State Agency Restructuring Study Committee

Health, Social Services, Natural Resources, Criminal Justice & Environmental Subcommittee

Health Agencies - Consolidation survey

SC Commission for the Blind

Consolidation of Eligibility Applications or Forms

This has not been done due primarily to Federal reporting system requirements however; it could be possible with a lot of time and expense in moving toward a unified record system. Such a system could possibly be a cost saving effort in the long term but would be costly in the short term.

State Agency Restructuring Study Committee

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Health Agencies - Consolidation survey

Department of Alcohol & Other Drug Abuse Services

Consolidation

Each agency is to provide an update on any consolidation efforts of administrative functions that have been implemented or are currently being discussed among the health and social services agencies. The subcommittee would also like each agency to provide any other ideas or recommendations they have regarding the consolidation of administrative functions. Please specify the pros and cons of each recommendation.

The department has participated in discussions with other state agencies around common information technology (IT) systems. Our experience has been that these discussions, while instructive, have not resulted in action due to the overwhelming amount of mandated requirements that follow various funding streams used to support IT systems. The department is participating in the South Carolina Health Information Exchange program currently operating under the leadership of the South Carolina Department of Health and Human Services and the Office of Research and Statistics. Use of the exchange program by local providers will greatly enhance client care and provide clinicians with valuable background on previously delivered healthcare services.

Each agency is to provide an update on any consolidation of the various eligibility applications or forms required by the health and social services agencies that have been implemented or currently being discussed. The subcommittee would also like each agency to provide any other ideas or recommendations they have regarding consolidating applications and forms and please specify the pros and cons of each recommendation.

The Department of Alcohol and Other Drug Abuse Services has joined forces with sister state agencies that provide services to South Carolina's young people. Under the auspices of the Joint Council on Children and Adolescents, a common screening tool was developed and implemented to remove barriers for adolescents and their families who are accessing services, resulting in a "no wrong door" approach. The agencies involved include the Departments of Juvenile Justice, Social Services, and Mental Health, among others. The positive outcome is that adolescents are being referred across systems more efficiently. The challenge is continued commitment to the use of the screening tool and utilization by member agencies.

DAODAS, along with the Department of Mental Health and the Vocational Rehabilitation Department, has developed and implemented a common screening tool in 13 pilot sites that is meant to identify and refer clients who are experiencing co-occurring disorders. This joint effort has resulted in the more efficient referral of clients across systems. Again, the challenge is the local capacity to accept and treat clients in certain systems.

State Agency Restructuring Study Committee

Health, Social Services, Natural Resources, Criminal Justice & Environmental Subcommittee

Health Agencies - Consolidation survey

Department of Disabilities & Special Needs

1) Each agency is to provide an update on any consolidation efforts of administrative functions that have been implemented or are currently being discussed among the health and social services agencies. The subcommittee would also like each agency to provide any other ideas or recommendations they have regarding the consolidation of administrative functions. Please specify the pros and cons of each recommendation.

DDSN partners with other state agencies in many ways. The agency contracts with DMH to provide food services to DDSN's Midlands Regional Center and Security services to DDSN's central office. DMH leases 2 buildings from DDSN on the Midlands Center campus, each for $1.oo per year, for their service and warehouse needs. DDSN contracts with DHEC for the licensing of its community residential homes and contracts with the State Fire Marshall's Office to conduct annual inspections at DDSN community residential homes and day program sites. DDSN contracts with USC for specialized medical and professional services, for a centralized toll free intake/screening for people to access all DDSN services and for quality assurance activities and training services.

Most individuals (90%) who receive DDSN services are not served by other agencies. However, when customers are shared, cooperative MOAs are in place and costs are frequently shared. Every effort is made to maximize each agency's state funds by using a DDSN Medicaid mechanism. Examples of this are services for DSS children in foster care and VR consumers needing environmental or vehicle modifications. DDSN conducts Level of Care (LOC) determinations for DHHS for their service applicants. DDSN and the State Housing Authority partner using the Housing Trust Fund.

DDSN believes in outsourcing and privatization when it makes sense. The agency has a financial arrangement with the Budget & Control Board's Division of State Information Technology for them to host all DDSN's mainframe applications and for telecommunication services including internet and telephone. Over the years DDSN gained efficiencies and effectiveness through privatization of its pharmacy services, hospital services, quality assurance component, warehouse, laundry and printing.

2) Each agency is to provide an update on any consolidation of the various eligibility applications or forms required by the health and social services agencies that have been implemented or currently being discussed. The subcommittee would also like each agency to provide any other ideas or recommendations they have regarding consolidating applications and forms and please specify the pros and cons of each recommendation.

