



State of South Carolina
Department of Mental Health

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October 11, 2019

Mark Binkley
Interim State Director

The Honorable John Taliaferro (Jay) West, Subcommittee Chair
South Carolina House of Representatives
Legislative Oversight Committee
Healthcare and Regulatory Subcommittee
Post Office Box 11867
Columbia, South Carolina 29211

Re: September 25, 2019 Letter

Dear Chairman West:

Thank you for your letter of September 25, 2019 transmitting a number of requests for information following the September 16, 2019 Subcommittee hearing.

Attached is the Department's response to those requests. Please let me know if you or other members have any questions about the information provided.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark W. Binkley".

Mark W. Binkley, JD
Interim State Director of Mental Health

attachment

MISSION STATEMENT

To support the recovery of people with mental illnesses.



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Answers to Questions from September 25, 2019 Letter of Subcommittee
South Carolina House of Representatives
Legislative Oversight Committee
Healthcare and Regulatory Subcommittee

For the pilot program with the Richland County Probation, Parole and Pardon Services office, imbedding a DMH employee in the office to see former offenders in the community, is DMH or PPP measuring the program’s impact on recidivism? Is so, please provide the data. If not, are there other appropriate measures of the pilot’s impact useful in determining whether it should be replicated across the state?

The South Carolina Department of Mental Health (SCDMH) is not measuring recidivism. The South Carolina Department of Probation, Parole and Pardon Services (SCDPPPS) has indicated that it will measure recidivism, in several ways:

- Violations – Expect a decrease in violations;
- Supervision Closure – Expect an increase in successful closures;
- Admission to South Carolina Department of Corrections (SCDC) – Expect decrease in admissions to SCDC due to new conviction or revocation;
- Subsequent Arrests – Expect a decrease in arrests.

SCDMH will measure *access to care* and *rate of patient follow-up to care–post program involvement*. The expectation is that there will be an increase in the number of those on probation and those on parole being referred to care and an increase in patient follow-up.

What information is included in the DMH training database (see 2017-18 Accountability Report p. 2)?

- **Does it include hours earned online and in-person? If not, could it?**
The SCDMH Training Database includes all staff training provided in-house. This includes online and in-person training.
- **Could it track training obtained outside of DMH, if a staff person provides the information?**
The SCDMH Training Database also keeps track of any training staff receive outside of SCDMH as long as staff submit a certificate of attendance or other documentation that the training occurred.
- **Does it connect to the records maintained by the credentialing office?**
SCDMH’s Office of Credentialing and Privileging has access to all staff training information upon credentialing and re-credentialing.

In the Subcommittee’s August 19, 2019, letter to the agency, we asked for the Clinical Competency Oversight Committee’s guiding principles and procedures, in addition to the establishment date and charge. The response did not include the Committee’s guiding principles and procedures. Please respond to the following questions:

- **What processes and systems to monitor employee training compliance exist for the Clinical Competency Oversight Committee to review?**

The SCDMH Pathlore Training System transcripts for all Clinical Staff and additionally reports for nursing competencies staff in Lippincott (Online Source for Evidence-based procedure guidance at the point of care) are the processes and systems reviewed to monitor training and compliance by the Clinical Competency Oversight Committee.

- **Will the committee also be tasked with the creation of processes and systems if none exists?**

Yes.

In addition, as of October 2019, SCDMH is finalizing the Scope of Work for a Request for Proposal (RFP) that seeks to replace the SCDMH Pathlore Training System with a cloud-based, web-based training system with enhanced compliance tracking mechanisms. The desired features include reporting capabilities that will enable compliance staff to identify staff whose training milestones are not in compliance with accepted standards. This functionality will act in coordination with the supervisor's responsibility to verify that mandatory training has occurred. The system will enable SCDMH management to routinely track issues related to training and compliance. It will also be customizable to reflect standards idiosyncratic to SCDMH, in addition to industry-accepted standards. The RFP will be issued with an intended award date by February 2020.

As of October 2019, SCDMH is finalizing the Request for Proposal (RFP) for a training program that could replace SCDMH's current training program: Behavioral Emergency Stabilization Training (BEST). The intent is to identify equivalent commercial training programs with demonstrated results in reducing the utilization of seclusion and restraint, or to verify that BEST meets the current industry standard for staff training in de-escalation and self-protection skills in a psychiatric treatment program. The RFP will be issued with an intended award date by February 2020.

- **How frequently will the committee meet?**

Not less frequently than once a month.

- **What will be the scope of the status reports and how often will the committee submit them?**

The status of clinical direct care staff compliance with required training is the scope reported monthly through the DIS leadership and quarterly through the Inpatient Governing Body Committee. Initially, the focus of the Committee is on Behavioral Emergency Stabilization Training (BEST) and Basic Life Support for Health Care providers (BLS).

- **Will the committee review individual employee training to determine compliance?**

Yes. Methods to track employee compliance with required training is a primary focus of the Committee.

- **Will the committee review the sufficiency and efficiency of all training programs?**

Yes. Initially, the focus of the Committee is on Behavioral Emergency Stabilization Training (BEST) and Basic Life Support for Health Care providers (BLS). The process of

how employees are evaluated will also be reviewed by the committee, to ensure an evaluation process is in place.

- **If the committee's efforts are limited to the Division of Inpatient Services, has the department established equivalent committees in other agency divisions? If not, does it plan to?**

Yes. The Division of Medical Affairs, Department of Evaluation, Training, and Research (ETR) continues to review the content of SCDMH training, and to revise or develop training programs for SCDMH staff. ETR tracks completion of required training programs by staff, and provides such information to SCDMH components for use in determining compliance tracking.

As noted, above, SCDMH is finalizing the Scope of Work for a Request for Proposal (RFP) that seeks to replace the SCDMH Pathlore Training System with a cloud-based, web-based training system with enhanced compliance tracking mechanisms. The desired features include reporting capabilities that will enable compliance staff to identify staff whose training milestones are not in compliance with accepted standards. This functionality will act in coordination with the supervisor's responsibility to verify that mandatory training has occurred. The system will enable SCDMH management to routinely track issues related to training and compliance. It will also be customizable to reflect standards idiosyncratic to SCDMH, in addition to industry-accepted standards. The RFP will be issued with an intended award date by February 2020.

Also as noted, above, SCDMH is finalizing the Request for Proposal (RFP) for a training program that could replace SCDMH's current training program: Behavioral Emergency Stabilization Training (BEST). The intent is to identify equivalent commercial training programs with demonstrated results in reducing the utilization of seclusion and restraint, or to verify that BEST meets the current industry standard for staff training in de-escalation and self-protection skills in a psychiatric treatment program. The RFP will be issued with an intended award date by February 2020.

- **Does the membership of the committee include representatives from all aspects of the provision of care in inpatient services? Are there primary care physicians on the committee?**

Yes, the membership of the Division of Inpatient Services Clinical Competency Oversight Committee has representation from all aspects of the provision of care in inpatient services. No, there is not a primary care physician on the committee; however, physicians are adequately represented by an experienced psychiatrist, and the committee has ready access to a primary care physician for consultation as needed.

[End]