Healthcare and Regulatory Subcommittee Meeting

Monday, July 8, 2019

Contents

AGENDA

South Carolina House of Representatives

Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE
Chairman John Taliaferro (Jay) West, IV
The Honorable Robert L. Ridgeway, III
The Honorable Bill Taylor
The Honorable Chris Wooten

Monday, July 8, 2019
10:00 a.m.
Room 410 - Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

I. Approval of Minutes

II. Discussion of study of the Department of Mental Health

III. Adjournment

MEETING MINUTES

Chair Wm. Weston J. Newton

First Vice-Chair:
Laurie Slade Funderburk

Micajah P. (Micah) Caskey, IV
Neal A. Collins
Patricia Moore (Pat) Henegan
William M. (Bill) Hixon
Jeffrey E. (Jeff) Johnson
Marvin R. Pendarvis
Tommy M. Stringer
Bill Taylor
Robert Q. Williams

Legislative Oversight Committee

South Carolina House of Representatives

Gary E. Clary
Chandra E. Dillard
Lee Hewitt
Joseph H. Jefferson, Jr.
Mandy Powers Norrell
Robert L. Ridgeway, III
Edward R. Tallon, Sr.
John Taliaferro (Jay) West, IV
Chris Wooten

Jennifer L. Dobson
Research Director

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Charles L. Appleby, IV
Legal Counsel

Carmen J. McCutcheon Simon
Research Analyst/Auditor

Kendra H. Wilkerson
Fiscal/Research Analyst

Healthcare and Regulatory Subcommittee Meeting
Thursday, June 20, 2019, at 10:00 am
Blatt Building Room 403

Archived Video Available

I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (http://www.scstatehouse.gov) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

I. Chair Jay West calls the Healthcare and Regulatory Subcommittee to order on Thursday, June 20, 2019, in Room 403 of the Blatt Building. All members of the Subcommittee are present for all or a portion of the meeting.

Minutes

I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.

II. Representative Taylor moves to approve the meeting minutes from the May 7, 2019, meeting. The motion passes.

Representative Taylor's motion to approve the meeting minutes from the May 7, 2019, meeting.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway	✓			
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

Meeting

I. Chair West explains that this is the Subcommittee's eighth meeting with the Department of Mental Health, and that the purpose is to continue to learn about community mental health services and begin discussing budget. He also gives a brief statement regarding a campaign contribution from HMR Veterans Services.

II. Chair West explains that all testimony given to this subcommittee, which is an investigating committee, must be under oath. He reminds those sworn in during prior meetings that they remain under oath.

III. Mark Binkley (Interim Director), Deborah Blalock (Dep Director Community Mental Health Services), and the below DMH staff provide testimony about community mental health services:

- Christian Barnes-Young, Assistant Deputy Director, Division of Community Mental Health Services
- Margaret Meriwether, Program Director, School Mental Health Services
- Dara Baril, Program Director, Office of Deaf Services (Josie McDaniel-Burkett & Larrysa Martin, interpreters)
- Mallory Miller, Program Director, Toward Local Care & Community Crisis Programming
- Michele Murff, Program Director, Housing & Homeless Programs
- Allison Farrell, Program Director, Justice-Involved Services; and
- Amanda Gilchrist, Program Director, Community Crisis Response & Intervention.

IV. Subcommittee members ask, and agency staff respond to questions about the following subjects:
   a. School district financial contributions to school mental health services;
   b. School mental health services outcomes;
   c. Deaf services;
   d. Employment services collaborations;
   e. Collaboration with local law enforcement;
   f. Agency review of screening tools;
   g. Justice-involved programs;
   h. Suicide prevention training;
   i. Collaboration with the Department of Alcohol and Other Drug Abuse Services;
   j. Community crisis programming;
   k. Telepsychiatry; and
   l. Future community mental health plans.

V. There being no further business, the meeting is adjourned.

STUDY TIMELINE

Legislative Oversight Committee Actions

- May 3, 2018 - Prioritizes the agency for study
- May 9, 2018 - Provides the agency with notice about the oversight process
- July 17 – August 20, 2018 - Solicits input from the public about the agency in the form of an online survey
- January 14, 2019 - Holds **Meeting 1** to **obtain public input** about the agency

Healthcare and Regulatory Subcommittee Actions

- February 5, 2019- Holds **Meeting 2** with the agency to receive an overview of the agency's **history, mission, organization, products, and services**
- February 19, 2019 – Holds **Meeting 3** with the agency to receive testimony about the **Inpatient Services Division**
- March 5, 2019 – Holds **Meeting 4** with the agency to receive further testimony about the **Inpatient Services Division**
- March 19, 2019- Holds **Meeting 5** with the agency to receive further testimony about the **Inpatient Services Division,** and discuss responses to earlier-asked questions
- April 2, 2019 – Holds **Meeting 6** with the agency to receive testimony about **Community Mental Health Services**
- April 23, 2019 – Holds **Meeting 7** with the agency to receive testimony about **Community Mental Health Services**
- May 7, 2019 – Holds **Meeting 8** with the agency to receive testimony about **Community Mental Health Services** staffing and **facility deferred maintenance**
- June 20, 2019 – Holds **Meeting 9** with the agency to received testimony about **Community Mental Health Services**

Department of Mental Health Actions

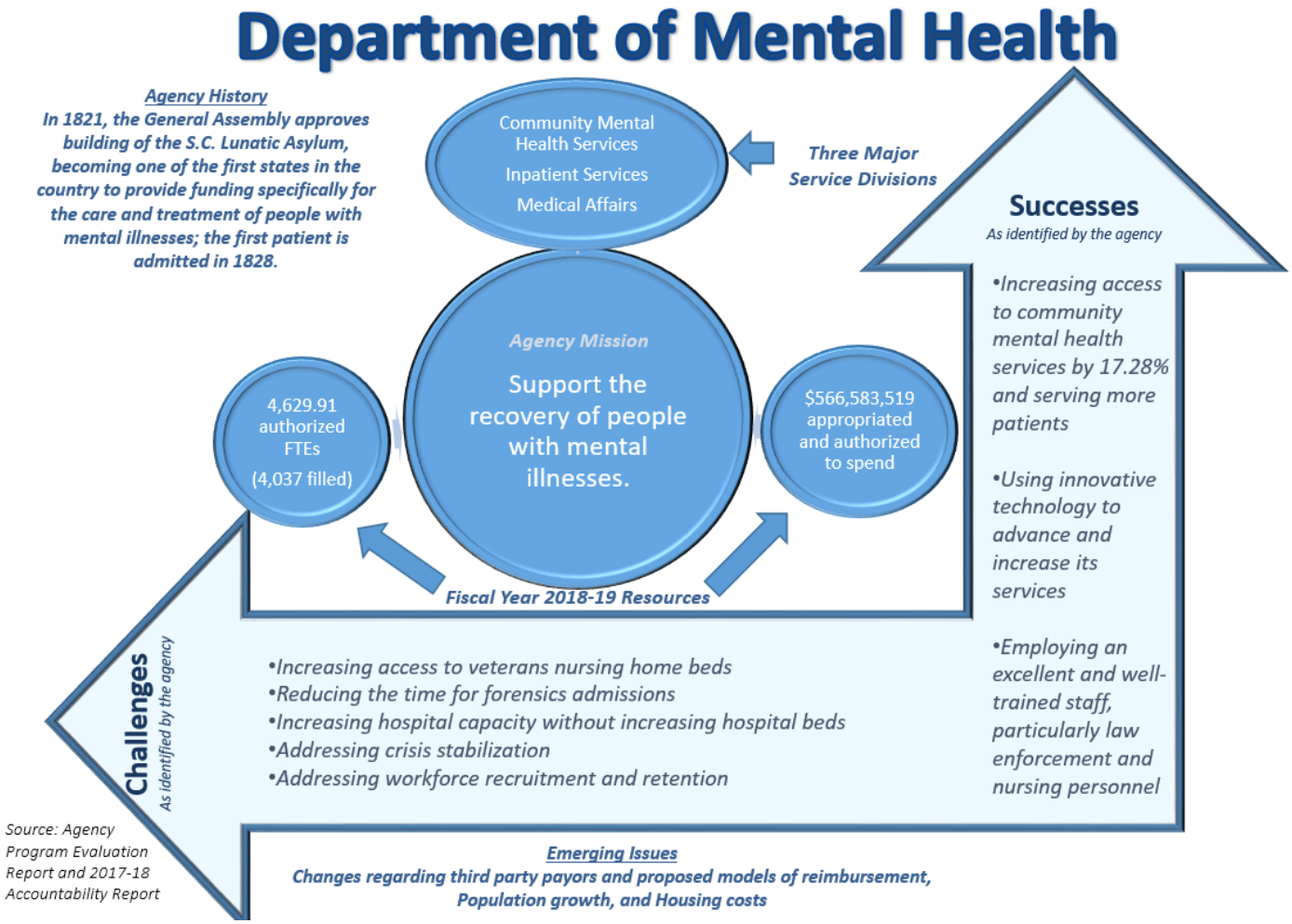
- March 11, 2015- Submits its **Annual Restructuring and Seven-Year Plan Report**
- January 8, 2016- Submits its **2016 Annual Restructuring Report**
- September 2016- Submits its **FY 2015-16 Accountability Report/Annual Restructuring Report**
- September 2017- Submits its **FY 2016-17 Accountability Report/Annual Restructuring Report**
- September 2018 – Submits it **FY 2017-18 Accountability Report/Annual Restructuring Report**
- November 19, 2018- Submits its **Program Evaluation Report**
- February- TBD 2019- Meets with and **responds to Subcommittee inquiries**

Public's Actions

- July 17 – August 20, 2018 - Provides input about the agency via an online public survey
- January 14, 2019 – Provides testimony at public input meeting

AGENCY OVERVIEW

Snapshot



AGENCY PRESENTATIONS

Budget Presentation

A look at the past… The Great Recession

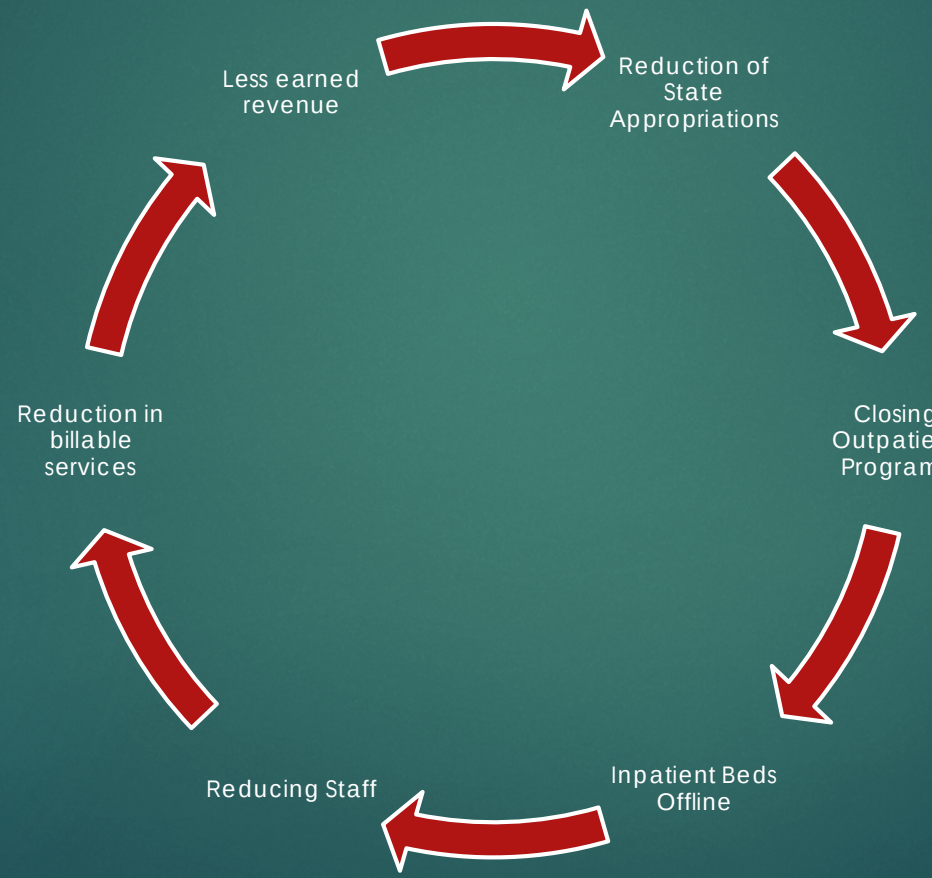
- FY08 Ending State Appropriations $220,228,567

- Between FY09 and FY12 the Department's budget was reduced over $93 million.
  - FY09 ($43,282,721) 1 base reduction, 4 mid-year reductions
  - FY10 ($18,053,930) 1 base reduction, 2 mid-year reductions
  - FY11 ($23,543,572) 1 base reduction
  - FY12 ($8,335,958) 1 base reduction
    - Average reduction per year was $23 million
  - FY09-12 $5,943,591 Pay plan allocation, permanent transfers, etc.

- FY12 Ending State Appropriations $132,955,977
  - Comparable state funding to 1987-1988 levels

Rate of Inflation: 102%

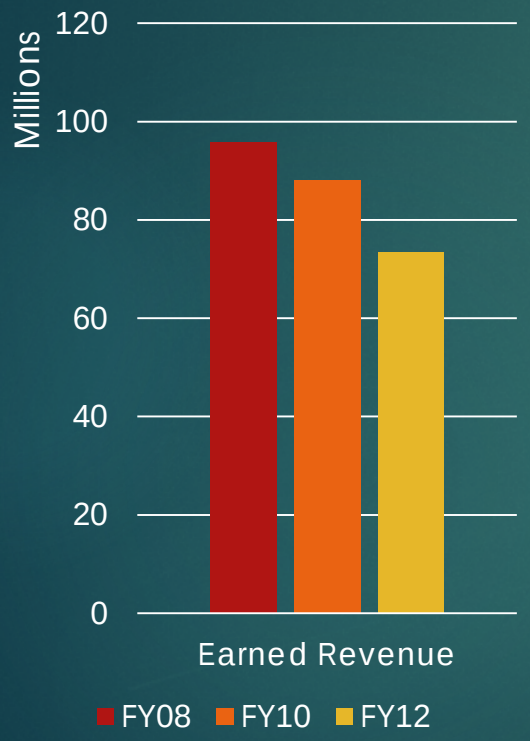
Impact of Budget Reductions to a Service-Providing Agency

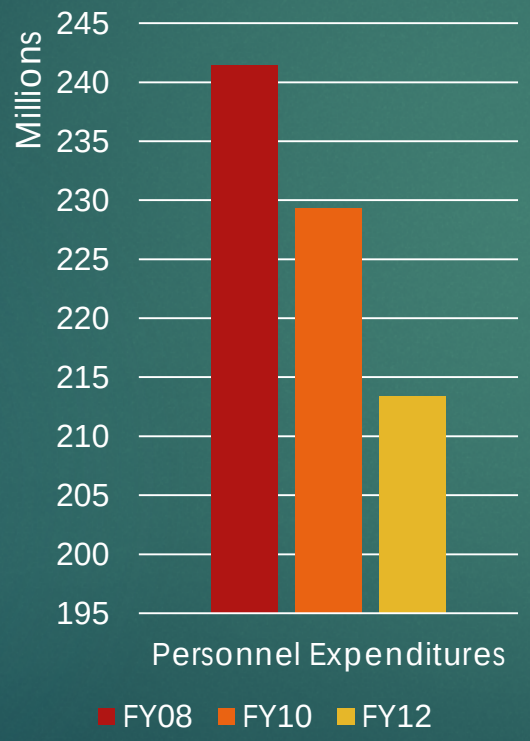


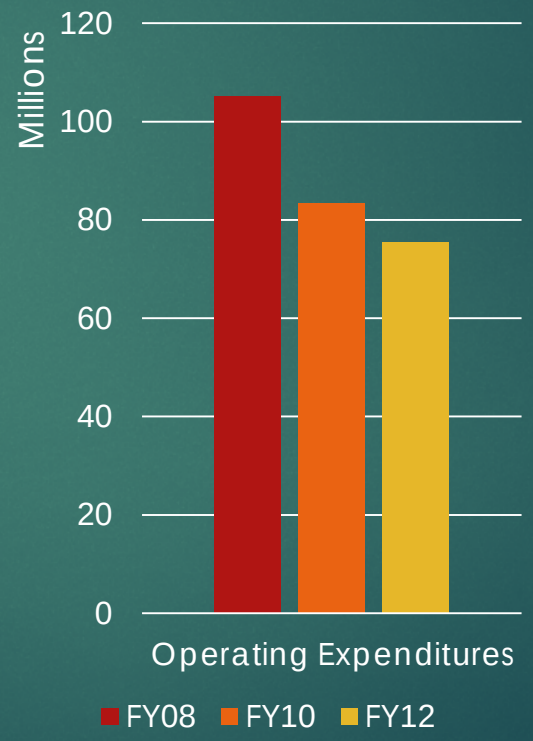
Impact to Centers, Facilities and Administration/Support Areas

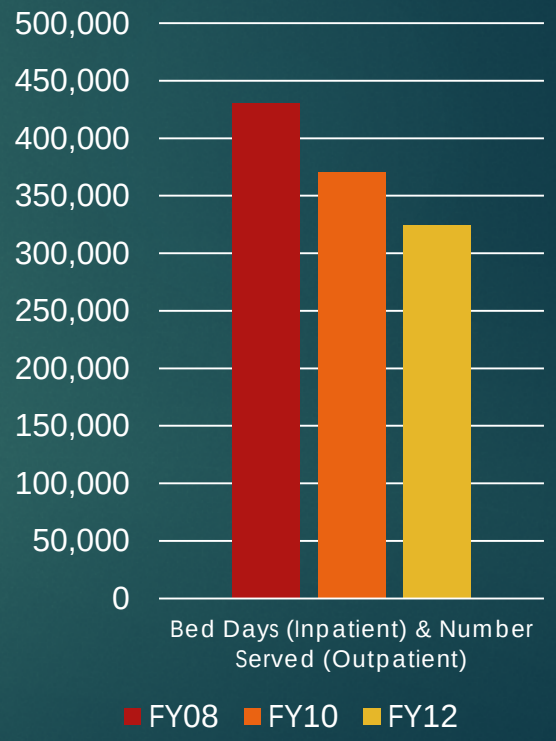
Area	Amount	FY08 Expenditures	FY12 Expenditures
Outpatient	$42 million, or 17%	$164,114,058	$136,766,887
Inpatient	$37 million, or 1%	$159,407,000	$158,583,523
*Growth in our mandated programs increased during the Recession.			
Administration/Support	$14 million, or 22%	$45,871,111	$35,785,833

Reductions during the Recession

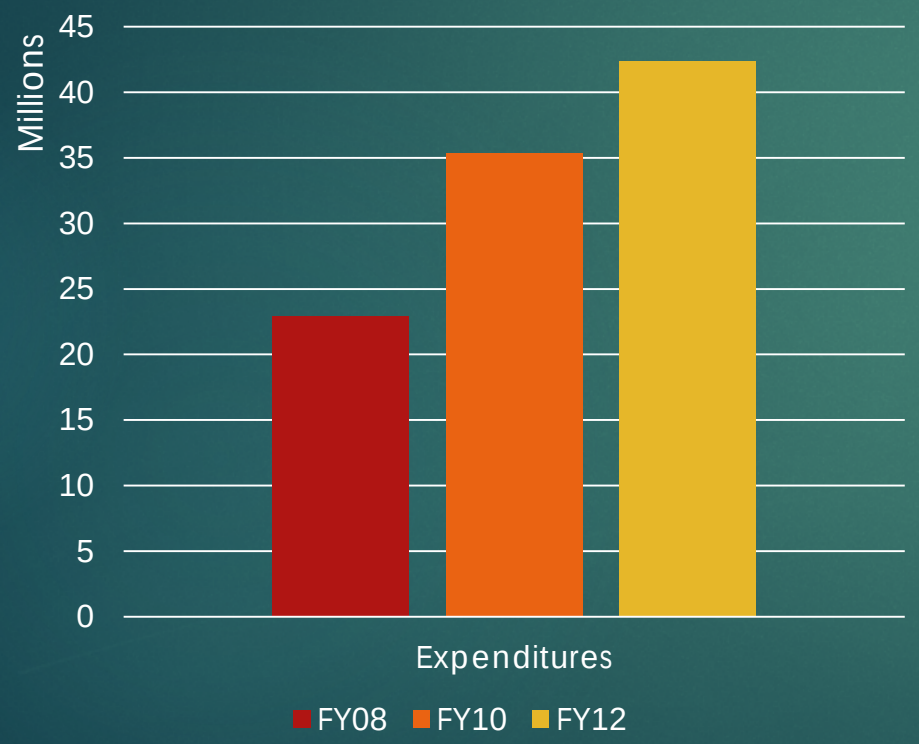


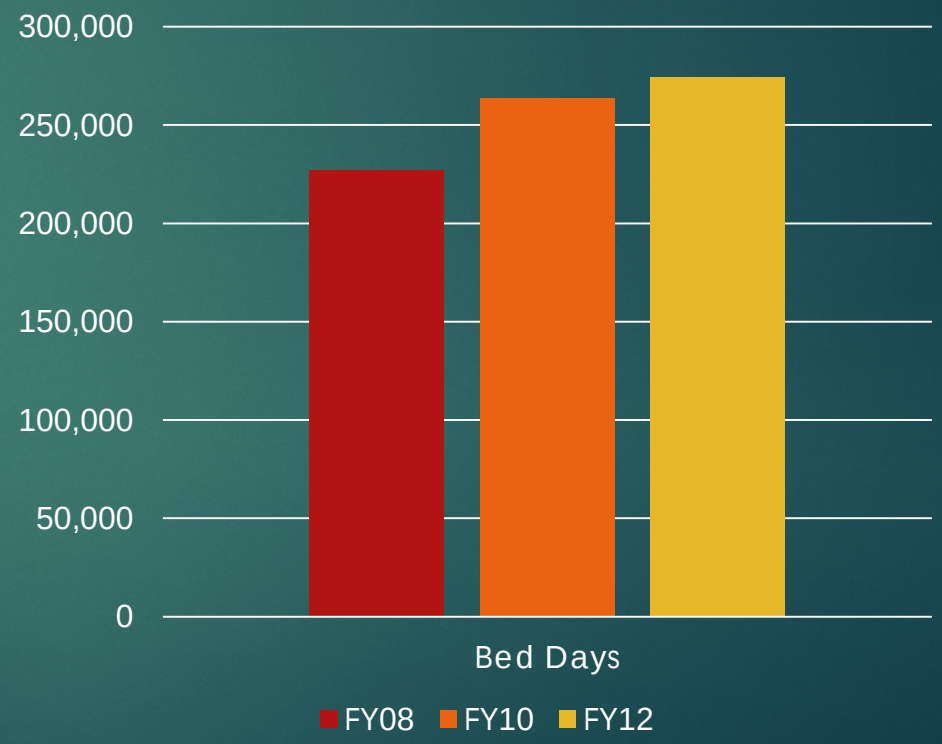






Mandated Program Increases





Utilization of Non-Recurring Funding

- The impact on revenue required the Department to utilize one-time funding from cost settlements with DHHS.
  - FY09 $30 million
  - FY10 $26 million
  - FY11 $42 million
  - FY12 $35 million

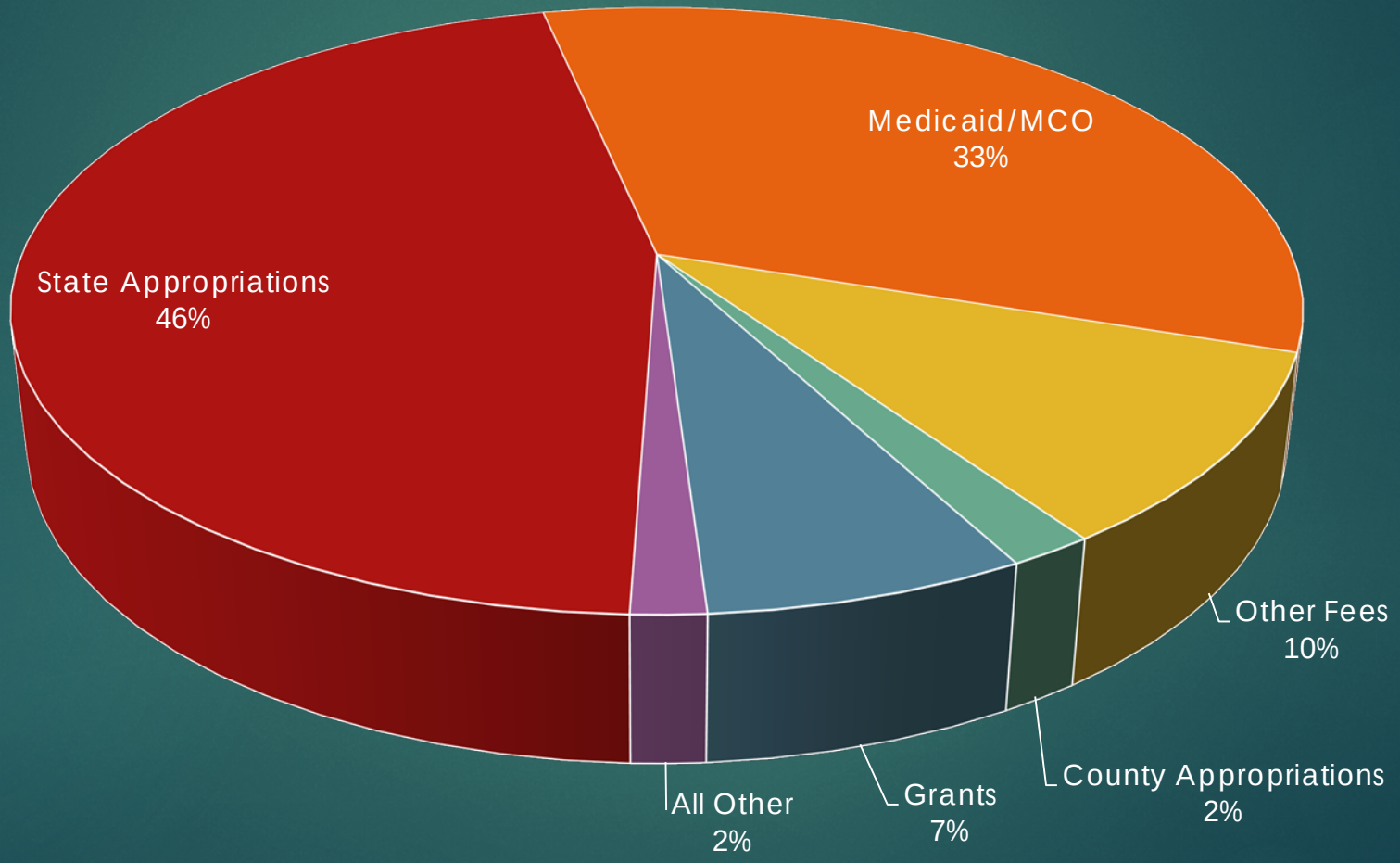
- One-time funding was available after DMH worked with DHHS to catch up on multiple years' worth of cost settlements.
  - Note: DMH no longer cost settles the majority of its services.
- DMH did not fully recover from the Great Recession until 2016 which was the final year in which the agency had to utilize one-time funds for operating need.