There have been significant improvements in recent years, especially the SC Health and Human Services Data Warehouse and the SC Health Integrated Data Services. The challenge remains

that information needed by each agency is different, specific to that agency's core mission and criteria, and subject to varying funding source and privacy requirements. Often times, once you are past the basics of name, address, date of birth, social security number etc, few similarities are left. However, DDSN regularly uses information, evaluations and records from other entities, especially with local school districts, doctors, psychologists, etc to avoid unnecessary and expensive duplication and technology is maximized so service records can be viewed electronically. DDSN staff are participating in the Summits on Electronic Health Records.

State Agency Restructuring Study Committee

Health, Social Services, Natural Resources, Criminal Justice & Environmental Subcommittee

Health Agencies - Consolidation survey

Department of Health and Environmental Control

1) **Each agency is to provide an update on any consolidation efforts of administrative functions that have been implemented or are currently being discussed among the health and social services agencies. The subcommittee would also like each agency to provide any other ideas or recommendations they have regarding the consolidation of administrative functions. Please specify the pros and cons of each recommendation.**

   Since cuts began in FY 2008, DHEC has taken numerous steps to consolidate activities and functions where possible. While some of those have been with other agencies, the vast majority have been consolidations within our own programs. Listed below, by deputy area, are some of the consolidation efforts we have undertaken. Due to statutory mandates, the agency is unable to simply stop doing things. So we are left to determine how to do the same amount of work with fewer staff. As a result, our staff have become generalists instead of specialists in most instances. What this means is that the total number of inspections in each program, the amount of time spent on each inspection, the number of clients seen in our clinics and turn-around times for permits and inspections are all affected.

Health Regulation

- The Health Regulation (HR) deputy area is in the process of consolidating all administrative functions for procurement and personnel into a single administrative unit, rather than having each program perform their own purchasing and personnel actions.

- The Bureau of Financial Management (BFM) and the Health Regulation (HR) deputy area have consolidated grant preparation and monitoring activities by transferring personnel from the deputy area to the central office of the BFM. This will allow the BFM to use these resources to serve the entire agency, and Health Regulation will not have to dedicate a staff member to prepare and monitor grants.

- DHEC and DDSN have consolidated inspection activities for facilities licensed by DDSN. Recognizing that one of DHEC's primary regulatory functions is inspection of health care facilities, DDSN and DHEC agreed to transfer DDSN's inspection program to DHEC. The transfer was accomplished in FY2010. Efficiencies in the standards and inspection processes have eliminated one position through attrition.

- Within the Bureau of Health Facilities Regulation, support functions that previously were duplicated in separate divisions have been consolidated into one unit at the bureau level. These support functions include such things as regulation development and promulgation, and enforcement monitoring. Consolidating these functions has allowed more efficient processes and eliminated duplication of staff and services at a lower level.

Ocean Coastal Resource Management

- The Ocean and Coastal Resource Management (OCRM) deputy area's organizational structure has been reduced from five divisions to three, and former division directors have been reassigned to support critical policy, planning and grant management programs.

- Consolidated State Land Disturbance and delegated Federal Construction stormwater permits into one DHEC permit action with DHEC's Bureau of Water (BOW), and has consolidated and streamlined stormwater permit and coastal zone consistency reviews in the eight coastal counties.

- Combined public notices when applicable for OCRM and BOW direct and indirect permit and certification actions. Combined actions with the BOW on direct and indirect wetland certifications and permits.

- Combined actions (including public notice when required by both deputy areas) by Environmental Quality Control and OCRM on indirect actions such as Coastal Zone Certifications on stormwater, mining, water, sewer, air and other EQC permits.

- Consolidated reviews and action on activities covered by US Army Corps of Engineers Nationwide permits.

- Stopped conducting Coastal Zone Consistency Reviews of Federal National Marine Fisheries Services actions such as mandatory fish take rules, as well as others.

- Reduced local government assistance programs (including public access improvements, nonpoint source pollution prevention, among others).

- OCRM regional offices in Beaufort and Myrtle Beach have been and are continuing to be under serious consideration for closing to provide for further consolidation of regulatory functions in Charleston. Pros include a reduction in building rent and utilities, better utilization of existing vacant office space in Charleston, better management oversight and consistency in delivery of regulatory services. A con would be a perception that customer service and/or convenience have been reduced in the regions.

Health Services

- Last year, DHEC transferred the BabyNet lead agency responsibilities along with associated administrative staff to SC First Steps.

