Healthcare and Regulatory Subcommittee Meeting

Thursday, June 20, 2019

Contents

Agenda 2
Meeting Minutes 4
Study Timeline 7
Agency Overview 9
  Snapshot 9
Agency Presentation One 10
Agency Presentation Two 111

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

Thursday, June 20, 2019
10:00 a.m.
Room 403 - 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

Cathy A. Greer
Administration Coordinator

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Room 228 Blatt Building

Charles L. Appleby, IV
Legal Counsel

Carmen J. McCutcheon Simon
Research Analyst/Auditor

Kendra H. Wilkerson
Fiscal/Research Analyst

Healthcare and Regulatory Subcommittee Meeting
Tuesday, May 7, 2019, at 9:00 am
Blatt Building Room 410

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 Tuesday, May 7, 2019, in Room 410 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 Wooten moves to approve the meeting minutes from the April 23, 2019, meeting. The motion passes.

Representative Wooten's motion to approve the meeting minutes from the April 23, 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 seventh meeting with the Department of Mental Health, and that the purpose is to continue to learn about community mental health 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. Interim Director Binkley and Deputy Director Calcote provide testimony about mental health professionals and deferred facility maintenance.

IV. Subcommittee members ask, and agency staff respond to questions about the following subjects:
   a. Deferred maintenance;
   b. Mental Health Professionals job descriptions;
   c. Employee feedback and morale;
   d. Salaries; and
   e. Employee retention and recruiting.

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**

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**

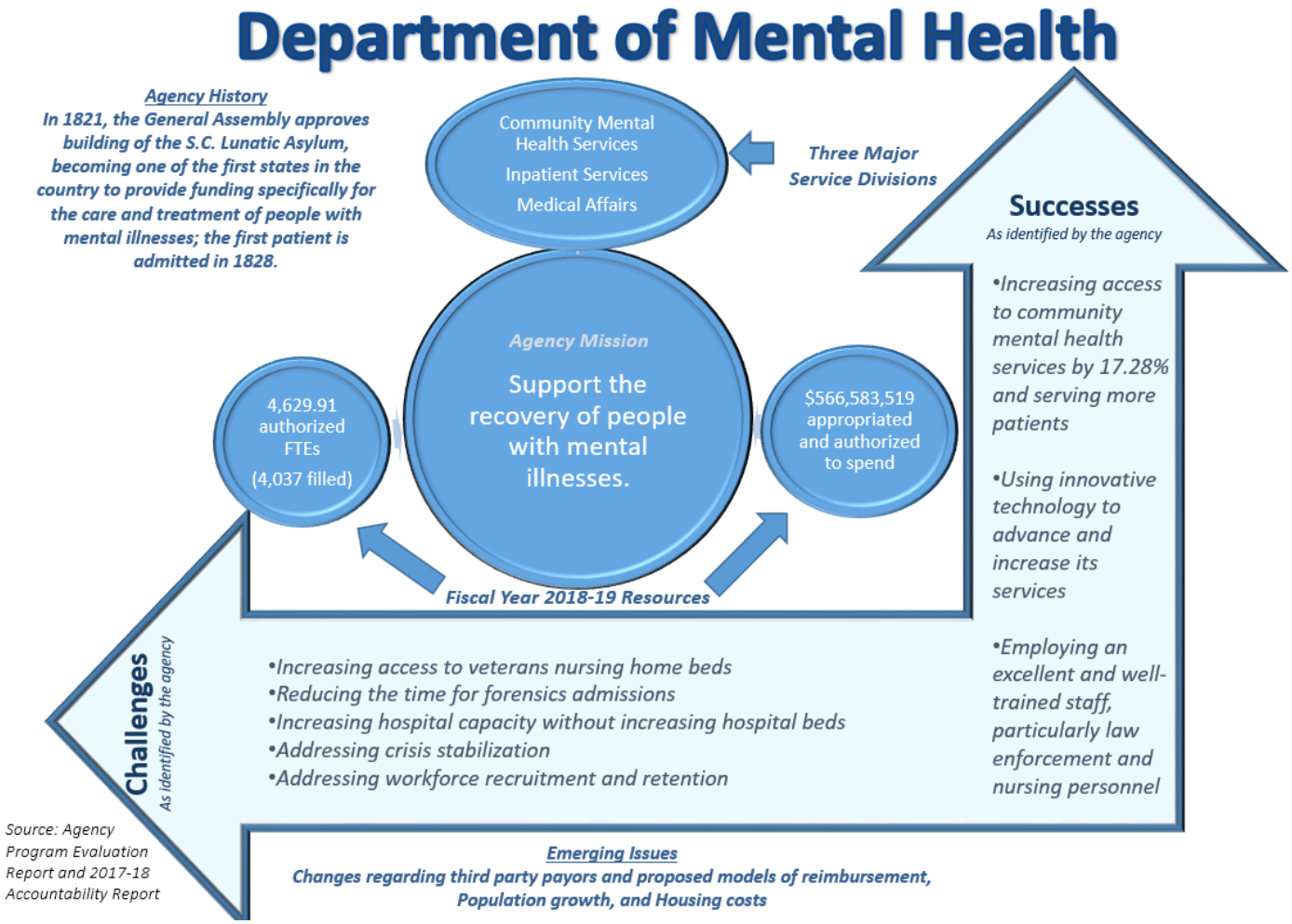
Public's Actions

- 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



Source: Agency Program Evaluation Report and 2017-18 Accountability Report

AGENCY PRESENTATION ONE

AN IN-DEPTH LOOK AT SCDMH COMMUNITY MENTAL HEALTH SERVICES (CMHS)

DEBBIE BLALOCK

DEPUTY DIRECTOR

CMHS

June 20, 2019

SCDMH TREATMENT CONTINUUM

PROVIDING THE RIGHT TREATMENT AT THE RIGHT TIME IN THE RIGHT PLACE BY THE RIGHT PROVIDER

SCDMH TREATMENT CONTINUUM – *A BRIEF OVERVIEW*

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

*CCRI - COMMUNITY CRISIS RESPONSE AND INTERVENTION
LE - LAW ENFORCEMENT
DJJ - DEPARTMENT OF JUVENILE JUSTICE
*CSUs - CRISIS STABILIZATION UNITS

TARGET - RIGHT TREATMENT AT THE RIGHT TIME IN THE RIGHT PLACE BY THE RIGHT PROVIDER - *PREVENTING AVOIDABLE EMERGENCY DEPARTMENT(ED) VISITS, HOSPITALIZATIONS, INCARCERATIONS & DEATHS BY SUICIDE*

COLLABORATION + COMMUNICATION + EDUCATION = PREVENTION

BUILDING RELATIONSHIPS WITH STAKEHOLDERS

- HOSPITALS
- SUBSTANCE ABUSE PROVIDERS
- PRIVATE PRACTITIONERS
- LAW ENFORCEMENT
- COURTS
- ADVOCATES
- SCHOOLS
- FAMILIES
- PATIENTS
- EMS
- FIRE SERVICE
- OTHER AGENCIES
- POLITICIANS
- MEDIA

STAKEHOLDERS - *COMMUNITY FORUMS*

STAKEHOLDERS – PATIENTS

CELEBRATING RECOVERY

STAKEHOLDERS -

BACK TO SCHOOL EVENTS, HEALTH FAIRS AT SCHOOLS, ETC.

MENTAL HEALTH FIRST AID

- Evidence-based practice formed in Australia in 2001
- 8-hour classes on mental illnesses for lay people, including teachers, church members, civic club members, etc.
- Trainees learn to apply 5-step action plan
- In 2006, the National Council for Behavioral Health began implementing Mental Health First Aid in the United States
- More than 740,000 people across the country have been trained in the program

FIGHTING STIGMA - *MENTAL HEALTH MONTH PROCLAMATIONS, MENTAL HEALTH HEROES*

FIGHTING STIGMA -
FESTIVALS, CONFERENCES, AND OTHER EVENTS

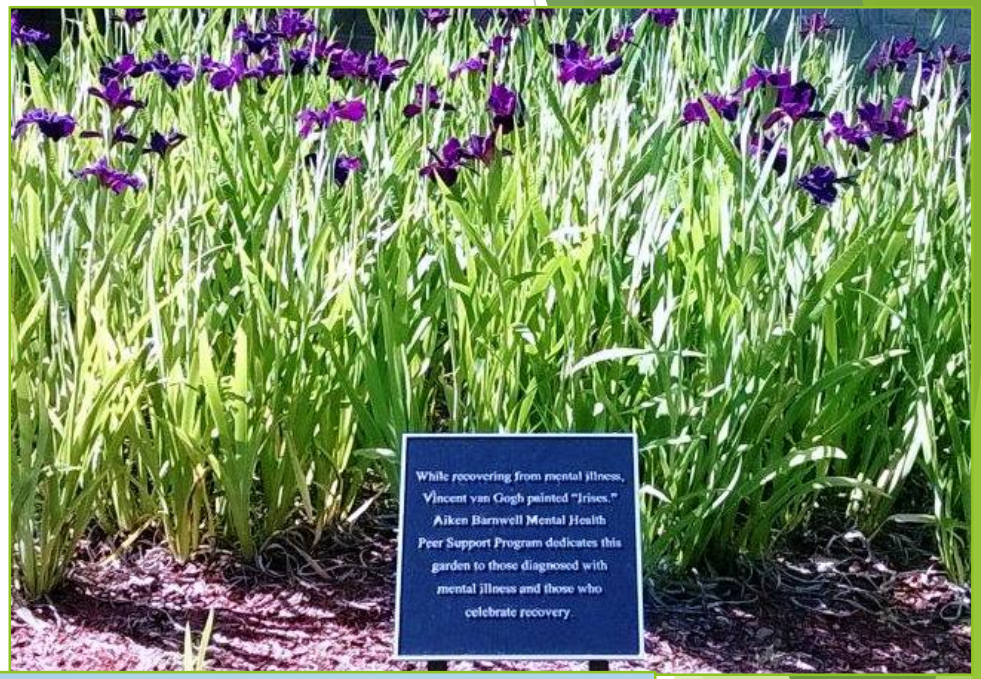
FIGHTING STIGMA -

FARMERS' MARKETS, HEALTH FAIRS, AND SUICIDE PREVENTION EVENTS

FIGHTING STIGMA -
NAMI WALKS

FIGHTING STIGMA -
HOLIDAY PARADES

FIGHTING STIGMA - *SUICIDE AWARENESS BALLOON RELEASE, RECOVERY GARDENS AND ANTI-STIGMA BILLBOARDS*



ACCESS –TAKING TREATMENT TO THE STREETS FOR THOSE WHO CAN'T MAKE IT TO A CLINIC

FARMACY – *A MULTIAGENCY AND MULTIDISCIPLINARY STREET MEDICINE TEAM – EMS, CPD, PRIMARY CARE, FOODBANK, ALCOHOL AND DRUG AGENCY, AND MENTAL HEALTH*

HIGHWAY TO HOPE – A MENTAL HEALTH MOBILE

Parking in rural and even urban areas where citizens needing care may be without the means needed to come into a traditional clinic

HOMELESS OUTREACH TEAMS

CMHS STATEWIDE PROGRAMS

CHILD, ADOLESCENT, & FAMILY SERVICES (CAF)

Louise Johnson, MS
Program Director,
Children, Adolescents &
Their Families

$6,800,000 in Grant Initiatives

Roads of Independence

- $1,000,000 per year/5 years
- Goal is to improve access to treatment and support services for youth and young adults ages 16-25 in Kershaw, Lee, and Sumter Counties

Darlington County Cares

- $600,000 per year/3 years
- Behavioral and physical healthcare integration in 23 Darlington County schools

Clinician LPC Licensure

- Agency collaboration with University of South Carolina
- Partnership provides continuing education and opportunities to support LPC licensure

Cultural and Linguistic Competency (CLC) Initiative

- CAF organizes annual CLC Summit for 300+ participants from child service agencies and organizations in SC
- Day-long training and networking to exchange best practices with the goal of creating a culture of inclusion

National Adoption Competency Mental Health Training Initiative (NTI)

- Training impacts how mental health professionals work with youth and families experiencing adoption and guardianship
- Among the 625 training enrollees in SC, 439 completed NTI training
- Completion rate of 70%, highest of all 8 pilot states in United States

CAF COLLABORATION WITH DEPARTMENT OF JUVENILE JUSTICE (DJJ)

SCDMH/DJJ Memorandum of Agreement (MOA)

MOA between SCDMH and DJJ outlines process by which juveniles with serious mental illness (SMI) are committed to custody of State are transferred for treatment to SCDMH

Staffings

In 2018, ~20 Serious Mental Illness (SMI) inclusion staffings/indeterminate sentences and 45 behavioral health staffings/determinate sentences

Mental Health Services Provision

SCDMH's Community Mental Health Centers (CMHCs) provide needed mental health services to paroled juveniles with serious mental illnesses on a priority basis

SCHOOL MENTAL HEALTH SERVICES

Margaret Meriwether, PhD
Program Director,
School Mental Health Services

Mission

To promote academic and personal success through identifying and intervening at early points and to support social and emotional/behavioral well-being of children and youth in SC

Services

Prevention, early intervention, clinical assessment, individual/family/group therapy, crisis intervention, psychiatric assessment and evaluation, care coordination, and mental health awareness

New Program

Initial cohort of *John H. Magill School Mental Health Certificate Program* started in January 2019 with 7 Master's level students from 6 degree programs working with 5 CMHCs

