

#### State of South Carolina Department of Mental Health

#### MENTAL HEALTH COMMISSION:

L. Gregory Pearce, Jr., Chair Louise Haynes, Vice Chair Alison Y. Evans, PsyD Bob Hiott

October 23, 2019

2414 Bull Street • P.O. Box 485 Columbia, SC 29202 Information: (803) 898-8581

> Mark Binkley Interim State Director

Mr. Edward R. Tallon. Sr. South Carolina House of Representatives Post Office Box 11867 Columbia, South Carolina 29211 Mr. Jay West South Carolina House of Representatives Post Office Box 11867 Columbia, South Carolina 29211

Dear Representative Tallon and Representative West:

On behalf of the South Carolina Department of Corrections (SCDC) and the South Carolina Department of Mental Health (SCDMH), we thank you for the opportunity to provide feedback on our collaboration efforts to date in response to our joint initiatives. As the Department of Corrections representative, the agency appoints Terre K. Marshall, Deputy Director of Health Services, as the collaboration liaison and point of contact.

The Department of Mental Health has assigned this responsibility to Allison Farrell, MPH, LISW-CP. Director of Justice-Involved Programming.

### <u>TIMELINE FOR IMPLEMENTING AND EXPLORING AREAS OF COLLABORATION AND AREAS OF AGENCY RESPONSIBILITY:</u>

- Each agency has designated one staff who is responsible for facilitating collaboration and acting as the key point of contact for each agency to address all of the items set forth below.
- These designees will then serve to draw in specific agency Subject Matter Experts from each Department on relevant topics such as inpatient admissions and expansion, pharmacy systems, data sharing, or continuity of care.
- Terre K. Marshall, MPH, SCDC, Deputy Director of Health Services, and Allison Farrell, Mph, LISW-CPSCDMH, Director of Justice Involved Programming, are the designated Collaboration Facilitators.
- The facilitators will meet at least monthly, and more frequently if necessary, to evaluate progress on each item. Facilitators will continue meeting until all items have reached a point of conclusion or plan for implementation.
- The facilitators are responsible for identifying staff necessary for each item of collaboration, ensuring staff timely provide information needed from their respective agency and producing the end product for each item.

MISSION STATEMENT

To support the recovery of people with mental illnesses.



#### Establish continuity of care automation of patient information for admission to and upon discharge from SCDC

• Facilitators will collaborate to streamline multi-directional exchange of information given existing resources (*which currently do not support "automation"*) and pursue opportunities for routine sharing of relevant and recent treatment information to support continuity of care for newly incarcerated offenders as well as those recently released.

#### Develop memorandum of agreement between agencies for release planning of inmates

• By July 1, 2020 for FY21: involvement of Deputy Director of Community Mental Health (SCDMH) & Deputy Director of Programs, Reentry & Rehabilitative Services, SC Thrive, Welvista for SCDC (both legal departments).

## <u>Increase amount of medication provided by SCDC to inmates upon release to a 30-day supply</u>

- SCDC's FY21 budget request includes \$1M to expand from a 5-day supply to a 30-day supply for all releasing medications to include psychotropics, plus a 30-day prescription as well.
- SCDC will notify SCDMH of the dates and times for SCDC's budget subcommittee hearings this year. SCDMH will present a statement and testify in support of SCDC's request for these funds at both hearings.

## Increase the state's ability to gain access to inpatient and nursing home beds, particularly for women, during the time of incarceration and upon release

- SCDC and SCDMH will create a workgroup to identify opportunities to increase access
  to inpatient and nursing home beds for SCDC's population. The group will survey
  projects in other states like Connecticut, which is exploring the feasibility of an entire
  facility dedicated to justice-involved people needing skilled long-term nursing level of
  care.
- The SCDC/SCDMH workgroup will be charged with reporting recommendations by July 1, 2020, to allow time for the agencies to incorporate any requests for funds into the FY 22 budget process.
- The SCDC FY21 budget request includes additional funding for the Columbia Regional Care Center (CRCC/Wellpath) expansion, which is now at 10 inpatient mental health beds but needs further expansion for both mental health and medical female and male beds.
- SCDC will notify SCDMH of the dates and times for SCDC's budget subcommittee hearings this year. SCDMH will present a statement and testify in support of SCDC's request for these funds at both hearings.

# Enhance Medicaid access upon release/discharge through the DHHS's "Community Engagement" 1115 Waiver, which includes justice-involved individuals as a target population

• SCDMH and SCDC will work jointly with DHHS to rapidly implement waiver provisions and upon final approval, outline a timeframe for implementation consistent with the July 2020 waiver eligibility for targeted inmates releasing to the community and to SCDMH Community Mental Health Center care.