Post-recession Funding

	FY13	FY14	FY15	FY16	FY17	FY18	FY19	TOTAL	%
Maintenance of Effort	7,000,000	8,256,120	10,500,000	6,400,000	3,672,227	0	0	**35,828,347**	32%
Mandated Programs	7,363,341	2,606,533	0	3,200,000	6,700,000	11,181,362	0	**31,051,236**	28%
New Initiatives	1,450,000	0	250,000	0	0	0	0	1,700,000	2%
Program Expansion	1,405,000	1,500,000	1,700,000	1,400,000	1,550,000	500,000	7,002,017	15,057,017	13%
Pass-Thru Funding	495,000	135,000	0	0	0	0	104,500	734,500	1%
Capital Needs	0	3,500,000	0	0	0	0	0	3,500,000	3%
Long-Term Care	0	4,500,000	0	0	0	0	0	4,500,000	4%
Other*	4,149,239	1,147,510	3,668,540	815,773	5,477,965	1,768,185	2,448,663	19,475,875	17%
*Pay plan allocation, health/dental insurance allocation, permanent transfers, etc.									
Total	**21,862,580**	**21,645,163**	**16,118,540**	**11,815,773**	**17,400,192**	**13,449,547**	**9,555,180**	**111,846,975**	

The funding received for Maintenance of Effort and Mandated Programs exceeds $66 million. Of that, over $36 million was to support mandated programs.

Where we are today… Mental Health Centers



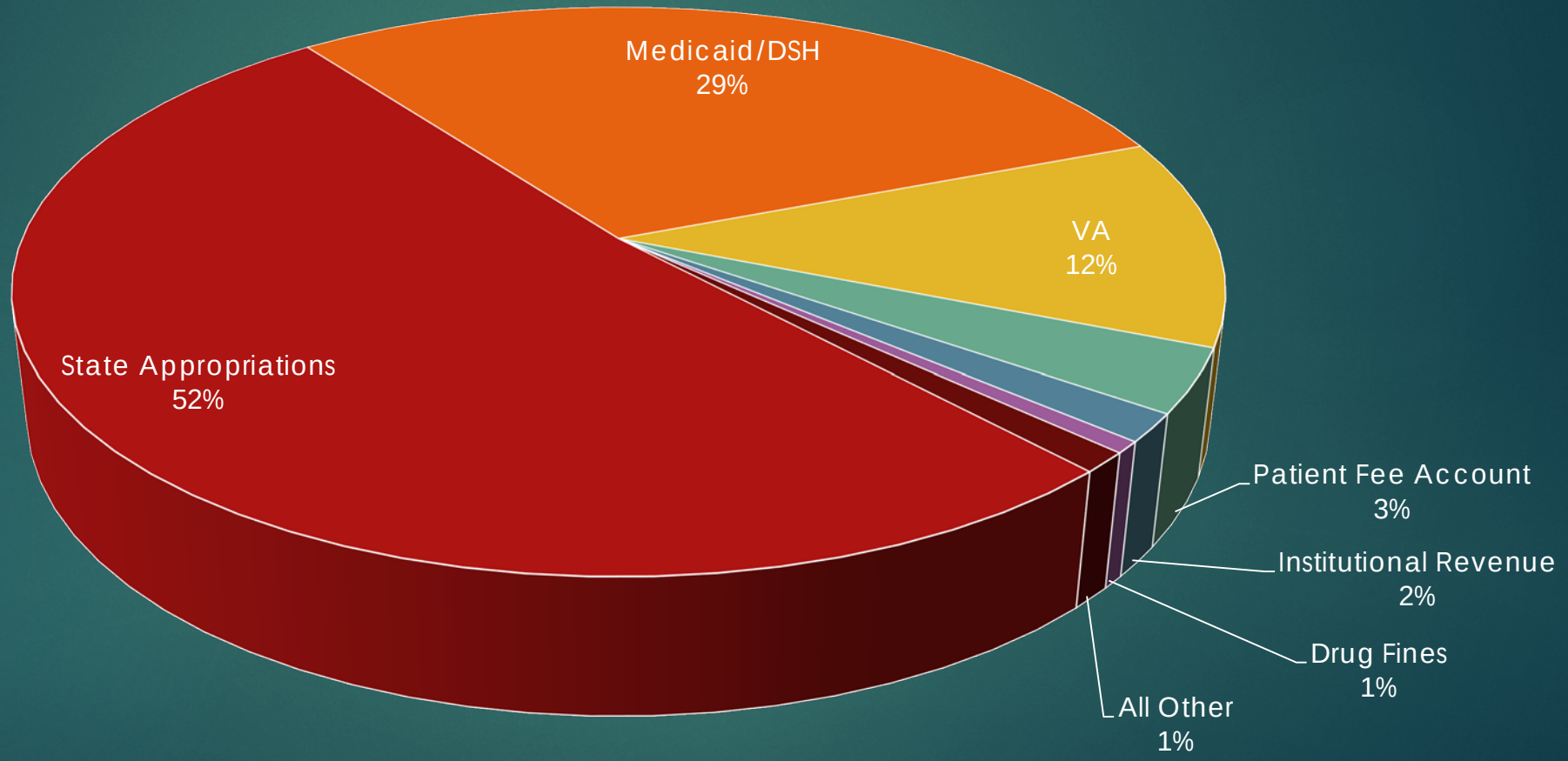
Mental Health Centers Points of Interest

- Medicaid/MCO make up 33% of the Mental Health Centers operating budgets -
  - 22% is from traditional fee-for-service, $15 million
  - 78% is from managed care organizations, $46 million

- County Appropriations – 2% -
  - Over 65% of the counties in SC contribute to the MHC operations
  - Largest contribution is from Richland County (millage) – over $2 million
  - Annually, DMH receives over $3 million from county appropriations

- Grants – 7% -
  - Grant funding increased 35% over last fiscal year

Where we are today… Inpatient Services



Inpatient Services Points of Interest

- Medicaid/DSH make up 29% of the Inpatient Services operating budgets -
  - 67% is from Disproportionate Share, $43 million
  - 33% is from Medicaid reimbursement, $21 million

- Disproportionate Share:
  - Legislation to cut DSH funding has been postponed repeatedly by Congress
  - A $4 billion cut is scheduled to take effect in fiscal year 2020 with expectations that cuts will increase to $8 billion annually each year through fiscal year 2025

Administrative/Support Services

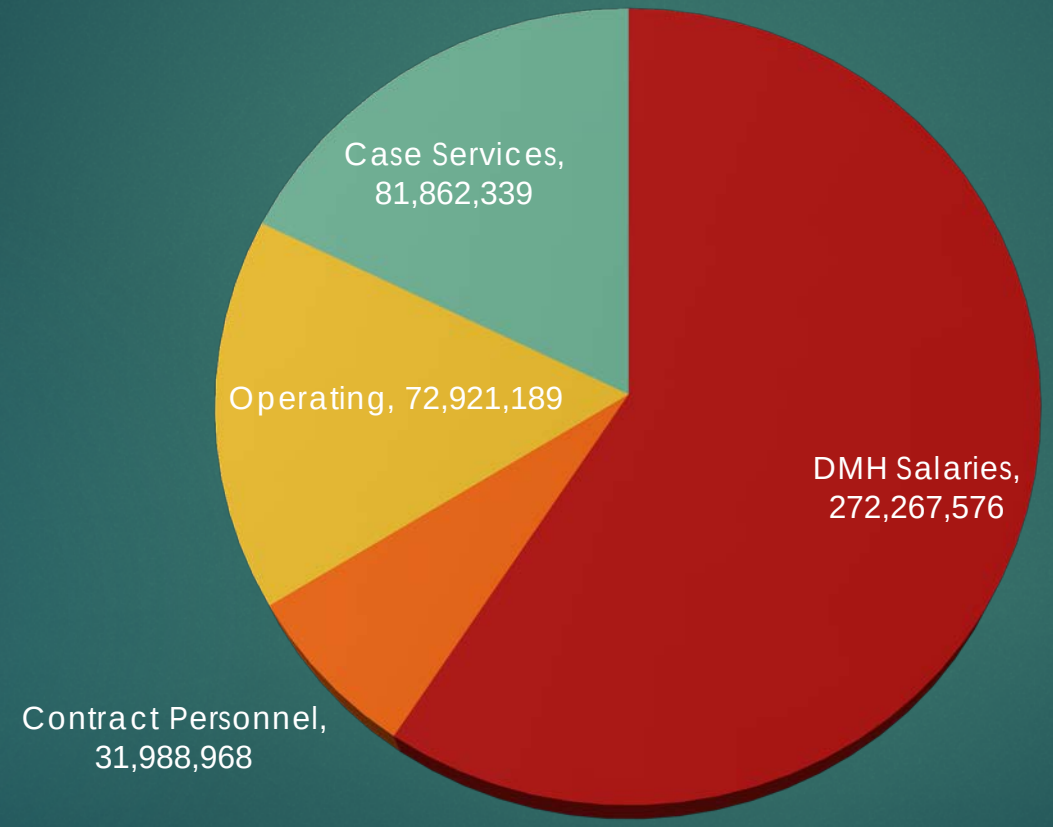
- 33 Administrative/Support Services areas. These areas support the entire agency.

Examples include:

- Human Resources
- Financial Services
- ED/Community Telepsychiatry
- Physical Plant Services
- Credentialing/Privileging
- Internal Audits
- Public Relations
- CCRI
- Information Technology
- Public Safety
- Care Coordination
- Quality Management
- General Counsel
- Medical Director's Office
- Evaluation/Training/Research
- CRCF

- Total operating budget for all administrative/support areas is approximately $70 million
- Largest support area is Physical Plant Services (supporting 118 agency-owned buildings with a $500 million insured value)

FY19 Expenditure Projections



Grant Portfolio

- The Department is currently administering over $60 million in active grants, a five-fold increase over the past 10 years. Examples of current grants:
  - SC Telehealth Alliance - $3,350,000
  - U.S. Department of Justice (Body Worn Cameras) - $93,000
  - SAMHSA (Homelessness) - $680,202
  - FEMA (Hurricane Florence) - $999,799
  - SAMHSA (Zero Suicide) - $3,525,000

- Grant Applications Pending for $4.5 million. Examples:
  - SC DHEC (Day Room @ Stone Veterans Nursing Home) - $2,500
  - BCBS Foundation (Law Enforcement Project) - $1,721,638
  - SAMHSA (Supported Employment) - $800,000

Building Budgets

- Each mental health center, inpatient facility and administrative area is responsible for establishing their budget each year.
  - Budget building begins in March. Every component is provided their state appropriations expected for the new year and they project revenue and expenses.
    - Budget staff review these estimates and follow up with questions/concerns.
  - Each component is required to attend a new year budget meeting to discuss their projections with their respective Deputy Director and the budget staff.
    - This provides the Department an opportunity to discuss areas of concern and identify long-term needs
  - Operating budgets are approved by July 1.

Managing Budgets

- 8 staff oversee the management of budgets for each area of the agency
  - Every component is required to update their annual projection on a monthly basis
  - Staff review updated projections monthly
    - Changes in revenue/trends
    - Impact of hiring
  - Monthly meetings with DMH Senior Management to discuss overall budget projections and individual financial positions of each area.
  - Financial update presented to the State Director and the Mental Health Commission every month.

Future Budget Challenges

- Competitive Salaries
- Mandated program census growth
  - SVPP
  - Forensics
- Hall Psychiatric Institute MCO Carve-In
- Another Recession
  - Adequate reserves

Earned Revenue

BILLING & COLLECTION SYSTEM

Section 44-23-1110 Charges for maintenance, care and services

The Department of Mental Health shall establish the charges for maintenance and medical care for patients other than beneficiary, of State mental health facilities. These charges shall be based upon the per capita cost per day of the services rendered, which may include cost operations, cost of depreciation, and all other elements of cost, which may be adjusted from time as the Department of Mental Health considers advisable. **It shall establish a reasonable scale of fees to be charged patients, other than beneficiary, served by the mental health clinics and shall retain these fees for use in defraying the expenses of the clinic.**

SECTION 44-15-80. Powers and duties of Department

2) Govern eligibility for service so that no person will be denied service on the basis of inability to pay and so that anyone who cannot afford to pay for necessary treatment at the rate customarily charged in available private practice shall be eligible to receive services from the community mental health clinic;

(3) Provide for establishment of fee schedules and reduction of balance due which shall be based upon ability to pay;

(4) Regulate fees for consultation and diagnostic services, which services may be provided to anyone without regard to his financial status when such person is referred by the courts, schools, health or welfare agencies;

Uncompensated Care

For patients that are unable to pay full charges, the agency offers a hardship reduction plan to reduce the fees.

SFY18

39,590 Patients with a service between 7/01/17 and 6/30/18

11,975 Patients received reductions (30.25%)

Reduction Fee per service $5.00

Billing Systems

- Avatar is a Behavioral Health billing system used specifically for billing both the psychiatric hospitals and our nursing home.
- CIS is our internally developed billing system for the community mental health centers.
- Emedix is the clearing house for claim distribution to all insurance carriers.

Accomplishments

In 2017 SCDMH went from one main payor source, Medicaid Fee For Service to five additional Medicaid MCO payors. With a three month time frame given by DHHS, DMH implemented this billing change and added a clearing house claims distribution system.

DMH continues to strive in the collection of unpaid self pay bills by using the states tax refund set off program with Department of Revenue.

With the implementation of our new inpatient EMR and Rxconnect module, we are now able to collect more revenue from Medicare Part D pharmacy plans.

Payor Sources

- 5 Medicaid MCOs
- Medicaid Fee For Service
- Medicare
- Medicare Advantage Plans
- Private Insurance
- Tricare/Champus
- Veterans Administration
- Medicare Part D Pharmacy Plans.
- Self Pay

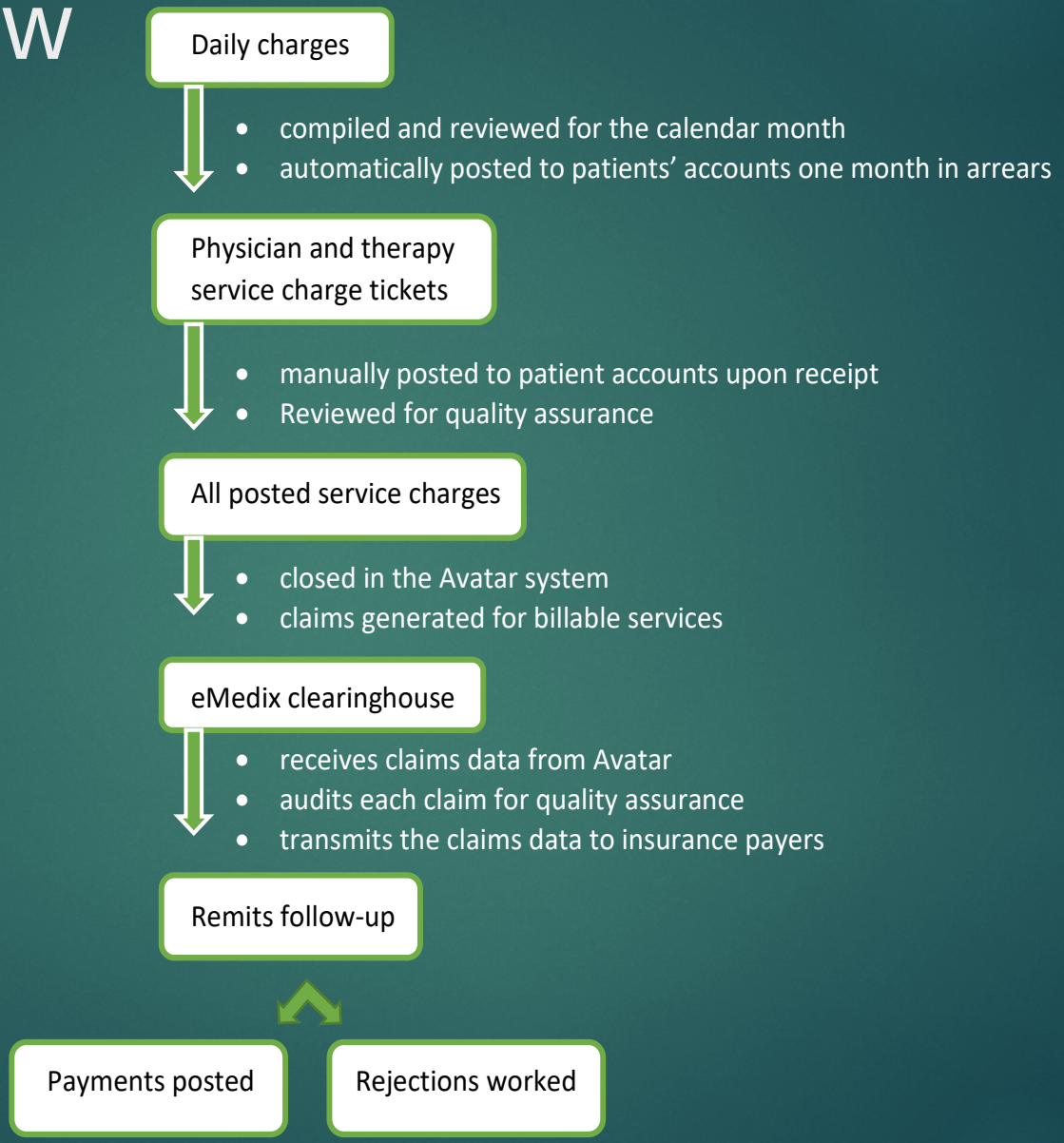
Claim Totals

For SFY2018

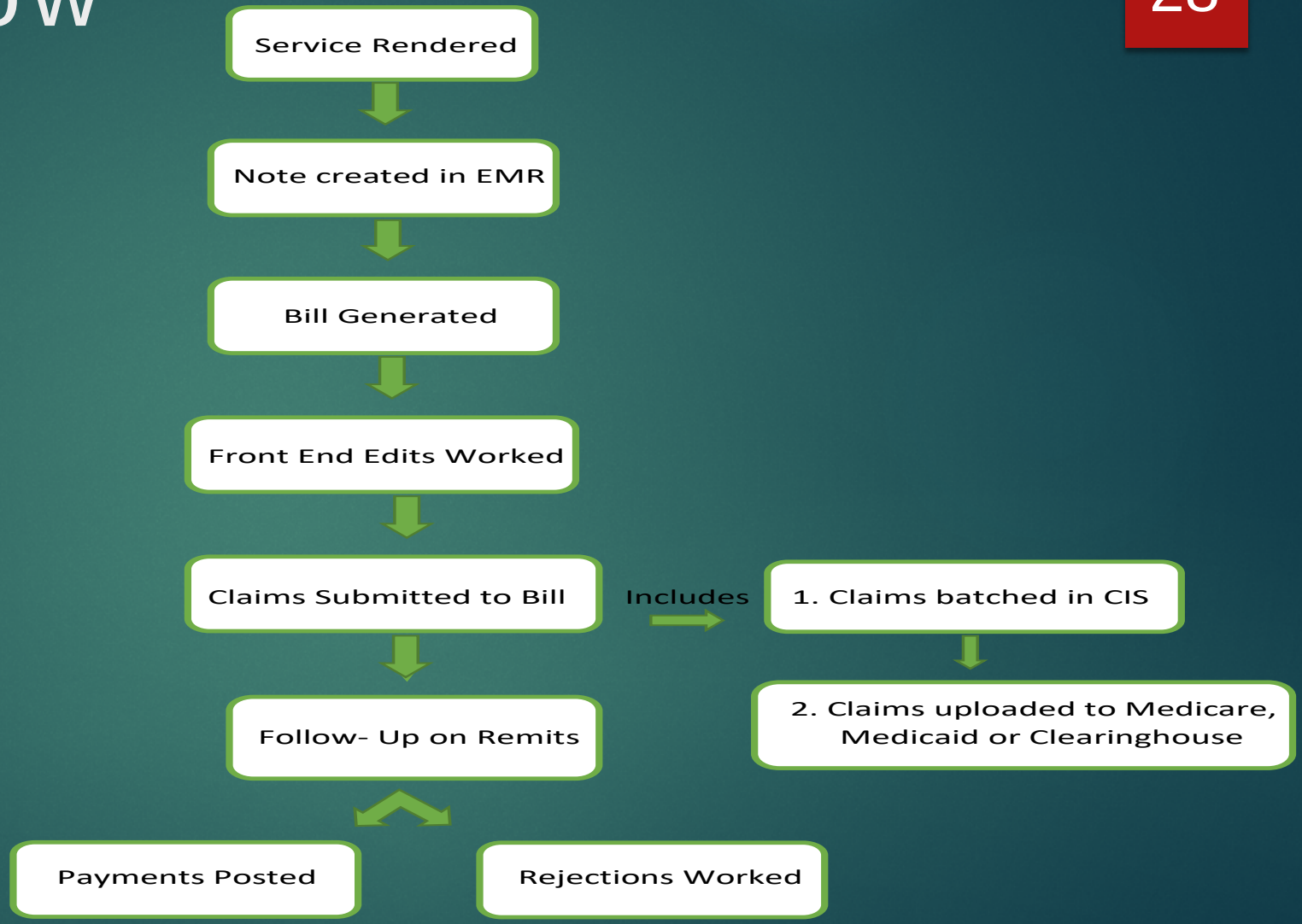
Primary Payor Claims only for Community Services 791,000

Primary Payor Claims only for Inpatient Services 16,000

Claim Workflow Inpatient



Claim Workflow Community



Collection Rates – Fiscal Year 2018

Inpatient:

	Insurance	Medicare A/B	Self-Pay	Medicaid	VA	Total
Billed:	12,120,626	28,867,294	120,620,488	36,559,354	24,459,021	222,626,783
Collected:	4,199,185	2,173,850	8,798,302	22,574,322	25,913,775	61,862,869
Coll Rate:	35%	8%	7%	62%	106%	28%

Outpatient:

	Insurance	Medicare B	Self-Pay	Medicaid	MCO	Total
Billed:	25,011,297	13,555,919	21,569,896	20,849,205	73,727,223	154,713,541
Collected:	6,661,761	2,813,859	2,303,262	16,324,433	49,550,743	97,507,777
Coll Rate:	27%	21%	11%	78%	67%	63%

Other Collection Methods

- Monthly Self Pay Invoices
- Tax Refund Set Off Program
- GEAR Program
- Offer On-line payment options
- Credit Card and Medical Savings Card Option
- Estate Recovery
- Real Property Liens
- Representative Payee for patient
- Medicare Bad Debt

Challenges

- Inpatient MCO Carve In
- Prior Authorizations limits and continuation of inpatient days/crisis/therapy
- Low allowable rates from insurance carriers
- ICD10 – diagnosis codes
- Advance Beneficiary Notice – Non-covered Medicare services
- High Deductibles/Copays due to health insurance plans
- Medicare A 90 days lifetime psychiatric benefits
- Non-covered services Care Coordination and Peer Support
- No Charge Services
- NCCI – National Correct Coding Initiatives

South Carolina Dept. of Mental Health

DIVISION OF MEDICAL AFFAIRS

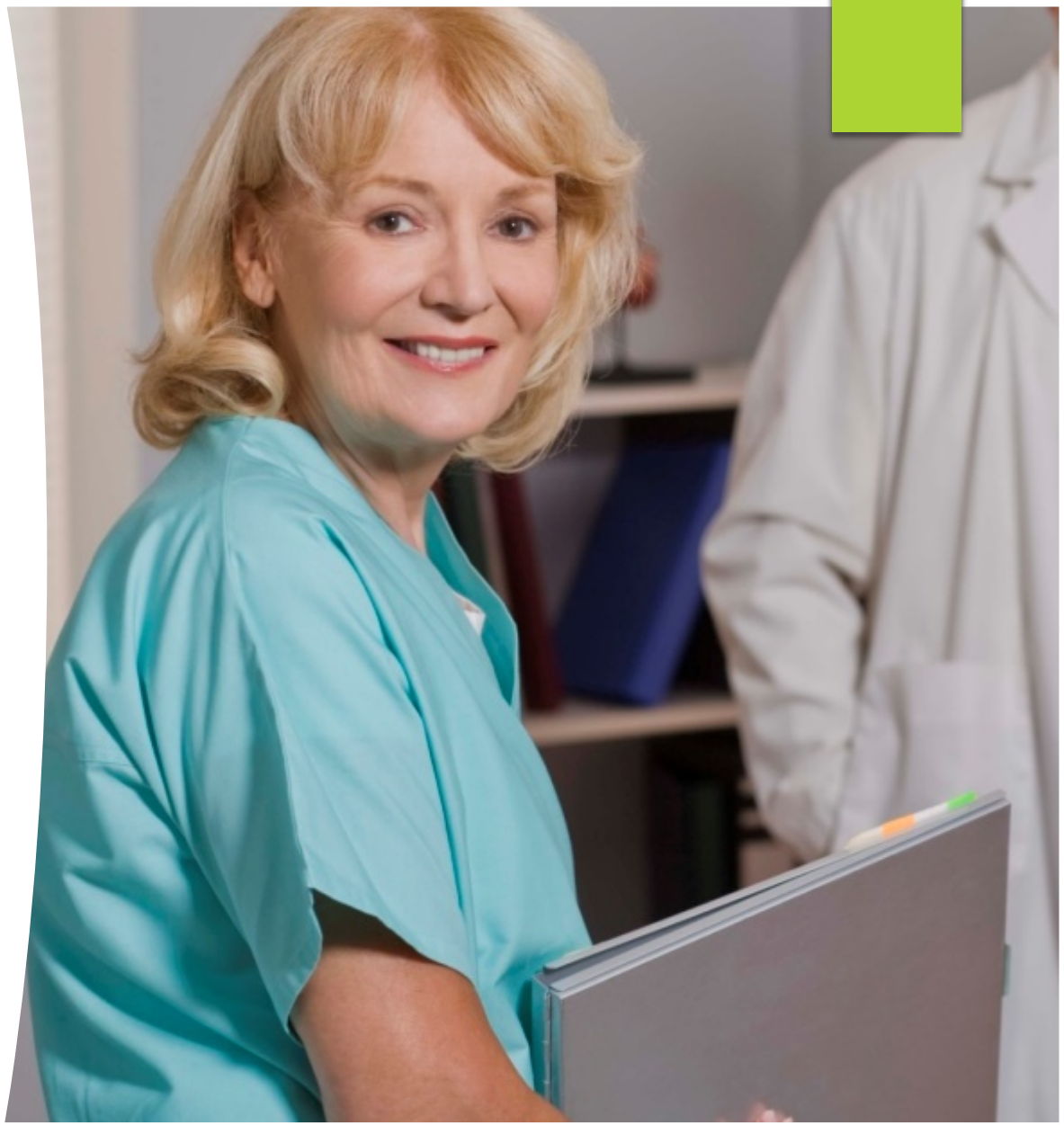
ROBERT BANK, MD
STATE MEDICAL DIRECTOR

Division of Medical Affairs

- Office of Quality Management and Organizational Improvement
- Telepsychiatry
- Transition and Care Coordination Programs
- Evaluation, Training & Research
- Emergency Preparedness and Response

Services at SCDMH are Medically directed.