- Health Services is also involved in a collaboration with Children's Trust on multiple levels to facilitate federal research grant deliverables being met in two areas:

  a) The Evidenced Based Home Visitation (EBHV) subgroup is developing a common intake process. Multiple agencies and intake processes have been discussed further at the SC Joint Council on Children and Adolescents;

  b) The funder subgroup has developed a listing of trainings that could be shared across agencies to be more efficient with resources. This also was shared with the SC Joint Council.

- In 2005, 12 regions were consolidated into 8 regions, resulting in a reduction of the number of Regional Directors from 12 to 8.

- Since January 2008, Health Services has reduced 598 filled positions. A large number of these positions were administrative in nature. Remaining staff are shared across multiple service areas. Numerous processes have been streamlined and activities eliminated.

- Budget, procurement and financial functions are in the process of being centralized agency-wide.

- Five health clinic sites have been closed.

- Health Services uses a single statewide clinical patient information system that reduces duplication and documentation requirements and facilitates easy access to needed information.

- In Region 3, a clinic flow management system was implemented that reduced processing time by 15%. This system is currently being evaluated for statewide use.

- The implementation of centralized appointment systems across the state has reduced the administrative burden of making appointments and sending reminders.

- The pharmacy functions for the AIDS Drug Assistance Program (ADAP) were privatized, which resulted in the elimination of several positions.

Environmental Quality Control

Laboratories

- Combined administrative functions in the Laboratory and decreased administrative staff from five to three.

- As a result of limited funding and vacancies in the Lab Certification program, began utilizing several senior laboratory staff to assist with statewide Lab Certification reviews and inspections.

- Consolidated functions of Director and Assistant Director in the Analytical and Radiological Environmental Services Division and eliminated the Assistant Director position.

- Realigned the Data Management Section within the Division of Air Quality Analysis to report directly to the Director; thereby eliminating a section manager position.

Regional Offices

While efforts in each region have varied depending upon the individual situations and needs for that area, the regions have done various combinations of the following:

- In 2005, 12 regions were consolidated into 8 regions, resulting in a reduction of the number of Regional Directors from 12 to 8.

- Consolidated engineering positions.

- Consolidated private well inspections.

- Eliminated Air positions in certain areas.

- Consolidated hazardous waste oversight and inspection programs.

- Eliminated administrative positions.

- Consolidated agricultural inspections.

- Eliminated water sampling/compliance inspections in all regions. Sampling is now done across regional lines with reduced frequencies.

Bureau of Environmental Health

- The Bureau of Environmental Health has implemented a statewide consolidation in two program areas, Elevated Blood Lead (EBL) and Enforcement.

  The agency went from 24 EPA-certified lead risk assessors scattered throughout the regions to a smaller group of three, presenting a significant savings in training and certification costs. The three lead risk assessors do

lead investigations more frequently, making them more proficient and effective in performing the function.

The agency reduced the number of X-Ray Fluorescence Analyzers from 12 to three.

Overall savings from this consolidation has been about $125,000 annually, and the agency now offers faster, more effective service.

- By handling civil enforcement issues out of the main office rather than each region, the agency provides more uniform and consistent enforcement actions, and has removed this burden from individual regional personnel.

Bureau of Land and Waste Management

- The Bureau realigned divisions in order to eliminate as Assistant Bureau Chief Position.

- Staff and functions were reassigned and reduced the number of divisions from eight to six.

- Eliminated two Assistant Division Director Positions in the bureau. Work was absorbed by existing staff.

- Eliminated two section manager positions in the Underground Storage Tank Division, consolidating staff and workload to remaining managers.

- Assessment and cleanup responsibilities and staff from the Bureau of Water were transferred to the Bureau of Land and Waste Management in order to consolidate cleanup efforts and streamline processes.

- Consolidated procurement processes related to the hiring of assessment and cleanup contractors in order that all cleanup programs within the bureau can take advantage of competitive pricing and economies of scale. This effectively reduces the costs of assessment and cleanup to the agency cleanup accounts.

Bureau of Water

Division of Water Pollution Control

- Consolidated four sections down to three sections, eliminating section management.

- Consolidated administrative support between divisions.

- Made Sanitary Sewer Overflow (SSO) reporting information is available on the web, thus reducing FOI requests for this information.

Division of Water Facilities Permitting

- Consolidated two sections to one section, thus reducing management.

Water Monitoring, Assessment & Protection Division

- Consolidated two sections to one section, thus reducing management.
- Toxicity Lab has been suspended so that private labs can perform lab testing.