# Fund discharge-planning positions within SCDC for community reintegration (DMH, SCDC, DHHS, and DAODAS)

- SCDC's FY21 budget request includes eight (8) FTE for medical and mental health discharge planning but joint funding or budget initiative support would be beneficial from SCDMH and other agencies such as DAODAS & DHHS.
- SCDC will notify SCDMH of the dates and times for SCDC's budget subcommittee hearings this year. SCDMH will present a statement in support of SCDC's request for these funds at both hearings.

### Conduct quarterly multi-agency meetings including DMH, SCDC, PPP, DAODAS, and DJJ

• Within 30 days, facilitators will identify a date for the first quarterly meeting, will identify participants from each target criminal-justice involved agency and will prepare invitations to the identified meeting location.

#### Offer joint multi-agency professional training

- The SCDC and SCDMH directors of training and facilitators will assess agency areas of need, inventory-training capacity and present a schedule for joint trainings by the end of FY 20.
- The directors will review the training schedule annually for the next year, ensure a mechanism to record, and track all training provided by individual.
- SCDMH will notify SCDC mental health staff of those training opportunities it provides to its own clinical staff, such as its annual Psychiatric Update.

# Expand community diversion efforts (e.g., increase the number of mental health courts; increase the number of mental health professionals embedded within law enforcement, detention centers and PPP)

- SCDMH has requested \$325,000 in recurring funds in the FY21 budget request to hire five masters' level clinicians who will be embedded in local law enforcement agencies.
- SCDMH will notify SCDC of the dates and times for SCDMH's budget subcommittee hearings this year. SCDC will present a statement and testify in support of SCDMH's request for these funds at both hearings.
- SCDMH has \$400,000 in recurring State appropriations, as well as a \$1,220,000, 3-year grant from The Duke Endowment, to standardize existing courts, establish two new courts, and conduct a research study on outcomes.
- Both initiatives are part of an on-going effort to sustain and expand justice-involved programming throughout the state now and in the future toward diversion efforts.

# Continue participation with the SC Behavioral Health Coalition and the Justice-Involved Population Subcommittee in its initiatives

• SCDMH and SCDC has designated staff who are assigned to several subcommittees of the SCBHC, including the Justice-Involved Population Subcommittee. SCDMH and SCDC will continue to participate and support the work of the Coalition on all levels.

## OTHER POTENTIAL AREAS OF COLLABORATION – DETERMINE FEASIBILITY Explore whether SCDC and SCDMH electronic medical records can communicate

- The Electronic Health Records for SCDC and SCDMH are not compatible at present. SCDC has an EMR NextGen that is HL7 and may share information through HIE. However, the SCDMH is not compatible and the agency is requesting an EMR within the FY21 budget request for \$4.5M.
- SCDMH will notify SCDC of the dates and times for SCDMH's budget subcommittee hearings this year. SCDC will present a statement and testify in support of SCDMH's request for these funds at both hearings.

• The agencies will address the most efficient way to exchange Protected Health Information (PHI) needed for continuity of care for inmates with a psychiatric disorder during admission to and upon release from SCDC until an automated mechanism is an available option.

### <u>Determine if SCDMH's automated medication dispensing system could be a mode for a similar system at SCDC</u>

- SCDMH staff will arrange a site visit for SCDC staff within the next 30 days to view SCDMH's unit-dose inpatient dispensing system just being deployed and provide information about the system, its operation and any vendor information SCDMH may provide.
- If SCDC believes the system is one they would like to acquire or similar, SCDMH will share its RFP, as well.

# Explore ways to leverage SCDMH's contract for operating the sexually violent predator program, currently with Wellpath, to include provision of parole-required training to sex offenders in SCDC custody.

• Within 60 days, SCDMH will consult with its procurement staff about the scope of the present RFP with Wellpath and provide an opinion and recommendation to SCDC staff about next steps for obtaining sex offender treatment services or training at SCDC from that vendor.

Terre K. Marshall, Deputy Director of Health Services, and Allison Farrell, Director of Justice-Involved Programs, will be the key facilitators for these initiatives between the SCDC and the SCDMH. However, other senior management will be instrumental to the collaboration as well, such as those representing various specialty areas such as community mental health, addiction recovery, inpatient services, pharmacy, and reentry planning, among others. Agencies other than ours will be brought in to aspects such as multi-disciplinary training and community discharge planning, to include the jails, DAODAS and SC Department of Probation, Parole and Pardon Services (PPP).

Thank you for your interest in the SCDC and the SCDMH and your ongoing support.

Sincerely,

Bryan P. Stirling, Director

Department of Corrections

Mark W. Binkley, Interim Director

Department of Mental Health

cc: Department of Corrections Ad Hoc Subcommittee Members

Healthcare and Regulatory Subcommittee Members