Mental Disorder Overview

Definition

• A mental disorder is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental function. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. (An expectable or culturally approved response to a common stressor or loss, such as death of a loved one, is not a mental disorder.) Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.

Diagnoses often associated with mental disorders

<table>
<thead>
<tr>
<th>Neuropathological Disorders</th>
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<tr>
<td>Schizophrenia Spectrum and Other Psychotic Disorders</td>
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<td>Bipolar and Related Disorders</td>
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<td>Depressive Disorders</td>
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<td>Anxiety Disorders</td>
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<td>Obsessive-Compulsive and Related Disorders</td>
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<td>Trauma- and Stressor-Related Disorders</td>
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American Psychiatric Association’s Diagnostic and Statistical Manual (DSM)
Agency Mandate Comparison

**SCDMH Statutory Obligations**

- Statewide system to treat, care for, reduce, and prevent mental illness – providing care regardless of inability to pay
- Administer federal funds allotted to the state under the National Mental Health Act
- Jurisdiction over all:
  - State's psychiatric hospitals and community mental health centers
  - State’s treatment facility for substance use disorders
  - SNF for State Veterans & General Nursing Home
  - Evaluation and Treatment for forensic patients
  - SVPTP

**SCDC Statutory Obligations**

- Proper care, treatment, and management of prisoners
- Do not charge inmate copay for psychological or mental health visits
- Jurisdiction over all:
  - State prisons
  - 44-9-10, et. al.
  - 24-1-10, et. al. and 2018-19 Proviso 65.8
Agency Mission Comparison

SCDMH Mission

The South Carolina Department of Mental Health’s (SCDMH) mission is to support the recovery of people with mental illness.

SCDC Mission

**Safety** - we will protect the public, our employees, and our inmates.

**Service** - we will provide rehabilitation and self-improvement opportunities for inmates.

**Stewardship** - we will promote professional excellence, fiscal responsibility, and self-sufficiency.
Agency Goals Overview

SCDMH Goal

Target treatment at the right time, in the right place, and by the right provider

SCDC Health Services’ Goals

Comprehensive continuum of health care

Environment that facilitates positive change within the inmate population by creating an atmosphere of dignity and respect

Multidisciplinary team approach that is gender-responsive and trauma-informed

Promote health maintenance and optimal functioning consistent with the community standard of care
### Agency Services Overview

<table>
<thead>
<tr>
<th>SCDMH</th>
<th>SCDC</th>
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<tr>
<td><strong>Population of State of South Carolina greater than 5 million currently</strong></td>
<td>SCDC Agency Population as of July 2019 = 18,494 inmates</td>
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<td>In FY ’19, SCDMH served more than 95,000 distinct patients and provided service to another 10,000 community members whose need did not result in an open case to SCDMH</td>
<td>Inmates identified on mental health caseload as of August 25, 2019 = 4587 or 24.6% of inmate population, increased significantly from the 14% in 2014</td>
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<tr>
<td><strong>Outpatient</strong>&lt;br&gt;Manages 16 Community Mental Health Centers&lt;br&gt;• Over 40 satellite clinics ensure that outpatient services are available in all 46 Counties</td>
<td><strong>Outpatient</strong>&lt;br&gt;Provides on-site mental health services at 17 correctional facilities with response to the 4 remaining sites</td>
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<td><strong>Inpatient</strong>&lt;br&gt;Operates 2 State psychiatric hospitals and 1 Hospital for Substance Use Disorder</td>
<td><strong>Inpatient</strong>&lt;br&gt;Operates 1 in-patient psychiatric hospital, male-only (82 beds) and contracts in-patient services for females (no onsite capacity)</td>
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<td><strong>Residential</strong>&lt;br&gt;Five residential programs for male &amp; female inmates with significant functional impairment unable to maintain in general population setting</td>
<td><strong>Residential</strong>&lt;br&gt;No existing capacity but major need</td>
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<tr>
<td><strong>Nursing Homes</strong>&lt;br&gt;One general nursing home (172 beds)&lt;br&gt;Oversees the State’s Veterans Nursing Homes&lt;br&gt;• 3 Facilities (530 beds) currently&lt;br&gt;• 2 (208 beds) now under construction</td>
<td><strong>Nursing Homes</strong>&lt;br&gt;Provides Sexual Offender Treatment Programming (SOTP), minimal services on outpatient basis</td>
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<td>Contracts the State’s Sexually Violent Predator (SVP) Treatment Program</td>
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SCDMH TREATMENT CONTINUUM – A BRIEF OVERVIEW