Division of Water Quality

- Consolidated two sections to one section, thus reducing management.
- Removed the Requirement for Issuance of Duplicate Coastal Zone Consistency Determinations.
- The Bureau of Water (BOW) and OCRM entered into agreement that when OCRM had issued a Coastal Zone Consistency Determination for a specific project, that determination could be used to support multiple permitting decisions by the BOW even if there was a lapse in time between the BOW permitting processes.

<u>Bureau of Air Quality</u>

- Administrative positions have not been filled.
- Asbestos Administrative Specialist II duties have increased due to loss of technical staff in the Asbestos section. Administrative person is processing individual licenses for asbestos workers in addition to imaging asbestos records as time permits.

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- Family Planning Waiver: DHEC administrative, billing and family planning staff meet with DHHS quarterly to address issues surrounding the application process and any problems we might be encountering, the reimbursement of different activities, and how we can work together to give our clients the best service.

Over the past years, the relationship between DHEC and DHHS has helped our clients qualify for Family Planning Medicaid Waiver services without ever having

to go to a DHHS office. This has decreased the application processing time and reduced the demands on the DHHS worker's time. DHHS has also worked with DHEC on creating a computerized system for the DHEC worker to check the Medicaid status of our patients. This automated system has cut down on rejected claims for non-coverage, and has decreased the workload for both agencies. The partnership that DHEC enjoys with DHHS has gone a long way to keep more South Carolina citizens covered under Family Planning in a more efficient manner.

- DHEC is currently collaborating with a private group (PSA) to better facilitate hemophilia coverage for eligible clients.

- The Nurse Family Partnership (NFP) is a nationally-recognized nurse home visitation program implemented in SC through a partnership with First Steps and funded by the Duke Endowment and the Blue Cross Blue Shield Foundation. Currently, the program operates at four sites covering eight counties. As part of this initiative, DHEC will facilitate clients' access to services by entry into the Benefits Bank.

- SCHIEx (South Carolina Health Information Exchange) DHEC has been working closely with the Department of Health and Human Services to make the immunization registry available to physicians, hospitals and other medical providers through SCHIEx. When mature, the technology will also allow other required reporting directly from electronic medical records.

- SCBOS (South Carolina Business One Stop) DHEC has worked collaboratively with SCBOS and the Department of Revenue, Secretary of State, Chamber of Commerce and others to facilitate business permitting and business transactions within the state.

- VCME (Verification of Citizenship for Medicaid Eligibility) DHEC provided an automated, online service for DHHS to verify citizenship for Medicaid applicants born in South Carolina. This application streamlined the process and eliminated the need for applicants to make application for a birth certificate through the health department.

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Health Agencies - Consolidation survey

Department of Health & Human Services

1- Consolidation of Administration Functions

A core administrative function of the Medicaid program is managing an efficient eligibility process that ensures the integrity of the Medicaid rolls. Several years ago SCDHHS transitioned the Medicaid eligibility determination functions from DSS to SCDHHS because we believed these functions needed to be under the direct administrative control of the Medicaid agency.

To explore further alignment, SCDHHS has submitted a grant application (Work Support Strategies: Streamlining Access, Strengthening Families) through the Urban Institute. This grant will assist the agency in determining ways that we can streamline other administrative functions between SCDHHS and DSS.

Beyond all this, SCDHHS is working to meet new federal IT mandates for the Medicaid program, and potentially pay claims for other state programs. SCDHHS is acquiring a new MMIS (Medicaid Management Information System) that will transform the aged Medicaid claims payment system to manage the changing business operational needs of the state's health care system. As required by the health care reform law, the state will also need to update the Medicaid eligibility system to work in a "no wrong door" type environment by 2014. (More information on that below.) The new IT infrastructure will allow the state Medicaid program the flexibility to handle multiple health benefit plans. If the state were to decide to add non-DHHS plans to the system in the future, we should be able to modify the system to process those plans and then manage not just the eligibility process, but also the service coordination and payment processes.

<u>Pros</u>
DHHS, which handles the administration of Medicaid, now also manages the eligibility process and staff. Eligibility policies and enforcement, plus the resolution of issues, can be addressed more efficiently. Still, SCDHHS Medicaid eligibility staff and DSS eligibility staff continue to be physically co-located because this arrangement is convenient for people who receive services from both agencies. Further, by developing its IT systems, South Carolina will be able to meet federal requirements related to health care reform.