Funding

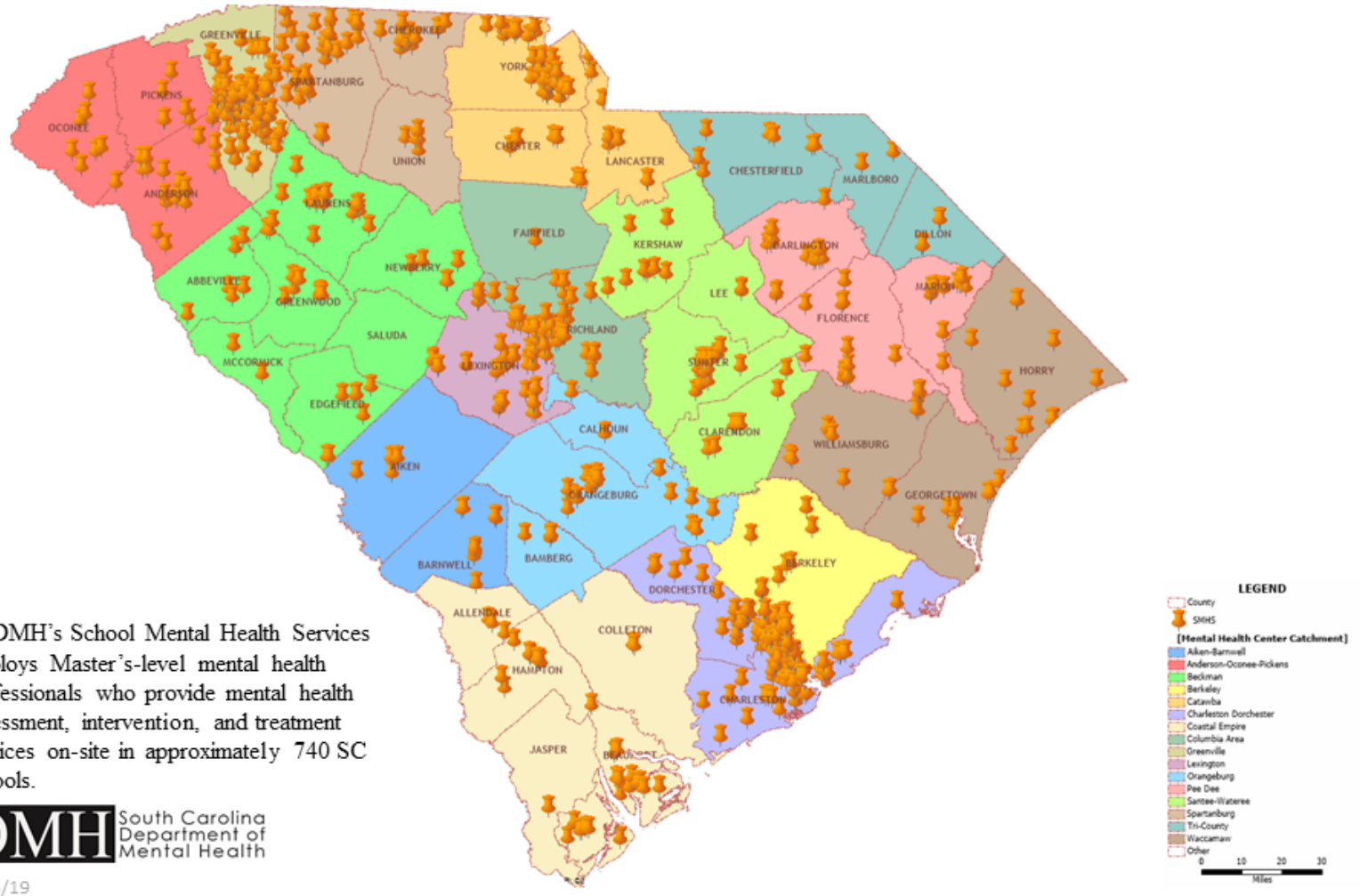
In FY 2019, SCDMH received $4M from General Assembly for expansion of school mental health services

FY19 Services Reach

In FY 2019, with funds from General Assembly, SCDMH school mental health programs provided clinicians to approximately **740 of 1,267** public schools in SC (approximately **58% of schools** as of April 2019)

SCHOOL MENTAL HEALTH SERVICES

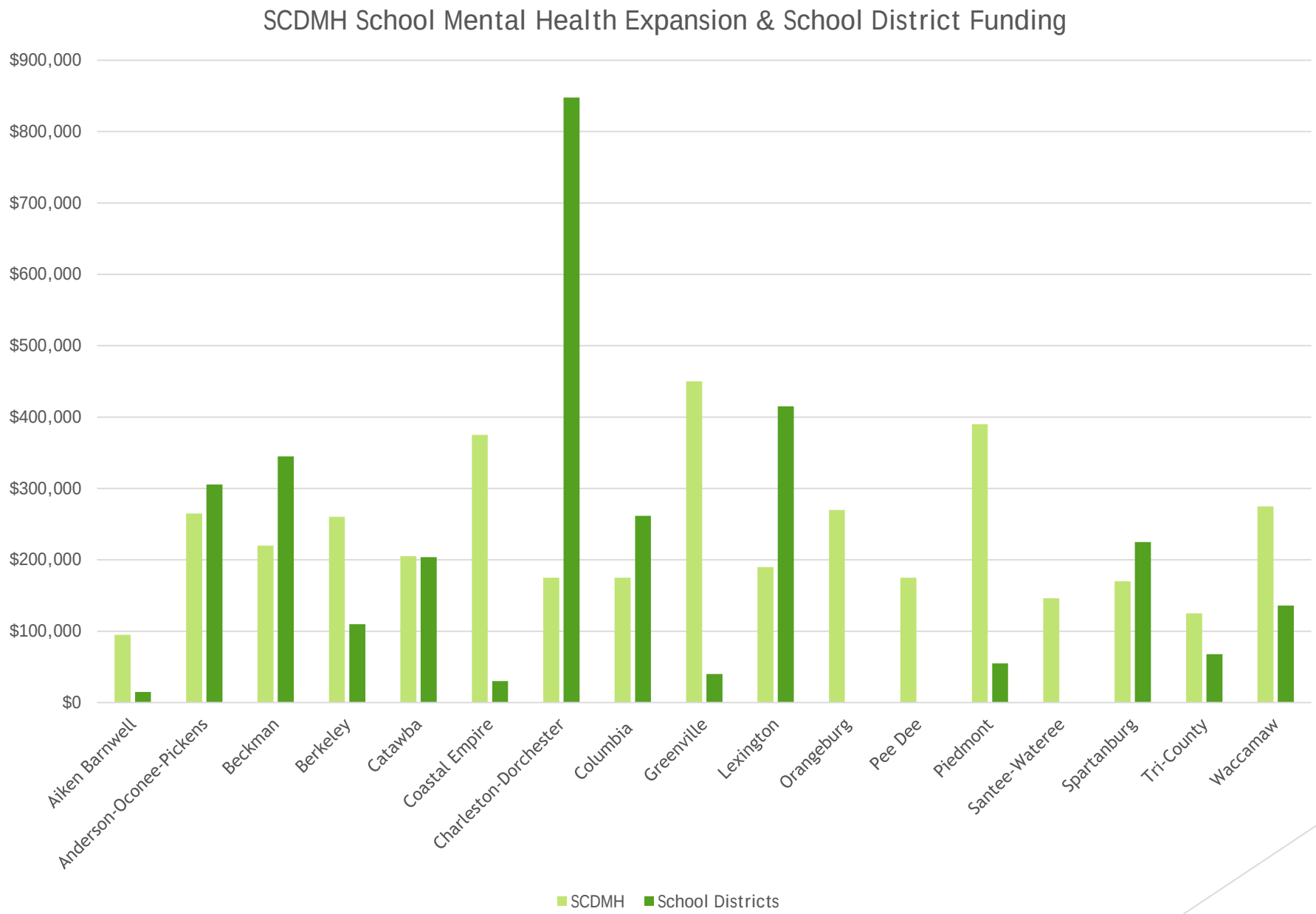
SCDMH School Mental Health Services (SMHS)



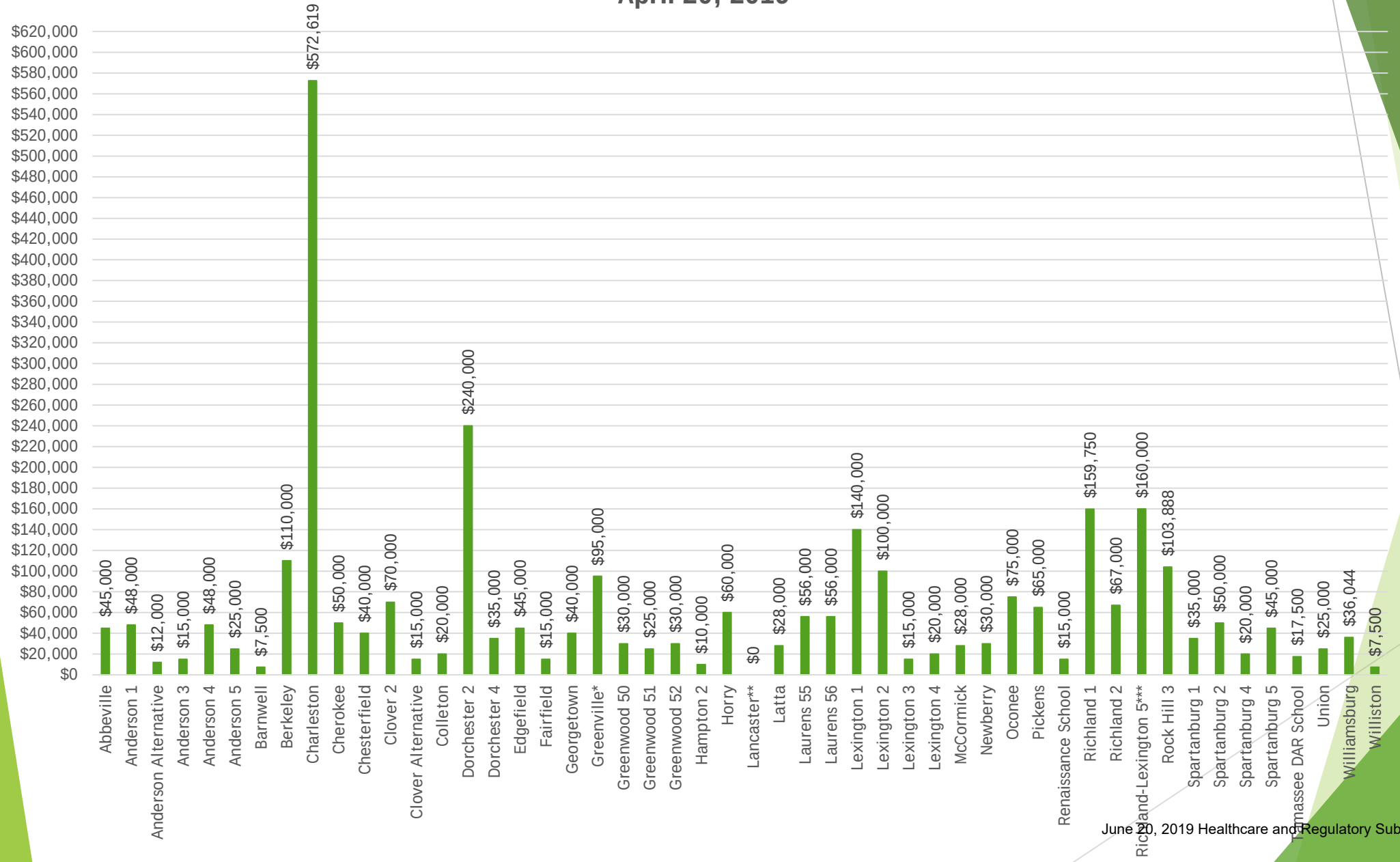
SCDMH's School Mental Health Services employs Master's-level mental health professionals who provide mental health assessment, intervention, and treatment services on-site in approximately 740 SC schools.

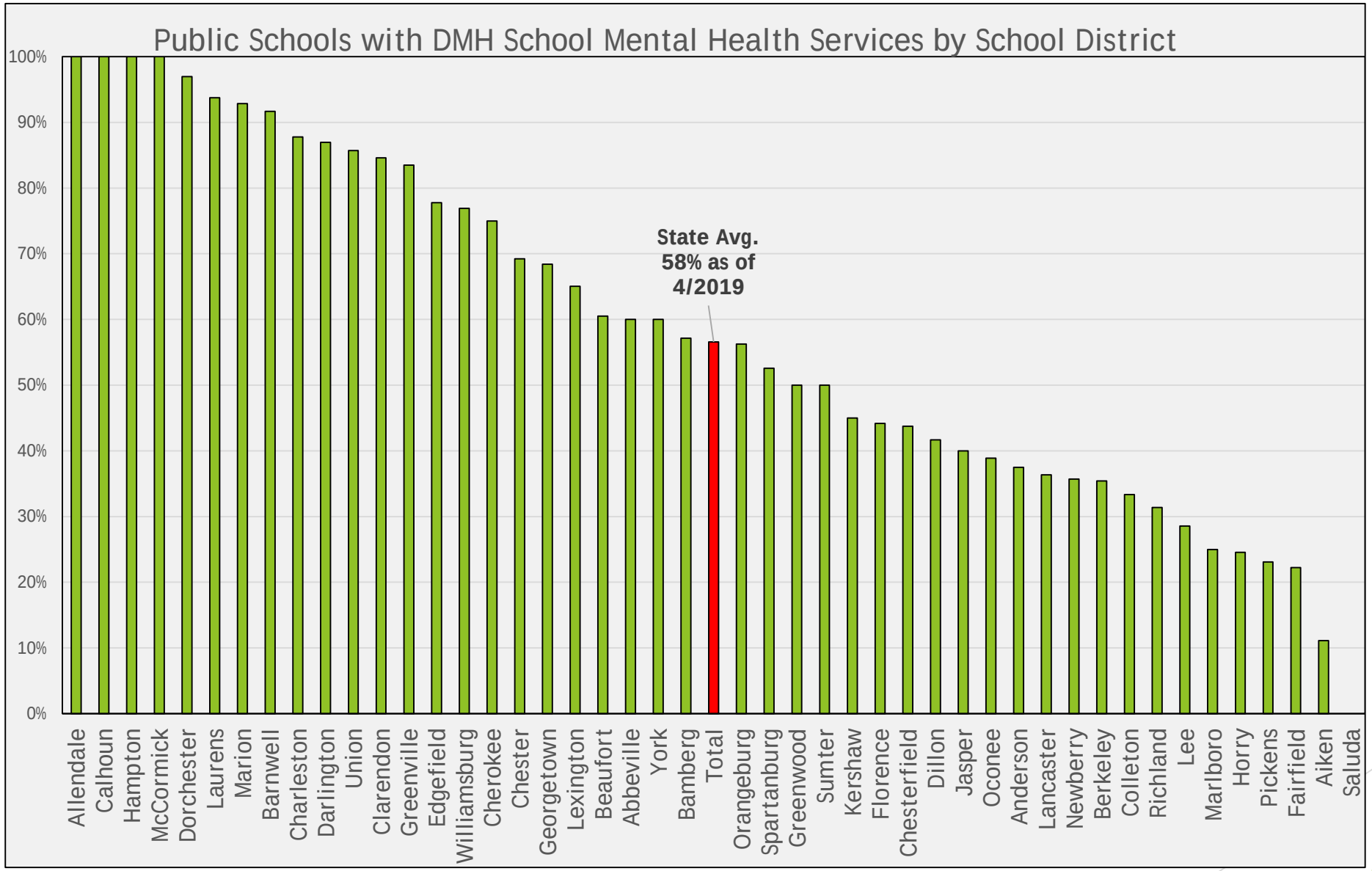
DMH South Carolina Department of Mental Health