- All services are Medically necessary.
- Physicians direct treatment teams and authorize treatment plans.



Patients Served

Population:

Child (0-17) 34%

Adult (18-64) 61%

Senior (64+) 5%

Gender:

Female 53%

Male 47%

Diagnostic Categories:

Schizophrenia & Related Disorders 22%

Bipolar and Mood Disorders 49%

Other Diagnosis 29%

Service Locations

Community Mental Health Centers & Clinics

(On-site & Telepsychiatry)

Inpatient Hospitals & Nursing Homes

(On-site & Telepsychiatry)

Emergency Departments (Telepsychiatry)

Schools (On-site & Telepsychiatry)

Physician Staffing

Physician, APRN, and Nursing Services

SCDMH Full Time Physicians

Approx. 73

Individual Contract (LLC) and Part-Time Physicians

Approx. 35

Vendor Contract Physicians

Approx. 36

Psychiatric Medical Assessments

Approx. 164,000/yr.

Nursing Medication Management

Approx. 106,000/yr.

Prescriptions
Approx. 520,000/yr.

Injections
Approx. 64,000/yr.

Electronic Health Record

University Affiliations and Collaboration

Impact on Medical Service Delivery

University of South Carolina (USC)

Medical University of South Carolina (MUSC)

South Carolina Telehealth Alliance (SCTA)

Questions?

Robert L. Bank, M.D.
Deputy Director
SCDMH Division of Medical Affairs
Phone: 803.898.8339

SCDMH Division of Medical Affairs

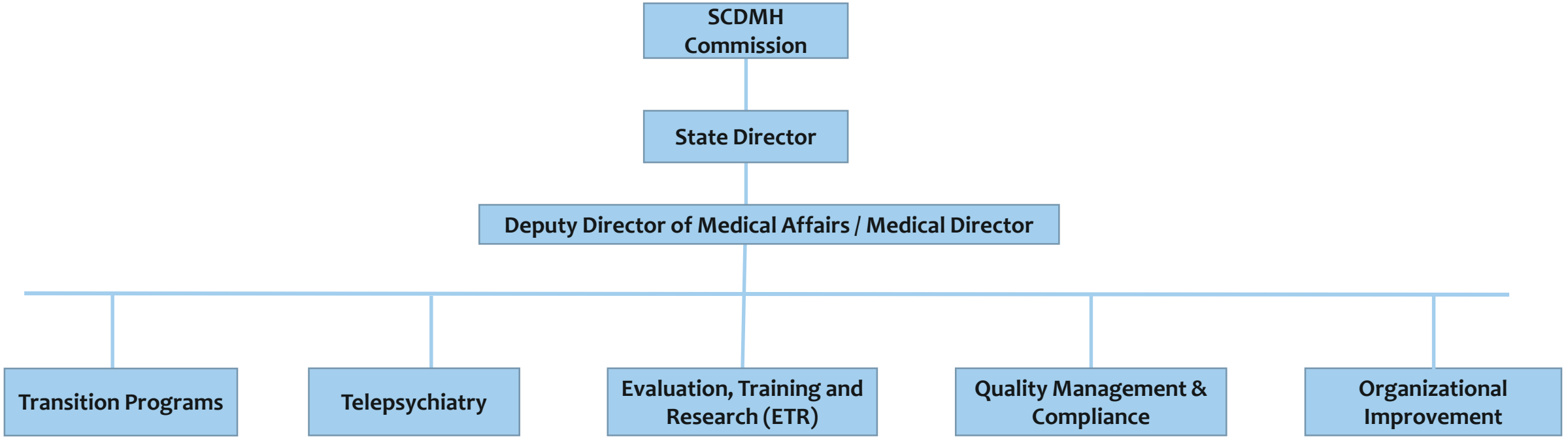
Quality Management And Organizational Improvement

Melba Arthur, M.Ed., CPHQ
Director of Organizational Improvement

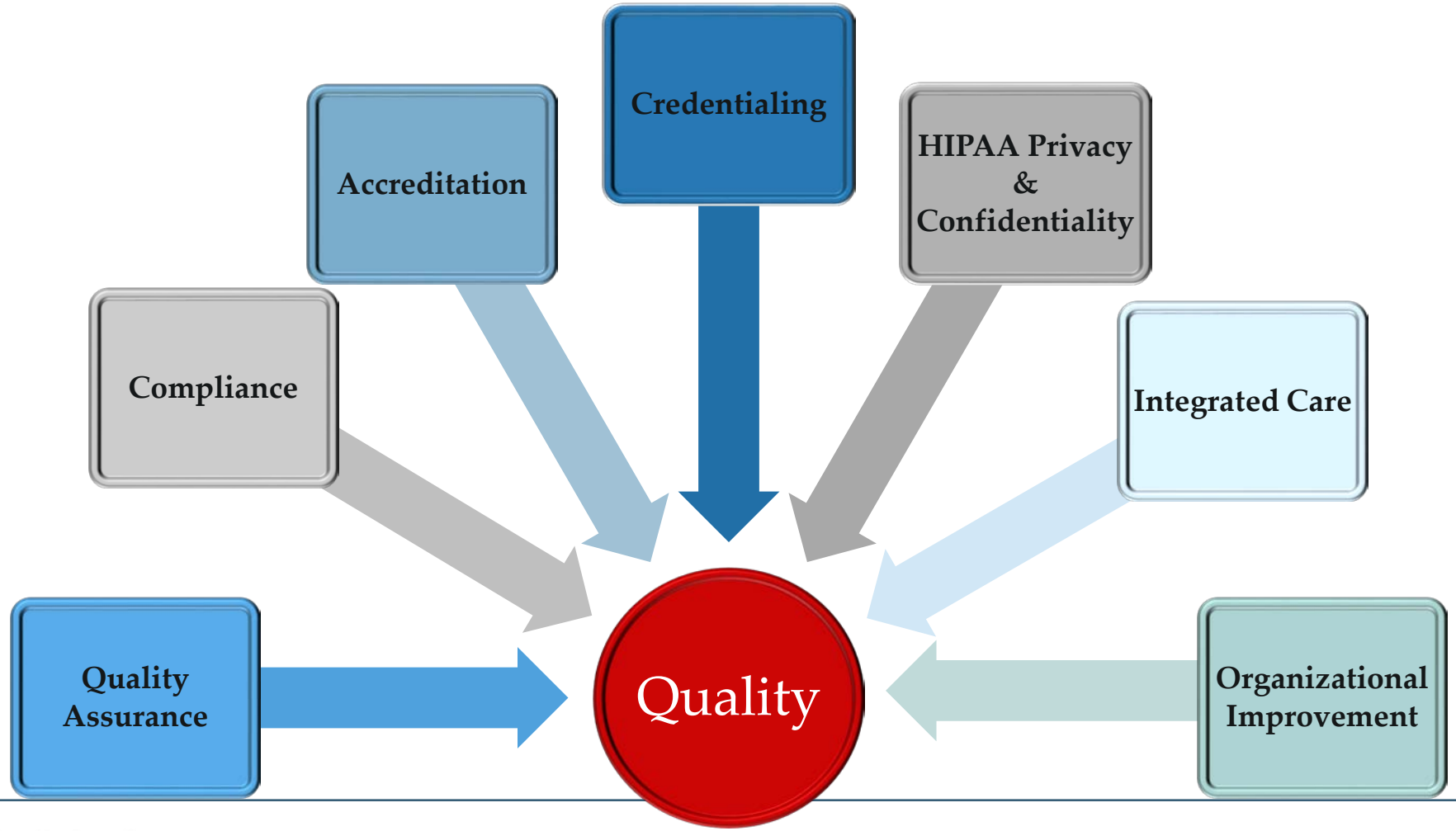
July 2019

SCDMH Division of Medical Affairs

Organizational Structure



Quality Management and Organizational Improvement



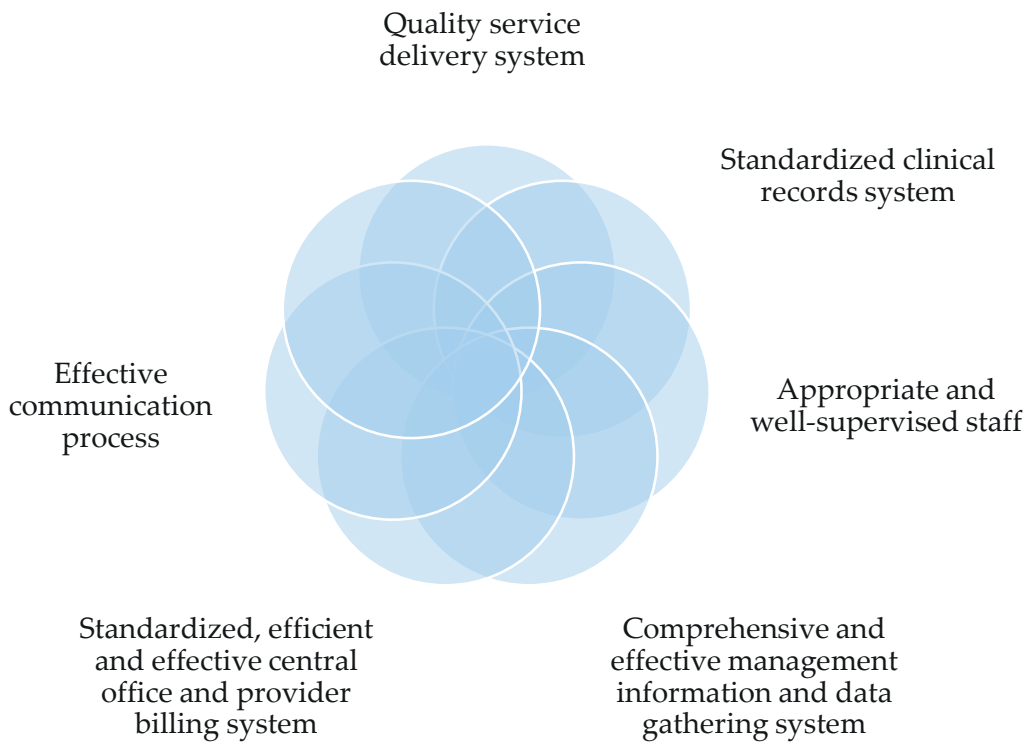
Quality Assurance

- **Quality Assurance**
- Compliance
- Accreditation
- Credentialing
- HIPAA Privacy
- Integrated Care
- Organizational Improvement

- SCDMH / DHHS Medicaid Contract Compliance
- DHHS Liaison
- Quality Assurance Audits
  - Audits for Quality, Appropriateness and Medical Necessity
- Managed Care Organizations (MCO) Prior Authorizations
- Staff Training

Quality Assurance

Provides consultation and technical assistance to the CMHC/programs to ensure:



Quality Assurance Audits

- Community Mental Health Centers
- Medicaid Targeted Case Management
- SCDMH Inpatient Facilities
- Credentialing and Privileging
- Special Focus Audits as Needed
- DHHS Regulatory Manuals:
  - Community Mental Health Services
  - Rehabilitative Behavioral Health Services
  - Targeted Case Management
  - SC Medicaid Policy and Procedures Manual

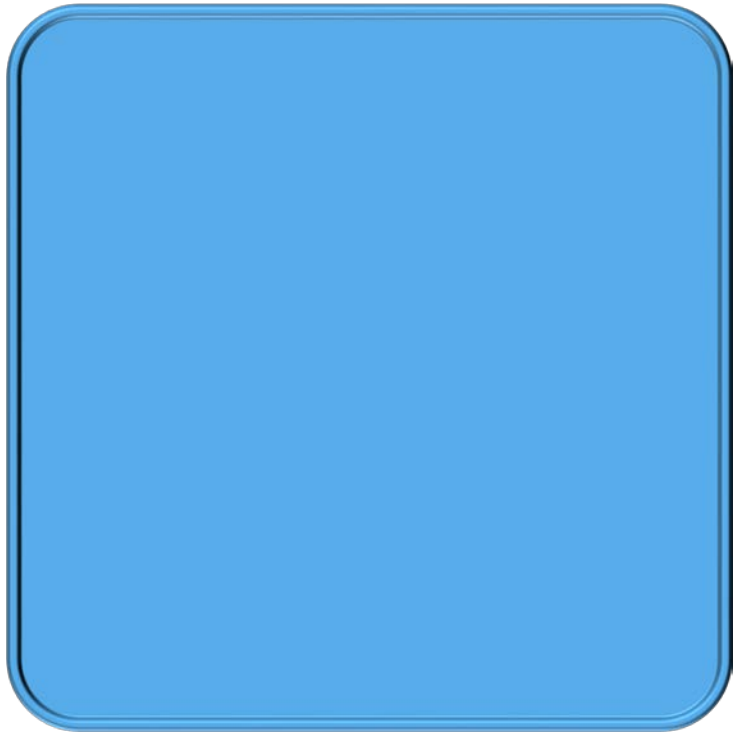
Compliance

- Quality Assurance
- **Compliance**
- Accreditation
- Credentialing
- HIPAA Privacy
- Integrated Care
- Organizational Improvement

- SCDMH Office of Corporate Compliance established in 1998
- Federal Mandates
  - Office of Inspector General
  - Deficient Reduction Act
  - False Claims Act
  - Affordable Care Act
  - Whistleblower Protection
- Goal to Prevent Fraud, Waste and/or Abuse and Prevent Improper Billing

Compliance Program Components

- SCDMH Compliance Plan and Policy
- Auditing and Monitoring
- Billing and Coding
- Compliance Reporting
- Education
- Enforcement
- Investigation and Remediation
- SCDMH Compliance Committee



FY'19 Accomplishments

- Improved Community Mental Health Center Compliance Audit Efficiency
- Improved Accountability for Follow up and Corrective Action Planning (Compliance Report and Compliance Audit follow up)
- Improved Timeliness of Resolution of Compliance Reports
- Improved Annual Training Compliance
- Division of Inpatient Services (DIS) Compliance Audit
- Billing System Enhancements

Accreditation

- Quality Assurance
- Compliance
- **Accreditation**
- Credentialing
- HIPAA Privacy
- Integrated Care
- Organizational Improvement

- CARF Accreditation Consultation
- CARF Survey Support and Tracking
- Annual CARF Training
- Integration of CARF Standards with SCDMH Policy and Quality Initiatives

Office of Credentialing & Privileging

- Quality Assurance
- Compliance
- Accreditation
- **Credentialing**
- HIPAA Privacy
- Integrated Care
- Organizational Improvement

- Community Mental Health Center Credentialing
- National Committee for Quality Assurance (NCQA) Accreditation since January 2017
- Primacy Source Verifications & Background Checks
- Provider Eligibility Qualifications
- Facility Credentialing

Community Mental Health Center (CMHC)

Credentialed and Licensed Professionals

CMHC	MD/DO	APRN	PhD	LISW	LMFT	LMSW	RN	LPC	*TOTALS*
Aiken-Barnwell MHC	2	1		2		5	5	14	***29***
Anderson-Oconee-Pickens MHC	7	2				4	10	20	***43***
Beckman MHC	5	2		1	1	6	5	10	***30***
Berkeley MHC	3	1		1		3	3	11	***22***
Care Coordination	5	2		5	1	4	7	8	***32***
Catawba MHC	21	2		16		10	16	44	***109***
Coastal Empire MHC	6			1	1	10	6	12	***36***
Columbia Area MHC	27	7	4	3		7	19	13	***80***
Greenville MHC	5	3		3	2	7	14	12	***46***
Lexington County MHC	7	1		9		23	6	17	***63***
Orangeburg Area MHC	3	1				4	3	2	***13***
Pee Dee MHC	3	2				3	7	10	***25***
Piedmont MHC	8	1		2		4	6	12	***33***
Santee-Wateree MHC	6	2		1		9	8	8	***34***
Spartanburg Area MHC	11	3		1	7	4	11	14	***51***
Tri-County MHC	4	1				1	3	6	***15***
Waccamaw MHC	11					13	9	14	***47***
Telepsych Community	13								***13***
Deaf Services	1							1	***2***
Care Coordination				1		1			***2***
CCRI				2		1		3	***6***
Totals	***148***	***31***	***4***	***48***	***12***	***119***	***138***	***231***	***731***

- ✓ 1752 Active Credentialed Staff (CMHC as of June 2019)
- ✓ 42% Licensed (731)

HIPAA Privacy

- Quality Assurance
- Compliance
- Accreditation
- Credentialing
- **HIPAA Privacy**
- Integrated Care
- Organizational Improvement

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Health Information Technology for Economic and Clinical Health Act (HITECH)
- HIPAA Event Reporting and Tracking

Integrated Care

- Quality Assurance
- Compliance
- Accreditation
- Credentialing
- HIPAA Privacy
- **Integrated Care**
- Organizational Improvement

- Managed Care Organization (MCO) Carve In:
  - Community Mental Health Centers July 2016
  - Division of Inpatient Services Anticipated 2019
- Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measures, such as:
  - Follow-Up After Hospitalization for Mental Illness
  - Metabolic Monitoring for Children/Adolescents on Antipsychotics
- Primary Care Integration Initiatives

Organizational Improvement

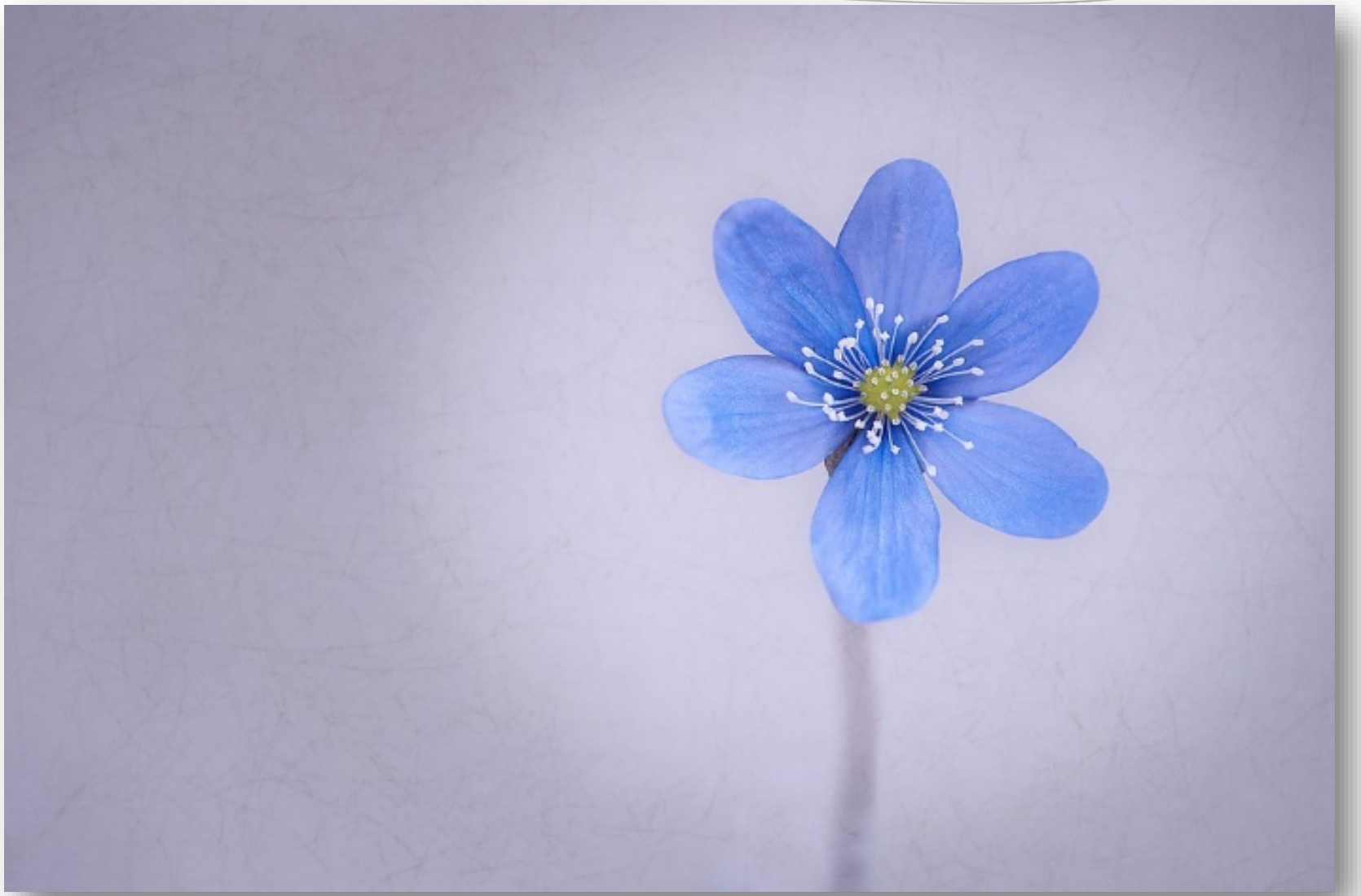
- Quality Assurance
- Compliance
- Accreditation
- Credentialing
- HIPAA Privacy
- Integrated Care
- **Organizational Improvement**

- Quality Management Advisory Committee (QMAC)
- Quality Improvement Projects:
  - Level of Care Protocol & Implementation
  - Training Task Force
  - Risk Assessment Protocol & Implementation

Mandatory Training Project

Total Mandatory Training Modules

	Jan 2018	Jun 2019	% Reduction
CMHC's			
RN	80	31	61%
Clinical	81	32	60%
Admin	65	28	57%
DIS			
RN	73	28	62%
Clinical	65	26	60%
Admin	45	22	51%



South Carolina Department of Mental Health Telepsychiatry Programs

Driving the Future of Psychiatric Service Delivery

June

2019

Telehealth, Telemedicine, and Telepsychiatry

- The terms "telehealth" and "telemedicine" are often used interchangeably, but that is not exactly accurate.
- "Telehealth" is a broader range of services such as video conferencing, remote monitoring, online medical evaluations, and transmission of still images.[1]
  - Telehealth is the interaction of patient and clinician via electronic communications to improve a patient's clinical status.[1]
  - Telehealth includes a growing variety of applications and services using two-way video, email, smartphones, wireless tools and other forms of telecommunication.[1]
- "Telemedicine" refers specifically to the subset of telehealth represented by the delivery of clinical services via synchronous, interactive audio and video telecommunications systems.[1] Telepsychiatry is one such clinical service.
- Several key features of "Telepsychiatry" are:
  - High definition
  - HIPAA compliant
  - Encrypted
  - Real-time

Source: [1]Blue Cross Blue Shield Association

2025

- In 2015, every state in the United States was experiencing at least a high shortage of practicing child and adolescent psychiatrists.[1]
  - In South Carolina, 4 counties had a high shortage, 12 counties had a severe shortage, and 29 counties had no child and adolescent psychiatrists at all. Only one county had a mostly moderate supply of child and adolescent psychiatrists.[1]
- The pool of psychiatrists working with public sector and insured populations declined by 10 percent from 2003-2013.[2]
  - 77% percent of counties in the United States are underserved.[2]
  - Due to efficient screening for mental health and suds in primary care, there will be growing demand for access to psychiatric services.[2]
- In 2025, it is projected that the supply of full-time equivalent psychiatrists will equal 45,210. In 2025, it is projected that the demand for full-time equivalent psychiatrists will range from 51,290 to 60,610.[3]
  - In 2025, the shortage of full-time equivalent psychiatrists in the United States could exceed 15,000.[3]

Sources: [1]American Academy of Child & Adolescent Psychiatry
[2]National Council for Behavioral Health
[3]Health Resources and Services Administration

2030

- By 2030, there will be a **shortage** of **121,300** physicians in the United States.
  - 66,000 in the South.
- Currently, there is a **need** for **13,800** primary care providers and **5,500** psychiatrists in the United States just to meet the current demand.
- By 2030, demand for healthcare will increase **15%**.
- While supply continues to lag behind demand, methods to address the shortfall will become more imperative.

