments at locations across the state.
- Use of telemedicine and videotext to provide accessible services to rural areas.
- Inpatient services at Patrick B. Harris Hospital and William S. Hall Psychiatric Institute.



Blue Ribbon Programs: Housing & Homeless Services



Leaphart Place Apartments, Lexington County - A Youth in Transition Program

- The DMH Housing & Homeless Program has funded the development of more than 1,600 housing units across the state for persons with mental illnesses.

- HUD Continuum of Care Permanent Supportive Housing programs are located in 9 counties, and provide rental assistance to more than 250 patients and their family members who were formerly homeless.



Swansgate Apartments, Myrtle Beach, SC

Housing & Homeless Services, cont.

- The Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program, funded by the Substance Abuse & Mental Health Services Administration (SAMHSA), provides funding for targeted outreach and clinical services to people with serious mental illnesses and co-occurring disorders who are homeless.
- PATH Programs are currently located in the Columbia, Greenville, Myrtle Beach, and Charleston areas. PATH staff provided outreach and clinical services to almost 3,000 individuals who were homeless in 2016.
- DMH is the lead agency for the SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative.
- SOAR, a SAMHSA best practice, is a partnership with the Social Security Administration and South Carolina Disability Determination Services that increases access to Social Security disability benefits for people with serious mental illnesses who are homeless or at risk of homelessness.
- To date, the approval rate for initial SOAR applications is 64%, and the average decision time in 2016 was 90 days.

Housing & Homeless Services, cont.

CABHI-SC

- In 2015, DMH received a grant of \$1.8 million per year for 3 years from the Substance Abuse and Mental Health Services Administration (SAMHSA), funding a new initiative, the Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI-SC).
- CABHI's target population is individuals who are chronically homeless and have serious mental illnesses or co-occurring disorders, including veterans.
- The initiative includes several primary partners: the SC Interagency Council on Homelessness, Palmetto Health, and DMH's Greenville MHC.
- Treatment sites will be located in Columbia and Greenville, and each will provide intensive services using the Assertive Community Treatment (ACT) modality, serving 109 individuals over the three-year grant period.
- Other Evidence-based Practices to be implemented include Individual Placement and Support (IPS) and SOAR.

Housing & Homeless Services, cont.

Community Housing Initiative

- DMH began its Community Housing Program in FY15, through the allocation of \$1.5 Million in recurring Agency funds made available through an agreement with the SC Department of Health and Human Services, and an additional \$400,000 received from the SC General Assembly in FY16.
- Since the Initiative's inception:
 - a total of \$1.9 Million has been used for rental assistance, security deposits, utility costs and deposits, and furnishings.
 - awards have been made to 12 DMH community mental health centers, the DMH Office of Clinical Care Coordination (covering 2 catchment areas), and DMH's Deaf and Hard of Hearing Services.
- Rental assistance is made available through rent guarantee contracts with private landlords.
- The Initiative is currently assisting 250 units/508 patients and family members at an average annual cost per unit of \$7,600.

Blue Ribbon Programs: Individual Placement & Supported Employment Program (IPS)

- The IPS supported employment program is a national, evidence-based, best practice model. The model is a collaboration and partnership between the DMH and Vocational Rehabilitation Departments. This partnership has provided a more integrated and seamless service delivery to people with mental illness, resulting in improved employment outcomes for this population.
 - IPS programs are located in 9 sites at DMH community mental health centers.
 - The FY17 IPS Supported Employment average employment rate in South Carolina was 51%, compared to the national benchmark employment rate for IPS supported employment of 40%.
 - In FY17, IPS added 1 additional site in Beaufort, SC (Coastal Empire MHC).
 - DMH's Central Administration Office conducted 2 trainings in collaboration with the SC Vocational Rehabilitation Department in FY17.
 - In FY17, fidelity reviews were completed on the 9 IPS programs, all of which met the fidelity criteria of the IPS model. DMH participated in the Johnson & Johnson/Dartmouth supported employment outcomes project, and Agency staff completed their annual outcome report.

IPS, cont.

- DMH's Pee Dee Mental Health Center received the Johnson & Johnson-Dartmouth College FY17 National Achievement Award for its Independent IPS program. The Johnson & Johnson-Dartmouth Community Mental Health Program works to increase access to supported, competitive employment for adults with serious mental illnesses.
- DMH's Santee-Wateree and AOP MHCs will participate in a Social Security Administration 6-year study, with estimated grant funding revenues of more than \$2 Million dollars to the centers.

IPS: Return on Investment

- The average person employed through an IPS program earned an additional \$533 per month;
- The average annual change in the income of a person employed through the IPS program is \$6,391;
- Patients served one-year before receiving IPS services and one-year after receiving IPS services experienced a substantial decrease in hospital admissions and bed days. At an average of nearly \$400 per day, the Program has potentially saved approximately \$940,800 in inpatient hospital costs for this group of patients; and
- For every \$1.00 invested in the Program, patients earn \$5.26.

Blue Ribbon Programs: ACT-like Programs

- Assertive Community Treatment (ACT) is based on long-standing research demonstrating that it is a highly effective, evidenced-based program in re-integrating people with severe mental illness into their communities.
- In South Carolina, specific modifications to the original ACT model were made based on a statewide research project. This project was designed to determine which of the original ACT components are critical for effectiveness and which can be altered to fit local needs while still producing positive outcomes. Based on the research, essential components of ACT were identified and a modified fidelity scale was developed to include these elements. In addition, an outcomes data collection protocol was implemented. Modifications to the original model were evident not only in South Carolina, but 32 other states.
- In FY17, 7 DMH community mental health centers provided ACT or ACT-like programs. Act-Like teams are located at AOP, Catawba, Coastal Empire, Columbia Area, Pee Dee and Waccamaw MHCs. Greenville MHC has a full ACT team.
- DMH has presented ACT-Like outcomes in two national ACT conferences in Chicago (2010) and New York (2011).
- The outcome data supports the goal of the delivery of effective programming and generation of positive outcomes with a modified version of the ACT evidence-based practice.
- Emergency room visits, hospital admissions, and hospital days (both within the DMH system and private hospitals) are the most notable positively impacted areas.