3/15/19


SCDMH School Mental Health Expansion & School District Funding
$900,000
$800,000
$700,000
$600,000
$500,000
$400,000
$300,000
$200,000
$100,000
$0
Aiken Barnwell
Anderson-Oconee-Pickens
Beckman
Berkeley
Catawba
Coastal Empire
Charleston-Dorchester
Columbia
Greenville
Lexington
Orangeburg
Pee Dee
Piedmont
Santee-Wateree
Spartanburg
Tri-County
Waccamaw
SCDMH
School Districts

SC Public School District Contributions to SCDMH School Mental Health Services as of April 20, 2019




Public Schools with DMH School Mental Health Services by School District
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
State Avg. 58% as of 4/2019
Allendale
Calhoun
Hampton
McCormick
Dorchester
Laurens
Marion
Barnwell
Charleston
Darlington
Union
Clarendon
Greenville
Edgefield
Williamsburg
Cherokee
Chester
Georgetown
Lexington
Beaufort
Abbeville
York
Bamberg
Total
Orangeburg
Spartanburg
Greenwood
Sumter
Kershaw
Florence
Chesterfield
Dillon
Jasper
Oconee
Anderson
Lancaster
Newberry
Berkeley
Colleton
Richland
Lee
Marlboro
Horry
Pickens
Fairfield
Aiken
Saluda

DEAF SERVICES

- SCDMH's Deaf Services Program provides a continuum of outpatient and inpatient behavioral health services to persons who are Deaf and Hard of Hearing
- Program uses innovative technological and human service program initiatives to ensure all services are delivered in a cost-effective and timely manner statewide
- *Services*
  - Outpatient services for children, families, and adults, using itinerant counselors who are part of regional teams located across the state
  - School Mental Health services in collaboration with SC School for the Deaf and the Blind
  - Residential services in supported apartments at locations statewide
  - Use of telemedicine and videotext to provide accessible services to rural areas
  - Inpatient services at Patrick B. Harris Hospital and William S. Hall Psychiatric Institute

Dara Baril, MA
Program Director,
Office of Deaf Services

EMPLOYMENT SERVICES

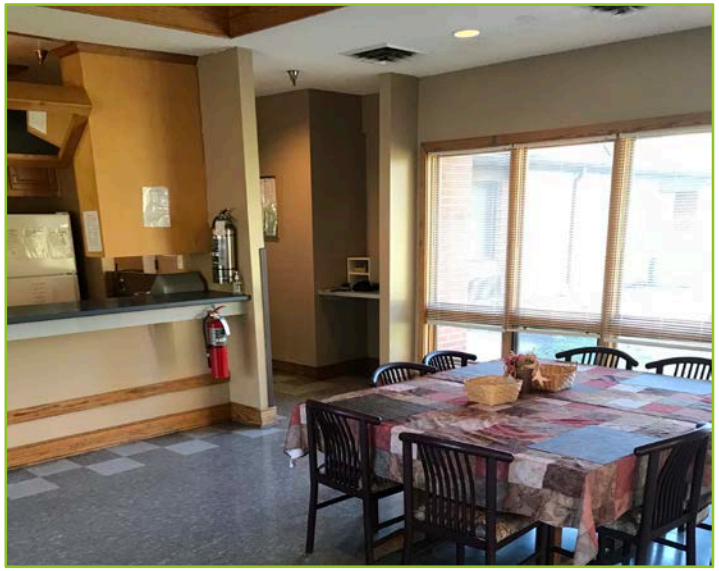
- Individual Placement & Support (IPS) is an evidence-based model of supported employment helping people with SMI obtain and/or maintain competitive employment in community
- IPS in SC is partnership between SCDMH and SC Department of Vocational Rehabilitation
- IPS programs currently located in 12 sites at SCDMH CMHCs
- IPS-supported average employment rate of 60% in SC in FY 2019; national benchmark rate for IPS-supported employment is 40%
- In FY 2019, SCDMH funded IPS programs at all CMHCs
- 350+ SCDMH patients actively participating in IPS services
- 2 IPS programs participating in Social Security Administration (SSA) funded study to determine impact of IPS on people initially denied social security benefits

Demetrius Henderson, M.Ed., MBA
Program Director,
Employment Services

COMMUNITY RESIDENTIAL CARE FACILITIES (CRCFs)

- Aiken County—Generations of Monetta (16 beds)
- Lee County—Emerald (5 beds)
- Lexington County—Brook Pine (16 beds)
- Richland County—Kiva Lodge (5 beds), Turning Point (15 beds), Piedmont Pathways (15 beds)
- Greenville County—McKinney (8 beds), Gregory's (32 beds)

Marjorie Wilson-Guess, MA
Program Director,
Community Residential Care Facilities



COMMUNITY RESIDENTIAL CARE FACILITIES (CRCFs)

- 117 patients served by SCDMH CRCFs
- Referrals received primarily from SCDMH inpatient facilities
- Some patients have histories of behavioral difficulties, justice involvement, dual diagnoses
- CRCFs ensure continuity of care through collaboration with local CMHCs
- CRCF designed to help patients develop skills needed to live independently; discharge planning begins at admission
- DLA-20 tool used to measure patients' functioning at admission and every 45 days

TOWARD LOCAL CARE (TLC)

- TLC Program Established in 1989
- Program Accomplishments
  - Building infrastructure
  - Addressing needs following downsizing of long-term psychiatric hospitals
  - Creating 1,093 options for high utilizers of inpatient services
  - 4,915 patient discharges to TLC since 1991
  - Increasing patients' community tenure
  - Decreasing patients' reliance on inpatient hospitals for psychiatric treatment
  - Fewer patient hospital days and fewer hospital admissions
  - All CMHCs have TLC with at least two program types
  - HOMESHARE – adult foster care

Mallory Miller, MSW, LMSW
Program Director,
Toward Local Care

HOMESHARE

- HOMESHARE integrates psychiatrically disabled adults into community households who have a desire to help others and are willing to share their homes.
- HOMESHARE is in 12 community mental health centers representing 23 counties: Aiken, Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Chesterfield, Clarendon, Darlington, Dorchester, Florence, Greenwood, Georgetown, Horry, Laurens, Lexington, Marion, Orangeburg, Richland, Saluda, Sumter, and Williamsburg counties.
- 170 clients are currently living in a HOMESHARE.
- 448 patients have been served by HOMESHARE since 1992.
- There are currently 291 providers on contract to provide standard, respite, and/or enhanced respite type of housing needs.
- HOMESHARE providers receive a stipend for patients' room and board of $1,339 monthly. Patients contribute 74% of their income towards the stipend, and State funds support the rest.

HOUSING AND HOMELESS SERVICES

Michele Murff, MCP
Program Director,
Housing & Homeless Programs

Statewide Housing Units For Persons With Mental Illnesses

- Since FY '92, SCDMH has invested agency funds to develop over 1,100 housing units
- Proceeds from sale of Bull Street property used to fund new housing developments in partnership with private non-profit and for-profit organizations

Community Housing Rental Assistance Program

- Program began in 2015 using SCDMH funding of $1.5M provided through agreement with DHHS, as well as $400,000 in funds from General Assembly
- Currently, SCDMH is assisting 293 units/496 patients and family members at average annual cost/unit of <$6,500

HUD Continuum of Care Permanent Supportive Housing Programs

- Provide >$1.1M annually for rental assistance for formerly homeless patients and their families in 5 counties
- Currently assisting 135 units/174 patients and family members

HOUSING AND HOMELESS SERVICES

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH)

- Formula grant program funds enable SCDMH to provide outreach and clinical services to people with serious mental illnesses/co-occurring disorders who are experiencing homelessness
- Programs currently based in Columbia, Greenville, Myrtle Beach, and Charleston areas
- PATH programs served >2,000 individuals in FY '18

Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR) Initiative

- SOAR is SAMHSA best practice that increases access to SSA disability programs for individuals with serious mental illnesses who are experiencing homelessness
- SCDMH serves as lead agency and partners with SSA and SC Disability Determination Services
- SC SOAR initiative achieved a 69% approval rate for initial SOAR applications in FY '18 with average decision time of 78 days, exceeding national outcomes

Treatment for Adults Experiencing Homelessness in SC

- SAMHSA grant to assist homeless persons in receiving mental health services
- In 2018, SCDMH received 5-year award of $1M/year

TRAUMA-INFORMED SYSTEMS

Christopher Wells, M.Ed.
Program Director,
Trauma-Informed Care Systems

SAMHSA Definition of Trauma

- A widespread, harmful, and costly public health problem, which occurs as a result of violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences
- Has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation

SCDMH Trauma-Informed Systems

- Support development and implementation of policies, procedures, and practices
- All patients offered evidence-based trauma assessments
- Patients experiencing trauma-related symptoms are offered evidence-based treatment options
- Practices in CMHCs and facilities do not create, nor recreate, traumatizing events for patients

FY 2019 TRAUMA-INFORMED SYSTEMS TRAININGS

- 69 SCDMH clinicians completed 3-day Trauma Focused-Cognitive Behavioral Therapy (CBT) for children, adolescents and their families training
- 48 SCDMH clinicians graduated from 3-day Cognitive Behavioral Therapy for Post-Traumatic Stress Disorder (PTSD) Therapy for Adults training
- 100+ SCDMH staff have participated in Trauma-Informed Care trainings

JUSTICE-INVOLVED PROGRAMMING

Allison Farrell, MPH, LISW-CP
Program Director,
Justice-Involved Services

Mental Health/Justice/Law Enforcement Liaison

- State Office initiative to support SC law enforcement agencies statewide
- Liaison to SC jail administrators; SC detention centers; SC Department of Corrections; SC Sheriffs' Association; SC Police Chiefs' Association; State Law Enforcement Division (SLED); SC Department of Probation, Parole and Pardon Services; SC Department of Public Safety; SC Department of Natural Resources; and all state law enforcement agencies
- Partnership with SC Law Enforcement Assistance Program (SCLEAP) to support the needs of law enforcement and their families

TRAINING FOR LAW ENFORCEMENT & EMS

- Crisis Intervention Training (CIT) - NAMI SC
  - Formulated 1988 by Major Sam Cochran of Memphis Police Department
  - Program designed to teach law enforcement about mental illnesses and de-escalation techniques
  - These 40-hour classes are taught by mental health staff, National Alliance on Mental Illness (NAMI), law enforcement peers, and sometimes other community providers (e.g., 301 providers)
- Adverse Childhood Experiences (ACEs) beginning in FY '20
- Applied Suicide Intervention Skills Training (ASIST) - Office of Suicide Prevention

In this Sept. 2, 2015 file photo, New York City Police Officer Lamont Edwards talks to actor Nathan Purdee during a Crisis Intervention Training class at the New York Police Department Police Academy, in New York. (AP Photo/Mary Altaffer, File)

JUSTICE-INVOLVED PROGRAMMING

First Responder Support Team (FRST)

- Charleston-Dorchester Community Mental Health Center - 2009
- Initiative to expand statewide

SCLEAP

- Partnership to support the needs of law enforcement and their families
- Post Critical Incident Seminar (PCIS)
  - Eye Movement Desensitization & Reprocessing (EMDR)
- Critical Incident Stress Management – (CISM)

JUSTICE-INVOLVED PROGRAMMING

Embedded Mental Health Professionals (MHPs)

- Law Enforcement Agencies
  - 7 Victims of Crime Act (VOCA) funded MHPs throughout Charleston and Dorchester Counties, serving child and adult victims of crime
  - Mental Health/Law Enforcement Alliance Project (Alliance)
  - $847,000 funded by BlueCross BlueShield of South Carolina Foundation over 3 years
  - $1.2 budget request to support 25 additional FTEs (FY '21)
- Detention Centers (Jail Liaisons)
- Embedded Clinician in 911 Consolidated Dispatch – Pilot Project
- Local Hospital EDs - 10 CMHCs have MHPs embedded in local hospital EDs

JUSTICE-INVOLVED PROGRAMMING

Mental Health Courts

- Goal - Diversion of non-violent, adult offenders with serious mental illness from criminal justice system
- Five County Courts in SC - Charleston, Greenville, Horry, Richland, and York
- Funding - $400,000 in recurring State appropriations, as well as $1,220,000 3-year grant from The Duke Endowment to standardize existing courts, establish two new courts, and conduct research study on outcomes

OFFICE OF SUICIDE PREVENTION

Alex Karydi, Ph.D., LMFT, LAC, CSAC
Program Director,
Office of Suicide Prevention

Federally funded by SAMHSA, our efforts include but are not limited to:

- Comprehensive School Suicide Prevention Program
- Zero Suicide initiative implementation in health and behavioral health care settings
- Providing access to information and resources
- Best Practice suicide safety policy and protocol development
- Follow-up/aftercare planning and development
- De-stigmatization and awareness strategies
- Tiered comprehensive best practices for community members and multi-disciplinary audiences
- Cultural competency trainings focused on high risk populations (e.g., LGBTQI populations, individuals living with serious mental illnesses, trauma-informed care, etc.)
- Coalition and task force development
- Post-intervention consultation

ZEROSuicide IN HEALTH AND BEHAVIORAL HEALTH CARE

ask? ask about suicide to save a life

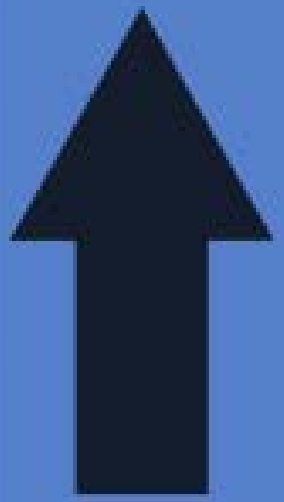
SUICIDE safeTALK suicide alertness for everyone

ASIST

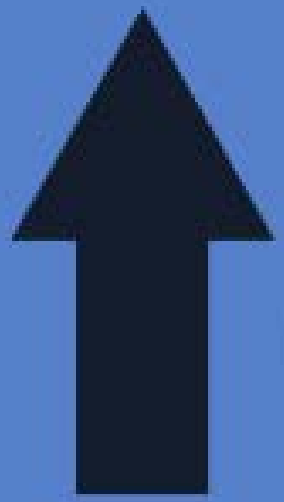
suicide to Hope aiding recovery and growth