Source: The Greenville News, April 2018

One Such Solution

- The solutions depend on a combination of interrelated activities. One such solution: improved efficiency of service delivery.[1]
- There are two distinct conclusions that can be drawn from the information.[2]
  - The introduction of telepsychiatry as a method of service delivery for psychiatric services at the South Carolina Department of Mental Health (SCDMH) provides both a recruitment incentive to psychiatrists and a resource deployment tool for operations.[2]
  - Recruitment Incentive…[2]
    - Geographic area
    - Opportunity to mix practice environments
    - Flexible schedule
  - Resource Deployment Tool…[2]
    - System-wide utilization and scheduling
    - Load balancing of need
    - Rapid relocation of services

Sources: [1]National Council for Behavioral Health
[2]2017 SCDMH Executive Leadership Development Program

Partners in Behavioral Health Emergency Services

The Five Programs

Today, SCDMH has five (5) telepsychiatry programs…

- Deaf Services Telepsychiatry Program
- Emergency Department Telepsychiatry Program
- Community Telepsychiatry Program
- EMS Telehealth Pilot Project
- Inpatient Services Telepsychiatry Program

Deaf Services Telepsychiatry Program

- The Deaf Services Program at the South Carolina Department of Mental Health (SCDMH) was one of the earliest adopters of video technology, starting in 1996 to use telepsychiatry to meet the needs of patients who wanted direct communication with their doctor or counselor.
- The pool of available clinicians who are fluent in American Sign Language is very small and, as SCDMH serves the entire state, requires that either the patient or the staff drive great distances to deliver services. Providing services to a linguistic minority like the Deaf community requires specialized skills.
- Telepsychiatry allows SCDMH to expand the reach of its staff, enabling it to serve more patients, more frequently, and on a more flexible schedule.
- When given a choice, patients consistently say they would rather see a clinician who can communicate with them directly over the video system than use an interpreter.

Emergency Department Telepsychiatry Program

- In a collaboration of historic significance, the South Carolina Department of Mental Health partnered with The Duke Endowment to create in December 2007 an innovative solution to the overcrowding of psychiatric patients in local hospital emergency departments.
- The solution was called “Partners in Behavioral Health Emergency Services.” Informally, it is referred to as the “SCDMH Emergency Department Telepsychiatry Program.”
- It is a cutting-edge statewide service delivery model that provides remote access for emergency departments in South Carolina to psychiatrists whenever a psychiatric consultation is required.
- With on-going program evaluation from the University of South Carolina, School of Medicine, early financial support from the South Carolina Department of Health and Human Services, and initial program support from the South Carolina Hospital Association, the Program is a critical component to meeting the increased demand on emergency departments to treat psychiatric and co-occurring disorder patients.
- The approach is to impact the demand for services at the service-delivery point with a product that will augment the limited resources available in the emergency departments.
- It is the first of its kind nationally.

Community Telepsychiatry Program

- The Community Telepsychiatry Program started because of the need for full spectrum community mental health services in rural areas across the state.
- Built on the success of the SCDMH Emergency Department Telepsychiatry Program, SCDMH has equipped its community mental health centers and mental health clinics to provide psychiatric treatment services to its patients via telepsychiatry.
- Many SCDMH community mental health centers operate mental health clinics in rural counties that are distant from the main center. The use of telepsychiatry within catchment networks allows psychiatrists based at the main center to serve outlying satellite clinics without having to travel to those locations. This technology provides patients in need of mental healthcare both scheduled and urgent access to psychiatric services.
- SCDMH has also recruited agency psychiatrists to supplement catchment areas experiencing a shortage of available psychiatric time by utilizing telepsychiatry. These psychiatrists are located in a central geographic location and provide telepsychiatry services from that central location to locations across the state.
- Recruiting psychiatrists is challenging in many locations, especially rural areas. Driving to remote rural clinics consumes valuable time better spent serving patients.

Emergency Management Services Telehealth Pilot Project

- On May 1, 2017, the Assessment Mobile Crisis (AMC) team at Charleston Dorchester Mental Health Center (CDMHC) began a Telehealth Pilot Project with Charleston County EMS (CCEMS).
- Funded by an MUSC Telehealth Grant, the pilot project was created in an effort to appropriately divert behavioral health patients from local Emergency Departments and hospitals.
- CCEMS uses the telehealth technology on all 911 calls which are identified as psychiatric in nature. It first sends a staffed ambulance to evaluate the individual for medical needs for emergency transport. If there are no medical concerns, a CCEMS supervisor, with the telehealth equipment, is dispatched to the scene. AMC is contacted by the supervisor, and they establish a video connection using HIPAA compliant software.
- Using telehealth assessments has significantly decreased the amount of time needed to complete the intervention, and has allowed for the ambulance to quickly return to service without transporting to the ED.
- The estimated cost savings for the healthcare system in the first 3 months (cost of ambulance transport and a basic ED visit) was approximately $206,600.

Inpatient Services Telepsychiatry Program

- The Inpatient Services Telepsychiatry Program started because of the periodic need for psychiatric services in SCDMH's inpatient facilities across the state – specifically, neurology.
- Also built on the success of the SCDMH Emergency Department Telepsychiatry Program, SCDMH is equipping its inpatient facilities to provide psychiatric evaluation and treatment services to its patients via telepsychiatry.
- With full implementation of telepsychiatry in SCDMH's Division of Inpatient Services, SCDMH will have deployed telepsychiatry across the spectrum of its psychiatric services and locations.

Timeline

The South Carolina Department of Mental Health is the largest provider of telepsychiatry services in South Carolina. It shares the distinction of "largest provider of telehealth services" in South Carolina.

1996

The Deaf Services Program is one of the earliest adopters of video technology in psychiatric service delivery.

2007

SCDMH enters into a collaboration of historical significance with The Duke Endowment – the Emergency Department Telepsychiatry Program.

2009

On March 29, 2009, the first wireless video cart was activated in a hospital emergency department.

2013

The Community Telepsychiatry Program began in August 2013.

2017

On May 1, 2017, the Assessment Mobile Crisis (AMC) team began a Telehealth Pilot Project in Charleston County.

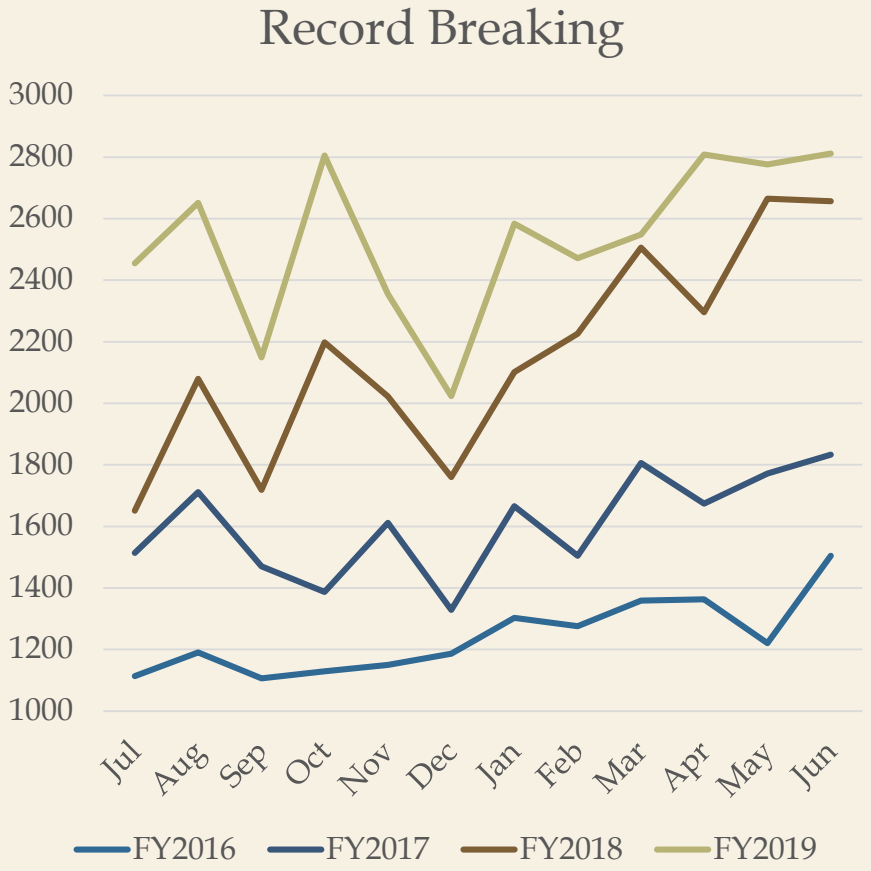
2018

In October 2018, SCDMH delivered its 100,000th psychiatric service rendered via telehealth.

122,000*

Comprehensive Evaluations and Treatment Services Rendered Via Telehealth

- FY2016 - 14,902
- FY2017 – 19,279
- FY2018 – 25,881



*Approximation based on date of reporting.

The Two Largest Telepsychiatry Programs

The Emergency Department Telepsychiatry Program and the Community Telepsychiatry Program comprise the largest contributors to the number of psychiatric services rendered via telehealth.

Emergency Department Telepsychiatry

- More than 50,000 comprehensive evaluations provided since inception
- Approximately 700 comprehensive evaluations provided per month
- More than 20 telepsychiatrists in full and part-time capacities
- Operating hours: 7:00AM-12:00AM; 365 days a year
- 23 participating hospitals
- 5 state/regional/national awards

Community Telepsychiatry

- More than 70,000 psychiatric treatment services provided since inception
- Approximately 1,800 psychiatric treatment services provided per month
- More than 50 telepsychiatrists in full and part-time capacities
- 16 participating community mental health centers and 43 mental health clinics

Emergency Department Telepsychiatry Program

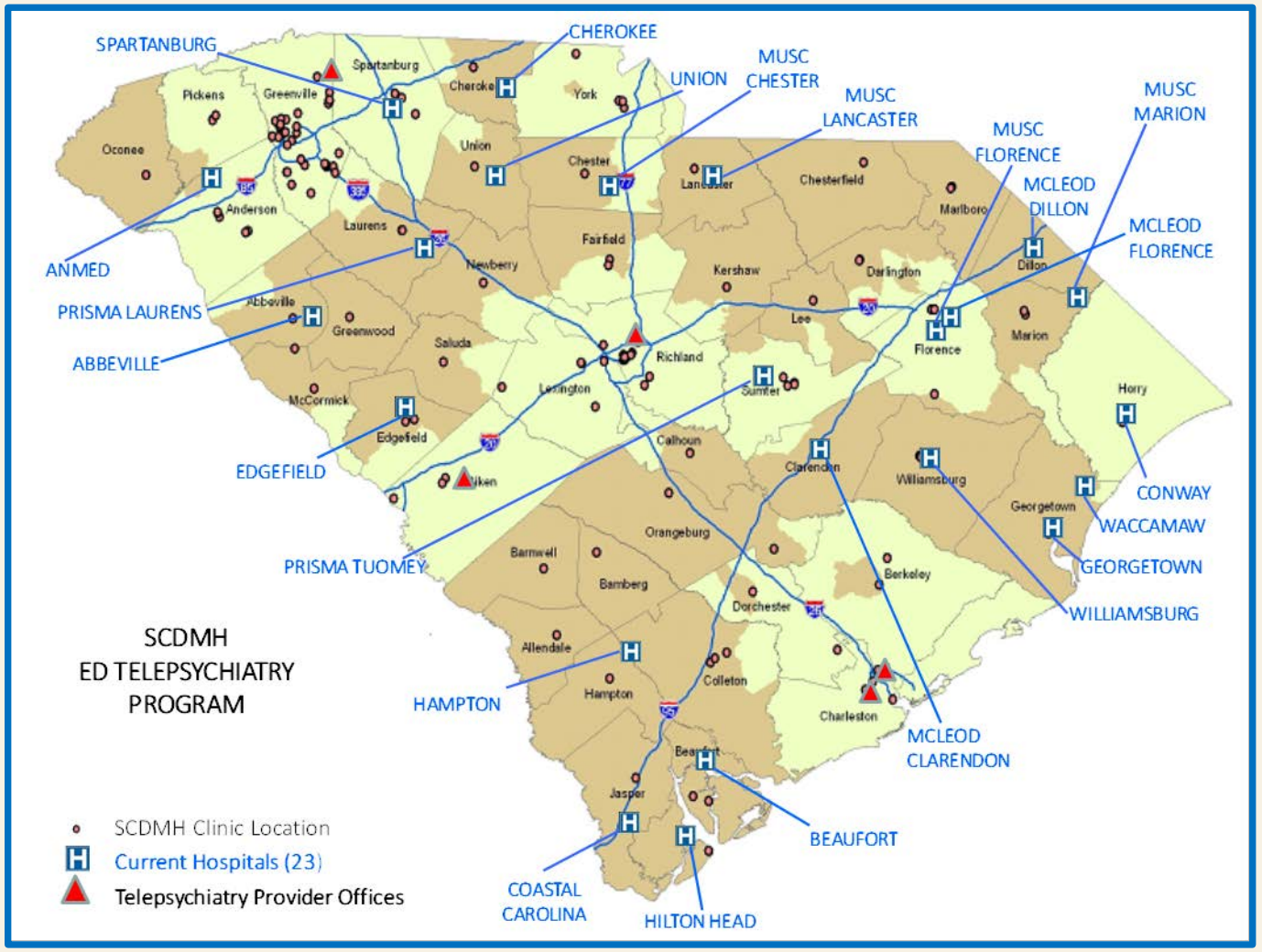
- Primary Goals
  - Achieve timely mental health comprehensive evaluations and recommendations
  - Initiate quality treatment services
  - Reduce overall hospital length of stay
  - Affect return on investment through hospital savings
  - Provide successful post-emergency department transfer to aftercare services in community settings

- Clinical Services
  - Evaluations are provided by licensed and board certified psychiatrists
  - Patient-personal treatment and comprehensive discharge care plan is developed
  - Electronic medical record (EMR) is utilized
  - EMR is electronically transferred to hospital
  - Follow-up comprehensive evaluations are provided by ED Telepsychiatry Program telepsychiatrists

Emergency Department Telepsychiatry Program

- Program Outcomes
  - An R01 grant awarded to the University of South Carolina, School of Medicine by the National Institutes of Health has demonstrated that this unique program has improved access, improved affordability, and provided quality care to citizens of the state with mental illnesses.
    - What is an R01 Grant?

      The Research Project Grant (R01) is the original and historically oldest grant mechanism used by National Institutes of Health (NIH). The R01 provides support for health-related research and development based on the mission of the NIH – to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.
  - Since 2012, longitudinal results demonstrate:
    - Higher follow-up and retention of patients seen with the telepsychiatry group compared to controls in an outpatient setting
    - Shorter lengths of stay
    - Fewer inpatient admissions
    - Total charges at encounter level for the index emergency department visit including subsequent inpatient admission that were significantly lower for the telepsychiatry group.



Participating Hospitals

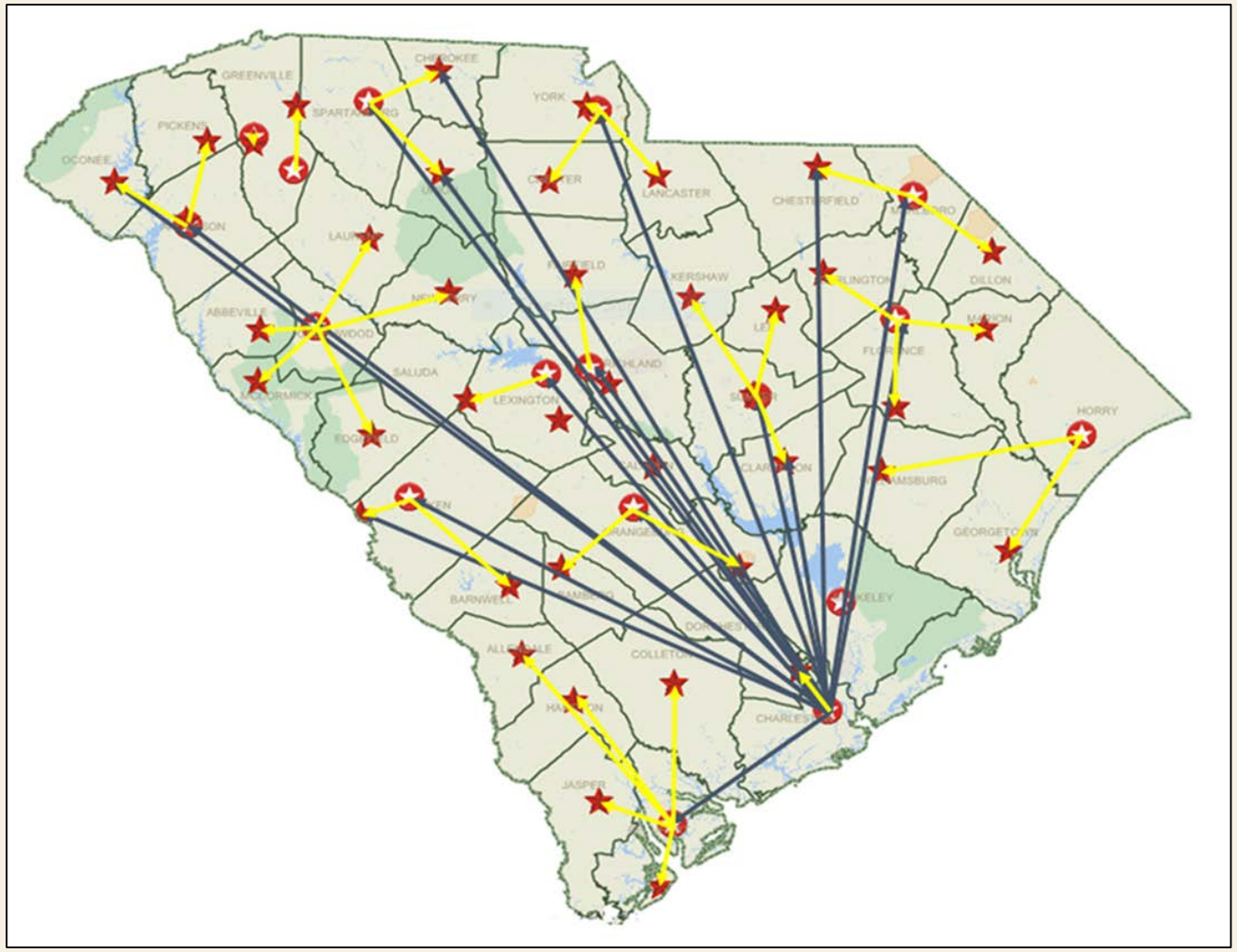
There are twenty-three (23) participating hospitals in the Emergency Department Telepsychiatry Program.

Evaluation and Return on Investment

- South Carolina Telehealth Alliance Evaluation: Direct to Consumer and Telepsychiatry Programs, 2018-2019 Report, SCTA Evaluation Team, University of South Carolina, School of Medicine
  - Access
    - Access for treatment was improved for traditionally marginalized groups
  - Value
    - 29% lower average in lengths of stays when remaining in same facility
    - 97% lower cost when considering length of stay costs 90 days after initial encounter
    - 33% lower inpatient hospital charges on average for telepsychiatry vs. non-telepsychiatry comparison group
    - 15% lower total hospital charges on average for telepsychiatry vs. non-telepsychiatry comparison group
  - Quality
    - 71% higher rate of transfer to other facilities for inpatient care from the ED for telepsychiatry vs. non-telepsychiatry comparison group
    - 70% lower rate of inpatient admission to the same hospital from the ED for telepsychiatry vs. non-telepsychiatry comparison group
    - 51% higher follow-up rate for telepsychiatry patients for both 30-day and 90-day outpatient follow-up appointments

Community Telepsychiatry Program

- Primary Goals
  - Improve access and timeliness of clinical services
  - Improve clinical workflows and efficiencies
  - Provide collaborative care
  - Increase patient engagement
- Clinical Services
  - Evaluations are provided by licensed and board certified psychiatrists
    - Initial Psychiatric Medical Assessment (PMA)
    - Follow-up care
    - Treatment team participation
  - Patient-personal treatment and comprehensive discharge care plan is developed and monitored
  - Electronic medical record (EMR) is utilized
    - System-wide EMR application increases service delivery effectiveness via timely, accessible clinical information
  - Effects continuity of care



State-wide Interconnectivity

The interconnectivity of SCDMH's Telepsychiatry Programs creates state-wide access to care and efficiently deploys limited clinical resources.

Evaluation and Return on Investment

- South Carolina Telehealth Alliance Evaluation: Direct to Consumer and Telepsychiatry Programs, 2018-2019 Report, SCTA Evaluation Team, University of South Carolina, School of Medicine
  - Access
    - Access for treatment was improved for traditionally marginalized groups
  - Value
    - 16% of patients with at least one ED visit for behavioral health vs. 11% post Community Telepsychiatry Program (CTP) – ED visits for behavioral health were significantly reduced after CTP
  - Quality
    - 66% had a Psychiatric Medical Assessment (PMA) visit vs. 78% in the year after a patient's first CTP visit – Significantly more clients received their assessment after receiving CTP
    - Patients had their psychotropic medication filled and available for them to take for significantly more days after CTP, increasing the probability they will adhere to taking their medication as prescribed

The Factors for Success in the SCDMH Telepsychiatry Programs

- Integrated Mental Health System and the State Mental Health Authority
- Centralized Electronic Health Record (EHR)
- Bank of Physicians Dedicated to Telepsychiatry
- Popular Geographic Locations for Physician Recruitment
- Interconnectivity of Information Technology Network
- Home Offices and Telecommuting
- Low Access Fees (ED Telepsychiatry Program)
- Hours of Operation (ED Telepsychiatry Program)
- Telehealth Champion for Rural Area Access (Palmetto Care Connections)
- Large Statewide Contingent Focused on Telehealth (South Carolina Telehealth Alliance (SCTA))

The South Carolina Telehealth Alliance

- The SCTA is a statewide collaboration of many organizations that have joined forces to expand telehealth services across the State of South Carolina.
- Led by the SCTA Advisory Council, it provides guidance, assists with strategic development, and advises on technology and standards. It is co-chaired by MUSC and Palmetto Care Connections.
- The SCTA was formed with founding strategic providers, Greenville Health, McLeod Health, Medical University of South Carolina and Palmetto Health – known as The Hubs – providing telehealth care services. SCDMH was the fifth Hub and is the only provider with a statewide emphasis.
- The SCTA is funded by the S.C. State Legislature, via the House Ways & Means Committee and the S.C. Department of Health and Human Services. The Medical University of South Carolina, an agency of the State of South Carolina, serves as the fiscal agent and headquarters of the SCTA.

The South Carolina Telehealth Alliance

Strategic Plan and Annual Report

The 2019 SCTA Strategic Plan

SOUTH CAROLINA
Telehealth
ALLIANCE

Mission

Improve the health of all South Carolinians through telehealth.

Values

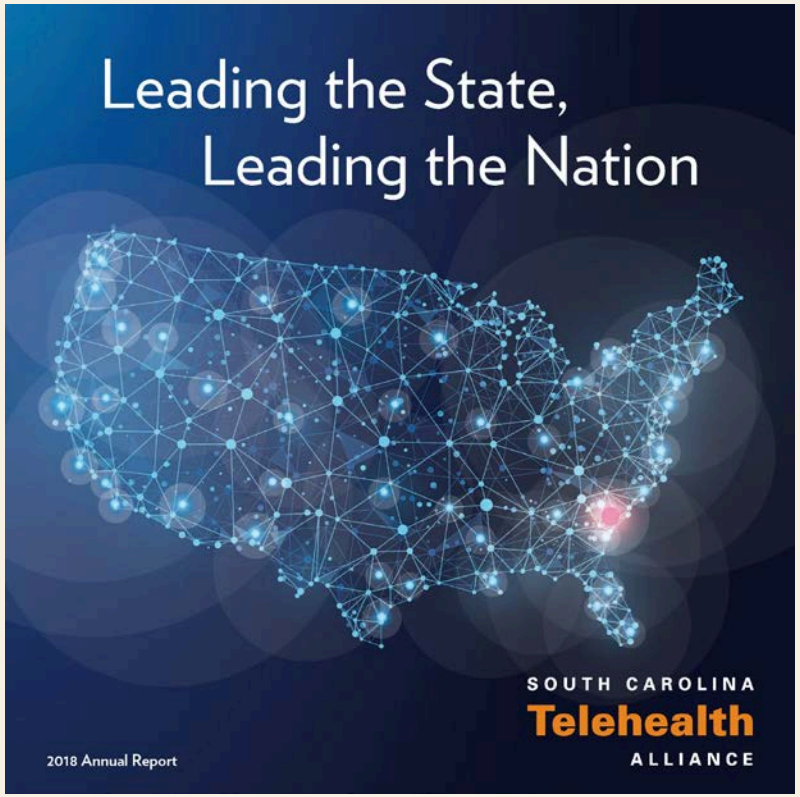
Patient centered
Quality
Collaboration
Sustainability
Accountability

Vision

Telehealth will grow to support delivery of health care to all South Carolinians with an emphasis on underserved and rural communities. It will facilitate, coordinate and make more accessible quality care, education and research that are patient centered, reliable and timely. Our state will become recognized nationally for telehealth that is uniquely collaborative, valuable and cost effective.