Blue Ribbon Programs: Project BEST

Bringing Evidence Supported Treatment (BEST) to South Carolina Children and Families

- Project BEST, under the auspices of the Medical University of South Carolina (MUSC), is a statewide, collaborative effort to dramatically increase the capacity of every community in South Carolina to deliver evidence-supported mental health treatments to children who have experienced trauma and/or abuse.
- The SC Trauma Practice Initiative (SCTPI), a partnership including DMH, the Project BEST/MUSC National Crime Victims Center, The Duke Endowment, SC Department of Social Services, and Dee Norton Lowcountry Children's Center, used pooled state, federal, and foundation funds to facilitate "rostering" of approximately 300 DMH child clinicians statewide in Trauma-focused Cognitive Behavioral Therapy (TF-CBT). This accelerated workforce development effort began in December 2013 and was completed in February 2016.

Project BEST, cont.

- Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is an evidenced-based treatment model endorsed by the SAMSHA National Registry of Evidenced-based Programs and Practice as the most effective treatment model for children ages 3-17 years old who have experienced a wide range of traumatic experiences and related emotional and behavioral problems.
- TF-CBT is a time-limited treatment intervention, administered by highly-trained clinicians who have completed a rigorous, 9-month training curriculum under certified MUSC/Project BEST faculty trainers to ensure clinical skill mastery.
- Clinicians are “rostered,” having met fidelity standards to effectively deliver the TF-CBT intervention, and placed in the Project BEST database, which provides the state with a resource for accessing therapists qualified to deliver TF-CBT based upon nationally-accepted training standards established by the founders of the intervention.

Project BEST, cont.

Outcomes

- The SC Trauma Practice Initiative has had widespread impact on the state's mental health and child welfare service delivery systems. It involves approximately 624 multiagency staff statewide.
- The exponential growth in the number of DMH clinicians rostered in TF-CBT clinicians is directly attributable to the SCTPI initiative, which currently accounts for 83% (n=186) of the Agency's rostered clinicians.
- The magnitude of the SCTPI initiative is unprecedented for both DMH and Project BEST in terms of the huge number of clinicians trained and its comprehensive reach, ensuring that credentialed TF-CBT therapists are available to children in every community within the state.
- As of January 2016, DMH therapists comprise 53% (n=223) of the total Project BEST-rostered TF-CBT clinical workforce (n=420) statewide.
- DMH staff continue to lead the state in modeling exemplary service delivery and clinical practice related to TF-CBT Services, having received the following Project BEST Awards:
 - **2017 The Project BEST Clinician Excellence Award**
 - **2016 The Project BEST Clinician Excellence Award**
 - **2015 The BEST of Project BEST Award**
 - **2015 Project BEST Champion Award**
 - **2014 The BEST of Project BEST Award**

Blue Ribbon Programs: Trauma Informed Systems

The Substance Abuse Mental Health Services Administration (SAMHSA) reports that trauma is a widespread, harmful, and costly public health problem, which occurs as a result of violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation. The need to provide trauma-informed care is increasingly viewed as an important component of effective behavioral health service delivery.

DMH Trauma-Informed Systems oversees the development and implementation of a statewide, patient-focused, trauma initiative to foster the development of policies, procedures, and practices which ensure that:

- Patients with histories of trauma receive state-of-the-art assessment and treatment; and
- Practices in DMH centers and facilities do not create, nor recreate, traumatizing events for patients.

Trauma Informed Systems, cont.

2016 Trainings

- Intensive, Hands-on Cognitive Behavioral Therapy for Posttraumatic Stress Disorder for Adult Services: 54 DMH clinicians completed this three-day training.
- Intensive, Hands-on Trauma-Focused Cognitive Behavioral Therapy training for Children, Adolescent and Family Services: 77 DMH clinicians completed this three-day training.
- Trauma Informed Care trainings were provided to 112 DMH staff.
- Trauma-Informed Care trainings were provided as part of SC SHARE's Peer Support Specialist Training.

Trauma Informed Systems, cont.

Trauma-Informed Care Training

- A Trauma-Informed Workgroup was established in 2012 by the SC Joint Council on Children and Adolescents' Workforce Committee. Its goal was to develop training to ensure all child and adolescent clinical care providers are Trauma-Informed.
- The Workgroup identified existing trauma-dedicated employees at 2 state agencies: DMH and the SC Department of Juvenile Justice (DJJ).
- Core competencies were identified, including input from 12 child-serving agencies and organizations, and were later endorsed by the Joint Council on Children and Adolescents.
- DMH and DJJ provided trainers, travel, equipment, and learning materials, and have been providing Trauma-Informed Care trainings since August of 2013.
- More than 1,900 professionals from child serving agencies, childcare programs, law enforcement, hospitals/medical practices, family court systems, volunteer groups, and mentor programs have completed the training.

Blue Ribbon Programs: Dialectical Behavior Therapy

- Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment, originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder. It is now recognized as the gold standard psychological treatment for this population.
- In addition, research has shown that it is effective in treating a wide range of other disorders, such as substance dependence, depression, post-traumatic stress disorder, and eating disorders.
- A 1 year program, DBT works with highly symptomatic patients, most of whom have an affective disorder as well as borderline personality disorder.
- DBT is a highly structured therapy that offers both individual and group therapy weekly, crisis phone consultation and consultation team for therapists. Skills training is a key component.

Dialectical Behavior Therapy, cont.

- In 1993, Columbia Area MHC (CAMHC) implemented the first DBT site in the state of South Carolina. It has been in operation for more than 24 years, remaining one of the only DBT programs in the State maintaining fidelity to the model.
- CAMHC's DBT program has been endorsed by the American Foundation for Suicide Prevention-SC Chapter and NAMI-SC for its work in the treatment and prevention of suicide.
- Currently, 10 DMH community mental health centers offer DBT or a DBT-like program.
- Patrick B. Harris Hospital offers an adapted skills training group in all 4 of its lodges.
- Bryan Psychiatric Hospital is currently providing an adapted skills training group in its Forensic and Adult Services lodges.

Blue Ribbon Programs: Towards Local Care

- Toward Local Care (TLC) began in 1989, to:
 - assist patients in transitioning from inpatient institutions into the community;
 - help patients remain in their communities and avoid re-hospitalization;
 - facilitate downsizing of the Agency's long-term psychiatric facilities, and
 - reduce acute care psychiatric admissions.