SC Suicide Numbers for Ages 10-24

*2012-2017
**2010-2014



30% in suicide deaths*



43% in suicide attempts**

Suicide attempts for 10-14-year-olds DOUBLED in some S.C. counties

OFFICE OF SUICIDE PREVENTION

School Mental Health Services

- Since 2016, **40+** S.C. schools updated protocols to ensure best practices in suicide prevention
- SC Department of Education and SC School Board Association recently adopted our policy and best-practice suicide prevention protocol for SC schools
- While **97%** of teachers believe suicide prevention is an important part of their jobs, only **77%** knew what procedures to follow

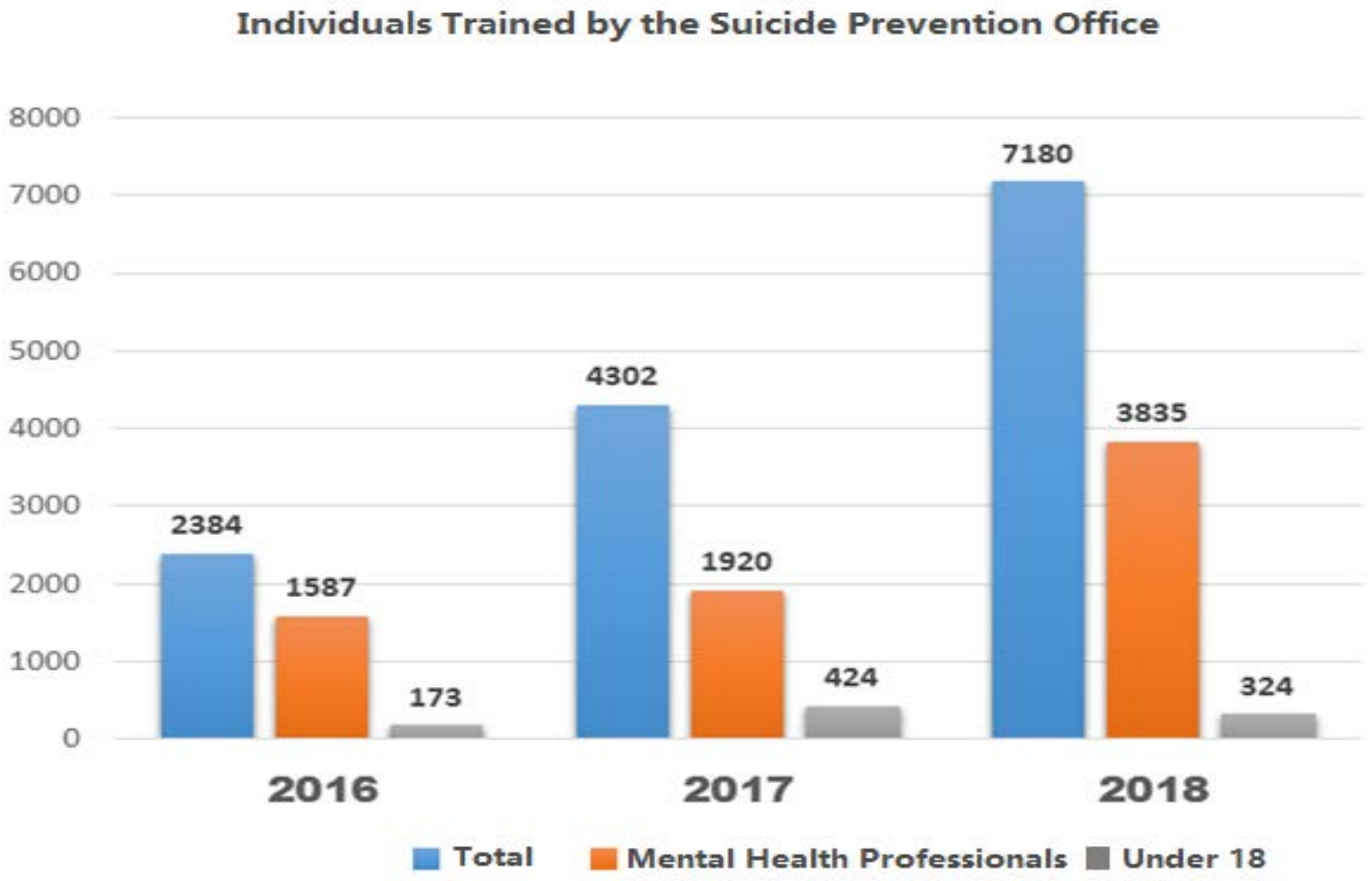
SC Department of Mental Health
Office of Suicide Prevention
803.896.4740 | scdmh.org/osp

OFFICE OF SUICIDE PREVENTION

Zero Suicide (ZS) Programs

- **46%** increase in screening after implementation
- **95%** suicide screening rate across all DMH clinics
- SCDMH supports other agencies with ZS programming
  - *SC Department of Health and Environmental Control (DHEC)*
  - *Federally Qualified Health Centers (FQHCs)*
  - *SC Department of Juvenile Justice (DJJ)*
  - *SC Department of Corrections (SCDC)*

COMPARISON GRAPH OF INDIVIDUALS TRAINED 2016-2018



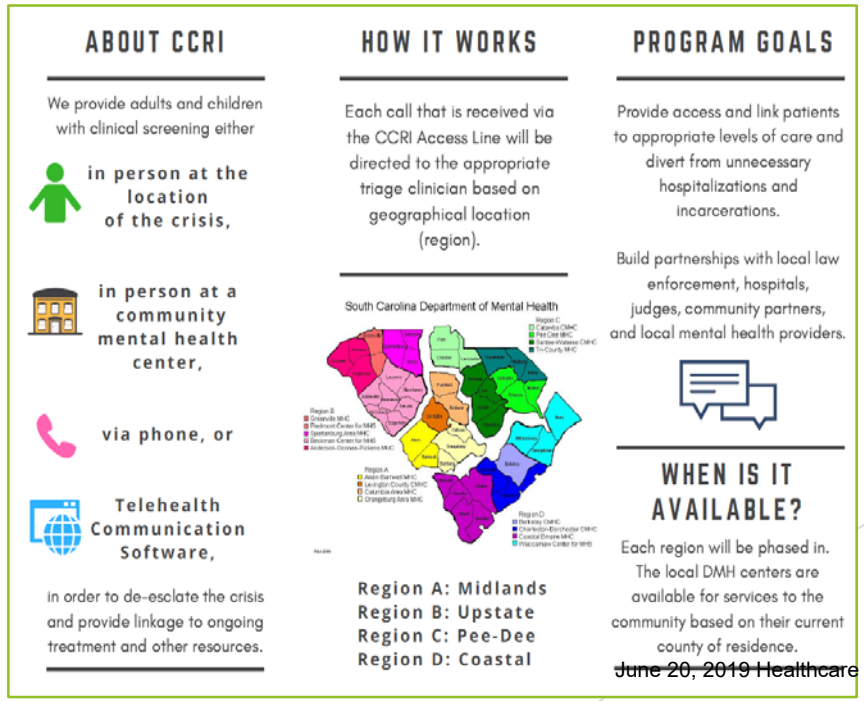
COMMUNITY CRISIS PROGRAMMING

- All 16 SCDMH CMHCs provide crisis services
- $6.2 million awarded annually to CMHCs
  - Local/Private Inpatient/Community Crisis Beds - 78% diverted out of EDs and 22% prevented an ED admission for Local/Private/Community Crisis beds
  - Crisis/Co-Occurring Teams

MOBILE CRISIS – A 24/7 CRISIS RESPONSE TEAM FORMED IN 1987 - 32 YEARS OF HISTORY INFORMING THE FUTURE

COMMUNITY CRISIS RESPONSE AND INTERVENTION

- Operational 24/7/365
- Staffed by regional teams - Coastal, Pee Dee, Midlands, Upstate
- Requires strong partnerships with local law enforcement offices and probate courts, local emergency departments, and inpatient facilities



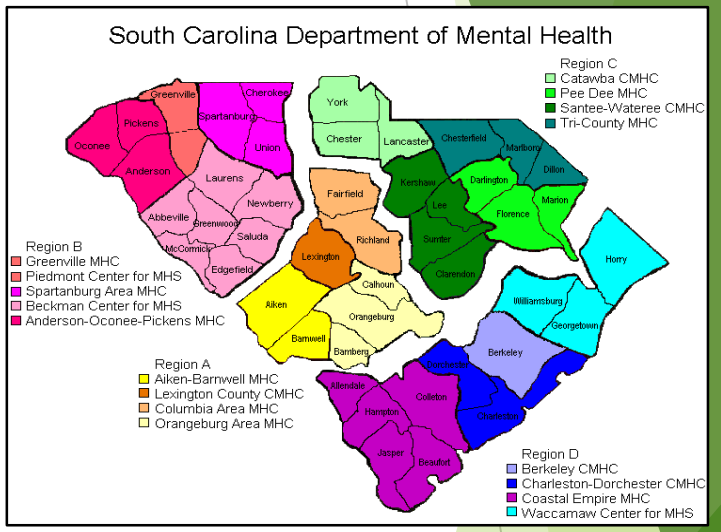
Amanda Gilchrist, LPC
Program Director,
Community Crisis Response & Intervention

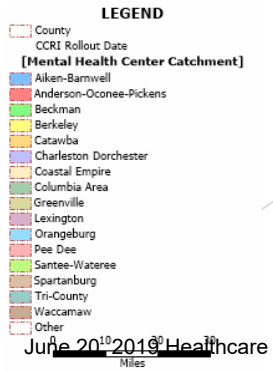
- Rollout began May 1, 2018 in the Coastal region and is active in 29 counties to date
- The toll free line to access services is 833-364-2274 (833-DMH-CCRI)

COMMUNITY CRISIS RESPONSE INITIATIVE (CCRI) ROLLOUT DATES, BY COUNTY

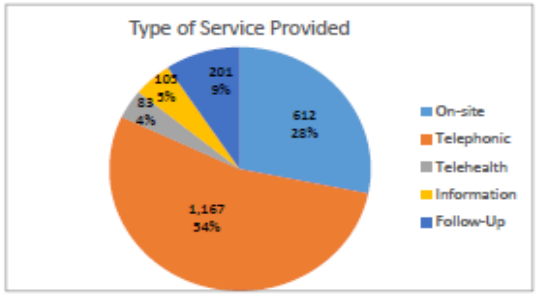
DMH South Carolina Department of Mental Health

REGIONAL MAP



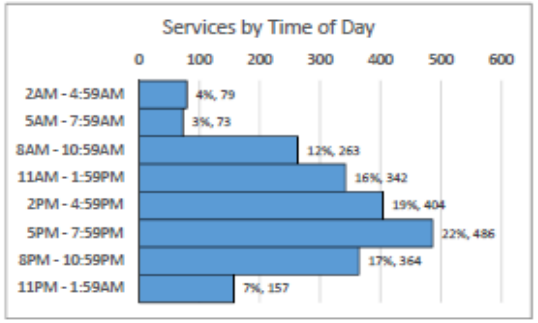


CCRI DATA



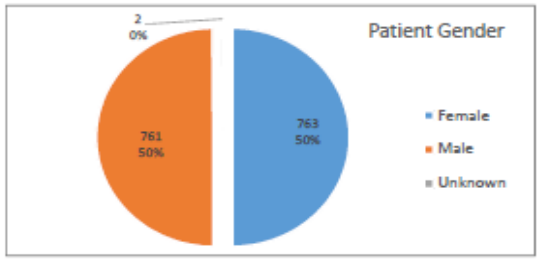
Service Type	Patients		Services	
	#	%	#	%
On-site	550	31%	612	28%
Telephonic	893	50%	1,167	54%
Telehealth	83	5%	83	4%
Information	101	6%	105	5%
Follow-Up	169	9%	201	9%
Total	1,796	100%	2,168	100%

* Patient totals unduplicated for each reporting category



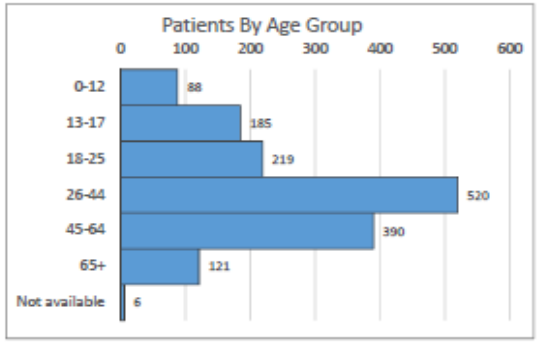
Service Type	Patients		Services	
	#	%	#	%
2AM - 4:59AM	70	4%	79	4%
5AM - 7:59AM	69	4%	73	3%
8AM - 10:59AM	237	12%	263	12%
11AM - 1:59PM	305	16%	342	16%
2PM - 4:59PM	357	18%	404	19%
5PM - 7:59PM	430	22%	486	22%
8PM - 10:59PM	326	17%	364	17%
11PM - 1:59AM	151	8%	157	7%
Total	1,945	100%	2,168	100%

* Patient totals unduplicated for each reporting category



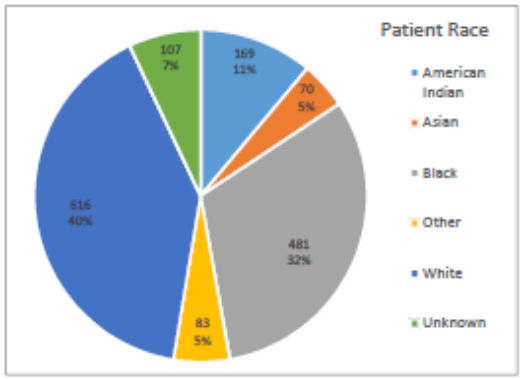
Gender	Patients		Services	
	#	%	#	%
Female	763	50%	1,042	48%
Male	761	50%	1,124	52%
Unknown	2	0%	2	0%
Total	1,526	100%	2,168	100%

* Patient totals unduplicated for each reporting category



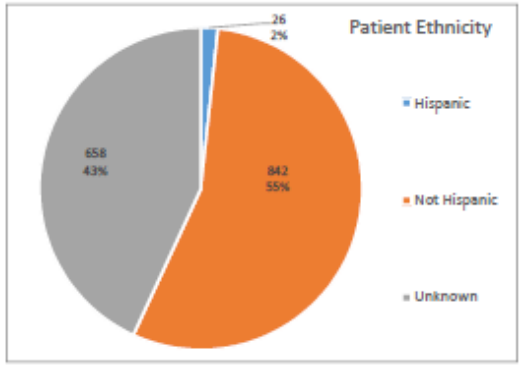
Age Group	Patients		Services	
	#	%	#	%
0-12	88	6%	127	6%
13-17	185	12%	235	11%
18-25	219	14%	317	15%
26-44	520	34%	727	34%
45-64	390	26%	595	27%
65+	121	8%	161	7%
Not available	6	0%	6	0%
Total	1,529	100%	2,168	100%