TARGET POPULATION

PATIENTS WITH MILD/MODERATE SYMPTOMS; PATIENTS WITH STABLE CHRONIC SYMPTOMS, BUT IN NEED OF ONGOING CARE, ETC.

PATIENTS WITH ACUTE SYMPTOMS OR SIGNIFICANT, UNSTABLE CHRONIC SYMPTOMS

PATIENTS WITH EXACERBATION OF SYMPTOMS & IN CRISIS

PATIENTS IN AN ED OR JAIL

DANGER TO SELF/OTHERS

INPATIENT CARE

IMMEDIATE ACCESS TO CARE, WALK-IN CLINICS, EXTENDED HOURS, SUPPORTIVE THERAPY, CARE COORDINATION, TELEPSYCH

PATIENTS WITH MILD/MODERATE SYMPTOMS;

PATIENTS WITH STABLE CHRONIC SYMPTOMS, BUT IN NEED OF ONGOING CARE, ETC.

PREVENTION – SCHOOL MENTAL HEALTH, ANTI-STIGMA CAMPAIGNS, CRISIS INTERVENTION TEAM TRAINING, MENTAL HEALTH FIRST AID, SUICIDE PREVENTION, STAKEHOLDER MEETINGS, FARMACY TEAMS, ETC.

IMMEDIATE ACCESS TO CARE, WALK-IN CLINICS, EXTENDED HOURS, SUPPORTIVE THERAPY, CARE COORDINATION, TELEPSYCH

*ICT – INTENSIVE COMMUNITY TREATMENT
MDFT - MULTIDIMENSIONAL FAMILY TREATMENT
IPS – INDIVIDUAL PLACEMENT & SUPPORT

*CCRI – COMMUNITY CRISIS RESPONSE AND INTERVENTION;
DJJ – DEPARTMENT OF JUVENILE JUSTICE
LE – LAW ENFORCEMENT;
CSU – CRISIS STABILIZATION UNIT

SCHOOLS, PTAS, CHURCHES, CIVIC CLUBS, BUSINESSES, FIRST RESPONDERS, GENERAL PUBLIC

SCHOOLS, PTAS, CHURCHES, CIVIC CLUBS, BUSINESSES, FIRST RESPONDERS, GENERAL PUBLIC

IMMEDIATE ACCESS TO CARE, WALK-IN CLINICS, EXTENDED HOURS, SUPPORTIVE THERAPY, CARE COORDINATION, TELEPSYCH

CCRI, LE & DJJ* EMBEDDED MHPS, EMS TELEPSYCH, CSUs*

DANGER TO SELF/OTHERS

INPATIENT CARE

TARGET – RIGHT TREATMENT AT THE RIGHT TIME IN THE RIGHT PLACE BY THE RIGHT PROVIDER - PREVENTING AVOIDABLE EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATIONS, AND INCARCERATIONS
SCDMH MENTAL HEALTH CENTERS AND REGIONS

(Greenville and Piedmont merged into Greater Greenville fully on 6/30/19)
SCDMH INITIAL REQUEST FOR OUTPATIENT SERVICES

1. Initial Contact with Reception or Switchboard

2. MHP Conducts a Screening/Clinical Evaluation

3. Screening/Clinical Evaluation Indicates Need for Emergency MH Services and presence of risk behaviors
   - Yes: Follow Emergency/Crisis Intervention Protocol on Same Day
   - No: Offer Urgent Appointment within two working days

4. Screening/Clinical Evaluation Indicates Need for Urgent/Crisis Intervention Services and absence of immediate risk behaviors
   - Yes: Offer Urgent Appointment within two working days
   - No: Offer Non-Urgent Appointment within seven working days