- Every DMH community mental health center has a TLC program, with capacity ranges from 10-149. Program types include community care residence, Homeshare, supported apartments, rental assistance, and level of service.

- Since 1991, the process has been replicated 14 times and created 1,093 treatment and residential options for inpatient and high recidivist patients.

- As of June 2017, 4,518 patients had received services through TLC.

- TLC programs continue to assist with transitioning patients from DMH inpatient facilities while also assisting local emergency departments, and assists community patients by providing residential and treatment environments to maintain community tenure.

Blue Ribbon Programs: Jail Diversion/ Forensic Services

- The National Alliance on Mental Illness' Crisis Intervention Training (CIT) program helps to provide training and consultation to law enforcement regarding de-escalation of encounters with people experiencing psychiatric and/or emotional crises.
 - From July 2016 to May 2017, 3,170 law enforcement officers in SC received CIT.
 - DMH staff participate in CIT by presenting clinical information about mental illness and other disabilities (e.g. people who are deaf and hard of hearing).
- Annual trainings promote opportunities for interagency cross-training and networking between criminal justice and behavioral health agencies.
- DMH Jail Diversion/Forensic Services provides consultation and promotes alliances and partnerships in local jurisdictions for coordination of services for offenders with mental illness.
- All 17 DMH community mental health centers and their clinics provide mental health services to jails, with services in 34 of the 46 counties in South Carolina.
- Mental health services in jails/detention facilities include:
 - Assessment and screening for inpatient admission
 - Medication monitoring
 - Referral, as needed, for offenders with mental illnesses to other community services and supports to prevent re-offending and involvement with Law Enforcement

Jail Diversion/Forensic Services, cont.

- Mental Health Court – SC has 3 mental health courts, in Charleston, Richland, and Greenville counties.
- Mental health courts have single dockets, which specifically address issues of persons with mental illnesses who become involved with Law Enforcement and the criminal justice system. The Probate Court serves as the lead agency, in partnership with DMH's community mental health centers and other stakeholders from the Public Defender's Office, the Solicitor's Office, DAODAS, and SC Probation, Parole and Pardon Services.
- Mental Health Courts are funded by county governments and DMH's community mental health centers.
- Services offered include:
 - Crisis management
 - Case management
 - Individual, family, and group counseling
 - Groups, in the areas of Criminal Thinking, Substance Abuse, and Anger Management

DMH Services for Veterans



John H. Magill

State Director of Mental Health

Veterans Served by DMH

- 794 self-identified veterans were served in community mental health center and clinic settings during FY17.
- 44 self-identified veterans received services at Morris Village alone during FY17, resulting in 973 bed days.
- 820 veterans resided in veterans' nursing homes during FY17, resulting in 79,657 bed days at Campbell, 30,308 bed days at Stone, and 79,684 bed days at VVH, for a total of 189,649 bed days.
- In 2015, DMH received a grant of \$1.8 Million per year for 3 years from the Substance Abuse and Mental Health Services Administration, funding a new initiative, the Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI).
 - CABHI's target population is individuals who are chronically homeless and have serious mental illnesses or co-occurring disorders, including veterans.
 - The grant program funds 2 Assertive Community Treatment teams, each of which includes 1 full-time peer recovery support specialist funded by the VA. These staff provide outreach by engaging with and referring veterans as part of each ACT team.

National Guard Collaboration

- Under the direction of State Director John H. Magill, DMH has partnered with the South Carolina National Guard (SCNG) to give priority and provide outpatient mental health services to soldiers, using a linkage of DMH and SCNG liaisons to facilitate treatment at local mental health centers.
- Since April 2014, the SCNG staff has referred 54 soldiers and 7 family members to local DMH centers or clinics for treatment. Designated DMH staff continue to collaborate with assigned SCNG staff to facilitate behavioral assessments of soldiers and their family members. Center staff are becoming more aware of the uniqueness of treating persons with current or history of service in the military.
- DMH and SCNG staff have participated in 4 statewide conferences on understanding military culture and have held several individual meetings to establish an acceptable referral protocol, understand military culture, and ensure continuity of soldiers' treatment.
 - SCNG staff presented to the DMH Multi-Cultural Council (2014 and 2015).
 - DMH staff attended the Mental Health Summit: A Community of Care: Building Connections at the VA Hospital (September of 2013, 2014, 2015 and 2016).

National Guard Collaboration, cont.

- Launched in 2011, the Star Behavioral Health Providers (SBHP) program trains civilian mental and behavioral health professionals on the unique aspects of military life. It is a collaborative effort of the Center for Deployment Psychology, which provides training, and the Military Family Research Institute at Purdue University in Indiana. The USC School of Social Work was instrumental in obtaining the STAR training grant to offer the training free of charge to DMH staff.
 - In 2015 and 2016, DMH, SCNG staff, and community partners took part in Star Behavioral Health training.
 - SC National Guard checks each provider's licensing credentials to ensure all providers on the SBHP registry are current and in good standing with their individual reporting licensing boards.
- The Program helps service members and those who care about them locate trained civilian behavioral health professionals who better understand the challenges associated with military service.

Proposed Veterans Nursing Homes

Central Region

- The Central Region includes the following SC counties: Aiken, Calhoun, Clarendon, Fairfield, Kershaw, Lee, Lexington, Newberry, Orangeburg, Richland, and Sumter.