* Patient totals unduplicated for each reporting category



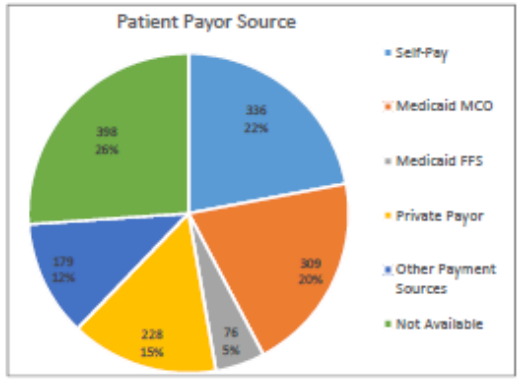
Race Group	Patients		Services	
	#	%	#	%
American Indian	169	11%	204	9%
Asian	70	5%	84	4%
Black	481	32%	685	32%
Other	83	5%	128	6%
White	616	40%	933	43%
Unknown	107	7%	134	6%
Total	1,526	100%	2,168	100%

* Patient totals unduplicated for each reporting category



Hispanic Ethnicity	Patients		Services	
	#	%	#	%
Hispanic	26	2%	43	2%
Not Hispanic	842	55%	1,265	58%
Unknown	658	43%	860	40%
Total	1,526	100%	2,168	100%

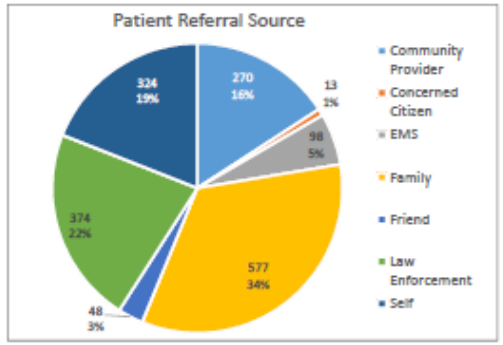
* Patient totals unduplicated for each reporting category



Payment Source	Patients		Services	
	#	%	#	%
Self-Pay	336	22%	507	23%
Medicaid MCO	309	20%	451	21%
Medicaid FFS	76	5%	97	4%
Private Payor	228	15%	326	15%
Other Payment Sources	179	12%	285	13%
Not Available	398	26%	502	23%
Total	1,526	100%	2,168	100%

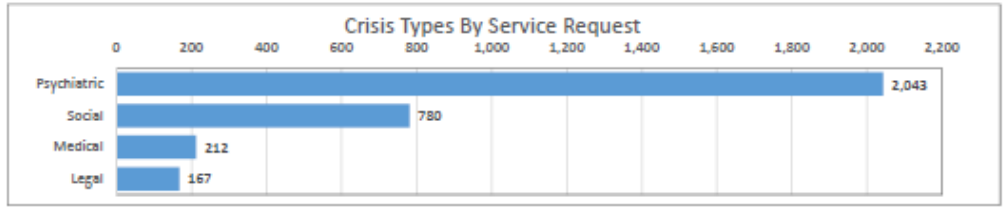
* Patient totals unduplicated for each reporting category

CCRI DATA

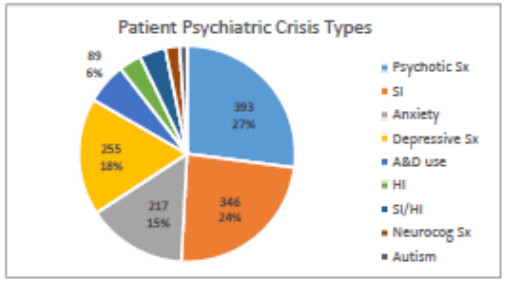


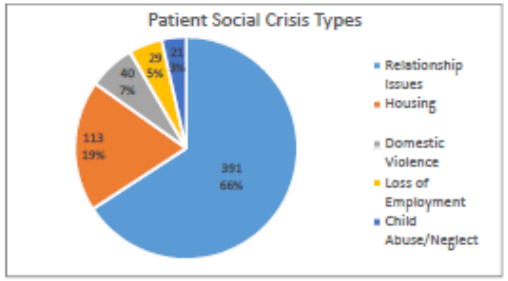
Referral Source	Patients		Services	
	#	%	#	%
Community Provider	270	16%	302	14%
Concerned Citizen	13	1%	17	1%
EMS	98	6%	104	5%
Family	577	34%	757	35%
Friend	48	3%	56	3%
Law Enforcement	374	22%	442	20%
Self	324	19%	490	23%
Total	1,704	100%	2,168	100%

* Patient totals unduplicated for each reporting category



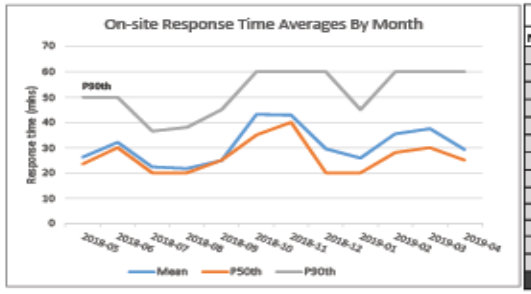
* Crisis type categories not mutually exclusive



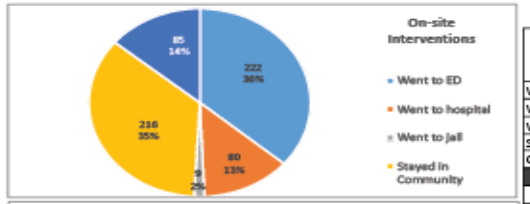


Crisis Type	Patients		Services	
	#	%	#	%
Psychatric	1,453	95.2%	2,043	94.2%
Psychotic Sx	393	27.0%	573	26.4%
SI	346	23.8%	454	20.9%
Anxiety	217	14.9%	346	16.0%
Depressive Sx	255	17.5%	334	15.4%
A&D use	89	6.1%	130	6.0%
HI	49	3.4%	67	3.1%
SI/HI	57	3.9%	77	3.6%
Neurocog Sx	31	2.1%	37	1.7%
Autism	16	1.1%	25	1.2%
Social	594	38.9%	780	36.0%
Relationship Issues	391	65.8%	522	66.9%
Housing	113	19.0%	148	19.0%
Domestic Violence	40	6.7%	48	6.2%
Loss of Employment	29	4.9%	37	4.7%
Child Abuse/Neglect	21	3.5%	25	3.2%
Medical	164	10.7%	212	9.8%
Legal	141	9.2%	167	7.7%

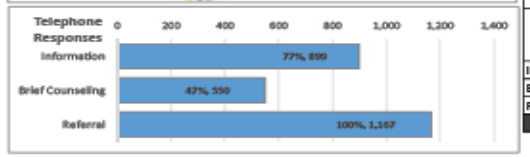
* Patient totals unduplicated for each reporting category



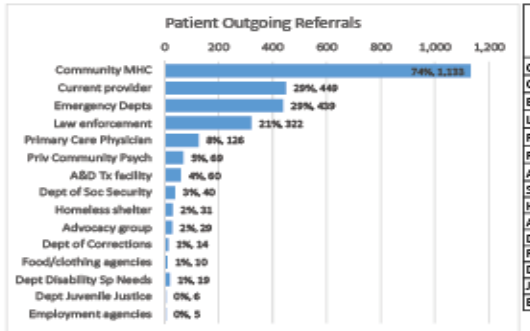
On-Site Response Times By Month and Minutes			
Month	Mean	P50th	P90th
2018-05	26	24	50
2018-06	32	30	50
2018-07	22	20	37
2018-08	22	20	38
2018-09	25	25	45
2018-10	43	35	60
2018-11	43	40	60
2018-12	30	20	60
2019-01	26	20	45
2019-02	35	28	60
2019-03	37	30	60
2019-04	29	25	60
2019-05	31	30	60
Total	31	25	60



Status	On-Site Response Times By Month and Minutes			
	Patients		Services	
	#	%	#	%
Went to ED	211	36%	222	36%
Went to hospital	73	13%	80	13%
Went to jail	9	2%	9	1%
Stayed in Community	208	36%	216	35%
Other	83	14%	85	14%
Total	584	100%	612	100%

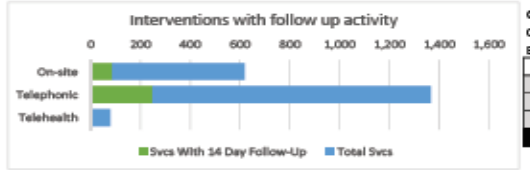


Telephonic Intervention Content	Telephonic Responses			
	Patients		Services	
	#	%	#	%
Information	721	81%	899	77%
Brief Counseling	426	48%	550	47%
Referral	893	100%	1,167	100%
Total	893		1,167	



Referrals	Outgoing Referrals			
	Patients		Services	
	#	%	#	%
Community MHC	1,133	74%	1,567	72%
Current Provider	449	29%	550	25%
Emergency Depts.	439	29%	520	24%
Law Enforcement	322	21%	391	18%
Primary Care Physician	126	8%	148	7%
Priv Community Psych	69	5%	80	4%
A&D Tx facility	60	4%	69	3%
Social Services	40	3%	45	2%
Homeless Shelter	31	2%	34	2%
Advocacy Group	29	2%	32	1%
Dept. of Corrections	14	1%	15	1%
Food/Clothing Agencies	10	1%	11	1%
Disability and Sp. Needs	19	1%	24	1%
Juvenile Justice	6	0%	8	0%
Employment Agencies	5	0%	5	0%

Patients may receive more than one referral



Crisis intervention follow up activity

Count of svcs with 2nd svc within 14 days

Excludes svcs resulting in psych hospitalization

Service Type	# of svcs	With F/U	% W F/U
On-site	532	87	16.4%
Telephonic	1118	248	22.2%
Telehealth	71	8	11.3%
Total	1,721	343	19.9%

OTHER CMHS PROGRAMS AND INITIATIVES

FIRST EPISODE PSYCHOSIS (FEP)

- Evidence-based model called NAVIGATE
- Tailored to young adults experiencing their first episode of psychosis and their families
- Model focuses on psycho-education, acceptance, medication management, and navigation of expectations

NAVIGATE

INTENSIVE COMMUNITY TREATMENT (ICT) TEAMS

- Multidisciplinary teams provide intensive treatment services to patients
- Patients are offered appointments at least weekly
- Staff to patient ratio not to exceed 1:35
- Patients are seen in community

MULTIDIMENSIONAL FAMILY THERAPY (MDFT)

- Intensive services for children and their families in the community
- Large emphasis on family engagement
- Staff to patient ratio not to exceed 1:15

multidimensional
FAMILY THERAPY

PEER SUPPORT SERVICES

Certified Peer Support Specialists are self-identified staff recovering from a mental illness who are willing to share their lived experiences to help others on their road to recovery!

SOUTH CAROLINA CERTIFIED
PEER SUPPORT SPECIALIST
OFFERING HOPE THROUGH LIVED EXPERIENCE

SOUTH CAROLINA LEADERSHIP ACADEMY FOR TOBACCO-FREE RECOVERY STATE STRATEGY SESSION

2018 South Carolina State Strategy Session

- SCDMH, DHEC, SC Department of Alcohol and Other Drug Abuse Services, and SC Department of Health and Human Services (DHHS) have partnered with SAMHSA, Centers for Disease Control's National Behavioral Health Network, and Smoking Cessation Leadership Center from University of California, San Francisco
- Partners held 2018 summit to address high prevalence of smoking among adults with behavioral health disorders in SC

Goals of State Strategy Session

- Reduce tobacco use by Medicaid-eligible adults with mental health diagnoses from 32.2% to 23.0% by 2023
- Reduce tobacco use by Medicaid-eligible adults with substance abuse diagnoses from 62.3% to 53.0% by 2023

PRIMARY CARE INTEGRATION

- Some centers have staff embedded in Federally Qualified Health Centers (FQHCs).
- Some centers have FQHCs embedded in our mental health centers.
- One center provides primary care with its own staff.

HOLISTIC CARE - COLLECTING FOOD AND TOYS FOR THE HOLIDAYS FOR PATIENTS

HOLISTIC APPROACH -
CAF HOLIDAY PARTY FOR PATIENTS

CARE COORDINATION

- SCDMH operates a separate arm of support for patients known as Care Coordination.
- Care Coordinators help patients find and access resources such as primary care, housing, entitlement programs, etc.
- Care Coordination is operated by SCDMH's Division of Medical Affairs (to be discussed in more detail during a future presentation).