Value Proposition

Telehealth in South Carolina will deliver high value through productive collaboration.



The South Carolina Telehealth Alliance Strategic Plan

Strategies and Tactics

- 1. Open Access
- 2. Rural Focus
- 3. Service Development
- 4. Mental Health
  - Tactic 4.1: Support rural hospitals with the availability of mental health and related clinical services and programs.
  - Tactic 4.2: Support primary and ambulatory care providers with efficient access to specialty care.
  - Tactic 4.3: Establish telepsychiatry as recruitment tool for providers.
  - Tactic 4.4: Develop a best practice for medical information sharing across disparate medical service delivery organizations.
  - Tactic 4.5: Identify, support, and coordinate other statewide telehealth initiatives that address mental health and related clinical services and programs.
- 5. Education and Training
- 6. SCTA Collaboration
- 7. Outcomes
- 8. Promotions and Sustainability

The Keys to Future Success in Telehealth

- Broadband Access Expansion within Rural Communities
- Enhanced Information Sharing Platforms
- Service-Sustaining Reimbursement (Services, Providers, Locations)
- Telehealth in Strategic Planning
- Partnerships with Non-Traditional Healthcare Organizations to Provide Better Care
- Partnerships with Non-Traditional Healthcare Locations to Provide Access to Care
- Continuous Adaptability

Leveraging Available Resources

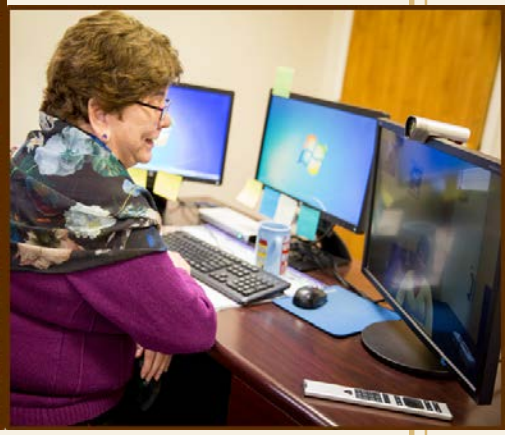
- Since 2015, SCDMH has participated in the Federal Communications Commission's (FCC) Healthcare Connect Fund (HCF). It is an FCC Rural Health Care program that is administered by Universal Service Administrative Company (USAC).
- The HCF provides a 65% discount for eligible broadband expenses and network equipment. Its target recipients are rural healthcare providers (HCP) and consortia of HCPs. SCDMH participates in the HCF as part of a consortia.
- The vast majority of benefit to SCDMH is associated with circuits on its wide-area network.
- To date, SCDMH has received offsets to its AT&T bills through the HCF of more than $2.7 million.

Federal Communications Commission

USAC
Universal Service Administrative Company

Telepsychiatry at the South Carolina Department of Mental Health

Anytime, Anywhere, Anyhow



Where Do We Go From Here?

- Program Expansion: Emergency Department Telepsychiatry Program
- Program Expansion: Inpatient Services Telepsychiatry Program
- New Program Pilot: Geriatric Telepsychiatry
- New Program Pilot: FQHC Partnership/Primary Care Alignment
- School Mental Health Program with Telepsychiatry Support
- Utilization of Nurse Practitioners (APRN) and Physician Assistants (PA)

Ancillary Telepsychiatry Activities

- Patient Centered Outcomes Research Institute (PCORI): Engaging Patients in Care (EPIC) Program
- Zero Suicide Initiative
- Centralized Credentialing
- Healthy Transitions
- Ensor Grant

Deaf Resident Strikes the Right Note with Telemedicine (https://www.scetv.org/stories/telehealth?page=2)
(4:20)

Telepsychiatry

Part of SCDMH's more than 900 portals of access to services

- SCDMH Vision: As the State's Mental Health Authority, SCDMH will be the provider and employer of choice.
- SCDMH Mission: To support the recovery of people with mental illnesses.
  - Telepsychiatry is the future of SCDMH's mission.

Additional Resources

https://www.scetv.org/telehealth
http://www.sctelehealth.org/
https://scdmh.net/telepsychiatry/

Thank You!

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Email
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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH - OFFICE OF NETWORK & INFORMATION TECHNOLOGY

ONIT MISSION

Support all administrative and clinical initiatives of the South Carolina Department of Mental Health to support the agency's mission while managing the demands of the ever changing healthcare environment.

- ONIT must ensure all necessary software changes are in place to meet regulatory compliance with entities such as CMS, JCAHO, CARF, DHEC, SSA, etc.
- ONIT must remain current with requirements from other entities including Division of Technology Operations (DTO), Managed Care Organizations (MCOs), HHS, etc.
- ONIT manages two data centers that house all of our clinical/administrative applications, and is responsible for the security of our patient data as required by HITECH, HIPAA, and 42-CFR.

FORMS SUPPLY/RECORDS MANAGEMENT

- Mary Ellen Page – Manager
- 9 staff
- Over 1,500 current forms.
- 12,000 print requests last fiscal year.
  - 5 million pages printed in house
  - 1 million outsourced
- 200+ charts imaged weekly
  - 7,000 boxes imaged last year
- 4,600 lbs of shredded material per week

NETWORK SERVICES

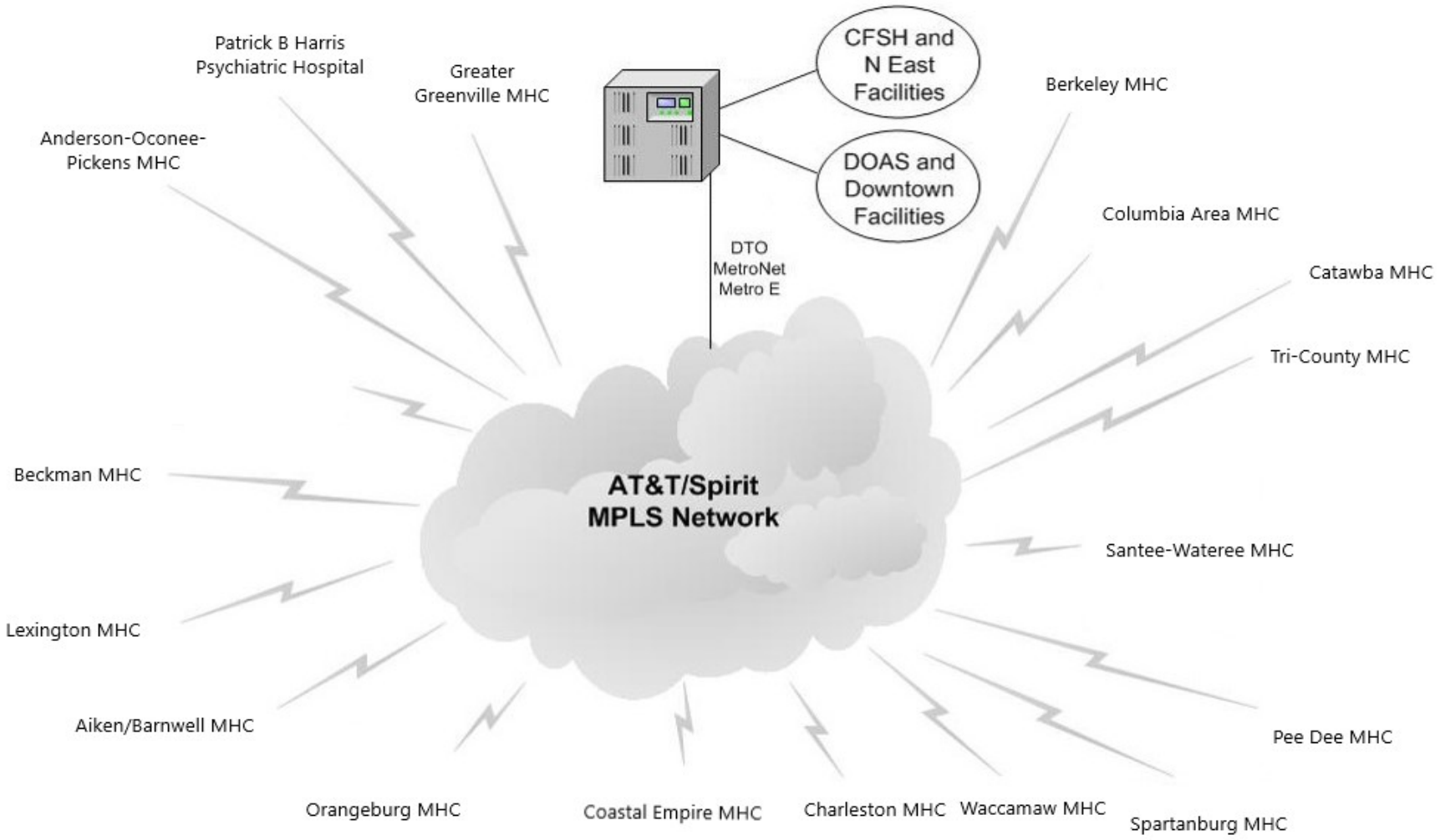
Delivers all services to support patient care by building and maintaining secure, reliable networks, maintaining all end user devices and servers.

- Network Services has 51 staff members organized into five departments: Network Operations, Network Software Support, Telepsychiatry, WAN/LAN and End User Support Services.
- Network Services designs, installs, maintains and supports Telepsychiatry services.
- Network Services designs, builds and maintains networks for 74 Community Mental Health Centers and hospital located outside Columbia, the DMH campuses located in Northeast Columbia and the campuses located in downtown Columbia.

Network Services Statistics

- Maintains the operating system and hardware for 337 servers throughout the state.
- Supports, develops images for 5120 end user computing devices. This includes 1050 laptops and tablets
- DMH has 31 locations with wireless systems installed.
- There are 2500 VoIP phones.
- Maintains 74 primary clinical/data circuits and 75 Telepsychiatry network circuits.
- Two Storage Area Networks that maintain over 280 TB of data.
- Over 600 network switches and routers.
- Two video conference systems. One runs the Telepsychiatry program and the second one is used for administrative video conferences.

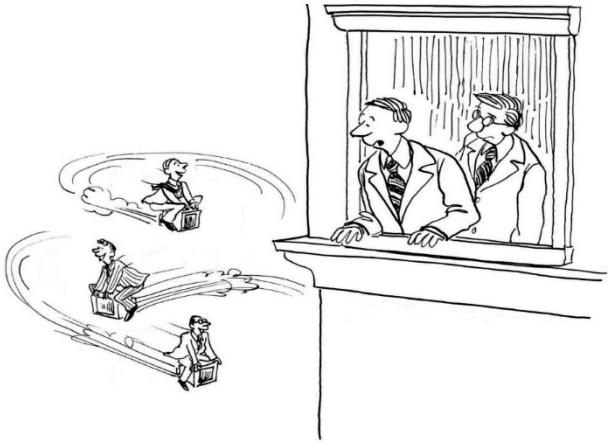
Data Network Diagram



Network Services Challenges

- Microsoft licensing cost.
- Increasingly mobile workforce.
- Security of the network.
- Cloud computing.
- Healthcare Interoperability.
- Capacity planning for the network.

SOFTWARE SUPPORT



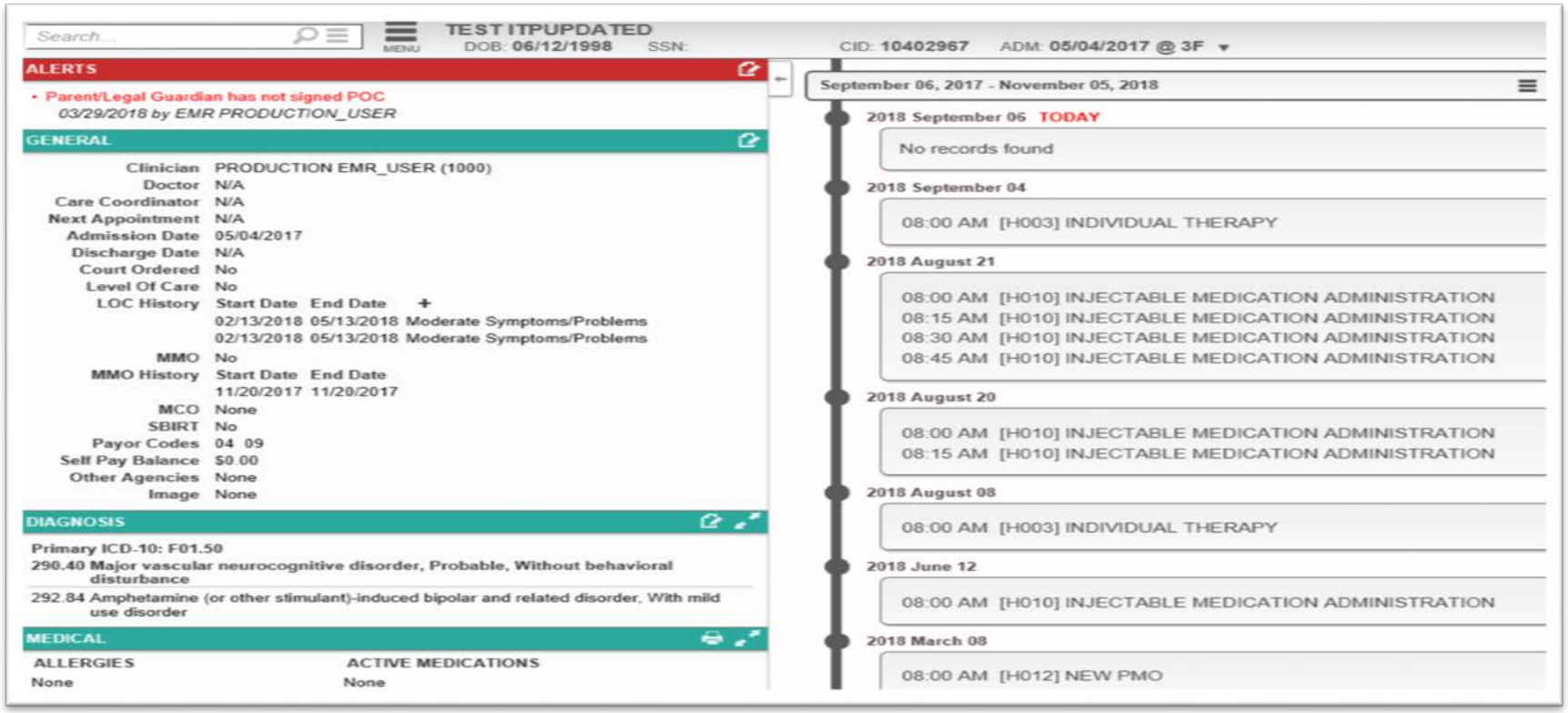
SOFTWARE SUPPORT

- Maintain all aspects of Clinical Applications used for direct patient care.
- Provide 24/7 end user support for clinical staff to support direct patient care.
- Maintain and support over 50 servers used to run Clinical Applications used by the agency.
- Responsible for delivering and maintaining over 25 different administrative and clinical software applications.

OUTPATIENT ELECTRONIC MEDICAL RECORD

- First Clinical Application used by the Agency – Developed and Implemented by the Office of Network and Information Technology (ONIT)
- Santee Wateree CMHC went live with the EMR in November of 2006 and implementation was complete with Pee Dee CMHC in November 2010
- Integration with SCHIEX (South Carolina Health Information Exchange), Electronic Prescribing, and Scripts Database for Prescription Monitoring
- Outpatient EMR is used by all 17 CMHCS, CCRI, School Based Counselors, and ED Telepsychiatry Program

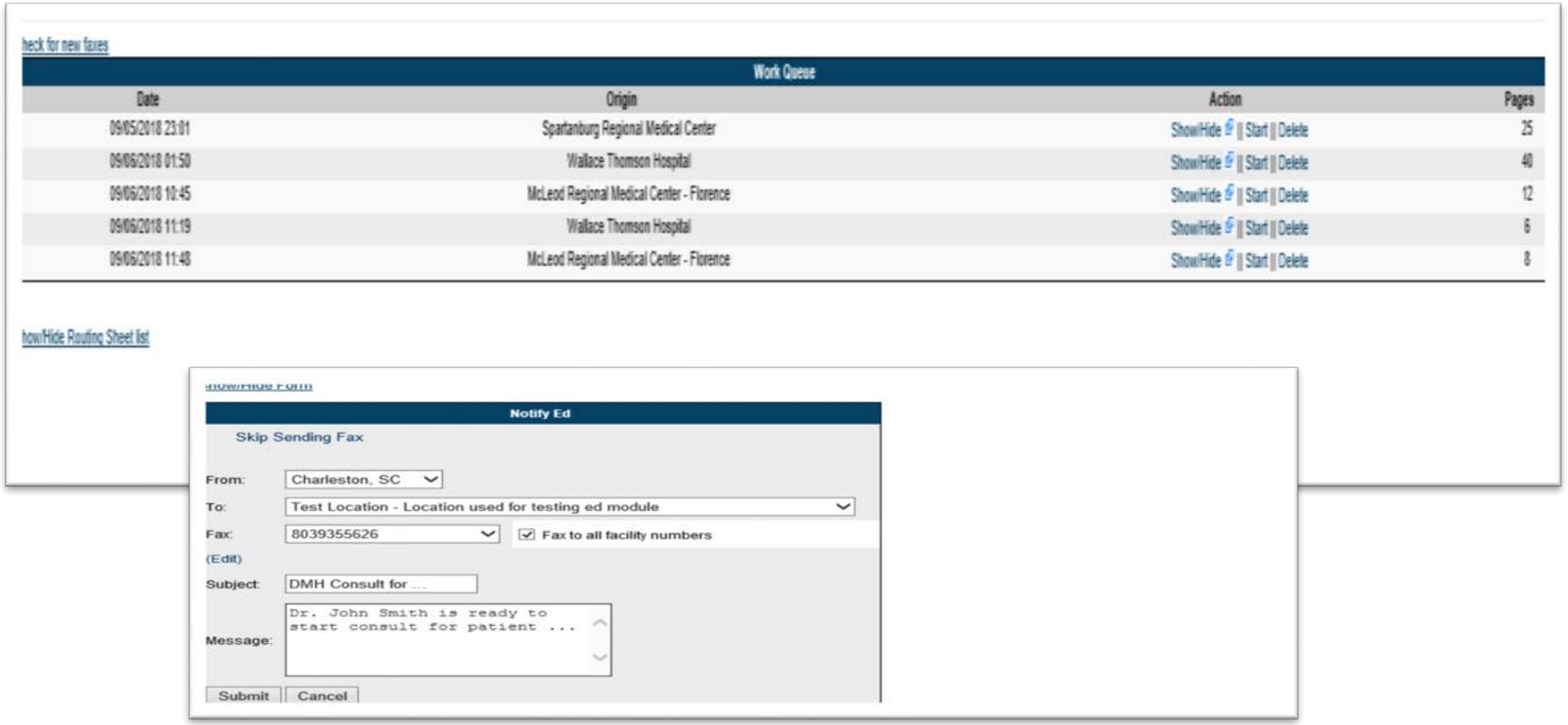
OUTPATIENT ELECTRONIC MEDICAL RECORD (EMR)



OUTPATIENT ELECTRONIC MEDICAL RECORD (EMR)

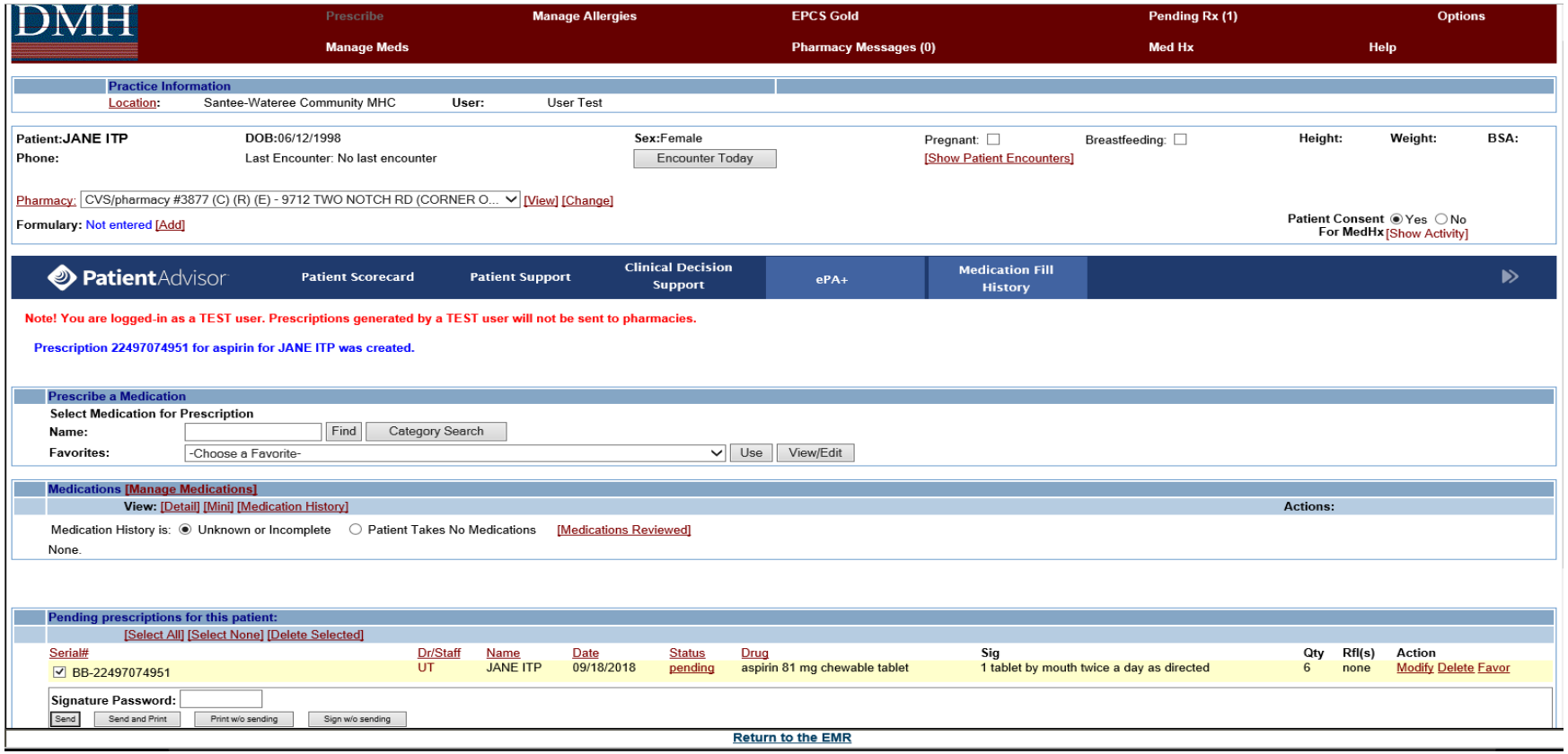
OUTPATIENT ELECTRONIC MEDICAL RECORD (EMR)

Emergency Department Telepsychiatry Queue



OUTPATIENT ELECTRONIC MEDICAL RECORD (EMR)

Electronic Prescribing Integration



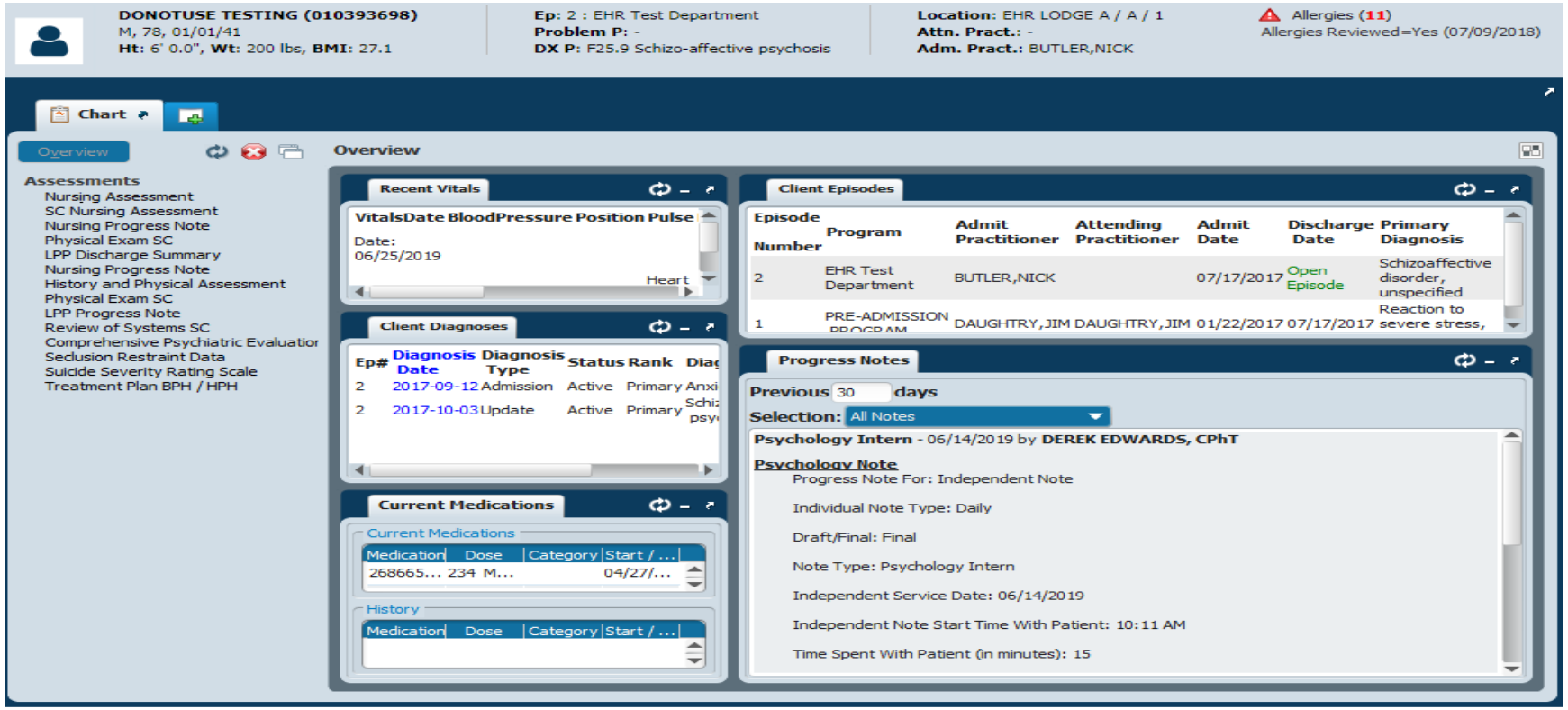
INPATIENT ELECTRONIC HEALTH RECORD (EHR)