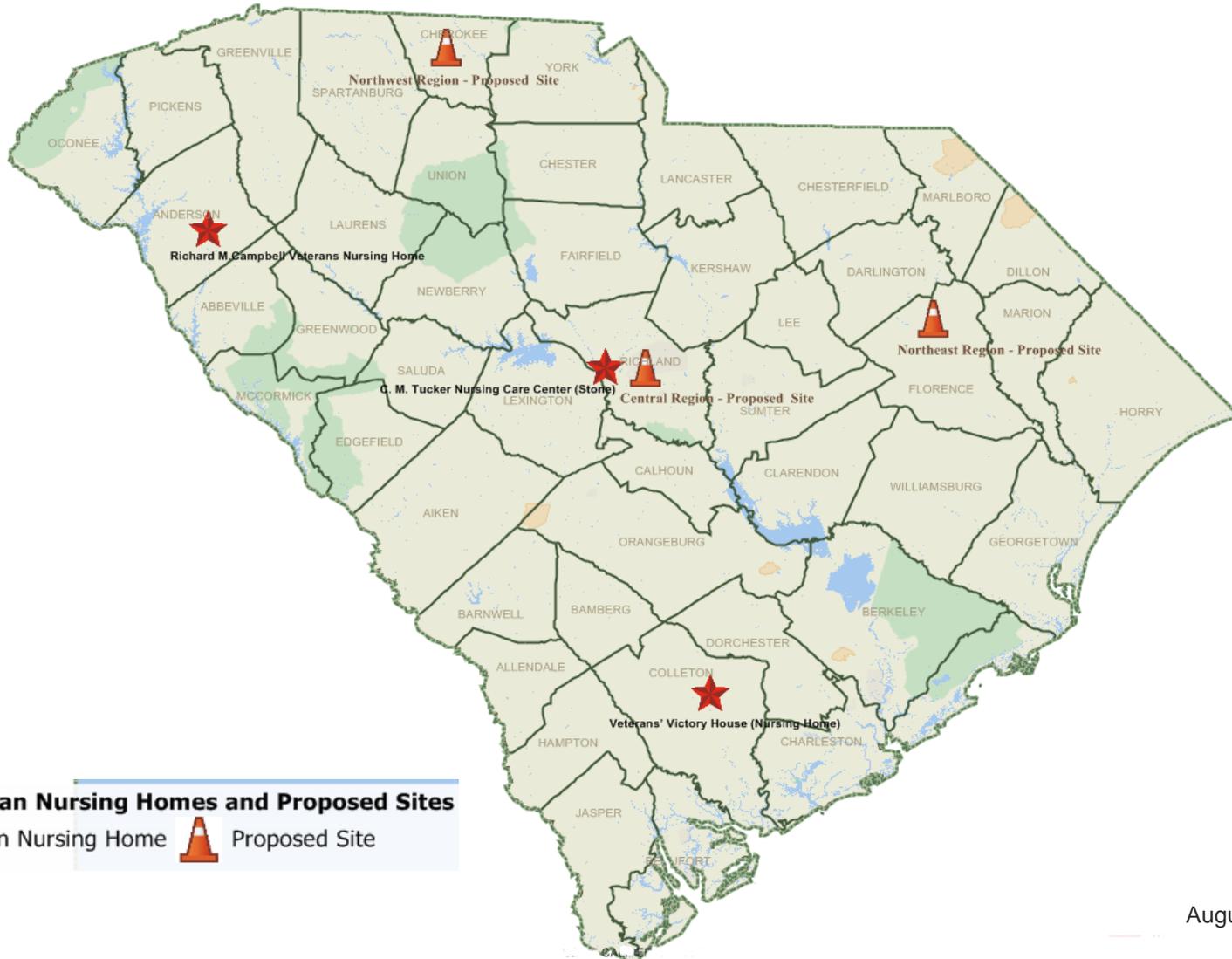
Northeast Region

- The Northeast Region includes the following SC counties: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, and Williamsburg.

Northwest Region

- The Northwest Region includes the following SC counties: Cherokee, Chester, Fairfield, Lancaster, Spartanburg, Union, and York.

DMH Veterans' Nursing Homes & Proposed Nursing Home Sites



DMH Veteran Nursing Homes and Proposed Sites

- ★ Veteran Nursing Home
- 🚧 Proposed Site

Veterans Policy Academy

In August 2008, South Carolina joined nine other states and federal groups in Bethesda, MD for a Substance Abuse and Mental Health Services (SAMHSA) sponsored summit dedicated to assisting veterans and their families in returning to civilian life by identifying and providing needed services in a variety of areas.

Comprising more than 50 organizations, including military, legislative, veterans' groups, state agency and non-profit representatives, Team South Carolina has developed a 6 priority item Action Plan to identify and coordinate existing services and improve the integration of said services. The team meets regularly and expands with every meeting.



Members signed a SC Veterans Policy Academy Covenant on June 1, 2009 at a formal ceremony held at the Greater Columbia Chamber of Commerce.

In 2011, the Veterans Policy Academy identified the areas of employment for returning/retiring veterans, and communication/access to services as the two main focuses of its mission.

While DMH and State Director John H. Magill still participate in the Academy, coordination is currently under the auspices of the Greater Columbia Chamber of Commerce, where it remains active under the leadership of General George Goldsmith (Ret.).

Veterans' Cemetery Land Donation

In 2002, the SC Mental Health Commission transferred 45 acres on the site of the Richard M. Campbell Veterans Nursing Home from the DMH to the Office of Veterans Affairs for a veterans' cemetery. In 2005, the Commission transferred an additional 12.29 acres, expanding the cemetery location to 57.29 acres.



M. J. Dolly Cooper Veterans Cemetery, Anderson, SC.

Veterans' Art Project

- In 2009, led by Brian Cripps, Director of the Art Alliance Team, talented local artists generously donated a collection of approximately 900 works of art to beautify DMH's three veterans' nursing homes.
- According to Mr. Cripps, he watched the D-Day invasion from a hilltop near his home. Spearheading this project was a way to show his appreciation to American servicemen for liberating France.
- The art is displayed at Veteran's Victory House, Richard M. Campbell Nursing Home, and the C. M. Tucker Nursing Home – Stone Pavilion, and is insured by DMH for \$250,000.

“Outside of the Box”

Patient Support
Compliance & Improvement
Community Education



John H. Magill

State Director of Mental Health

Patient Support: Community Placement

Having a stable and affordable place to live is one of the foundations of recovery!

Recognizing this, DMH sponsors or supports a variety of living arrangements for patients transitioning out of psychiatric hospital settings or receiving mental health services from one of its 17 community mental health centers.

■ DMH community residential options include:

- the “Blue Ribbon” **Housing & Homeless Program**, which has funded the development of more than 1,600 housing units across the state for people with mental illnesses.
- the “Blue Ribbon” **TLC Program**, which includes community care residences, Homeshare, supported apartments, rental assistance, and supportive services.
- **Community Residential Care Facilities (CRCFs)**, DHEC-licensed facilities that offer room, board and a degree of personal care for 2 or more people. DMH provides outpatient mental health services to 1,048 (8%) residents who live in CRCFs in South Carolina.