<u>Cons</u>
While further consolidation of administrative functions is doable and beneficial, bringing multiple agencies together to work out solutions by consensus can be a slow process. Also, the federal guidance related to health care reform and IT requirements is just newly released. The state is positioned to leverage the 90/10 funding and respond to the evolving IT environment, but must stay committed to the funding and personnel needs to remain compliant.

2- Consolidation of Eligibility Applications or Other Forms

Regarding eligibility, the big issues facing SCDHHS and the state come from the federal health care reform act. Health care reform calls for the state Medicaid program to manage the eligibility process for not only Medicaid recipients, but for those non-Medicaid applicants seeking coverage through the health insurance exchange. This "no wrong door" eligibility environment begins in 2014, regardless of whether

the state or federal government manages the insurance exchange. SCDHHS is working to acquire and build a new eligibility system that will meet the mandates of health care reform for the state. South Carolina is taking advantage of proposed 90/10 match funding for this system. In addition to the dual roles of determining eligibility for both Medicaid and exchange applicants, the new eligibility system could be extended for use by DSS and other agencies in the future. Obviously all forms related to the eligibility processes would also be managed from this single point.

In the meantime, the Urban Institute grant mentioned above also aims to consolidate application forms and processes between SCDHHS and DSS, thereby making the process smoother for the applicant, and the delivery of services more efficient.

Pros

Single management of eligibility and related programmatic forms makes sense, especially if the management of the related services is aligned. Further, by developing the eligibility systems, the state can meet the mandates of the health care reform bill.

Cons

As mentioned above, the federal guidance related to health care reform and IT requirements is just being released. The State is positioned to leverage the 90/10 funding and respond to the evolving IT environment, but must stay committed to the funding and personnel needs to remain compliant.

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Health Agencies - Consolidation survey

SC Department of Mental Health

1) Each agency is to provide an update on any consolidation efforts of administrative functions that have been implemented or are currently being discussed among the health and social services agencies. The subcommittee would also like each agency to provide any other ideas or recommendations they have regarding the consolidation of administrative functions. Please specify the pros and cons of each recommendation.

The Department has not moved in this direction. With the implementation of SCEIS we have focused totally on getting this system implemented and working.

2) Each agency is to provide an update on any consolidation of the various eligibility applications or forms required by the health and social services agencies that have been implemented or currently being discussed. The subcommittee would also like each agency to provide any other ideas or recommendations they have regarding consolidating applications and forms and please specify the pros and cons of each recommendation.

The Departments of Mental Health, Alcohol and Other Drug Abuse Services and Vocational Rehabilitation have been working collaboratively on a grant to improve recognition, diagnosis, and treatment of co-occurring mental health and substance abuse disorders through a uniform screening and assessment protocol, intensive training and cross-training of staff in best practices. As a part of these, a single screening instrument has been developed. In addition, the agencies have worked to improve referral mechanisms among all three.

DMH is involved with discussions on the SCIEX project and Columbia Area Mental Health Center is now a participant. We are also piloting this as a part of the Co-Sig grant mentioned above.

Finally, the Department of Mental Health continues to work collaboratively with other agencies to provide easy access to services and appropriate treatment for those in need. Examples of these partnerships are included in the attached Word document.

CMHS Division Report to Restructuring Subcommittee

Consolidation Efforts and Administrative Functions

November 17, 2010

The following information is a comprised of examples of SCDMH Community Mental Healthcare Services Division's current efforts of consolidation and collaborations with various state and private partners. Each Community Mental Health Center has established and continues to seek collaborations with local healthcare and social service agencies to foster better behavioral healthcare delivery systems via Memorandum of Agreements and Understanding (MOA/MOU). SCDMH has formal MOAs currently in place with the following: DDSN (17 centers) Primary Care Providers (8 centers); DOADAS (8 centers); Housing Authorities (3 centers); DSS (12 centers); Jails/Corrections (5 centers); and DJJ (3 centers). All centers are urged to continue working towards increasing these agreements in their local areas.

School-based Services

SCDMH continues its development and implementation of the School-Based Mental Health Programs in 16 of the 17 Community Mental Health Centers. This Program provides an on-site experienced mental health clinician to provide clinical mental health services along with crisis, prevention and pre-intervention services at a local school. The SC School-Based Program is Nationally Recognized. The School-based clinicians become a part of the school team, serving on various school teams (IEP, SIT). The School-Based clinician is also more accessible and available to the families in the community. This program also helps to reduce the stigma associated with mental health issues. In FY10 there was a total of 405 Schools (38% of all SC schools) that have school-based programs. There are 238 School-Based Mental Health clinicians.