- February 1st, 2017 – EHR Go Live Phase I at Bryan Psychiatric Hospital and Morris Village
- October 1st, 2017 – EHR Go Live Phase II at Harris Hospital

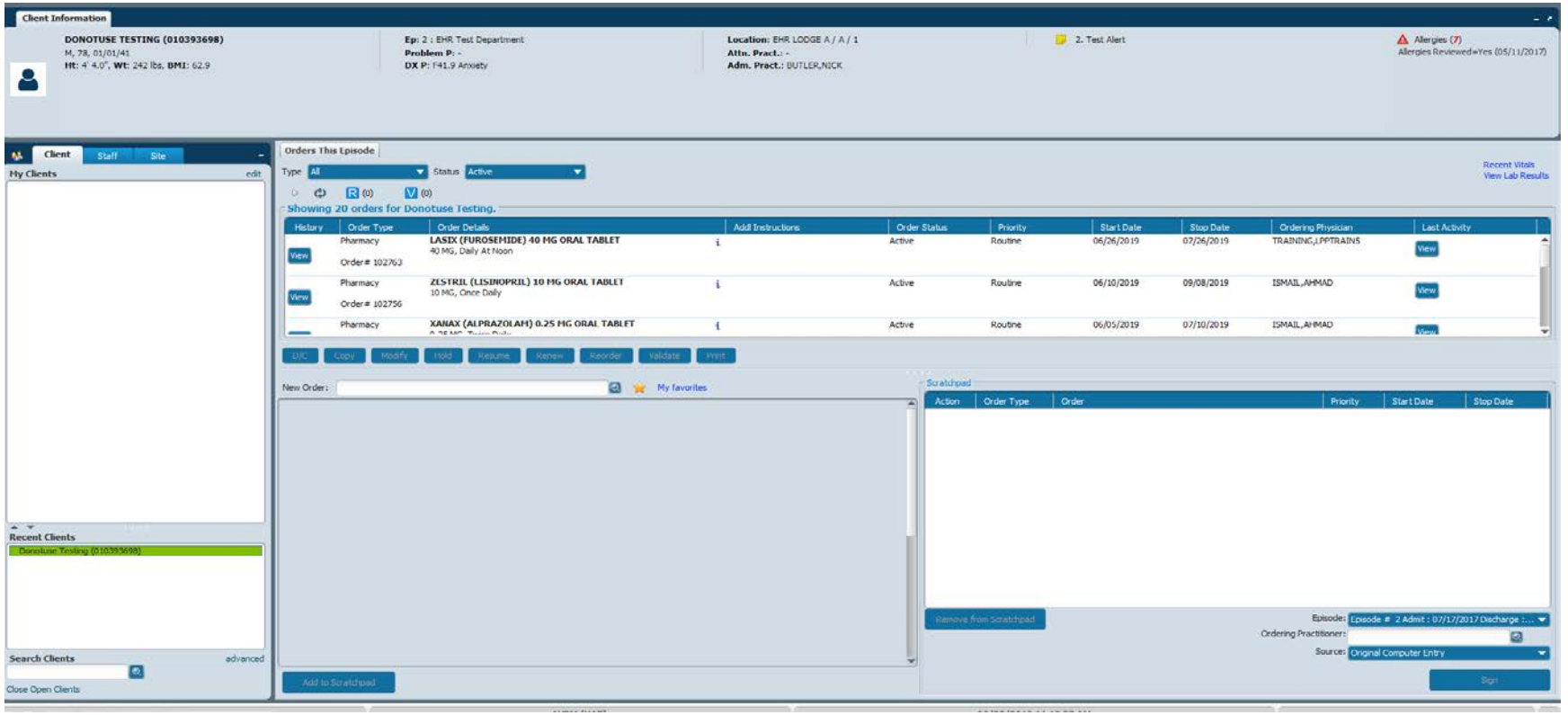
- May 2018 – Completed EHR Go Live in all Inpatient Facilities

- Fiscal Year 2020 – Begin Nursing Home EHR Project

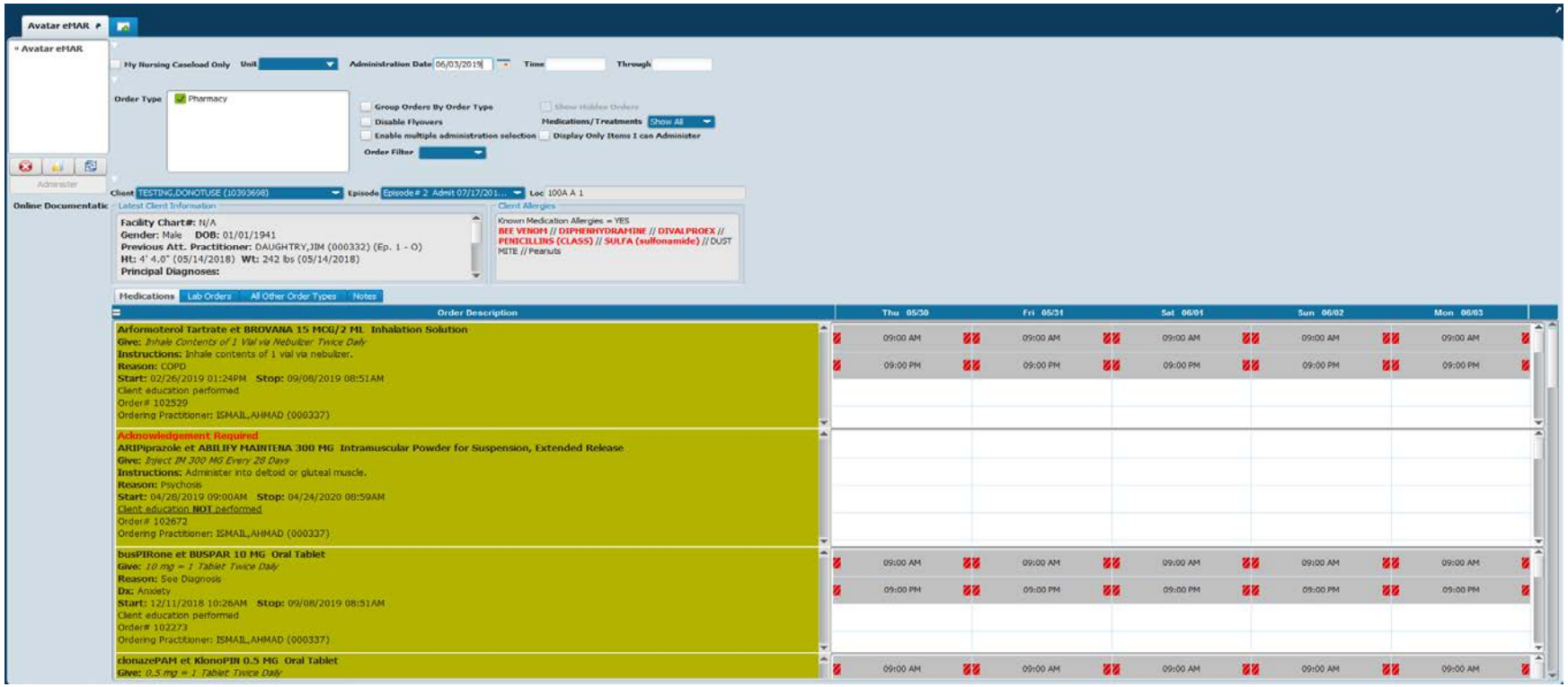
INPATIENT ELECTRONIC HEALTH RECORD (EHR)



INPATIENT ELECTRONIC HEALTH RECORD (EHR) – ORDER ENTRY



INPATIENT ELECTRONIC HEALTH RECORD (EHR) – EMAR



CURRENT AND FUTURE PATIENTCARE SOFTWARE SUPPORTED

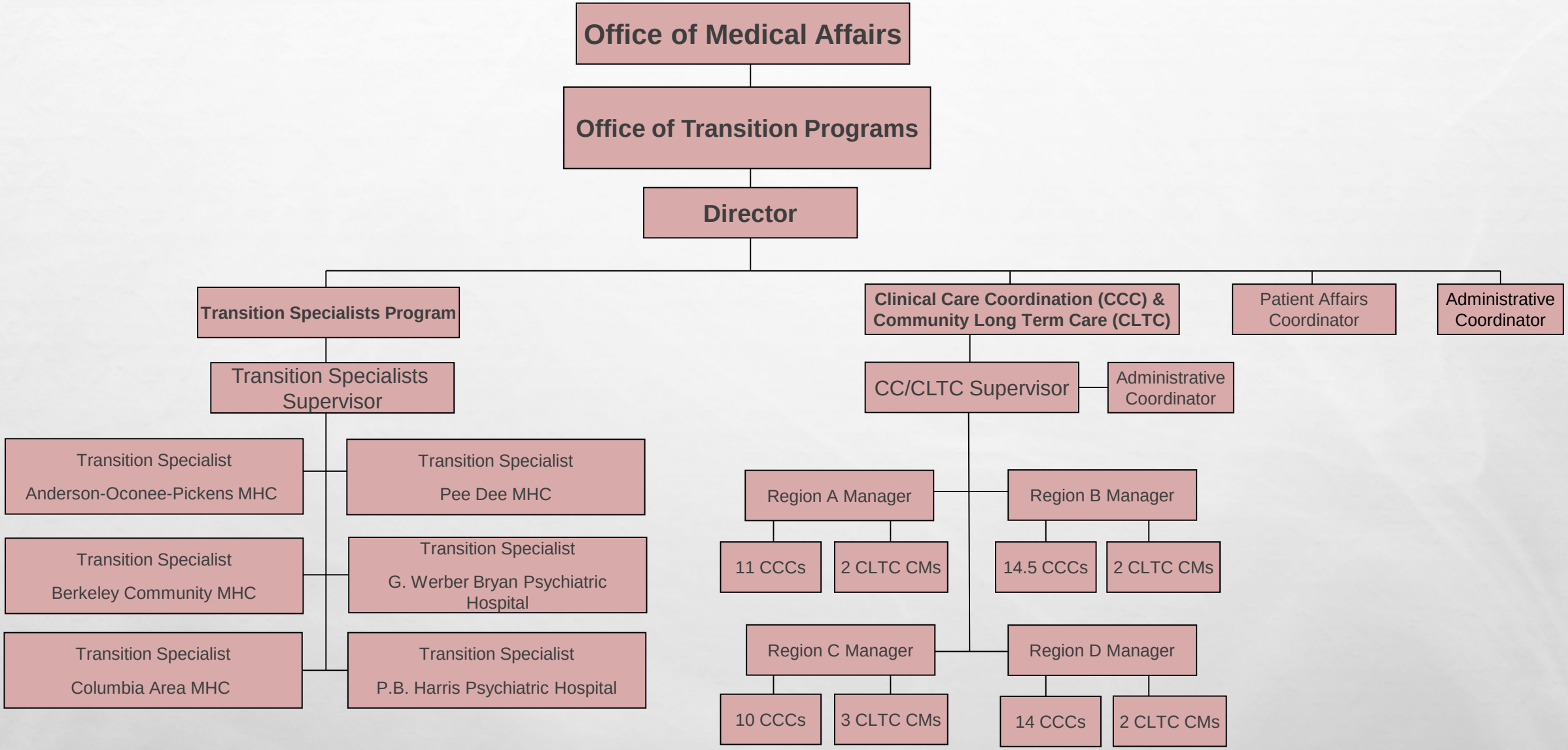
- Inpatient Pharmacy System
- Long Term Care Pharmacy System
- Nutritional Services System
- Transcription/Dictation System
- Automated Dispensing Machines
- Bar Code Scanning
- Lab Orders Interface
- Interoperability with outside providers

Administrative Applications Supported by Software Support

- ONIT supports all the Human Resources, Payroll, and Financial administrative functions related to SCEIS. This includes monthly, quarterly, and annual reports.
- Supports the Kronos Timekeeping System used by the Division of Inpatient Services.
- Responsible for monthly interfaces between software applications, telephone systems, procurement cards, and SCEIS that total over one million dollars.
- Software Support manages all reporting responsibilities to support the agency's mission and statistical reporting requirements related to regulatory compliance, legislative mandates, etc. This includes reporting to SAMHSA, NRI, CMS, and DHEC as well as state requirements which include the Medicaid Disproportionate Share Hospital Survey/Audit.
- Support Agency Scanning Applications, Door Management Software, Badge Creation software, Public Safety, and legacy mainframe applications.

OFFICE OF TRANSITION PROGRAMS

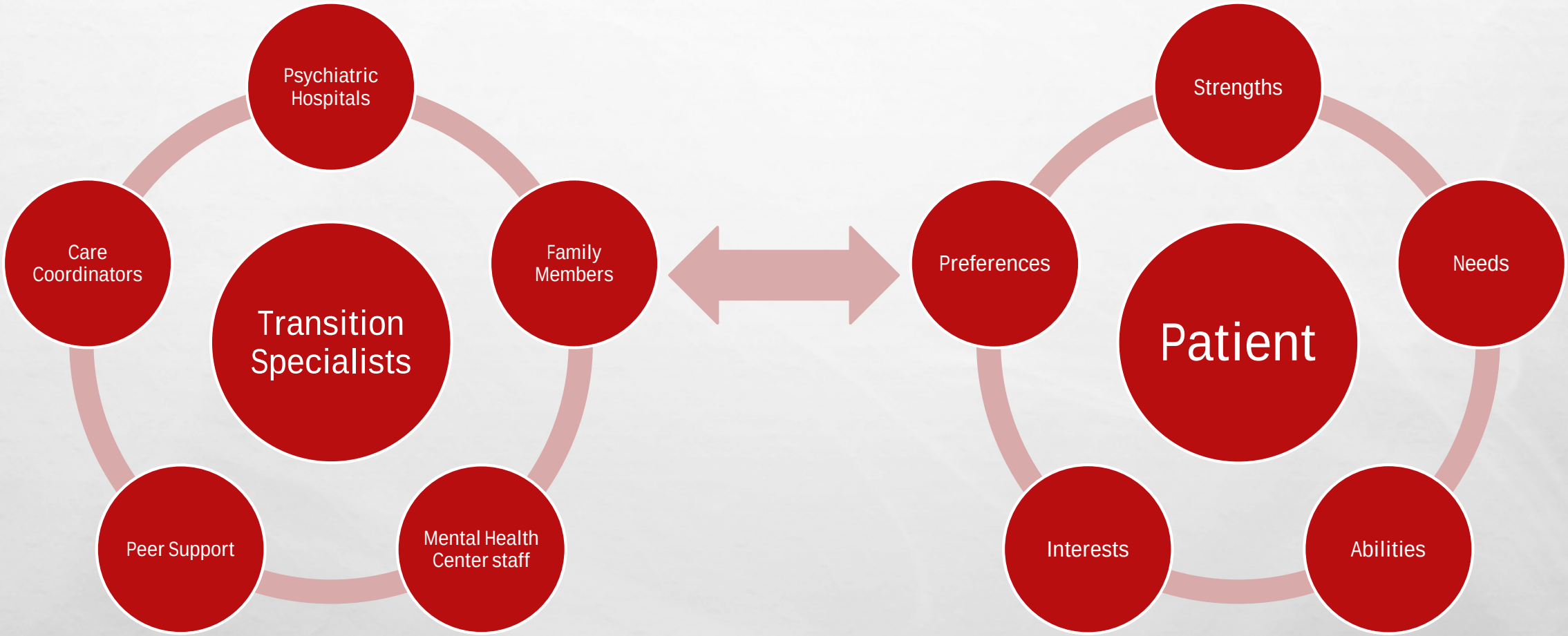
BUILDING BRIDGES TO THE COMMUNITY


Office of Medical Affairs
Office of Transition Programs
Director
Transition Specialists Program
Transition Specialists Supervisor
Transition Specialist
Anderson-Oconee-Pickens MHC
Transition Specialist
Pee Dee MHC
Transition Specialist
Berkeley Community MHC
Transition Specialist
G. Werber Bryan Psychiatric Hospital
Transition Specialist
Columbia Area MHC
Transition Specialist
P.B. Harris Psychiatric Hospital
Clinical Care Coordination (CCC) & Community Long Term Care (CLTC)
Patient Affairs Coordinator
Administrative Coordinator
CC/CLTC Supervisor
Administrative Coordinator
Region A Manager
Region B Manager
11 CCCs
2 CLTC CMs
14.5 CCCs
2 CLTC CMs
Region C Manager
Region D Manager
10 CCCs
3 CLTC CMs
14 CCCs
2 CLTC CMs

SLIDE 2

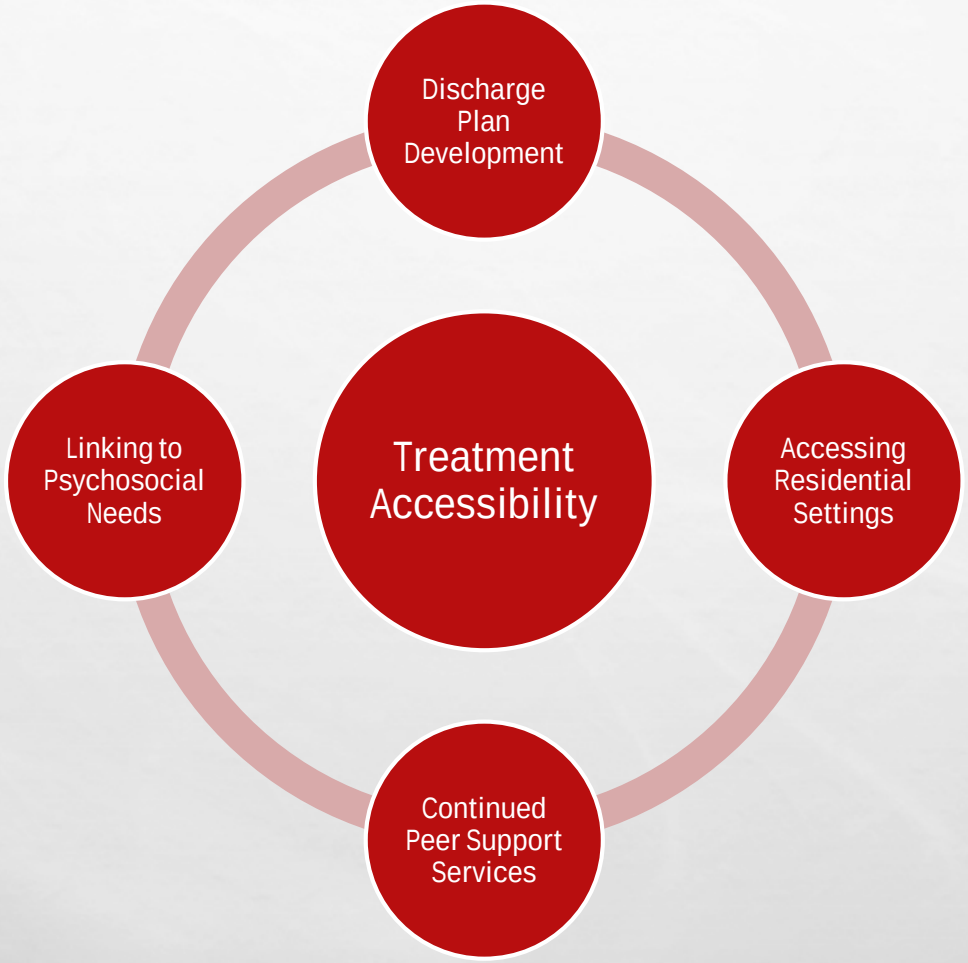
TRANSITION SPECIALISTS

COLLABORATION



TRANSITION PLANNING

TREATMENT ACCESSIBILITY



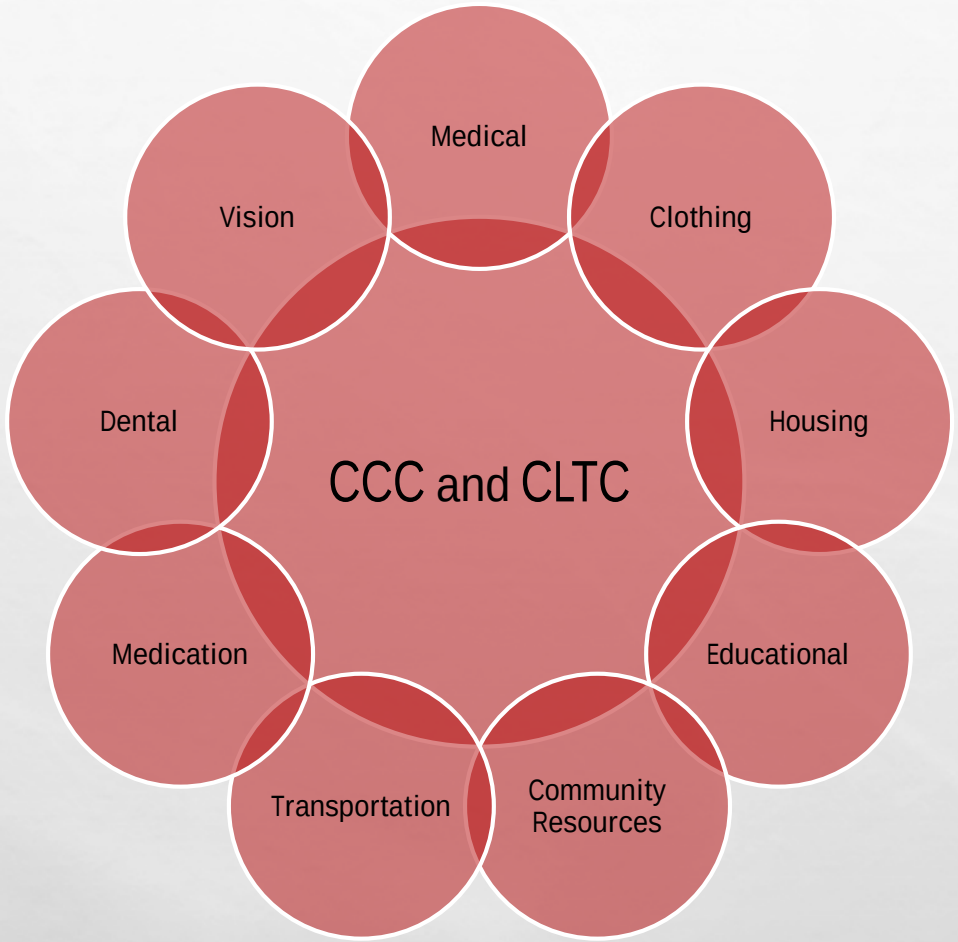
OUTCOMES

GOALS	MEASUREMENTS
SUCCESSFUL COMMUNITY PLACEMENT/TENURE	# DAYS IN COMMUNITY
TIMELY DISCHARGE SERVICES	# DAYS BETWEEN DISCHARGE/1ST TREATMENT SERVICE
TREATMENT ENGAGEMENT	TREATMENT COMPLIANCE
IMPROVED LEVEL OF FUNCTIONING	DAILY LIVING ASSESSMENT
REDUCTION IN INPATIENT LENGTH OF STAY	BRYAN & HARRIS LENGTH OF STAY
REDUCTION IN INPATIENT READMISSION RATES	BRYAN & HARRIS READMISSION RATES
TRACKING COMMUNITY RESOURCE NEEDS	MET/UNMET NEEDS

OUTCOMES

- HOUSING TYPES
  - INDEPENDENT LIVING
  - SUPERVISED APARTMENTS
  - CRCFS
  - BOARDING HOMES
- GEOGRAPHICAL AREA DISCHARGED
  - TREATMENT CATCHMENT AREA
- ENGAGE PEER SUPPORT SERVICES (PSS)
  - PSS LINKAGE
- ENGAGE CARE COORDINATION (CC)
  - LINKAGE TO CC INPATIENT/OUTPATIENT

OFFICE OF CLINICAL CARE COORDINATION AND COMMUNITY LONG TERM CARE



OFFICE OF CLINICAL CARE COORDINATION AND COMMUNITY LONG TERM CARE

Community Care Coordination

Assisted 52,000 Care Coordination patients since 1/2013 (through 6/01/19)
(approx. 45% self-pay)

Hospital Care Coordination

Assisted 610 patients discharge to community settings including smooth hand-off to community Clinical Care Coordinator since 7/1/16

Community Long Term Care

Assisted 600 participants to remain in their homes since January 2015

PATIENT AFFAIRS COORDINATOR

SLIDE 12

South Carolina Department of Mental Health

Evaluation, Training & Research (ETR)

Evaluation, Training and Research (ETR)

- Reports directly to the SCDMH Medical Director.
- Provides education and training for the entire agency though the traditional class room approach and an on-line learning management system.
- Videoconferencing of trainings is also used for centers and facilities outside of Columbia. This saves on the cost of travel and allows the staff member to remain on site and be available before and after the training. This enhances their ability to continue to provide billable services.
- An annual needs assessment is conducted agency wide to determine training needs of the staff.
- All of the training provided is evaluated by class participants and the results are used to improve existing training and/or create new training offerings to meet identified needs.
- The majority of the training is done using in house topic experts which makes them budget neutral.