Patient Support: Volunteer Services

- DMH encourages volunteer involvement and the development of community resources to enhance the State's mental health care programs and to build closer ties with the community.
- All DMH mental health centers and hospitals have volunteer programs, coordinated by staff called Community Resource Developers.
- Volunteers:
 - Are an integral part of DMH's programs
 - Enhance care and build closer ties between the community and the mental health system
 - Provide extra support to patients and their families
 - Help dispel stigma and misconceptions that often surround mental illness

Patient Support: Advocacy

- DMH's Advocacy Program is designed to:
 - prevent patient rights violations and advocate for the provision of quality of care in a humane environment.
 - review, investigate and resolve patient rights complaints or issues.
 - monitor the number and types of complaints to identify systemic areas of concern.

- All DMH inpatient and outpatient facilities have an assigned advocate.

- Advocates:
 - inform patients about their rights, help them speak for themselves, or speak on their behalf.
 - assist patients with questions and complaints about rights and services.
 - bring issues to Agency officials for resolution.

- If a patient or a family member has a question or concern regarding rights, an assigned advocate will interview the patient, staff, and others, as necessary. The advocate will then review records, documents, or policies and attempt to negotiate a satisfactory result on behalf of the patient.

Patient Support: Client Advisory Boards

- Client Advisory Boards (CABs) exist to provide mechanisms for positive collaboration and communication, and to empower patients at all Departmental levels.
- CABs provide unique and independent opportunities for input and involvement in the areas of planning, policy-making, program evaluation, and service provision.
- Most states have a statewide or regional CAB, but South Carolina's DMH is among just a few state systems that have mandated the establishment of CABs at each center and hospital.
- Along with local CACs, CAB members comprise the Statewide Client Advisory Board, which meets every other month.

Compliance & Improvement: Compliance

- The South Carolina Mental Health Commission and the SC Department of Mental Health implemented a Compliance Program consistent with the procedural and structural guidance provided by the Office of Inspector General (OIG) of the Department of Health and Human Services to advance the prevention of fraud, abuse, and waste and the Federal Sentencing Guidelines.
- The goal of the Plan is to implement a process for the continuous development, implementation, and refinement of internal controls and practices that promote adherence to applicable federal and state laws, identify, address and correct areas of risk, and further relevant policies of the Department, particularly those that support compliance activities.
- The South Carolina Mental Health Commission and the DMH expect all staff to conform to the standards of conduct as stated in its Code of Ethics and Conduct.

Compliance, cont.

- The South Carolina Mental Health Commission will ensure that the elements of the DMH Compliance Plan include:
 - a compliance program that is ongoing and the objectives of which are consistent with the Agency's mission;
 - providing employees education regarding Compliance;
 - open lines of communication for the dissemination of information related to compliance and for the reporting of suspected violations of federal and state laws and regulations;
 - a system to investigate allegations of noncompliance;
 - (regular monitoring and auditing activities, and
 - enforcement of appropriate conduct and discipline.

Compliance, cont.

- The DMH state director's duty is to attempt in good faith to ensure that:
 - (1) an organizational information and reporting system exists, and
 - (2) this reporting system is adequate to assure the Commission that appropriate information as to compliance with applicable laws will come to its attention in a timely manner as a matter of ordinary operations.

- The DMH Compliance Officer provides the Commission with timely and accurate information, no less than twice a year, sufficient to reach informed judgments concerning compliance with law and its business performance.

- The DMH Compliance Committee comprises the state director, the director of Quality Management and Compliance (DQMC), and directors of divisions and other key staff of the Department who are responsible for assisting and advising the DQMC in the implementation and maintenance of the integrity of the Compliance Program and ethical conduct of employees. Committee members are also responsible for the prevention, identification, monitoring, and control of risks in coordination with the DQMC.

Compliance & Improvement: QMAC

DMH's Quality Management Advisory Committee (QMAC) includes:

■ Compliance

- Promotes and monitors DMH adherence to state and federal laws and regulations, as well as to requirements of third party payors for the delivery and billing of quality services.

■ Quality Assurance:

- establishes methods and procedures to ensure that services provided are of the highest quality.
- Systematically monitors performance against established standards for practice and implements actions for improvements as needed to ensure that service delivery is appropriate and meets the needs of patients.
- Audits DMH community mental health centers, inpatient facilities and Reimbursement Division for compliance, primarily with billing rules and standards.

■ QMAC's primary focus is understanding reimbursement issues for DMH services, and:

- ensuring the Agency's clinical programs meet the current requirements.
- remaining alert about the ever changing reimbursement standards for providers of clinical services.

■ Over time, QMAC began to broaden its focus and now routinely identifies opportunities for improvement in the delivery of services.

Compliance & Improvement: Internal Audit

- DMH's Office of Internal Audit serves as an independent function to examine and evaluate Agency activities as a service to the South Carolina Mental Health Commission and the DMH state director.
- Its overall objectives are to:
 - Evaluate internal controls and safeguard Agency assets.
 - Test for compliance with State, Federal, and Agency requirements.
 - Identify opportunities for revenue enhancement, cost savings, and overall operational improvements.
 - Coordinate audit effects (when requested) with the SC Office of Inspector General, State Auditor's Office, Legislative Audit Counsel, and other external auditors.
 - Deter and identify theft, fraud, waste and abuse.
 - Protect the assets of the State of South Carolina.
- As a result, the Office of Internal Audit provides analyses, recommendations, counsel, and information about activities or processes reviewed, usually in the form of an audit report.

Compliance & Improvement: Multi-Cultural Council

The Department considers cultural competence part of its mission, believing that cultural competency is driven by leadership, and should be staff and patient-oriented. DMH understands that services are more effective when they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served.

The Department believes that Multiculturalism should be embedded in all organizational units and that continuous efforts must be made to recruit, retain, and develop a culturally diverse workforce.

The DMH Multicultural Council is charged with the responsibility of advising and guiding Agency leadership in the creation and maintenance of a linguistically and culturally competent workforce, service divisions, programs, and collaborative endeavors, reflective of the diversity of the population served and local communities.