The Blue-Cross/Blue Shield Foundation of SC provided funding in the amount of 1,399,333 for 12 School-Based RI sites over 3 year period beginning in January 2008. These sites continue to function and provide metal health services to the targeted schools.

Independent Supported Employment

Through partnerships with the South Carolina Vocational Rehabilitation Department (SCVRD) and Work-in-Progress, counselors and job coaches help people with mental illness seek, obtain, and maintain competitive employment.

Individual Placement and Support Programs (IPS): The IPS program is an evidence-based best practice program that places 44-58% of its referrals into competitive employment in an integrated, community setting. This program serves individuals with the most severe mental health diagnoses known as Severe and Persistent Mental Illness (SPMI). These diagnoses include schizophrenia, bi-polar disorder and major depression. The IPS teams have SCVRD mental health employment specialists who spend 100% of their time focused on employment activities. They are dedicated to assisting individuals with SPMI in obtaining competitive employment in an integrated setting.

SCVRD Employment Specialists perform the following duties:

- Assessments
- Counseling and guidance to address psychiatric symptoms and the impact on employment
- Job seeking and job survival skills
- Assertive engagement activities
- Job development and placement
- On-the-job supports
- Job coaching

IPS staff provide unlimited time and support to help individuals with SPMI maintain competitive employment in the community. IPS is an evidence-based best practice model developed and tested by Dr. Robert Drake and his associates at the Dartmouth College Psychiatric Center. The IPS model currently has the largest body of empirical evidence supporting it.

Work-In- Progress – WIP is an independent employment agency that serves people with the most severe diagnosis of SPMI. These WIP staff consists of employment coach services to eligible individuals with chronic mental health illness as jointly determined by the SCDMH and SCVRD. In addition, the employment coaches work as a member of the IPS Team at the SCDHH Center to provide employment profiles, assessments, and screening to identify appropriate SCDMH/SCVRD clients for program participation; provide job skills training on the work site to clients ensuring adequate adjustment to require duties and according to employer expectations; and provide support services to enable clients to be competitively employed at a minimum wage or above.

Mental Health Job Coaches: These DMH staff work with individuals with SPMI to provide pre-vocational activities to assess work readiness and begin the process of work preparation. Activities may include placement in sheltered employment such as enclaves, mobile work crews and temporary employment. DMH Job Coaches work closely with SCVRD Counselors to identify and refer individuals interested in pursuing competitive employment.

SCVRD Counselors: On a regular basis, SCVRD Counselors meet with representative from each of the 17 Community Mental Health Centers to identify individual who wish to pursue competitive employment. SCVRD counselor provide an array of services, including but not limited to: counseling and guidance, vocational assessment, job skills development, job placement, on-the –job supports and job coaching. SCDMH provides long-term supports following successful placement into competitive employment.

The SCDMH efforts to track the employment pattern of consumers with mental illness and implementing evidence-based best employment practices in every Community Mental Health Center are ongoing. Information on rates and IPS implementation will be posted in the employment website

IPS programs are located in nine (9) community mental health centers. IPS Supported Employment average employment rate was around 48%. The national benchmark employment rate for IPS supported employment is 40%.

- SCDMH Central Administration Office (CMHS) has conducted several trainings in collaboration with The SC Vocational Rehabilitation Department

- SCDMH staff has completed fidelity reviews on all the IPS programs. All IPS programs are meeting the fidelity criteria of the model.

- SCDMH staff has coordinated with Johnson & Johnson on training and employment outcomes. DMH staff has completed outcome reports and coordinates quarterly meetings with Vocational Rehabilitation and supervisors of the IPS programs.

- Two (2) mental health employees represented the Department at the annual Johnson & Johnson employment conference in St. Paul, Minnesota.

- SCDMH conducted a "A Return –On –Investment" (ROI) process for the IPS program during this rating period and it was completed by staff. The ROI analyzes the impact of the Individual Placement and Support (IPS) programs on wage earnings and the cost of the programs versus the financial benefit to clients in terms of earnings. The finding indicated that for every one dollar invested in the IPS program clients working earned an average of six dollars.

- SCDMH successfully renegotiated with SC Vocational Rehabilitation on reducing DMH's commitment of contract funds, which allowed for SC DMH to implement an IPS in Greenville mental health center. SCDMH staff also has worked out an agreement with VR for the IPS programs (centers) to capture Ticket-to-Work revenues through the Social Security Adminsitration.