Mentoring/Succession Program

- The purpose of this 10 month long program is to develop a cadre of potential leaders within SCDMH to relieve the void of those retiring. It is also designed to provide participants with sage advice from their mentors, focused feedback and networking resources, thereby enhancing collegiality and building greater loyalty to SCDMH.
- Each participant referred to as a mentee, attends class in Columbia one day a month. They are assigned a mentor that they meet with regularly and are given opportunities to attend management meetings and other leadership activities at their center or facility.
- Since its start in 2004, the program has been successful in graduating over 300 mentees, some of which have been promoted to Center and Facility Directors, Assistant Center Directors and Directors of Divisions within their Center or Facility.
- Leadership remains committed to this program as we continue to see the benefit to SCDMH from it.
- This year there are 32 participants.

Supervisory Mini Series

- Designed for individuals in SCDMH who were promoted to a supervisory role and new hires who will be in a supervisory role.
- Since its start in 2008, over 400 individuals have completed the program.
- This program is offered live and via video conferencing.
- It started out as a three part mini series but has grown to four parts based on identified needs of class participants and/or their supervisors.

Executive Leadership Development Program

- Designed for individuals in the agency who may serve in Executive Leadership roles in the future. The program was implemented in 2008.
- Since that time there has been a total of seven classes.
- Another class will start in September 2019.
- Class participants are required to complete a written Management Improvement Project. The purpose of this project is to give the program candidates the opportunity to use this experience to identify an area in SCDMH for targeted improvement and formulate a document about the improvement for all class participants. The project is required to focus on methods to create a new management initiative or improve or add value to one that is already in place in SCDMH.
- All of the current Deputy Directors are graduates of the program.

Certified Nursing Assistant Training Program

- Designed for individuals who will work at C. M. Tucker Nursing Care Center.
- The Program began in 2011 and is certified by Health & Human Services.
- This program is 120 hours long. Sixty hours are spent in the classroom and 60 hours are spent on the nursing units. Health and Human Services only requires 100 hours of instruction in order to take the certification exam.
- We elected to make our program longer and believe that our residents will benefit from this.
- Since its start, over 300 individuals have completed the program. Unfortunately, the retention rate is very low as most leave SCDMH for higher paying positions in the local community.

Psychiatric Grand Rounds

- Designed for physicians and other clinical staff.
- This program is offered monthly live and via video conferencing.
- Participants receive continuing education credit that they can use toward re-licensure.
- The topics are selected based on the results of the Needs Assessment that is sent out to the clinical staff each year.
- Is done in collaboration with the faculty of the Palmetto Health Medical Group at the University of South Carolina Department of Neuropsychiatry and Behavioral Science.

Annual Psychiatric Update Conference

- Conducted in September of each year.
- Offered to Physicians and other Clinical Staff.
- Has been held every year for the past 19 years. This is our largest training event of the year and is done with minimal cost.
- Faculty from USCSOM and the residents all participate in the program.
- Topics all address current evidence based Psychiatric BEST practices.
- Post training evaluations always give this event the highest ratings.
- Close to 200 attend either in person or by video conferencing each year.

Continuing Education Offerings

- ETR provides Continuing Medical Education (CME) for physicians. It also provides Continuing Education for Social Workers (SW), Licensed Professional Counselors (LPC) and Marriage & Family Therapist's (MFT). SCDMH is also an approved provider of Continuing Nursing Education through the South Carolina Nurses Association. In 2018 SCDMH was reapproved for three years.
- Number of hours awarded depends on the program offering. In order to receive continuing education credit for programs, the programs must meet specific criteria and an application requesting the credit must be completed and approved prior to the event.
- For FY2019, the following credits were awarded:
  - CME 39.5 hours
  - Nursing CE 36 hours
  - CEUs 4.05 or 40.5 Contact hours
  - SW 11.25 or 112.5 Contact hours
  - LPC/MFT 10 or 100 Contact hours
- These credits can be used by staff to meet the requirements for re-licensure at no cost to them.

On-line Learning Modules

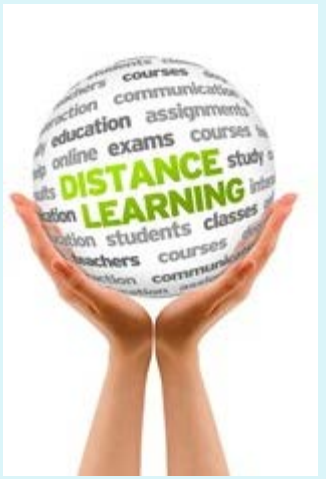
- SCDMH has an On-line Learning Management System which staff use to take training that is required to meet regulatory and accrediting standards.
- All of the learning modules are designed and created in house by topic experts.
- If the modules were not available staff would be required to attend the training in person. This would greatly reduce the number of billable hours for clinical staff.
- In 2018 a Training Task Force was convened to conduct an extensive review of over 100 on-line learning modules. 46 were removed. 19 were combined with other modules. An elective curriculum was developed. This was all done in order to meet current best practices and regulatory and accrediting standards.
- The task force continues its work to ensure all on-line learning modules remain current and relevant.

Psychiatric Residency/Fellowship Training Programs

- SCDMH has a long standing agreement with Prisma Health (formerly Palmetto Health) for Psychiatric Residents to rotate in its facilities to gain hands-on psychiatric experience.
- There are four Residency/Fellowship training programs at the School of Medicine. They are General Psychiatry, Child and Adolescent, Forensics and Geropsychiatry. All use SCDMH as part of their clinical rotation.
- SCDMH Clinical psychiatrists provide supervision to the residents while in SCDMH.
- This has proven to be an excellent recruiting tool for the agency as psychiatrists are in high demand nationwide.
- ETR provides orientation to all residents who rotate in SCDMH facilities or centers.

Distance Learning

- SCDMH recognizes that staff may not always be able to attend training offerings due to scheduling conflicts but still require continuing education credits for re-licensure.
- Each month ETR researches on-line learning sites that offer high quality, evidenced based best practice training that staff can take at home or work as their time permits.
- ETR emails staff the monthly offerings which include no cost or low cost trainings that provide continuing education credit.
- This has been well received by staff.



USCSOM Collaboration

- SCDMH has a long and excellent collaborative relationship with the University of South Carolina School of Medicine.
- Faculty has been very instrumental in assisting SCDMH with recruitment of new psychiatrists once they complete their residency training program.
- Many of the SCDMH psychiatrists and clinical staff have nonpaying faculty appointments.
- Faculty from the SOM also participate in monthly grand rounds, the annual Psychiatric Update and research projects in SCDMH.

Affiliation Agreements

- SCDMH has a close and strong connection with institutions of higher learning not only in South Carolina but across the country.
- We currently have over 60 active affiliation agreements.
- Students complete their clinical requirements in SCDMH facilities or centers under direct supervision of our clinical staff.
- SCDMH sees this as an opportunity to assist in its recruitment of well qualified clinical staff.

Nursing Orientation & Training

- Nursing is a large and integral part of SCDMH. They have very stringent training requirements to meet regulatory and accrediting standards.
- ETR provides an extensive and in-depth classroom orientation for all new hires in nursing.
- ETR also provides annual competency verification of all nursing staff. This is an accrediting standard to ensure that staff remains qualified to perform the essential elements of their job duties.
- Nursing staff must take and pass written tests and also demonstrate ability to perform identified nursing skills in order to be deemed competent to perform their job duties.

Ensor Trust

- The Ensor Trust was established years ago through a donation to SCDMH. All monies used from the Ensor Trust must be used consistent with the wishes of the settler of the trust.
- Money spent in the form of Ensor Grants must factor and support research initiatives in the area of mental health treatment.
- All research initiatives funded with Ensor Funds must be outcome oriented and approved by the Research Committee and SCDMH Intuitional Review Board.
- One recent research project funded by Ensor focused on the outcomes of the Community Telepsychiatry Program (CTP) at SCDMH. The study showed that there was a total of 6,417 CTP visits in FY2015 compared to 13,815 in FY2017 or a percent increase of 115%.

The End!

Thank You!

SC DMH
All Hazards Disaster Response Plan

Homeland Security Presidential Directive 21

- Public health and medical preparedness and emergency response must also include behavioral health response.
- “the impact of the ‘worried well’ in past disasters is documented, and it is evident that mitigating the mental health consequences of disasters can facilitate effective response…
- maintaining and restoring mental health in disasters has not received sufficient attention to date”

White House, 2007

SCDMH Disaster Responders

- Each Community Mental Health Center has a person tasked to have a cadre of staff prepared to assist.
- Inpatient Services has a team prepared to implement “Code Delta” in response to any emergency situation.
- Other SCDMH Planners and Responders include:

Public Safety	Information Technology	Human Resources
Procurement	Hard of Hearing Services	Physical Plant (lake mgmt.)

- Disaster Response Team acts as liaisons between Senior Management and State Emergency Operations Center at SCEMD.

South Carolina Emergency Management Division

SC Emergency Management Division

South Carolina Emergency Management becomes the State Emergency Operations Center to provide assets to areas where needs have surpassed available resources.

- The SEOC functions as a
- Multi-Agency Coordination System
- which brings agency representatives together who have the knowledge of agency assets and the authorization (or ability to quickly obtain permission) to commit those resources to the disaster response effort.

Disaster Preparedness & Response

- DMH staffs the State Emergency Operations Center (SEOC) during periods of activation, and is tasked with obtaining and providing information and resources to local Emergency Operations Centers, Emergency Support Functions staff, and DMH inpatient and outpatient settings.
- SEOC does not directly manage incidents but provides support and resources to those who do.
  - Need at site of event cannot be met with existing resources.
  - If a need of a DMH entity (clinic, nursing home, etc.), call is directly to DMH representative at SEOC.
  - If need is from non-DMH entity (ARC, DSS, LE, First Responder or other), request initiates from local EOC to SEOC to ESF8 to DMH representative.
  - Resources are identified and made available as appropriate.

Terminology

Emergency Support Function (ESF)

- A grouping of government and certain non-government capabilities in an organized structure to provide resources and services needed to mitigate, prepare, respond and recover from the effects of disaster.
- ESF 6 – Mass Care
- ESF 8 – Health and Medical

Operating Condition (OPCON)

- Determines the level of intensity governing how agencies are expected to prepare and respond to major emergencies.
- Was 1-5 scale during Florence:
- 5 – normal activity in SEOC
- 3 – increased agencies present
- 1 – all ESFs staffed 24/7.

Emergency Management on a Normal Day

SC Emergency Management Division (activated)

FEMA and Blackhawks Arrive

OPCON 1

ESF-8: Health and Medical

SC Department of Health and Environmental Control

Primary Agency for Health and Medical Activities

SC Department of Mental Health

Primary Support to ESF-8 for Behavioral Health Services

SC Vocational Rehabilitation

Salvation Army

American Red Cross

SC Coalition Against Domestic Violence and Sexual Assault

Southern Baptist Disaster Relief

SC DAODAS

SCDMH Primary Responsibilities in EOP

ESF 6 MASS CARE

- Assist with victim recovery efforts to include crisis counseling, behavioral health services and special population needs.
- Provide crisis and behavioral health counselors to facilitate response and recovery.
- Provide medical facilities, as available.
- Identify resources to secure medication, as needed.
- Identify affected individuals, families, communities and responders for the Federal Crisis Counseling Program.
- Provide support staff to general population shelters, as requested.

ESF 8 HEALTH AND MEDICAL SERVICES

- Manage behavioral health services support within ESF-8.
- Provide crisis and behavioral health counselors to facilitate response and recovery.
- Provide nurses and other medical professionals as available.
- Identify resources to secure medication, as needed.
- Develop Federal Crisis Counseling Programs for affected individuals, families, communities, and responders.

Establishing Trust by Working Together

Recent "Real World" Events

- 2018 Hurricane Florence
- 2017 Hurricane Irma, Puerto Rico - National Disaster Medical System
- 2016 Hurricane Matthew – including staff sent to support NC shelters
- 2016 Townville Elementary School Shooting
- 2015 South Carolina Floods
- 2015 Mother Emmanuel Shooting
- 2014 Midlands/Upstate Ice Storms
- 2010 Haitian Earthquake Repatriation
- 2007 Sofa Superstore Fire
- 2006 Hurricane Katrina Refugees

2019 Exercise and Training

1/15 and 16 - Repatriation Tabletop and Discussion

2/19 - National Disaster Medical System Workshop

5/9 – Governor's Hurricane Tabletop

5/21 – Robinson Nuclear Exercise

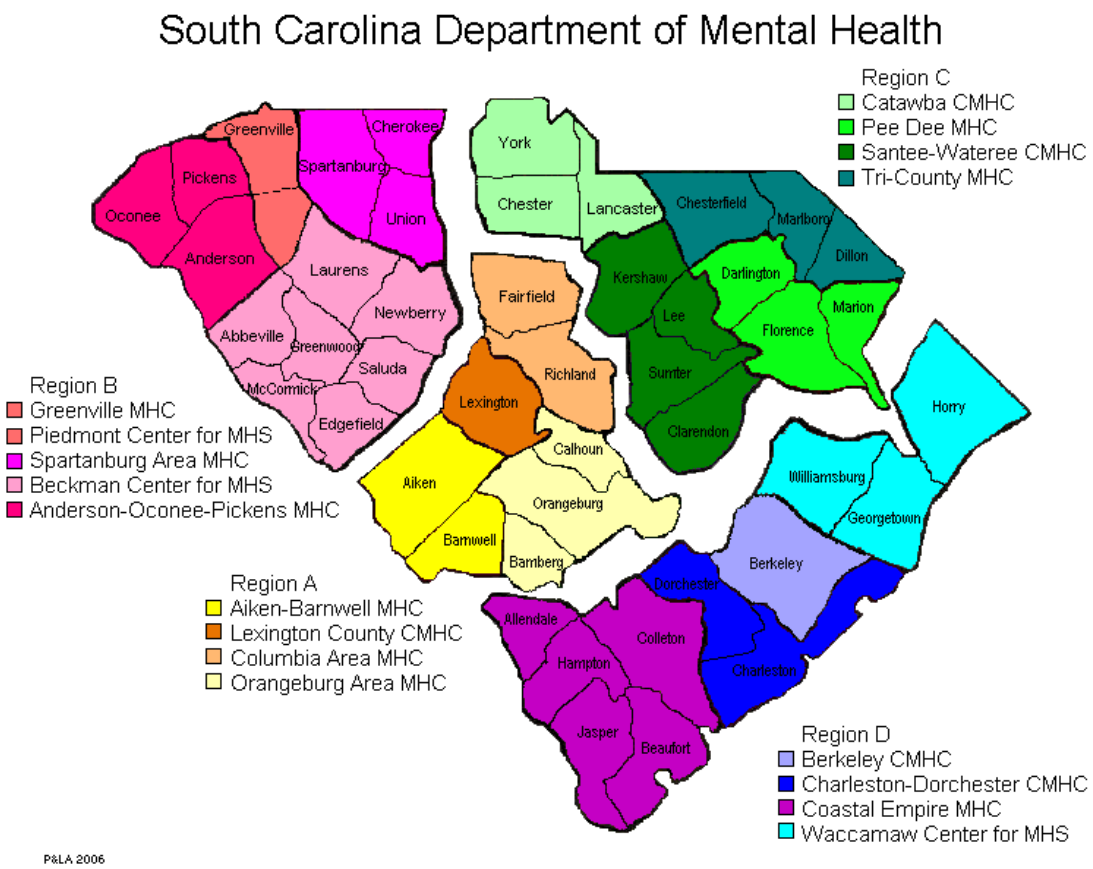
6/6 – Shaken Fury (Earthquake) Exercise

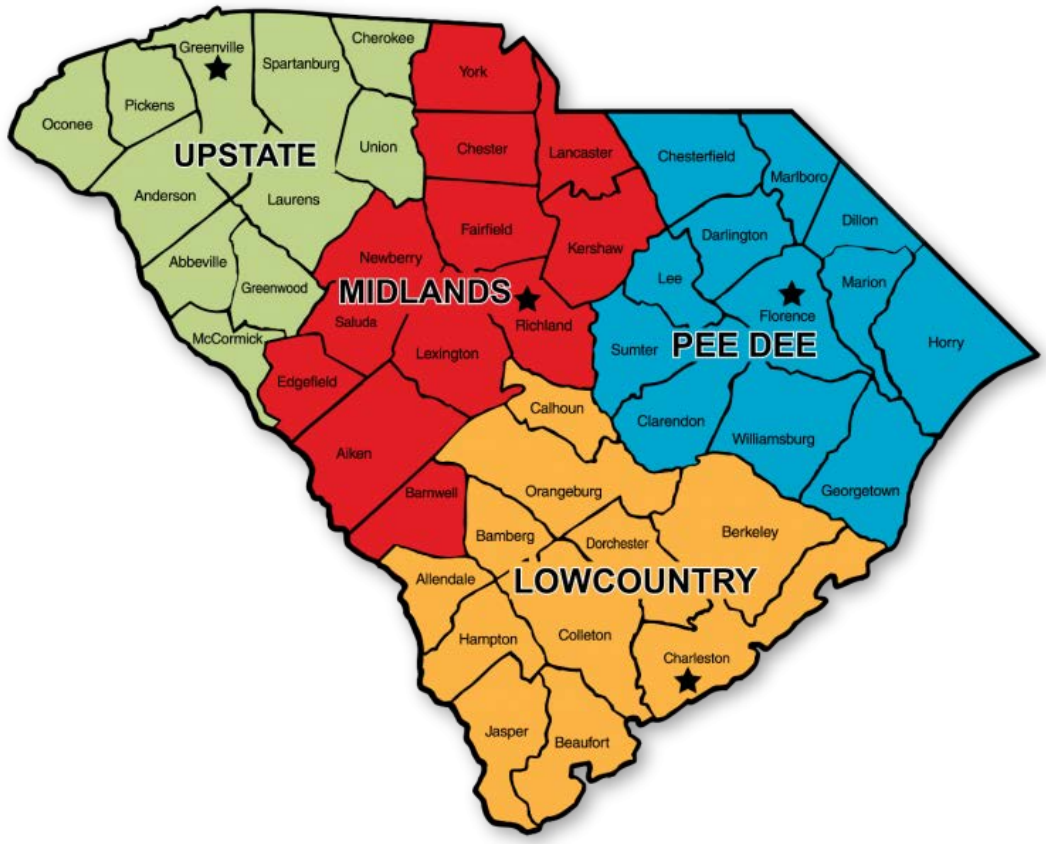
8/13 thru 16 – Crimson Contagion (multi-state full-scale exercise)

ALSO

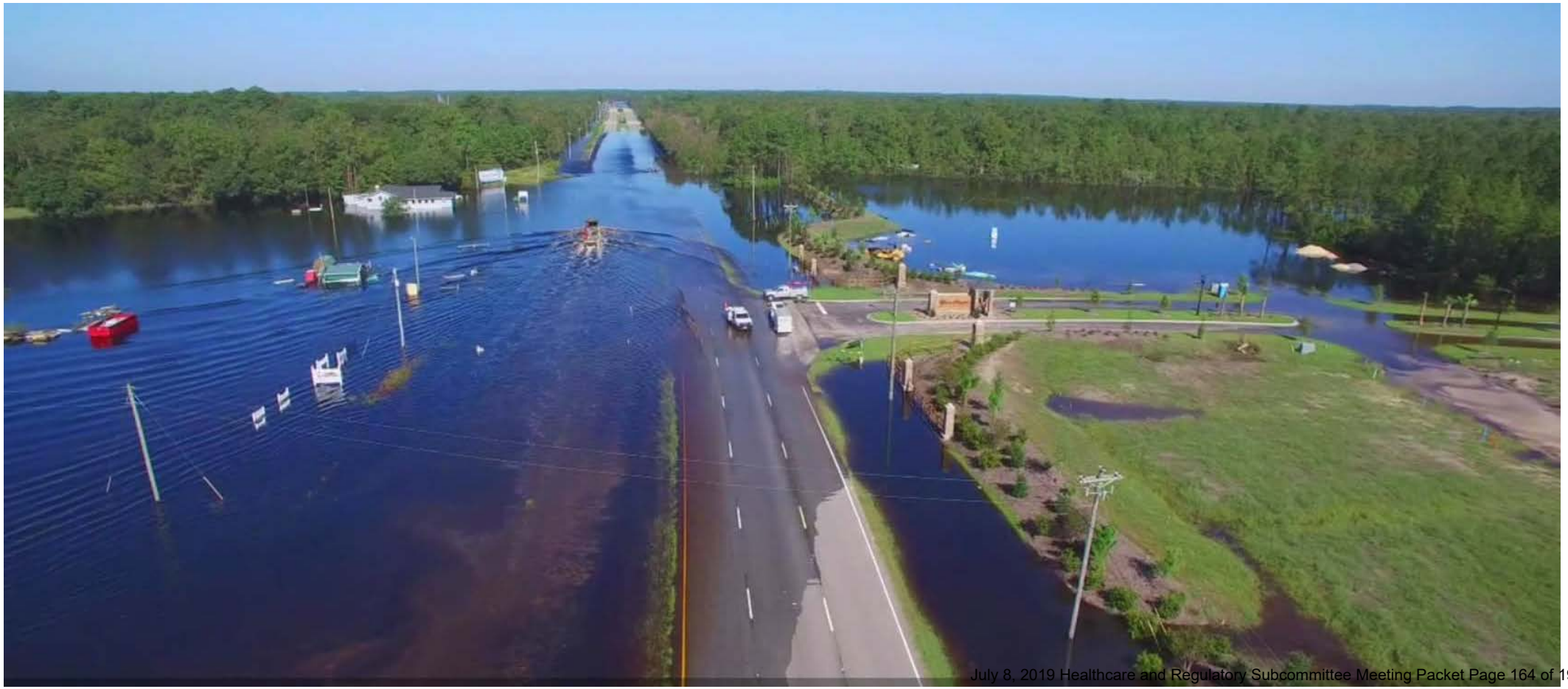
- Ongoing ESF 8 and ESF 6 planning meetings
- Each Regional Healthcare Coalition (4) meets at least quarterly and conducts exercises in addition to state-wide events.

SCDMH and DHEC Regions



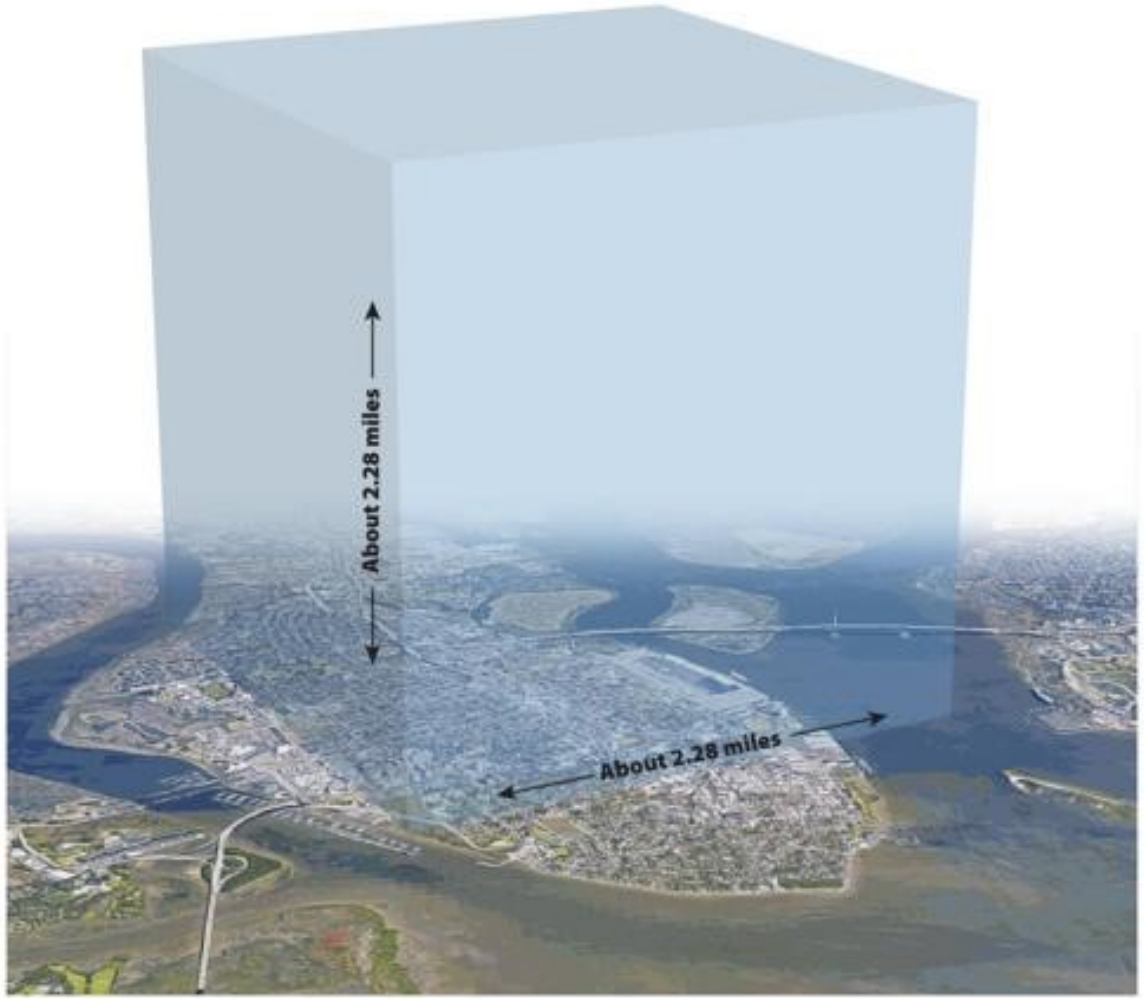


Hurricane Florence
September 13, 2018



13 trillion gallons of rainwater

If Florence's rainfall for North Carolina, South Carolina and Virginia was concentrated into a cube, it would measure almost 2.3 miles wide and 2.3 miles tall. Here's what that would look like in comparison to Charleston.