Community Education: The Art of Recovery



The Art of Recovery showcases the talents of those receiving services from DMH and the role that art can play in the recovery process, and gives individuals living with mental illnesses the opportunity to exhibit and sell their works of art.

Pieces are submitted from across South Carolina by participants who use a variety of artistic media, not only as a means of empowerment, but also as a tool to educate the public about, and dispel the stigma associated with, mental illness.

DMH staff volunteers mat, frame, hang, transport, and display pieces in venues throughout the state. Works rotate on a frequent basis.

Pieces from The Art of Recovery have traveled across South Carolina, featured in public galleries, community centers, and conferences across the state. The program has been an official exhibitor at the Internationally known Piccolo-Spoleto Festival since 2013.

A widely acclaimed program, The Art of Recovery received the 2006 Elizabeth O'Neill Verner Governor's Award for the Arts, the highest Arts honor in South Carolina. It has received grant funding from Blue Cross Blue Shield of South Carolina and serves as a model for other mental health groups in the U.S.



Top: *Distance Sails*, Jeffrey Miller; Bottom: *Bluebird*, Allen Purvis

Community Education: Speakers' Bureau

- The DMH Speakers' Bureau comprises Agency professionals who speak on mental health issues, at no cost, to groups and organizations throughout the state. The purpose of the service is to raise awareness of mental health issues and enhance community education related to services and programs available through the DMH.
- Speakers available through this Bureau represent a number of areas of professional expertise. Topics Include:
 - Children's Mental Health Issues
 - Patient Advocacy and Rights
 - Homelessness and Mental Illness
 - Substance Abuse and Treatment
 - Youth Suicide Prevention
 - The Telepsychiatry Consultation Program
 - Disaster Preparedness and Mental Health
 - Other topics, upon request
- Civic clubs, community groups, schools, and other organizations are encouraged to contact the DMH Office of Public Affairs to schedule speakers.

Community Education: State Director Outreach

Community Forums

- During FY17-18, DMH State Director John H. Magill is facilitating a third round of community forums around the State. The forums will be hosted by the Department's mental health centers and facilities.
- Magill serves as moderator, with panels comprising DMH staff and community leaders. Through open discussion and audience participation the forums will:
 - focus on mental and behavioral health issues.
 - spotlight local accomplishments and concerns.
 - enhance community relations.
 - provide opportunities for collaboration.
- After each forum, follow-up plans will be made and action plans will be implemented.

State Director Outreach, cont.

Civic Clubs

- Providing community education is an ongoing high priority of State Director Magill. Since 2013, he has addressed 55 civic organizations across the State, primarily Rotary clubs. More than 3,000 civic club members have attended these meetings and heard his message.



- Magill typically shares a brief history of the DMH and a current overview of Statewide operations. He highlights key programs, including telepsychiatry, school-based services, and others. Each presentation is followed by a question and answer session to address hot topics concerning mental health issues.

Planning for the Future

DMH South Carolina
Department of
Mental Health
John H. Magill
State Director of Mental Health

Planning for the Future: Staff Training

■ Computerized Online Learning Modules

- Provide training to staff to meet regulatory/accrediting standards while minimizing travel to and from Columbia.
- Currently, DMH has more than 130 modules online.
- Tailored curricula have been developed for staff who provide care to meet the special needs of our patients.
- The estimated resulting cost-savings (in man-hours) is approximately \$5 million annually.
- There are also curricula online for public safety staff, administrative staff, certified nursing assistants, mental health specialists, and staff who work with patients with alcohol and other drug problems.

■ Other Online Resources for Staff

- Free or low cost Continuing Education Credit are offered, via Distance Learning.
- Staff are sent updated offerings monthly.
- Staff are able to take the continuing education offerings online as time permits, at home, or at work.

Staff Training, cont.

DMH's clinical staff of physicians, nurses, social workers, and psychologists provides diagnostic and therapeutic services upon which its patients and their families depend. The skills of the clinical staff enhance patient care throughout this unified system of care.

DMH understands that the single-most important service the Agency provides is compassionate care that respects patients' dignity and individuality. Clinical staff serve in a variety of inpatient and outpatient care areas throughout our state, affording them the opportunity to use their full range of skills.

DMH understands that collaboration is invaluable in providing the best possible care to our patients. As such, the Agency encourages its staff to pursue and participate in research opportunities.

Staff Training, cont.: Executive Leadership Development

- In 2008, DMH implemented an Executive Leadership Development Program to groom new leadership candidates for the Agency; 5 participants completed the course.
- In 2009, another program was conducted, with 7 professionals completed the course.
- In 2010, the Agency devised a Special Executive Leadership Development Program, the focus of which was to prepare future leaders by tapping into the corporate knowledge and expertise of 12 of the Agency's current leaders. This knowledge and expertise was captured, preserved, and passed on through a manual, which was developed in-house.
- The 2011 Executive Leadership Development Program focused on the Agency's physicians as leaders in behavioral healthcare; 10 physicians completed the Program.
- In 2013, DMH designed and implemented an Executive Leadership program focused on preparing future leaders at its community mental health centers. 12 DMH professionals completed the Program.
- 2014's Program focused on the Agency's Division of Inpatient Services. 12 DMH professionals completed the Program, which focused on preparing future leaders in this Division.
- A 2017 Executive Leadership Development Program recently concluded; 17 staff completed the Program.

Planning for the Future: FIN Initiative

- The Future is Now (FIN) initiative began in August of 2012, as a result of DMH's ongoing long-term planning efforts.
- FIN is a blueprint for DMH's community mental health centers to provide timely access and effective treatment to patients and create a cohesively aligned system of care to survive in a changing healthcare market.

The Project has resulted in:

- Increased productivity across all 17 DMH community mental health centers;
- The development of accurate cost data across the Community system to help identify efficient practices;
- At least 95% of patients receiving services within the established guidelines (1 day for emergent, 2 days for urgent, and 7 days for routine appointments);
- A reduction in caseload size for staff;
- The continuing development of a Levels of Care system to ensure that patients with the most severe needs receive appropriate service, and
- Training for both clinicians and clinical supervisors in trauma-focused services and other evidence-based treatments.