Housing and Homeless Programs

Through the Housing Program, SCDMH provided state matching funds to private nonprofit organizations for the development of supportive housing for persons with mental illnesses and co-occurring disorders. In FY 2010, SCDMH funded the development of 34 new housing units targeting persons with mental illnesses as residents. As of June 30, 2010, the cumulative number of housing units funded by SCDMH since program inception is 1,653. Because the development budgets for both housing projects funded in FY 2010 included significant non-SCDMH funding (i.e. federal, other state, and private funding), the leveraging ratio achieved for SCDMH for FY 2010 was 1:15 (ratio of SCDMH funding to non-SCDMH funding).

The program contracts with nonprofit organizations to fund a portion of the total project cost. Other sources of funding for housing include federal dollars (HUD Section 811 program, 14UD Continuum of Care Supportive Housing programs for the Homeless) and State dollars (SC State Housing Trust Fund, State HOME Program). We currently have a strong network of over 40 nonprofit groups State-wide interested in housing development. We limit our funding participation to no more than 50% of the total development cost of a housing project, but in recent years, we have leveraged approximately $5 in other (non-DMH) funds for every $1 in DMH funds. The Housing program also contracts with two technical assistance consultants, MHA in SC/Turnkey Housing and Nehemiah Corporation, to provide the additional field work needed to develop the units.

- Program staff continued to administer, monitor, and provide state match funding for ten HUD Shelter Plus Care programs that provide rental assistance for at least 183 units (253 individuals, including children) in 14 counties. These programs specifically target formerly homeless individuals with mental illnesses and co-occurring disorders and their family members. Staff prepared renewal grant applications to HUD and submitted annual progress reports to HUD for each grant. These programs are partnerships between SCDMH, private nonprofit sponsors, and CMHC's located in the program areas.

- SCDMH staff also continued to administer the US Department of Health and Human Services PATH (Projects for Assistance in Transition from Homelessness) Formula Grant Program. This annual allocation of $300,000 currently provides funding for four providers: Greenville Mental Health Center, Waccamaw Center for Mental Health, Spartanburg Area Mental Health Center, Mental Health Association in Aiken County Nurture Home, and Crisis Ministries in Charleston. Funds are provided for personnel and case management services for persons with mental illness who are homeless. This funding is currently allocated to five providers (four community mental health centers and one private nonprofit organization) and is used to provide outreach and clinical services to homeless persons with serious mental illnesses and co-occurring disorders.

- Recently, program staff prepared the successful application to HHS to implement the SOAR (SSI/SSDI Outreach, Access and Recovery) Initiative in SC. SOAR is a strategy that helps states increase access to mainstream benefits for people with mental illnesses and co-occurring disorders who are homeless or at risk of homelessness through training, technical assistance and strategic planning. Three pilot sites were identified for SC—Charleston, Columbia, and Greenville. This initiative is being planned in partnership with SC Vocational Rehabilitation Disability Determination Services (DDS) and the Social Security Administration.

The Co-occurring State Incentive Grant (COSIG) is SAMHSA funded, 5 year, 3. 7 million dollar grant awarded to the South Carolina Governor's Office to improve the capacity of SCDMH, DAODAS, and SCVRD to serve individuals with co-occurring mental health and alcohol and drug abuse disorders (COD). Specifically, the grant has the following objectives:

- Develop and implement a standard protocol for screening and assessment of co-occurring disorders (COD)
- Develop a competent workforce for COD
- Improve and expand service coordination for COD
- Review and implement COD treatment
- Review and expand stakeholder involvement and leadership coordination for COD
- Develop financial options for COD
- Develop MIS/CIS systems to identify COD clients and the client management system to allow service providers to share relevant client information.

COSIG and OASIS Projects - SCDMM staff support directs and monitors YouthNet, COSIG and OASIS grants. These last two grants are representative of the local MHCs' cooperation and collaboration that addresses the treatment of co-occurring disorders by MHCs (Waccamaw and Charleston) and seven mini-grant sites.

SCDMH staff provides oversight of the COSIG Project, an initiative between South Carolina's Department of Mental Health, Department of Alcohol & Other Drug Abuse Services, and Department of Vocational Rehabilitation designed to improve recognition, diagnosis, and treatment of co-occurring mental health and substance use disorders through a uniform screening and assessment protocol, intensive training and cross-training of staff in best practices, and better collaboration and information sharing through meetings with the Project Manager, COSIG staff, and regular meetings with the COSIG Leadership and Sub-agency Leadership Group.