Preparation

- State opened dialogue with Center Directors and Disaster Coordinators to review plans and current information.
- Inpatient facilities reviewed last-minute checks and contacted state and federal partners.
- Schedule of SCDMH staff reporting to SEOC was distributed throughout Department and to SCEMD Operations Manager.
- SCDMH/SEOC responders monitor Governor McMaster's Executive Conference Calls.

Preparation (cont.)

- Made contact with Federal Partners - SAMHSA, FEMA, and DTAC.
- Assigned staff to be available to Public Information Phone Service.
- Posted National Disaster Distress Hotline Number on SCDMH website.
- Confirm all telephone contacts for key personnel across state.
- Determine numbers of assets available in each region and which might be called upon in various scenarios.
- Attend SEOC and ESF briefings.
- Monitor PalmettoEOC software for continual updates and receive alerts for potential resource requests.

During the Response

Waccamaw Mental Health

The Conway Clinic Director and Horry County School Based staff contacted each of their clients and families to share resources and recovery information.

They also discussed ways to serve the communities in which they provide treatment services

Waccamaw

The outreach included helping

Preparing lunches at the schools,

Going door to door in the community to offer bagged lunches,

Helping to collect and organize supplies being dropped off at designated school locations,

Filling and distributing sandbags,

Serving meals to the National Guard and Fire House 1 in Socastee,

Organizing supplies dropped off at a local church in Loris, and

Collecting donations (among CMHC staff) to purchase paper products for National Guard.

Of note – several Waccamaw staff homes flooded, forcing relocation for weeks.

DMH Activities During Response and Recovery

- PIPS – staff on call for workers overwhelmed by callers' plights
- ARC – Man evicted from shelter with no where to go
- DSS – problematic issues at shelter regarding transgender individual
- In addition to clinicians, DMH physicians have responded to shelters
- Mentally ill man alone in shelter. Clinician was able to place in CRCF.
- Assured FEMA Task Force Leader DMH staff was available in each county and would be at each Disaster Recovery Center as opened.
- Ongoing contact with SCEMD Directors of Operations and Recovery.

More Response and Recovery Activity

- Assured FEMA Task Force Leader
- Participated in Team Carolina Days hosted by Governor McMaster
- List of DMH Spanish interpreters made available to SEOC by Cultural Affairs committee
- Tut Underwood, SC Public Radio, requests interview with DMH. Mr. Underwood was instrumental in informing the public of DMH's role in previous events
- Reporter for SAMHSA's *The Responder* newsletter requests interview

Additional Activities

- On SC Disability Partnership[p Conference Call, learned two counties were not using ASL interpreters nor closed captioning when alerting public to emergency information on TV.
- A wife was signing to her deaf husband who was relaying the information on Facebook.
- DMH Deaf Services able to secure interpreters in area willing to assist and alerted federal partners of situation.
- Reviewed activities with ESF 15 (Communications).
- Sept. 19 – Two mentally ill patients drowned in back of Sheriff's van due to rising flood waters while being transported to a hospital.
- September 20 – DMH Deputy Director of Community Mental Health issues email stating (paraphrased),

I am directing every center with admission contracts at local hospitals to "open" those contracts to residents/patients from counties affected with dangerous flood waters. I know they can refuse but do your best to convince the hospitals to agree.

After this crisis, we may be able to untangle the funding, but no promises at this point.

Additional Activities

- Sept 20 –
- ARC increasingly likely to need support at shelters.
- Dept. of Transportation provided list of “safe” roads for staff to travel.
- Contacts for weekend availability collected. Our role is typically not shelter staff but clinicians available to address mental health issues.

- Throughout –
- CMHCs and State Office staff repeatedly offered to assist, especially:
  - Orangeburg,
  - Spartanburg,
  - Coastal Empire
  - Greenville,
  - AOP,
  - Charleston Dorchester, and also
  - My counterparts in Georgia and NC.

DMH prepare training with USC College of Social Work on Mental Health role in Disaster Response

As a result:

Hi Will!

Thought you'd be interested to know our students in a rural health scholarship program have organized to collect items for people impacted by the flooding. (See below and attached.)

Lana Cook, MSW
Clinical Lecturer
University of South Carolina
College of Social Work
Hamilton College, Room 218
1512 Pendleton Street
Columbia, SC 29208

- Led by MSW students and Rural Interprofessional Behavioral Health Scholars Madeline Cook, Samantha McKenzie and Tierney Rhone, the University of South Carolina College of Social Work is organizing a drive to collect and provide essential supplies to hurricane victims in Dillon, Horry, Marion and Marlboro counties in South Carolina. The Hurricane Florence Disaster Relief Fund will collect donated items from Tuesday, Sept. 25 to Saturday, Sept. 29.

Still More

Refilling prescriptions in shelters:

- Made contact with

  Sally West
  Regional Director (AL, FL, GA, MS, NC, SC, WV)
  Walgreens Government Relations
  224-723-2650

Ms. West replied

- We have the capability to set up a pharmacist or pharmacy technician at local shelter to assist with Rx needs.
- Pharmacist or Tech sets up at shelter with laptop linked to our Rx files.
- Patient has need for Rx fill.
- Request submitted to area store via computer link.
- Store manager sends pharmacy technician as a courier to the shelter with the Rx orders.

Of Note:

SCEMD Welcomes Visitors at SEOC

- September 26,

General Terrence J. O'Shaughnessy, USAF NORAD Commander

- September 28,

Brock Long, FEMA Director

Simultaneous Events

- September – Accountability Reports Due
- October 4 – Ambush of Law Enforcement in Florence. To assist local CMHC the following entities responded:
  - Charleston Dorchester Mental Health
  - Anderson-Oconee-Pickens Mental Health
  - Spartanburg Mental Health
  - MUSC Crime Victims Research and Treatment Center
  - SCDMH State Office
- October 15 – Presentation to College of Social Work with Director of Hard of Hearing Services on SCDMH role in Disasters and other Emergency Situations.

Oct. 9 – Michael Approaches

SC Department of Natural Resources

SC State Climate Office

- At 8 AM Hurricane Michael was 525 SSW of Beaufort with 100 mph winds. Michael is tracking north at 12 mph for a Wednesday landfall on the Florida Panhandle with a serious smack of 120 mph winds. Michael has continued to slowly intensify over deep, warm GoMex waters and has developed a well-organized eyewall complex. Michael continues to deepen today.
- After landfall, Michael will weaken rapidly and accelerate to the northeast. Michael enters the State before sunrise Thursday with 20-40 mph winds gusting to 55. Offshore winds 30-50 gusting 70 for some varsity sailing. Michael will follow a track close and parallel to I-20 making good 20-22 mph over the State. Along that track, Michael will drop 4-8 inches of rain with higher localized amounts from stronger embedded rainband cells. 1-2 inches Upstate and 2-4 inches along the coast. Tornadoes are possible from I-20 to the coast courtesy of the leading front quadrant of the storm. Michael clears the SC-NC border by lunch on Friday.

Annex 8, Attachment 1
Behavioral Health Plan

I. INTRODUCTION

A. This Attachment supplements the information regarding the behavioral health responsibilities and actions outlined in Annex 8 (Health and Medical) of the South Carolina Emergency Operations Plan (SCEOP).

B. While people and communities are resilient, assisting disaster survivors in understanding their current situation and reactions, mitigating stress, developing coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies that help survivors respond and in their recovery is an integral part of a comprehensive and effective disaster response and community recovery strategy

II. PURPOSE

A. Mitigate adverse psychological effects resulting from stress and trauma in responders and survivors.

B. Outlines the system for providing behavioral health care by collaboration of the agencies supporting ESF-8.

The Behavioral Health Attachment to ESF 8 transitions from our "Responding" to an Event to Recovering from that Event.

The Stafford Act

The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act),as amended defines FEMA's authority to coordinate disaster and emergency assistance to individuals, households and businesses.

- Disaster Assistance
- **Crisis Counseling**
- Disaster Legal Services

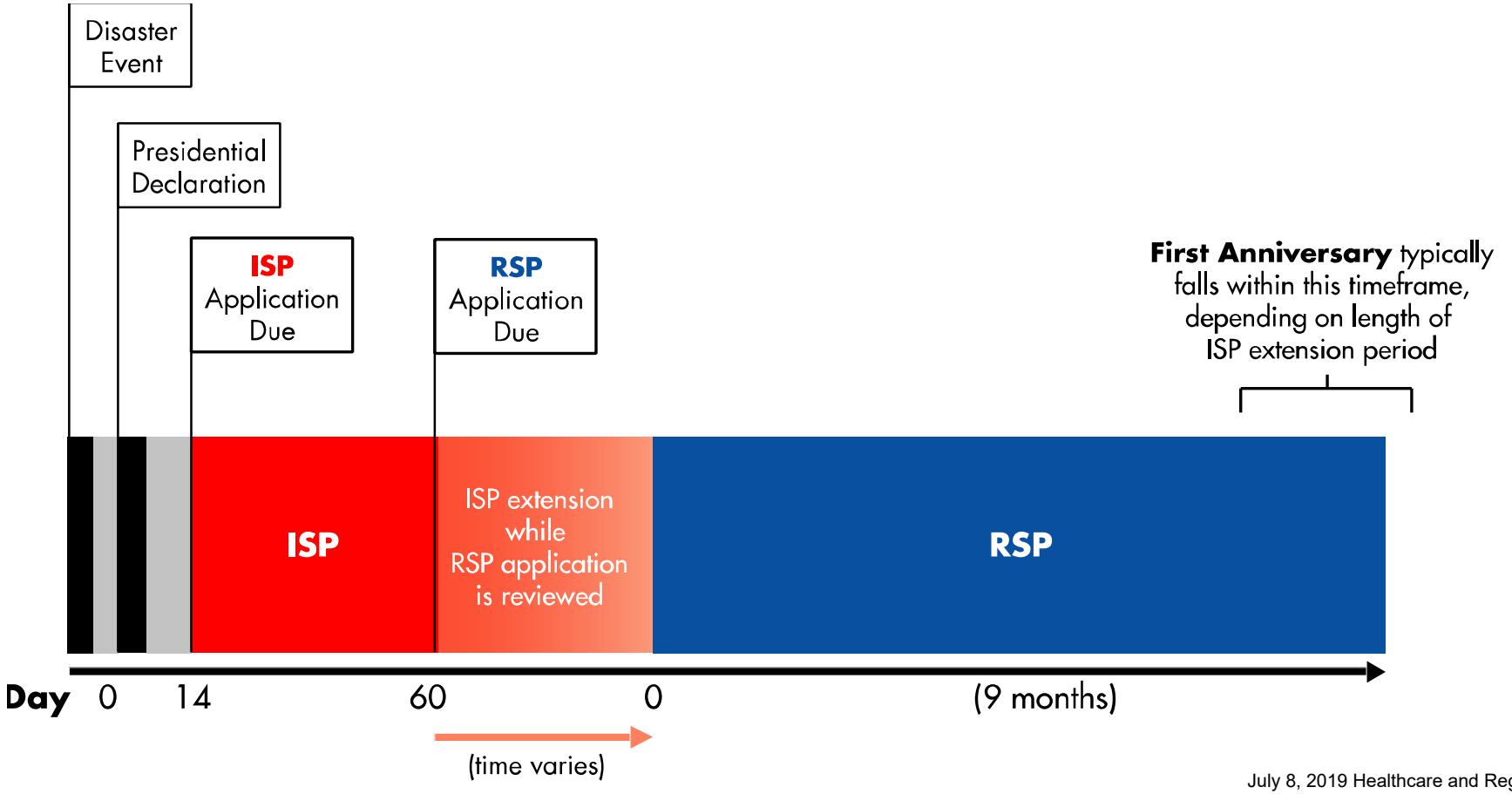
FEMA Disaster Programs to assist Individuals

Disaster Assistance - **Provides money or direct assistance to individuals, families and businesses in an area whose property has been damaged or destroyed and whose losses are not covered by insurance. Also a determinant of how FEMA will determine the state's "Need." FEMA Math - N-R=G**

Disaster Legal Services - Provides free legal assistance to disaster victims.

Crisis Counseling Programs - Provides supplemental funding to States for short-term crisis counseling services to people affected in Presidentially declared disasters.

Following the 2015 floods, 2016 Hurricane Matthew, and 2018 Hurricane Florence, FEMA has provided $11.7 million in unmatched funds for SC through Crisis Counseling Grant Awards.


Disaster Event
Presidential Declaration
ISP Application Due
RSP Application Due
First Anniversary typically falls within this timeframe, depending on length of ISP extension period
ISP
ISP extension while RSP application is reviewed
RSP
Day 0 14 60 0 (9 months)
(time varies)

Timeline

- Sept. 14 – Florence makes landfall in NC as Cat 1.
- Sept. 16 – SC Declared Major Disaster Area.
- Sept. 21 – Individual Assistance authorized for four SC counties.
- Sept. 28 – SEOC moves to reduced staffing.
- Also 28th – Initial Contact with FEMA Disaster Recovery Center Task Force Leader. Six DRC sites targeted for opening.
- Oct. 5 – Crisis Counseling Grant Submitted.

SC Department of Mental Health

Mission: To support the recovery of people with mental illnesses.

If you are suffering from the effects of Hurricane Florence, we are here to help.

Who We Are - Carolina United is a program designed to guide people affected by Hurricane Florence to local community resources for aid.

What We Do - Carolina United staff will provide you with informational resources and answer your disaster related questions. We do not collect identifying information, but ask what your needs are, and refer you to local resources for help.

Where We Are - Carolina United currently serves residents of Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Marion, and Marlboro counties. The initiative places counselors in affected areas, to guide and empower affected citizens, to help them gain access to behavioral health, legal, financial, and housing services, and other resources.

Lonnie Wade, Team Lead lonnie.wade.scdmh@gmail.com	(843) 941-0375	Chesterfield/Dillon/Marlboro/ Darlington
Amondo Harris, Team Lead amondo.harris.scdmh@gmail.com	(843) 860-0494	Horry/Florence/Marion
LaDonna Pipkins, Team Lead ladonna.pipkins.scdmh@gmail.com	(864) 327-2335	Georgetown

How to Identify Carolina United Employees

• Carolina United Employees Do:

- Travel in Carolina United marked personal vehicles
- Carry SCDMH Carolina United ID badges with photo
- Wear official SCDMH Carolina gray t-shirts with the official SCDMH/Carolina United blue and white logo
- Wear official SCDMH Carolina United reflective lime color security vests with the official SCDMH/Carolina United blue and white logo

• Carolina United Employees Never:

- Ask for identification or social security cards
- Collect financial information
- Ask you to provide a bank account, bankcard, credit card, or social security number

Counties Served by Crisis Counseling Program All are Part of SC-7, Represented by Tom Rice

- Chesterfield
- Georgetown
- Dillon
- Horry
- Marion
- Florence
- Darlington
- Marlboro

Key Concepts

The CCP model is

- Strengths based
- Anonymous
- Outreach oriented
- Culturally aware
- Conducted in nontraditional settings
- Designed to strengthen existing community support systems
- Based on an assumption of natural resilience and competence

Key Concepts (cont.)

Crisis counselors help survivors to do the following:

- Understand their situations and reactions.
- Regain a sense of mastery and control.
- Identify, label, and express emotions.
- Adjust to the disaster and losses.
- Manage stress.
- Make decisions and take action.
- Develop coping strategies.
- Use community resources.

Range of Crisis Counseling Services

- Individual crisis counseling
- Brief educational or supportive contact
- Group crisis counseling
  - Support and educational groups
  - Self-help groups
- Assessment, referral, and resource linkage
- Community support and networking
- Public education
- Development and distribution of educational materials
- Media messaging and risk communications

Survivor Reactions to Traumatic Events

- Physical
  - Gastrointestinal
  - Headaches
  - Tight muscles
  - Overreactions to sounds or lights
  - Weight change
  - Sleep Disorders
  - Sexual dysfunction

More Reactions

- Emotional
  - Euphoria or heroic
  - Denial
  - Anxiety or fear
  - Depression
  - Guilt
  - Apathy
  - Grief

Individual Reactions (cont.)

Cognitive

- Poor concentration
- Confusion
- Difficulty with decisions, setting priorities
- Dreams, nightmares, flashbacks
- Preoccupation with thoughts of events

Behavioral

- Increased alcohol or substance use
- Difficulty listening, communicating
- Increased irritability, arguments
- Declining job performance
- Difficulty sleeping
- Avoidance of places that may be “triggers”

Individual Reactions

Spiritual – beliefs may influence how people make sense of the world.

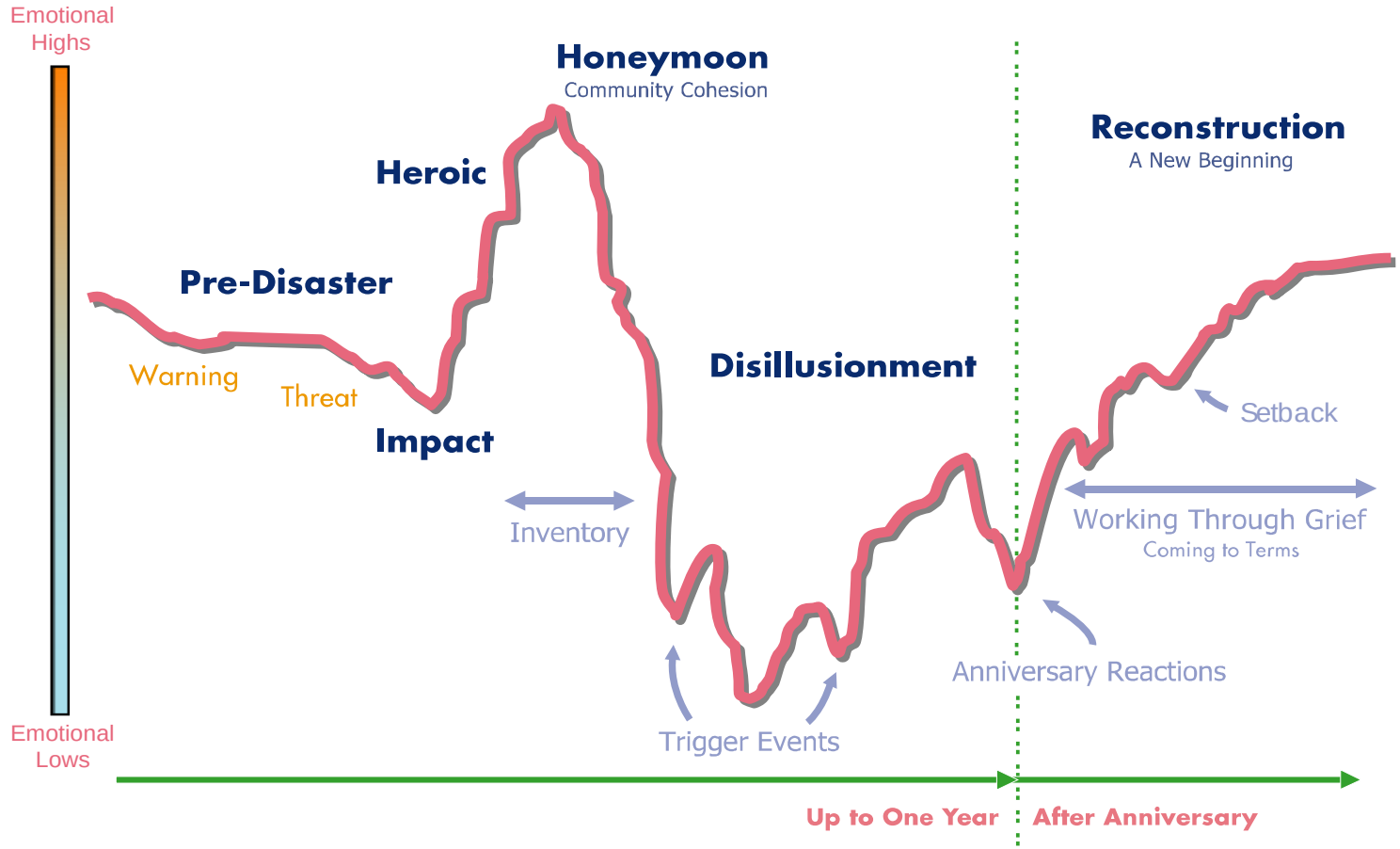
- Survivors may seek the comfort that comes from spiritual beliefs.
- Spiritual beliefs will assist some survivors with coping and resilience.
- Survivors may question their beliefs and life structures.

More Severe Reactions

- Depressive disorders
- Substance abuse
- Social isolation
- Acute stress disorder
- Anxiety disorders
- Post-traumatic stress disorder (PTSD)
- Dissociative disorders
- Paranoia
- Suicidal behavior

Collective or “Community” Reactions

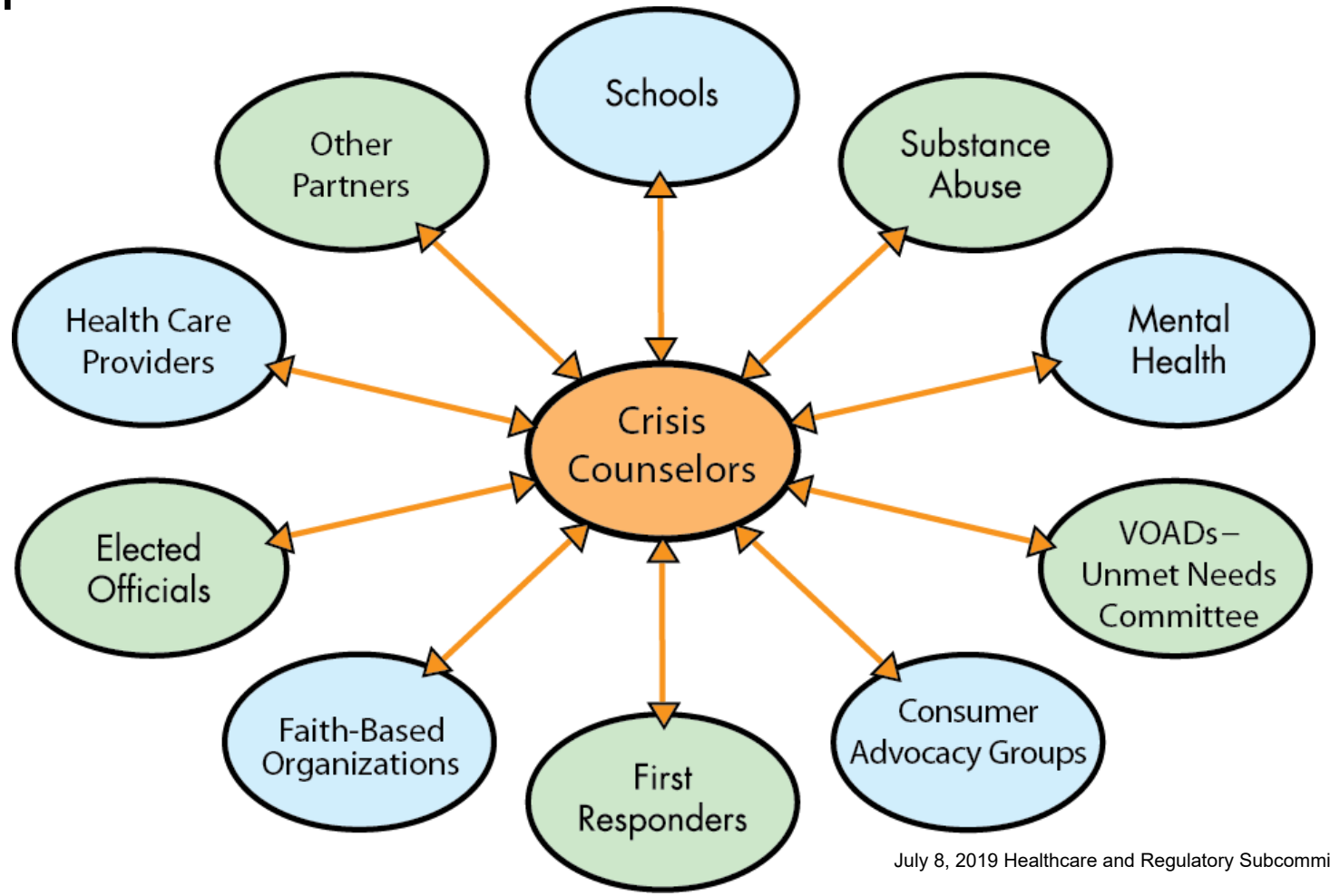
Typical Phases of Disaster



Source: Zunin/Meyers, as cited in U.S. Department of Health and Human Services. (2000). *Training manual for mental health and human service workers in major disasters* (DHHS Publication 90–538). Washington, DC: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration , Center for Mental Health Services.

Range of Crisis Counseling Services

Typical Partners



Partners

- SC Department of Health and Environmental Control
- SC Vocational Rehabilitation Department
- SC Department of Alcohol and Other Drug Abuse Services
- American Red Cross
- SC Baptist Disaster Relief
- The Salvation Army
- SC Coalition Against Domestic Violence and Sexual Assault
- SC Department of Social Services
- SC Legal Services

More Partners

- County Long Term Recovery Groups
- Department of Transportation
- Local Government Officials
- US Postal Workers (Primarily Rural Route Workers)
- First Responders (including utility workers)
- Federal Emergency Management Agency (FEMA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Disaster Technical Assistance Center (DTAC)
- SC Emergency Management Division

Questions?

William T. Wells, MSW

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1460 Tobias Gadson Blvd.
Suite 180
Charleston, SC 29407

843-953-2274 (office)
803-429-2889 (mobile)

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DMH South Carolina Department of Mental Health