Planning for the Future: Telemedicine

Goals

- Increasing the availability of 24/7 mental health consultation services in hospital Eds in need of psychiatric consultation;
- Promoting electronic interconnectivity among EDs to further increase interdependence;
- Sharing knowledge of this innovative mental health service with a high realization of hospital and community cost savings;
- Contributing to the broad statewide application of a telemedicine Electronic Medical Record system;
- Providing a productive focal point for other agencies to embrace, promote, and duplicate telemedicine-based services; and
- Promoting the mission/vision of the program to use as a foundation in achieving tomorrow's mental health service delivery system today.

Planning for the Future: Grants Administration

- The DMH Office of Grants Administration, formed in 2008, looks for funding opportunities and manages federal and non-federal grants in all aspects of grant management for the Department of Mental Health.
- Grants Administration worked with the South Carolina Enterprise Information System (SCEIS) to implement the grant module in SAP to improve grant tracking and greater fiscal accountability in both federal and non-federal grants for DMH.
- Grant status, as of May 1, 2017, is as follows:
 - 43 Total Grants \$19,279,524.19 total dollar value
 - 34 Federal Grants \$17,837,871.76 total dollar value
 - 9 Non-federal Grants \$ 1,441,652.43 total dollar value

Planning for the Future: Boards & RAI

Center Board Training & Resource Acquisition Initiative (RAI)

- During 2014 and 2015, State Director Magill facilitated Center board trainings at DMH community mental health centers across the State.
- Historically, DMH operations have relied on 3 prongs of funding: Federal, State, and County, all 3 of which are necessary for DMH to operate successfully. In many counties, financial support (county appropriations) has declined over the years, while DMH centers and clinics continue to provide outstanding quality services, and in most cases, are *expanding* services.
- Board members were encouraged to look for opportunities to advocate for mental health services and solicit support from their local County governments. During RAI training, board members were given information and tips to facilitate advocacy efforts.
- After receiving RAI training, Center boards hosted informational meetings for County Council members to strengthen community relationships and foster collaboration.

Awards & Recognition

DMH South Carolina
Department of
Mental Health
John H. Magill
State Director of Mental Health

Recent Awards & Recognition

2017

- Six DMH nurses were recognized April 22 as Palmetto Gold Nurses; the award honors registered nurses “who exemplify excellence in nursing practice and commitment to the nursing profession in South Carolina.”

2016

- SC Mental Health Commission Chair Alison Y. Evans, PsyD, received the President’s Award at the 38th Annual Cross-Cultural Conference in Myrtle Beach. The Action Council for Cross-Cultural Mental Health and Human Services recognized Dr. Evans for “both her dedicated involvement with mental health advocacy in our state, as well as her work in the field of Education.”
- In May, DMH’s Pee Dee Mental Health Center received the Johnson & Johnson-Dartmouth College 2016 National Achievement Award for its Independent Individual Placement & Supported Employment program. Pee Dee joins the Agency’s Charleston-Dorchester and Greenville Mental Health Centers in this honor; the Centers received this prestigious award in 2008 and 2014, respectively.
- In April, DMH was recognized by Work in Progress for its support of and commitment to its clients since the organization’s birth in 1996. Work In Progress' mission is to assist people with mental illness with obtaining, retaining, and maintaining competitive employment opportunities throughout Richland and Lexington counties in South Carolina.

Recent Awards & Recognition, cont.

2015

- Harris Hospital was recognized as a Top Performer on Key Quality Measures for 2014 by The Joint Commission. The award recognizes accredited hospitals and critical access hospitals that attain and sustain excellence in accountability measure performance, based on an aggregation of accountability measure data reported during the previous calendar year.
- DMH's Telepsychiatry Consultation Program was recognized as a Statewide Telehealth Program of Excellence at the 4th Annual Telehealth Summit.
- The Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government of Harvard University recognized DMH's Telepsychiatry Consultation Program as part of its 2015 Bright Ideas program, honoring government programs at the forefront in innovative action.

2014

- Stone Veterans Pavilion was ranked as one of the top nursing care facilities in South Carolina and the nation by both the Centers for Medicare and Medicaid Services and *US News and World Report*, earning the facility a 5-star rating - the highest obtainable.

Recent Awards & Recognition, cont.

2014, cont.

- Charleston Dorchester MHC received the Connect 4 Mental Health Community Innovation Award, which recognizes organizations across the US that innovate and collaborate to address serious mental illness in their communities.
- Johnson & Johnson-Dartmouth selected Greenville MHC as recipient of the 2014 Achievement Award for its IPS program (in collaboration with vocational rehabilitation partner, the South Carolina Vocational Rehabilitation Department).

2013

- The Joint Commission recognized Patrick B. Harris Psychiatric as a Top Performer on key Quality Measures for 2012 in its *Improving America's Hospitals* annual report.

2012

- DMH's Telepsychiatry Consultation Program received the SC Office of Rural Health's Annual Award.

