

SCDMH
Points for Consideration in Public Comments
2008

Value for Taxpayers

It's important to know that our agency, one of the largest in state government, is committed to providing services that are delivered efficiently, and we believe that taxpayers receive a good return from their investment in the Department of Mental Health.

Scope of Operations

With a budget of about \$400 million, the Department of Mental Health is one of the largest providers of health care in the state, and we are unlike any other state agency. We have about 5,300 employees working in 17 community mental health centers and 50 clinics and in our inpatient operation. We are licensed in South Carolina for the second largest number of hospital beds (1,053) and the third largest number of nursing home beds (1,000), using more like 900. Last year we treated about 101,000 people including 31,000 children and adolescents, and we made 1.5 million clinical contacts in the community mental health centers. In our hospital and nursing home operation, we provided over 500,000 hospital bed days. Further, on any given day, we have about 3,700 clients in placements requiring a custodial level of care 24 hours a day, 7 days a week, 365 days of the year.

Inpatient

SCDMH operates four psychiatric hospitals, which include Harris Hospital in Anderson; Bryan Psychiatric Hospital in Columbia; Morris Village in Columbia for addictions disorders; and Hall Psychiatric Institute for children in Columbia. Also includes the State of South Carolina's sexually violent predator program as well as a forensics program. Also includes three nursing homes: these are Tucker Center in Columbia, Campbell Veterans Nursing Home in Anderson, and the recently opened Veterans Victory House in Walterboro.

Work & Housing

Many of our clients with serious mental illness are returning to work because of our supported employment program. Nine of our 17 mental health centers have such programs with over half of the clients in the program competitively employed.

Just as important in the recovery process is housing. Like everyone else, people living with mental illnesses and substance abuse disorders want a safe, affordable place to live. The Department partners with nonprofit organizations like Mental Health America to fund the development of new housing units. Our housing program started around 1992, and since then we have funded over 1,500 units. Likewise, since 1992, our community placement program, Toward Local Care, has moved over 1,600 long-term, hospitalized patients into the community. Every community mental health center has a Toward Local Care program, and hundreds of clients are living successfully in apartments, home share settings, or a combination of arrangements.

Deaf Services

We are pleased with our deaf services program, which is at the forefront nationally in serving mentally ill children and adults who are deaf or hard of hearing. South Carolina is one of the few states where clients use American Sign Language to access services in their native language and in full compliance with the Americans with Disabilities Act. Using such new technology as telepsychiatry, wireless e-mail (Blackberry), and video phones, we serve about 300 clients annually, statewide.

Empowering Clients

We are committed to empowering our clients and having them involved in system design and policy making. South Carolina is proud to be the second state in the country to have a Medicaid-billable position known as a certified peer support specialist. This initiative is collaboration between the Department and SC SHARE. In addition, we currently have 37 self-identified client employees working as client affairs coordinators or peer support specialists, and they are seen as crucial to helping others recover. These employees are viewed as internal agents of change who voice the clients' perspective.

Primary Healthcare Alliance

We have expanded our relationships with primary health care centers around the state. Many people receiving mental health care in the public arena need an access to primary care other than the emergency room, and many people receiving primary care need better access to mental health care. Several of our community mental health centers are actively involved with primary health centers in their areas with a variety of programs and services.

School-based Services

We continue to provide mental health services in schools through our school-based program. Last year, we served over 13,000 children in school-based programs. We are in 457 schools, or 42 percent of all schools in the state, and we have 282 mental health counselors in those schools. Research shows that providing full time mental health counselors in schools improves outcomes. Our goals are to keep children at home, in school, and out of trouble. How did we do last year? The youth and their family members report high levels of satisfaction with the services. For example, 75% of the youth in these programs report they currently live with one or both parents, and 95 % reported no arrests in the last six months. Further, over 50% were absent from school two or less days per month. Not only do children and their families report positive reactions to the program, school administrators do as well. For example, when surveyed last year, 100 % of school administrators responded that their schools benefited from having a school-based counselor on site, and 98% said that they would recommend the program to other schools. Virtually all of the administrators surveyed agreed that children's grades improved as did their behavior at school.

Challenges

We have challenges such as selling the 178 acres known as the Bull Street property and relocating the services currently there, or recruiting and retaining nurses and other

clinical staff, who, unfortunately, are paid 14-25% less than the market average. We currently employ or contract for the services of about 575 RNs and LPNs and almost 200 physicians, of whom about two-thirds are psychiatrists, but even with these resources, we are stretched to the breaking point in our ability to deliver treatment in our hospitals. To recruit the clinical professionals we need, given the limitations of our salaries and the guidelines of the state personnel system, is a tremendous challenge for our agency, and it is getting even more challenging every year, putting pressure on our ability to operate so many inpatient beds.

Mental Health Insurance Parity

We are very pleased with the recent passage of the bill in the United States Senate essentially requiring that insurance coverage for mental illness and substance abuse be on the same terms and conditions as “substantially all” medical-surgical coverage, for companies that offer mental health benefits. This bill is often referred to as the mental health parity bill, and we appreciate the support and leadership that Senators DeMint and Graham have provided. The United States House of Representatives has its own version of a parity bill, which has not yet passed in the House. The two bills are very similar. We all look forward to what we hope will be an easy compromise and then to having President Bush sign the bill into law.

The State of South Carolina’s version of a mental health insurance parity law took effect July 2006, and it took a broad coalition of groups to make that happen. It will take this amount of effort and more on the national level, so get involved by calling or writing your congressmen and others of influence and letting them know that it is time to end the discrimination faced by millions of mentally ill citizens who have been unable to receive fair treatment because their insurance company would not provide equitable benefits. Transformation of the mental health system in America must happen, so we all need to get mobilized to make mental health insurance parity a reality.

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