Georgetown County is a good example of local and state agency collaboration. It has two programs at the Choppee Health Complex. The COSIG Program and the Co-Occurring State Incentive grant which provides treatment services for persons with COD. They provide individual, family and group services. The Multi-Agency Collaborative (MAC) program is in its (7) seventh year of operation and is a co-occurring hospital diversion program. It provides alternative to hospitalization and has significantly reduced the time and individual may spend in the local hospital. Other partners include: Georgetown Alcohol and Drug Abuse Commission, County Sheriff's Department, City of Georgetown and the Georgetown Hospital System.

SCDMH staff ensures any issues are resolved and improvements are developed in this multi-agency collaboration. It was this initiative which has allowed better cooperation and problem-solving between the partnering agencies. Achievements this past year include: regional delivery of the TIP42 training, and at S.C. School of AOD, development

of COD treatment definition, regular provision of COD Screening and Privacy training, development of the COD website for consumers, families and providers (soon to be launched) and pilot sites/mini-grants received DDCAT/DDCMHT results and are developing action plans. Via a contract with SC Share, an advocacy organization, Double Trouble Groups have been established in six (6) counties. As of June 30, 10, some 3,619 individuals in eleven (11) counties were screened for COD; this exceeds our screening target of 3,310 for the year.

OASIS – SCDMH staff chairs the Executive Steering Committee to the Joint Council of Adolescents promoting a seamless system of care for children and adolescents who needs services for co-occurring disorders (collaboration efforts with DSS, DOE, DJJ, DAODAS, Primary Care, Advocacy Groups, and the office of Minority Affairs) from a "NO WRONG DOOR APPROACH". This committee is working toward implementing screening, assessment, referral, and treatment protocols that can be adopted and endorsed by all the above listed agencies. Accomplishments as of date-1000 GAIN Screens, over 75 clinicians and supervisors trained in CBT, over 120 providers trained in "On the Road to Family Driven Care".

SCDMH and the South Carolina Department of Juvenile Justice (SCDJJ) have developed initiatives to address intervening at appropriate levels. The two agencies have programs addressing the diversion of youth with serious mental illness or serious emotional disturbance from the criminal justice system and services/programs for children and adolescents who have already penetrated the system and need linkages to appropriate care. SCDMH serves children and adolescents at all levels of the juvenile justice spectrum including youth detained, on probation, parole, and committed to SCDJJ institutions by the following services/programs:

- DJJ Out-stationed Mental Health Workers are in six (6) mental health centers.
- One DMH Staff (jointly funded position between DJJ/DMH) - Program started 2007- total youth served 580.
- DMH/DJJ subclass MOA- 65 clients served fiscal year 09.
- DMH has 12 DSS out stationed positions, but some of these positions will be converting to clinic/out stationed as a part of their sustainability plan this year.

In addition, SCDMH collaborates with other state agencies via from funds received for infrastructure grants from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) totaling approximately five million dollars. The South Carolina Department of Alcohol and Other Drug Abuse Services received a three-year infrastructure change grant referred to as Breaking Barriers (BB). The Department of Mental Health has a five-year infrastructure change grant known as Offering Assistance Stability Intensive Support (OASIS). The two grants have a shared strategic plan since the goals of both grants are similar.

These infrastructure grants are designed to promote lasting systems level changes that will improve access to treatment services for children and families. The collaboration between the two South Carolina agencies (e.g., South Carolina Alcohol and Other Drug Abuse Services and the South Carolina Department of Mental Health) is a model for how agencies can join forces to work together for infrastructure change and to collaboratively plan and implement an event like the South Carolina Child and Adolescent Policy

Forum. There were many other agencies and organizations who worked as partners in planning this Policy Forum.

South Carolina's Child and Adolescent Policy Forum continue to meet after holding a statewide conference in 2007. This offered an opportunity to convene key leaders and stakeholders in order to discuss how the state can improve its infrastructure to enhance the services for youth and families. Key staff from BB/OASIS secured the participation of six South Carolina Agency Directors to participate as members of a Roundtable to facilitate discussion and meaningful dialogue about how to improve services for youth and their families.

The current Joint Council for Adolescence brings child-serving agencies together. The meetings are made up of agency directors including: South Carolina Department of Social Services, Continuum of Care, SC Governor's Office South Carolina Department of Mental Health, South Carolina Department of Alcohol and Other Drug Abuse Services, South Carolina Department of Juvenile Justice, South Carolina Primary Health Care Association, Behavioral Health Services Association of SC, Federation of Families of SC, Faces And Voices of Recovery (FAVOR) SC and additional representatives from community and local agencies.