CRISIS STABILIZATION UNITS AND TELEPSYCHIATRY FOR JAIL/EMERGENCY DEPARTMENT DIVERSON

CRISIS STABILIZATION UNITS

Tri-County Crisis Stabilization Center (TCSC)
(Charleston-Dorchester and Berkeley CMHCs)

CRISIS STABILIZATION DATA

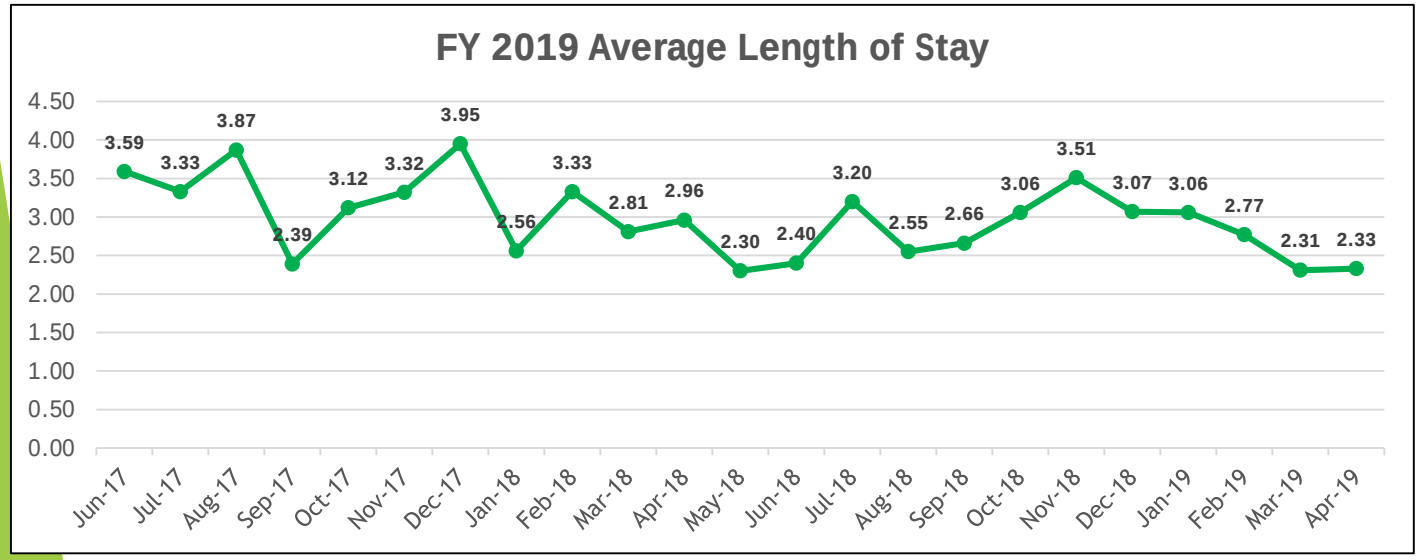
Tri-County Crisis Stabilization Center
(Charleston-Dorchester and Berkeley CMHCs)

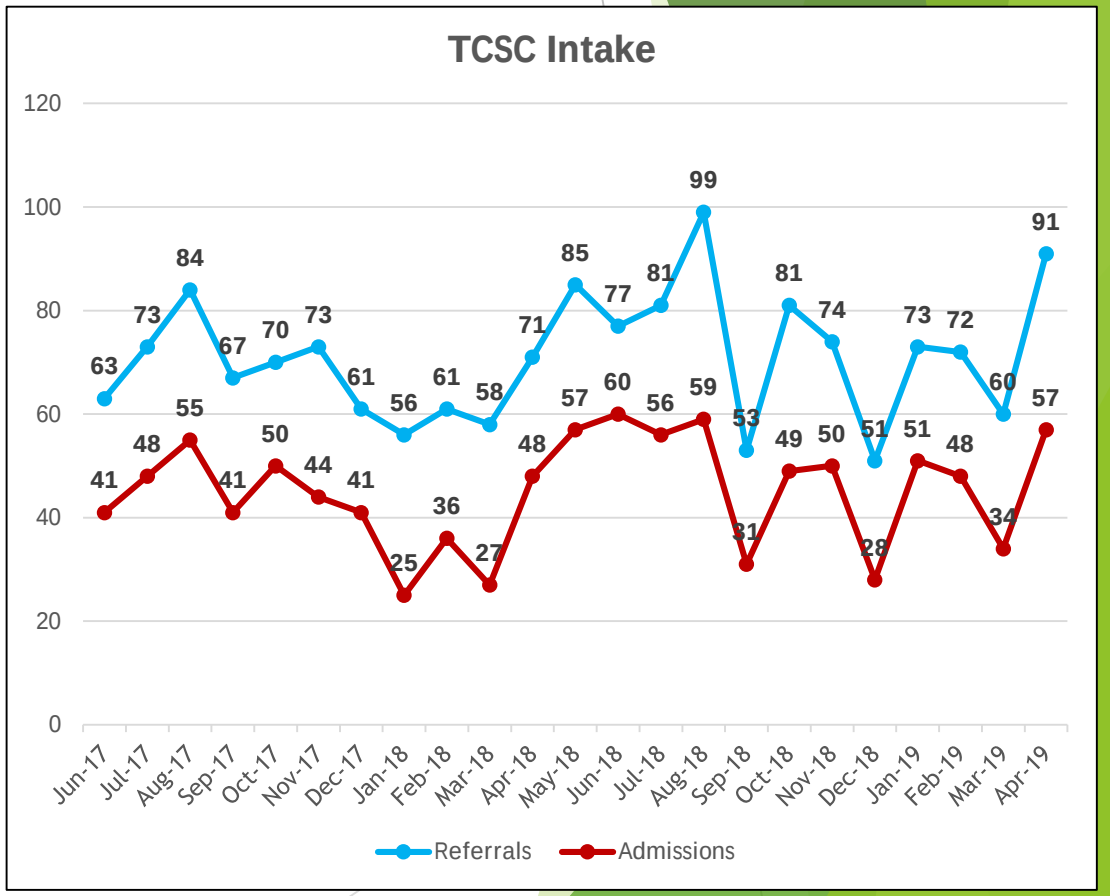
Tri-County Crisis Stabilization Center Data

June 5, 2017 to April 30, 2019

Time frame	Referrals	Admissions	Triage	Diversions		
				MH hosp	ED	Jail
6/5/17 to 4/30/19	1634	1036	124	987	365	20

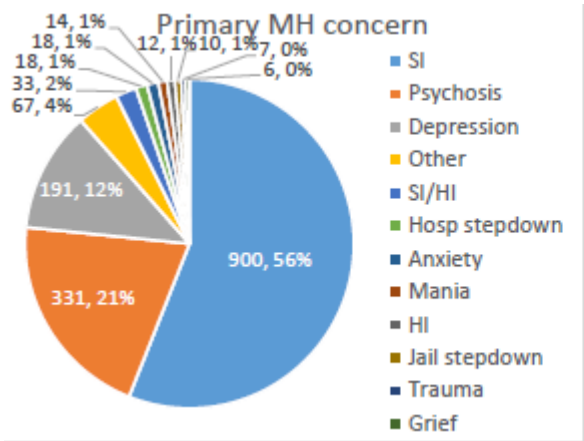
2.89	Avg length of stay
4.15	Avg daytime census

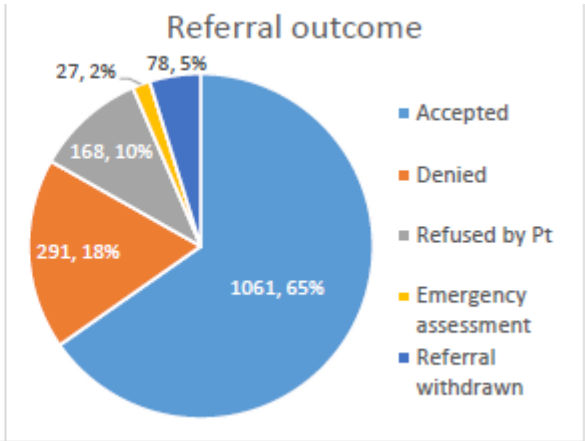


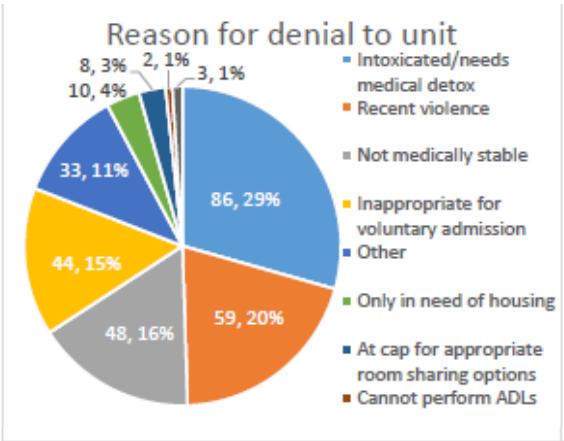


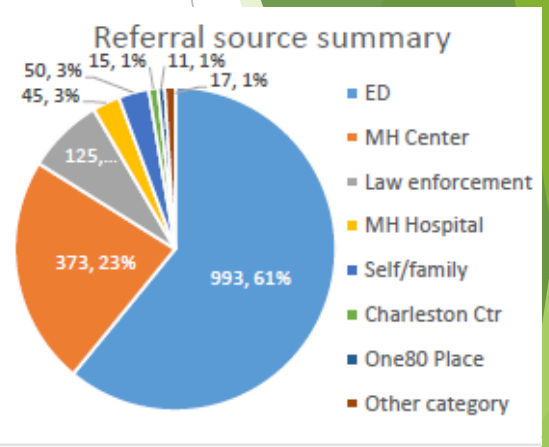
CRISIS STABILIZATION DATA

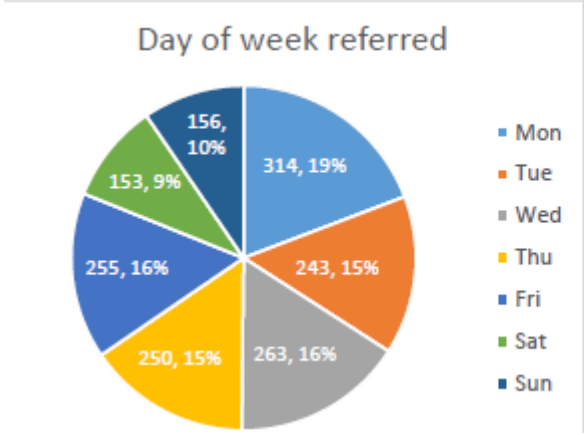
Tri-County Crisis Stabilization Center (Charleston-Dorchester and Berkeley CMHCs)