5. Screening/Clinical Evaluation reveals absence of MH needs
   - Yes: Refer to appropriate Community resource
   - No: Screening/Clinical Evaluation reveals other needs in addition to MH needs

6. MHP Screening Documented on Screening Form SC DMH C-20

94% OF ALL INITIAL REQUESTS FOR SERVICE ARE OFFERED WITHIN THESE STANDARDS!
SCDMH Agency Information

SCDMH currently has more than 1,000 portals by which citizens can access mental health services, including:

- 16 SCDMH operates Community Mental Health Centers, which serve all 46 counties – a total of 60 outpatient treatment facilities
- 3 State hospitals serving adults, children and adolescents, and patients with addictive disease
- The SCDMH Forensic outpatient evaluation service evaluating defendants referred by the criminal courts
- 24 community hospital Emergency Departments with available SCDMH Telepsychiatry consultation
- Projected to provide school mental health services in more than than 900 schools by the end of FY 2020
- In addition to schools, SCDMH staff embedded in more than 140 non-SCDMH entities to provide clinical services: Detention Centers, DSS and DJJ offices, FQHCs, Emergency Departments, Children's Advocacy Centers, Law Enforcement Agencies
- 4 SCDMH operated nursing homes, including 3 for State veterans and 2 additional under construction
- The State’s Sexually Violent Predator (SVP) Treatment Program
SCDMH/CRIMINAL JUSTICE SYSTEM INTERCEPT MAP

COMMUNITY

INTERCEPT 0
Community Services

Crisis Care Continuum

INTERCEPT 1
Law Enforcement

Local Law Enforcement

INTERCEPT 2
Initial Detention/Initial Court Hearings

First Court Appearance

INTERCEPT 3
Jails/Courts

Specialty Court

INTERCEPT 4
Reentry

Prison Reentry

INTERCEPT 5
Community Corrections

Jail Reentry

COMMUNITY

- Statewide crisis line – 833-DMH-CCRI
- Statewide 24/7 Community Crisis Response and Intervention (CCRI)
- School Mental Health
- Street Medicine Teams
- Mental Health First Aid
- Crisis Intervention Team (CIT) Training
- Intensive Community Services
- Homeless Outreach
- CCRI
- Crisis Stabilization Units
- EMS/MHC telehealth
- LE/MHC telehealth
- MHP in consolidated dispatch
- First Responder Support Teams
- SCLEAP support
- SCDMH JIP Program Director
- CJCC participation
- MHPs embedded in LEA
- MHPs embedded in detention centers
- Designated Examiners
- Forensic Evaluations
- Forensic Inpatient Services
- Detention Center Liaisons
- DJJ MOA, Liaison
- Mental Health Courts
- Drug Courts
- Veterans’ Courts
- Homeless Courts
- Juvenile Mental Health Courts
- Sharing records w/SCDC
- SOAR project
- NGRI Outreach Program
- Opportunity to improve data sharing, perhaps through electronic means
- Released inmates offered immediate appointment with MHC
- MOA with PPP
- MHP embedded with PPP
- Care Coordination
- CPSS staff
- Responding to Detention Centers
- Opportunity to create warm handoff when being released – exploring EBPs to determine most effective in engaging patient in treatment
EMS Video
SCDC Agency Mental Health Overview

SCDC currently has more than 4,544 inmates on the mental health caseload, or 24.6% of the 18,479 population as of September 2, 2019 receiving services at comprehensive levels of care:

- 11-13% of inmates of 600-700 intakes/month diagnosed mentally ill upon admission
- Number placed on the caseload during incarceration is increased through referrals – self, staff, family, advocate, legislative or other, to reach 24+% 
- 700+ inmates discharge monthly (FY18) with 24+% of those in need of MH discharge planning: inpatient or outpatient therapy, psychiatric care and medication monitoring
SCDC Custody Population vs. Mental Health Caseload,
July 1, 2014 - July 1, 2019

Custody Population vs. Caseload

From June 2017 to July 2019:
8% Decrease in Custody Population vs.
33% Increase in Mental Health Caseload