2011

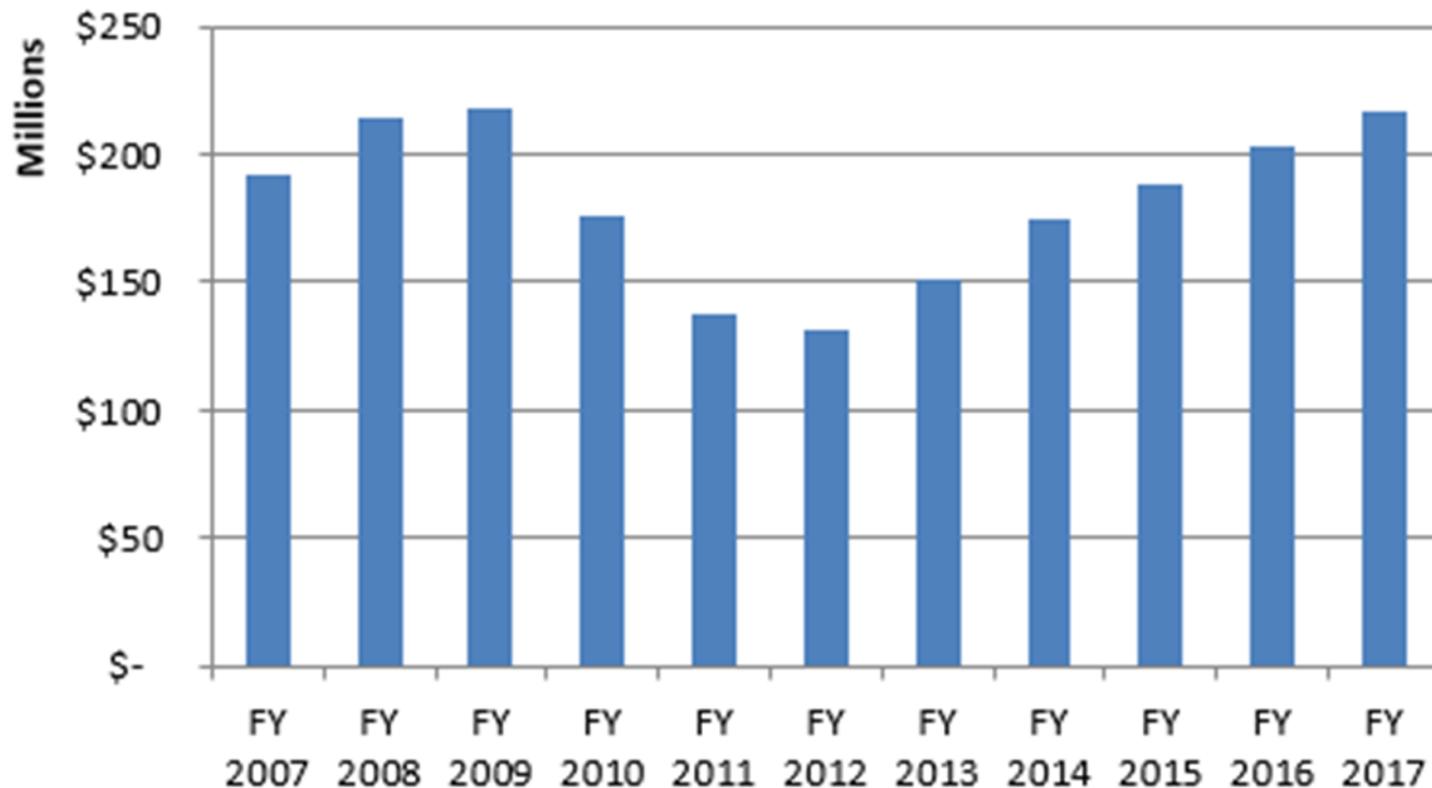
- The American Psychiatric Association awarded DMH and the Department of Neuropsychiatry and Behavioral Science of the USC School of Medicine the Psychiatric Services Achievement Award Silver Medal for the Telepsychiatry program.

Budget

DMH South Carolina
Department of
Mental Health
John H. Magill
State Director of Mental Health

Budget: History of State Funding

Recurring General State Funds



Budget: State Appropriation History

Fiscal Year	State Appropriations
FY 2007	\$ 191,793,392
FY 2008	\$ 213,724,472
FY 2009	\$ 217,892,366
FY 2010	\$ 176,001,571
FY 2011	\$ 137,889,163
FY 2012	\$ 131,596,677
FY 2013	\$ 150,669,318
FY 2014	\$ 175,310,415
FY 2015	\$ 188,913,720
FY 2016	\$ 203,582,260
FY 2017	\$ 216,320,260

Looking Forward

DMH South Carolina
Department of
Mental Health
John H. Magill
State Director of Mental Health

Looking Forward: The Sale of “Bull Street”

- **February, 2007** – The SC Supreme Court issued a declaratory judgment stating that the Bull Street property was subject to a charitable trust, and the proceeds from any sale of the property must go to DMH in trust for the care and treatment of the mentally ill.
- **December, 2010** – DMH signed a contract with Hughes Development Corporation (Hughes) of Greenville, SC to purchase the property, in a phased manner over 7 years for, \$15 Million.
- **July, 2013** – The City of Columbia and Hughes signed a Development Agreement, confirming the re-zoning of the property to permit mixed uses – retail, residential, and commercial – to be developed on the property. The Agreement also committed the City to fund substantial infrastructure improvements, such as installing water and sewer lines, as the property is developed.
- **October, 2014** – DMH deeded the first parcels of the property into private ownership, and received the first sale proceeds (\$1.5 Million).



The Sale of “Bull Street”, cont.

- **December, 2015** – The William S. Hall Psychiatric Institute, the DMH’s child and adolescent psychiatric hospital and the last facility still operating on the campus, closed, and all patients and staff moved to newly renovated units at G. Werber Bryan Psychiatric Hospital.
- **April, 2016** – Spirit Communications Park, a 365-day per year multi-use sports and entertainment venue, opened. It is the home ballpark for the Columbia Fireflies.
- **April, 2016** – The First Base Building, a retail and office building developed by Hughes, opened adjacent to Spirit Communications Park.
- **As of May, 2017**, of the approximate 181 acres, DMH had transferred parcels totaling approximately 62 acres and had received proceeds totaling \$8,841,208.84.



Looking Forward: Challenges

Forensic Services

- Forensic Evaluations – DMH is mandated to provide court-ordered forensic evaluations, which are increasing.
- SVPTP – More residents enter the Program than leave, resulting in *continuous* program expansion.
- “Forensification” of inpatient beds – DMH is mandated to admit forensic patients committed by the criminal courts, and such commitments are increasing.
- Compared to the 1st Quarter of FY16, the total number of DMH forensic bed days (Forensics and SVP) increased by 3.21% in the 1st Quarter of FY17.
 - As a percentage of the total inpatient bed days, DMH forensic bed days have increased from 17.12% in FY08 to 27.69% in FY16.
 - This trend towards the usage of inpatient bed days for forensics programs rather than acute psychiatric episodes is being experienced nationally.

Workforce Development

- DMH is continuously recruiting for psychiatrists, nurses, and other certified mental health professionals to staff its hospitals, centers, and nursing homes.
- Being competitive with regard to compensation is difficult in the public sector, particularly in State government.

How can I help?

- Advocate in your local community for funds for indigent patients.
- Participate in community forums.
- Establish or join local coalitions.
- Get to know the governing board of your local mental health center.
- Get to know the governing boards of your local mental health advocacy groups.
- Seek positions on these boards.
- Join advocacy groups.
- Add inpatient psychiatric beds.
- Request more 50/50 MHPs.



For more information, contact:

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