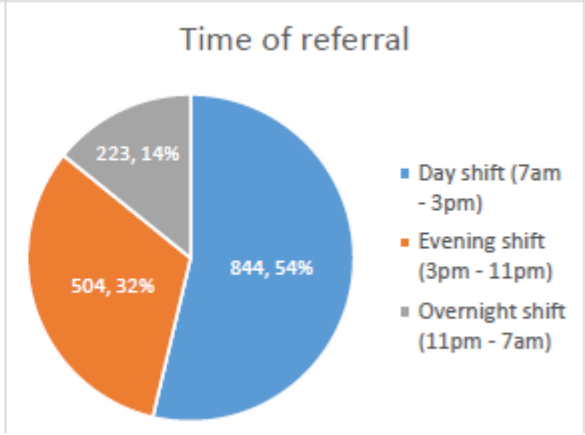


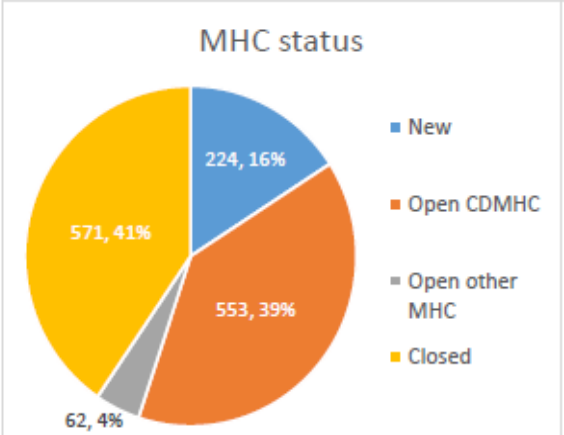


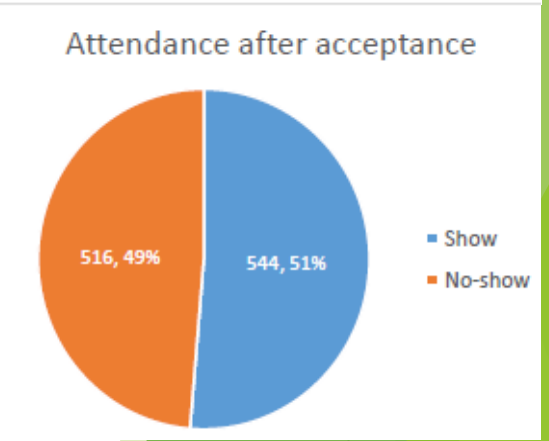






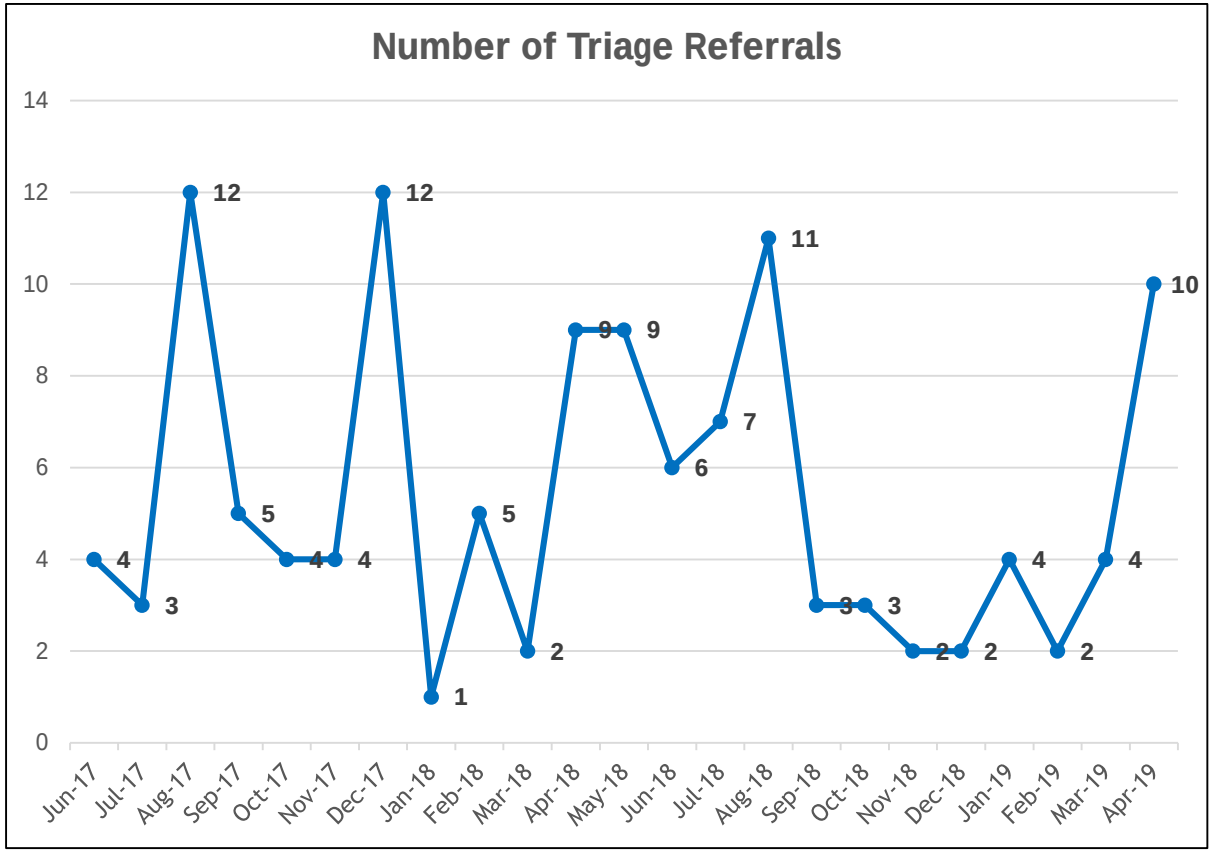


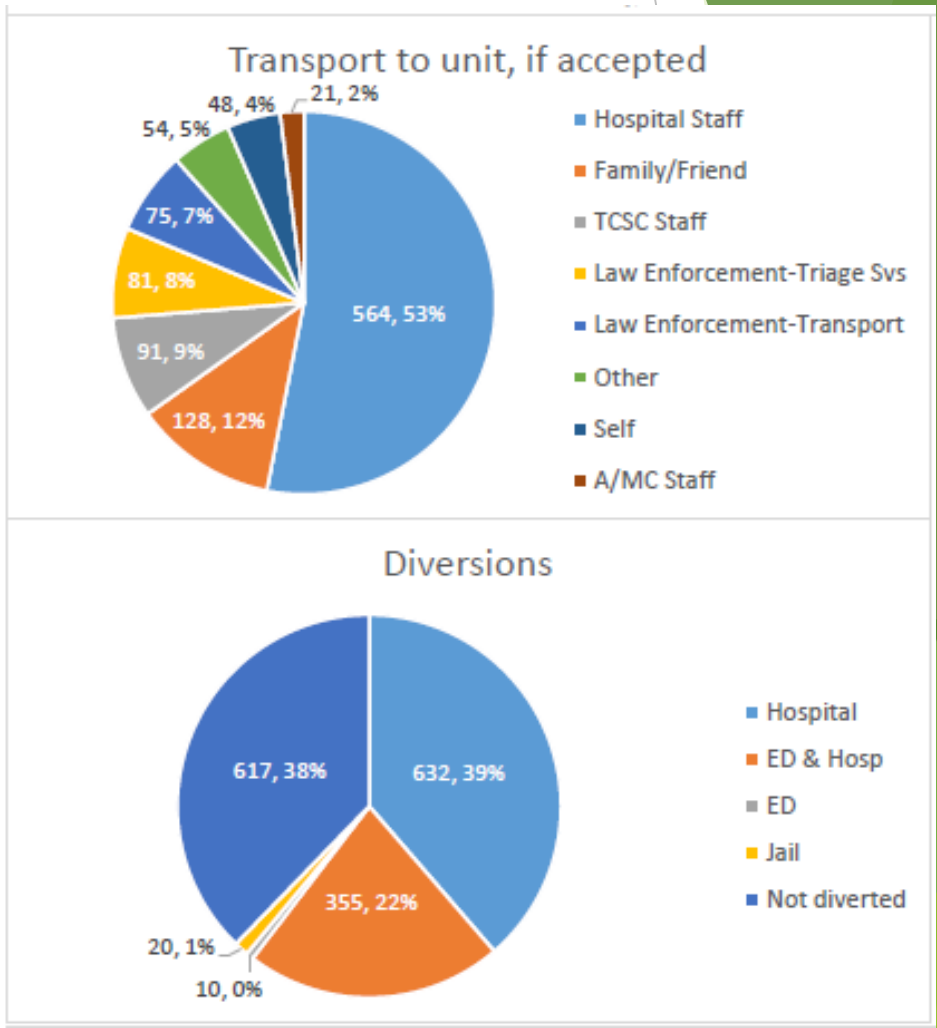




CRISIS STABILIZATION UNITS

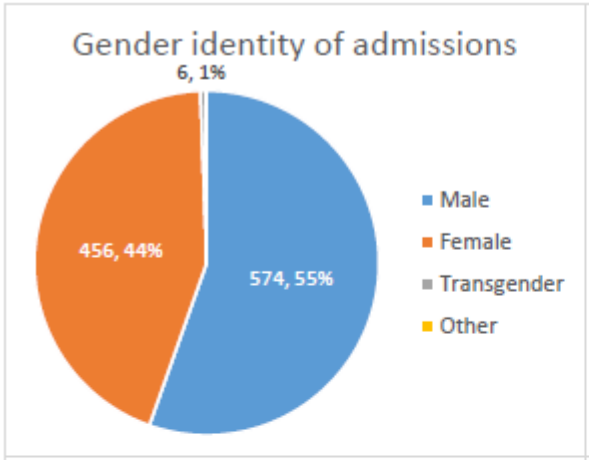
Tri-County Crisis Stabilization Center (Charleston-Dorchester and Berkeley CMHCs)

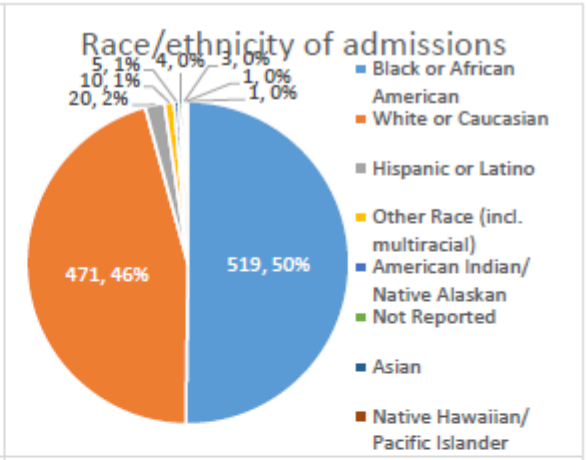


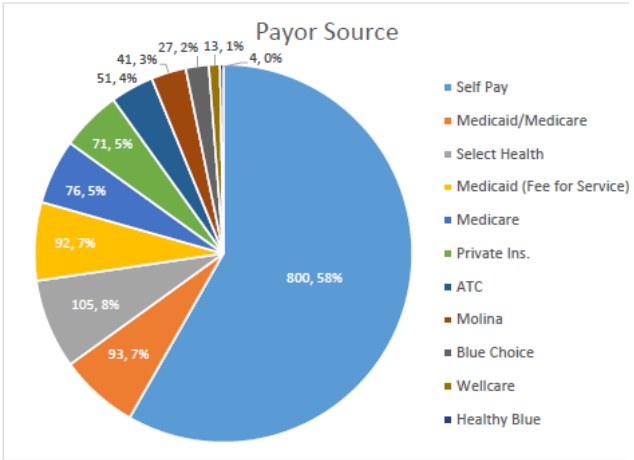


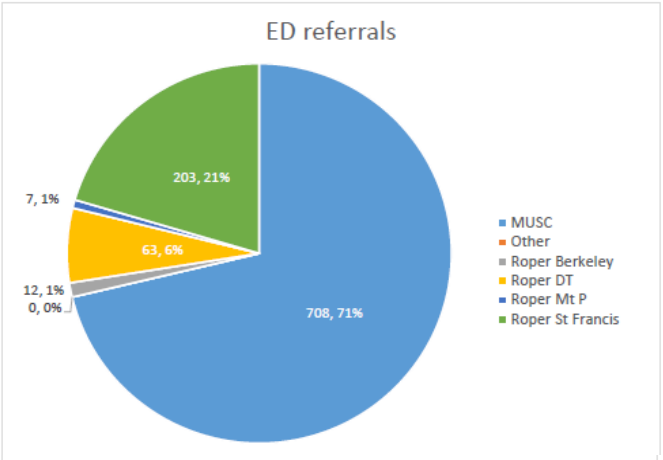
CRISIS STABILIZATION DATA

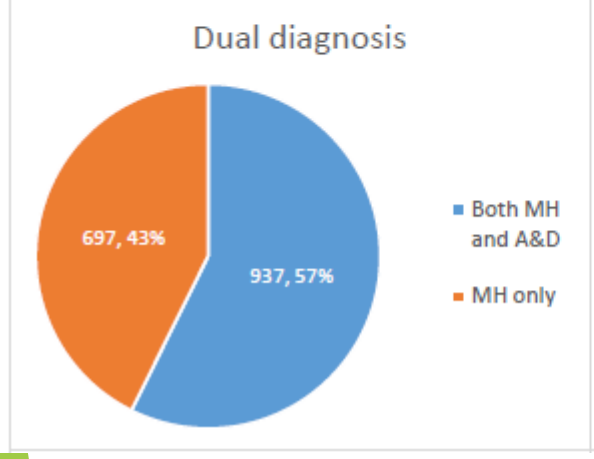
Tri-County Crisis Stabilization Center
(Charleston-Dorchester and Berkeley CMHCs)

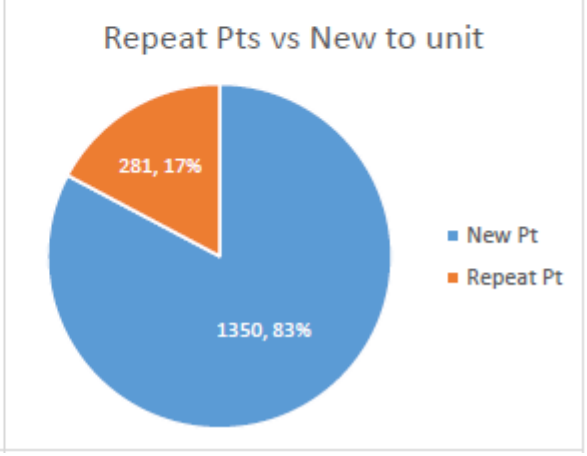


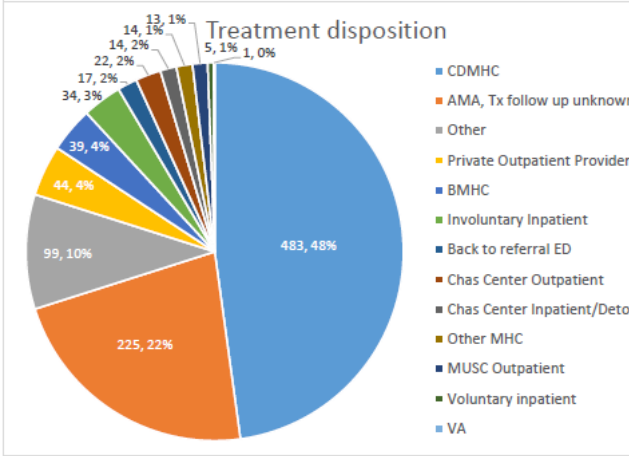


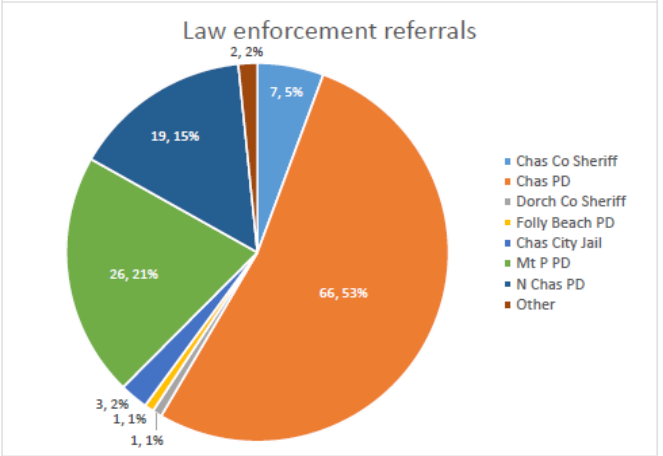








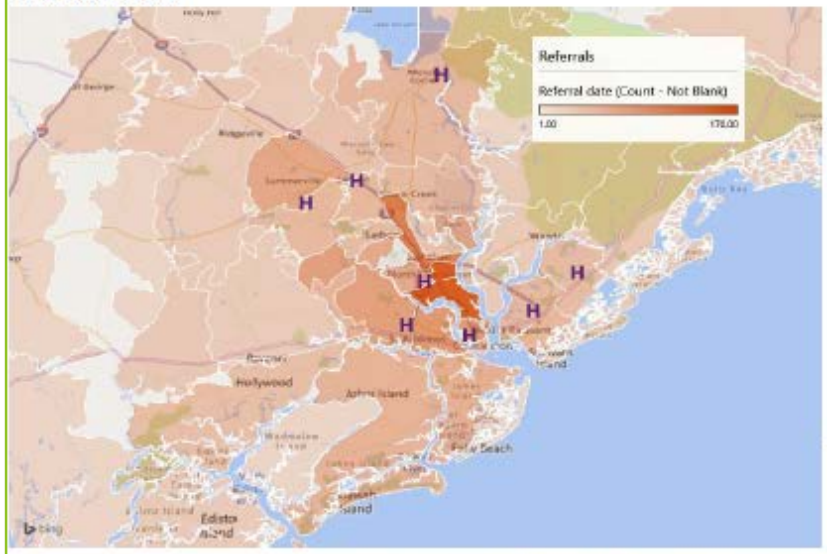




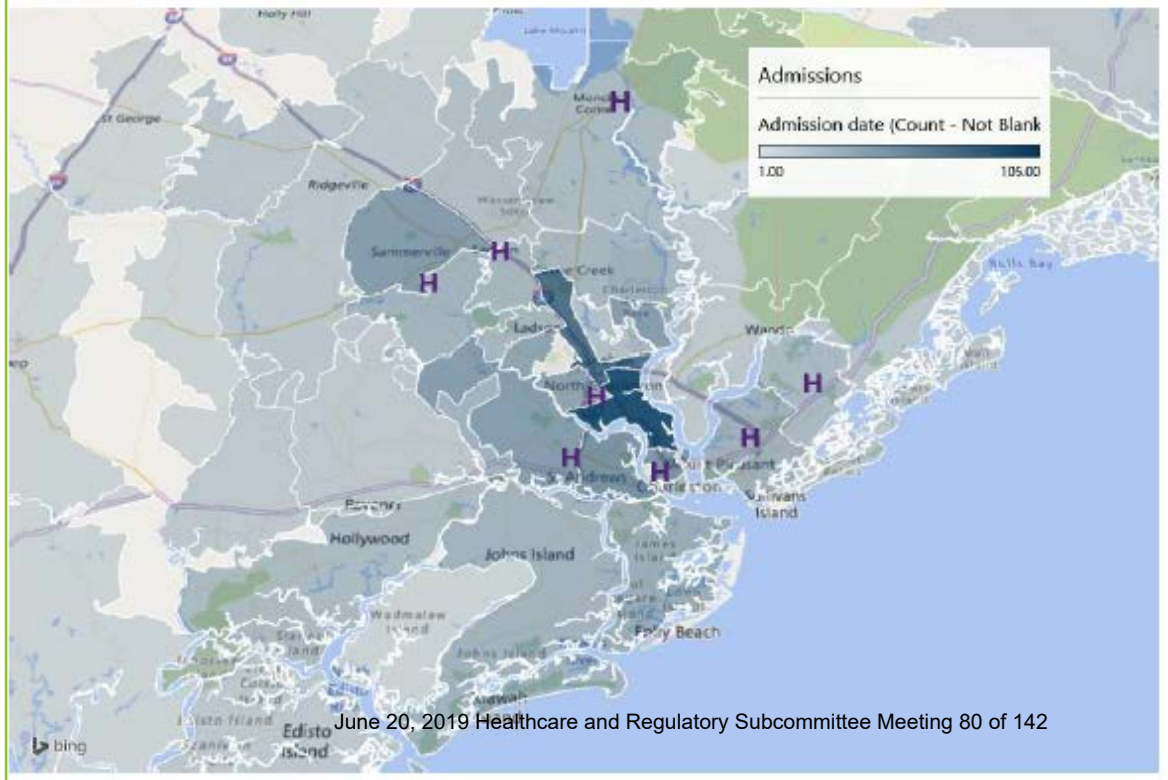
CRISIS STABILIZATION UNIT – PATIENT UTILIZATION MAP

Tri-County Crisis Stabilization Center (Charleston-Dorchester and Berkeley CMHCs)