1st of...
SCDC Reception & Evaluation Timeline

**Arrival at R&E**
- **First 24 hrs**
  - Nurse Screening
- **In 1-3 Days**
  - QMHP Screening
- **Bridge Order**
- **Emergent**
  - Primary Care Provider (PCP)

**SCREENING**

- **Day 7**
  - Medical Exam

**EVALUATION**

- **Within 14 Days**
  - QMHP Evaluation
  - Routine (Contingent on Screening)

- Psychiatry determines mental health classification (Based on triage)

- **Day 45-60**
  - Institutional Assignment (Classification & MH)

- **Emergent concerns- 4 hrs**
- **Urgent concerns- 24 hrs**
- **Routine concerns- 14 days**
SCDC Health Services Encounters by Provider Type FY 2018

- Nursing: 52%
- Physician/Nurse Practitioner/Physicians Asst: 9%
- Psychiatric/Mental Health Nurse Practitioner: 6%
- Dental: 3%
- QMHP/MH Tech: 30%

450,053 TOTAL ENCOUNTERS
SCDC Levels of Mental Health Care

1. Gilliam Psychiatric Hospital & CRCC
2. Residential Mental Health Services
3. Intensive Outpatient Treatment
4. Outpatient Services
5. Outpatient & Pre-Release Services

LEVEL 1:
- Gilliam (male-only)
- CRCC (female)
- Gilliam Psychiatric Hospital & CRCC

LEVEL 2:
- Intensive Care Services (male = KCI; female = Camille)
- Choices (male = KCI)
- High Level Behavioral Management Unit (male = KCI)
- Low Level Behavioral Management Unit (male = Allendale)
- Habilitation Services (male = KCI)

LEVEL 3:
- (male = New Directions; female = Camille)

LEVEL 4:
- (male & female, statewide as designated)

LEVEL 5:
- (male & female, statewide as designated)
Overview of the SCDC Mental Health Lawsuit

- Class action lawsuit filed in 2005 in Richland County on behalf of 3,500 Serious Mentally Ill inmates
- Judge Baxley signed the Order, finding for the Plaintiff on January 2014; Settlement Agreement signed May 2016
- Six components of the mental health lawsuit, with 59 elements
- Site visits by Implementation Panel of 1 Psychiatrist & 1 Security Expert on periodic basis: measure Substantial (21), Partial (33), & Noncompliance (5) of elements
- Impact on budget/funding/positions, construction/renovation with significant addition/changes to policy & procedure
Current Agency Collaborations

SOAR Grant Position within SCDC – Funded through DMH
- Applications for inmates upon release with Serious Mental Illness
- At Risk for Homelessness

Joint SCDC/SCDMH Grant Application to BJS
- For Women at Camille Graham
- Parenting
- Trauma-Informed Service Delivery Model Program
- Focus on Spartanburg Community
Opportunities for Enhanced Collaboration

Opportunities Related to SCDC Mental Health Lawsuit Mandates:

- Establish “Continuity of Care” automation of patient information (ROI) – both for admission to and upon discharge from SCDC (may require legislative change)
- Develop MOA between agencies for release planning of inmates who are being discharged
- SCDC pursue/SCDMH support – initiative of expansion from 5 days to 30 days for medication upon release for continuity of care
- Increase the state’s ability to gain access to inpatient and nursing home beds during time of incarceration (especially FEMALE needs) and upon release
- Enhance SCDHHS Medicaid access upon release/discharge through SCDHHS “Community Engagement” 1115 Waiver – target population includes justice-involved population (July 2020)
Opportunities for Enhanced Collaboration

- Fund discharge planning positions within SCDC for community reintegration (SCDMH, SCDC, SCDHHS, SCDAODAS)
- Conduct quarterly multi-agency meetings – SCDMH, SCDC, SCPPPS, SCDAODAS, SCDJJ
- Offer joint multi-agency professional training
- Expand community diversion efforts, i.e., increase number of Mental Health Courts; increase number of embedded Mental Health Professionals with law enforcement, detention centers and PPP
- Continue participation with the South Carolina Behavioral Health Coalition (SCBHC) and the Justice-Involved Population Sub-Committee in its initiatives
Questions?