Service area



Area of residence	Referrals	Admissions
Homeless	523	364
N Charleston	353	226
W Ashley	140	83
Summerville	92	66
Downtown	94	55
Mt Pleasant	46	31
Johns Island	35	18
James Island	40	24
Moncks Corn	29	12
Ladson	27	16
Goose Creek	24	15
Hollywood	19	12
Out of state	11	5



CRISIS COLLABORATION WITH THE CHARLESTON CENTER, A 301 ALCOHOL AND DRUG TREATMENT AGENCY – CO-LOCATED WITH THE TRI-COUNTY CRISIS STABILIZATION CENTER – TO OPEN SUMMER OF 2019

Charleston Center's Sobering Center

CRISIS STABILIZATION UNITS

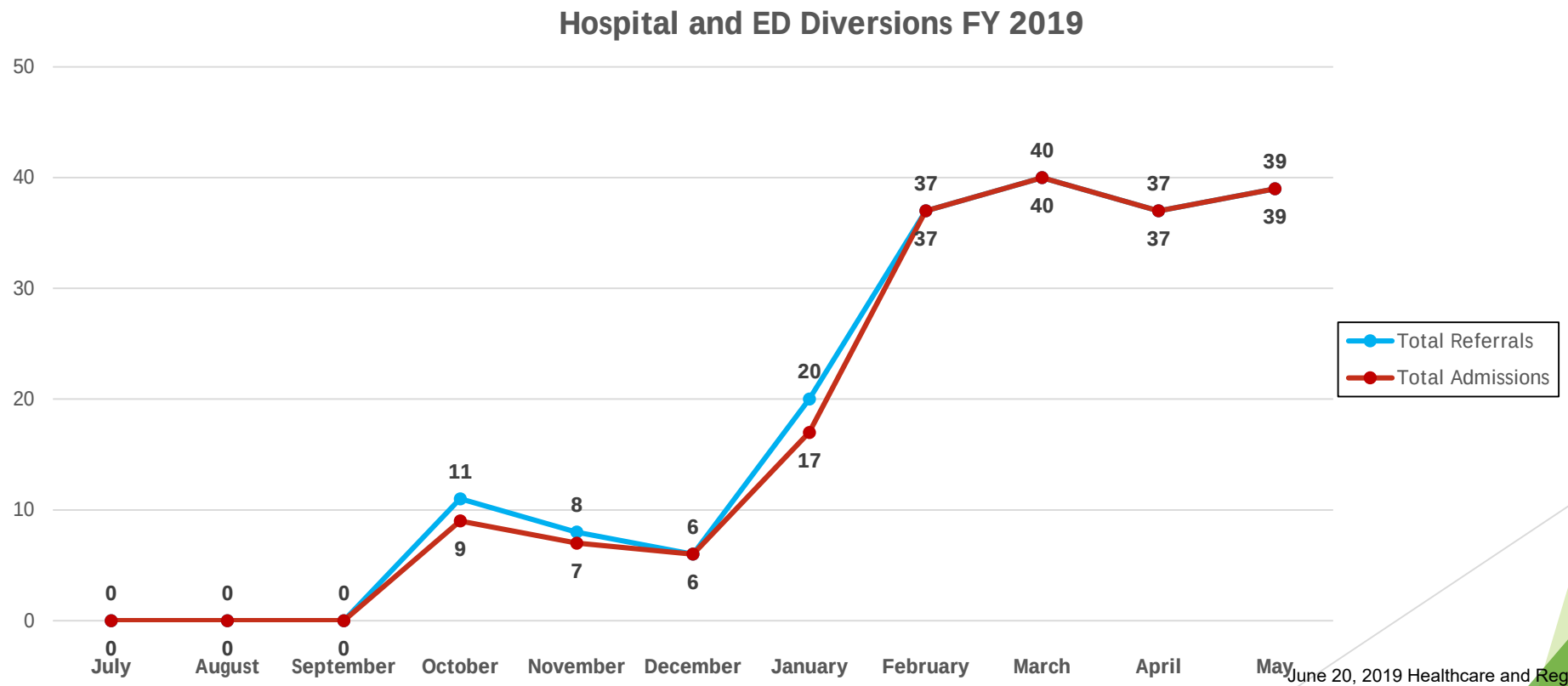
Spartanburg's Ray C. Eubanks, Jr. Support Center – opened in October 2018

- Peer drop-in "living room" concept hospital diversion program
  - Provides individuals with mental illness an additional support system outside of clinical setting
  - 3 Peer Support Specialists, 2 clinicians, 1 part-time care coordinator
  - 44 individuals diverted from emergency room or hospital
- Housing subsidies
- Automated appointment reminder system
- IPS
- Advance Practice Registered Nurses
- ICT
- Intensive Family Support

CRISIS STABILIZATION UNITS

Eubanks Center
Spartanburg Area Mental Health Center
FY'19 YTD

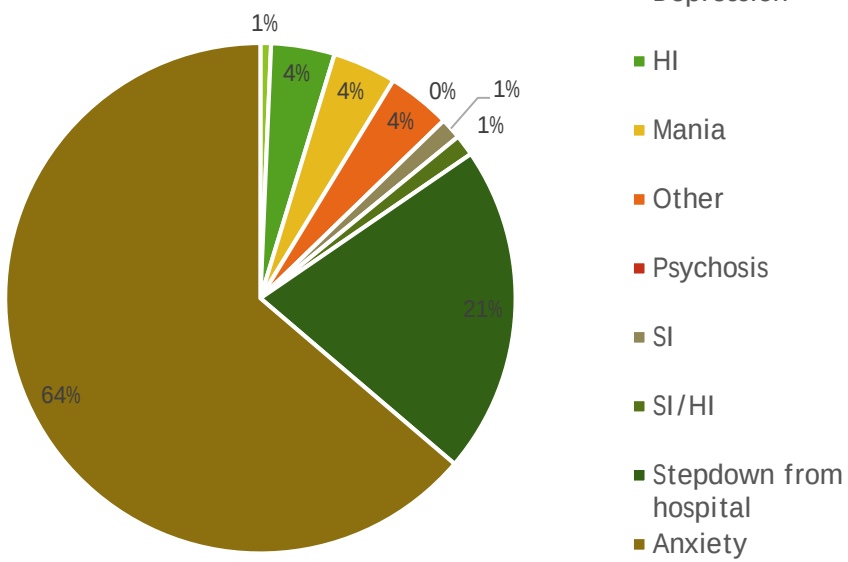
					Diversions from:			Patients	
	Referrals:	198			ED:	42		Unduplicated:	118
	Admissions:	192			Hospital:	32		Repeat Patients:	32



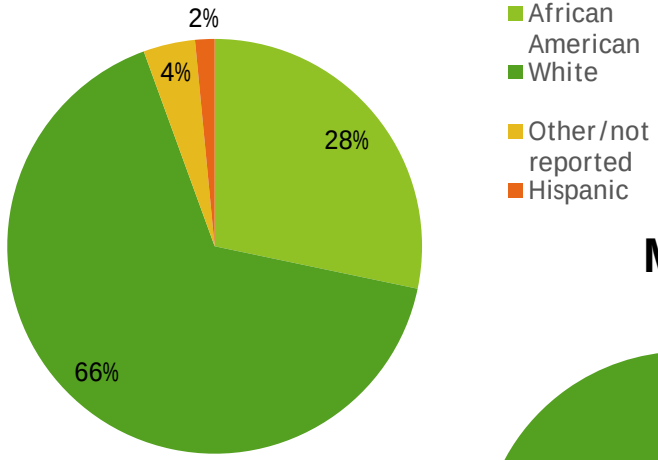
CRISIS STABILIZATION UNITS

Eubanks Center
Spartanburg Area Mental Health Center
FY'19 YTD

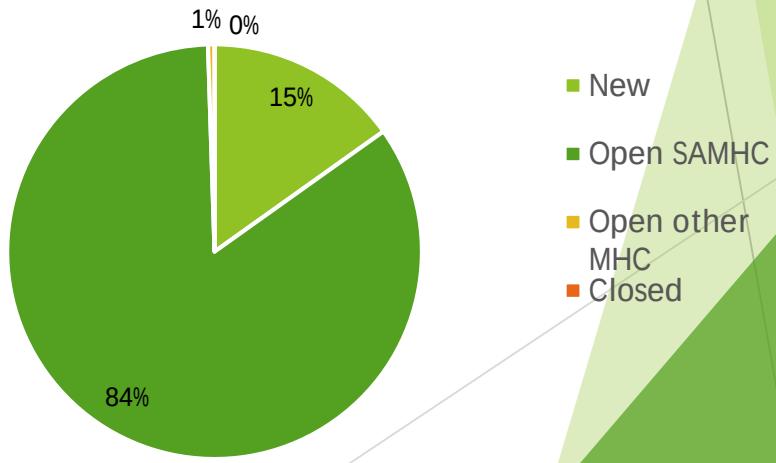
Reason for Referral



Race of referrals



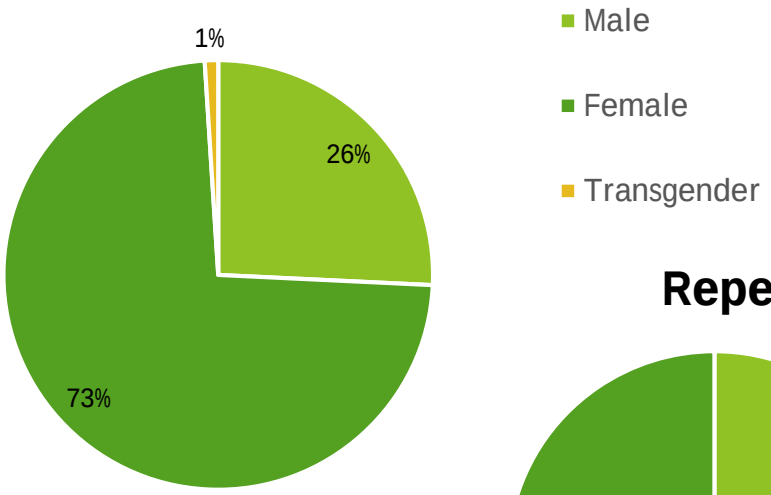
MH Center status



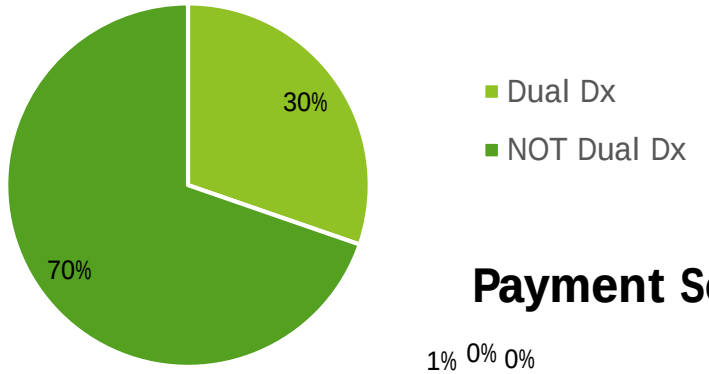
CRISIS STABILIZATION DATA

Eubanks Center
Spartanburg Area Mental Health Center
FY'19 YTD

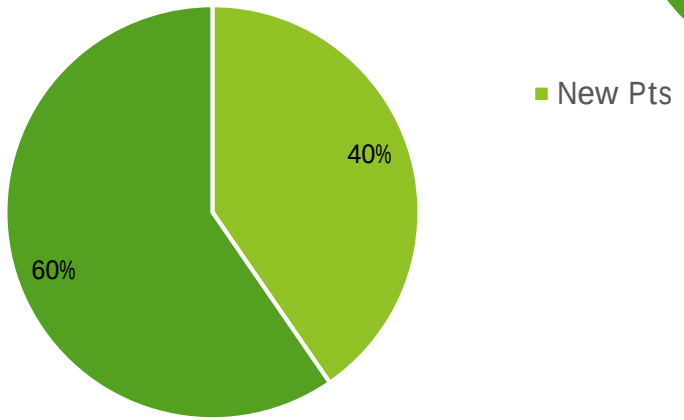
Gender of referrals



A & D and Mental Health Dx



Repeat Patients



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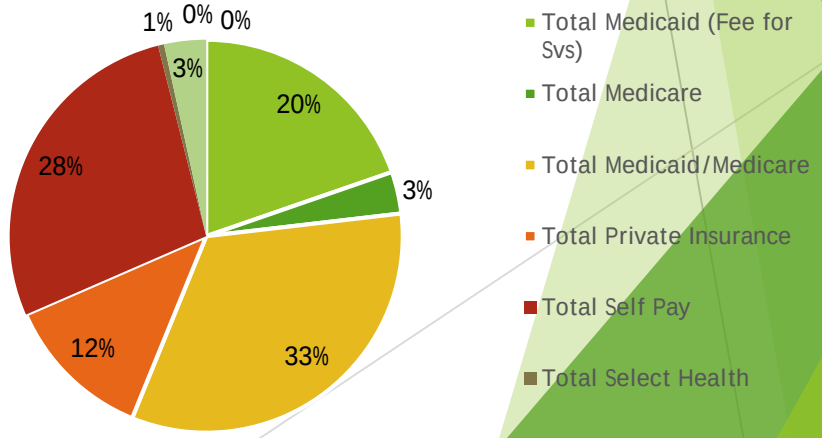
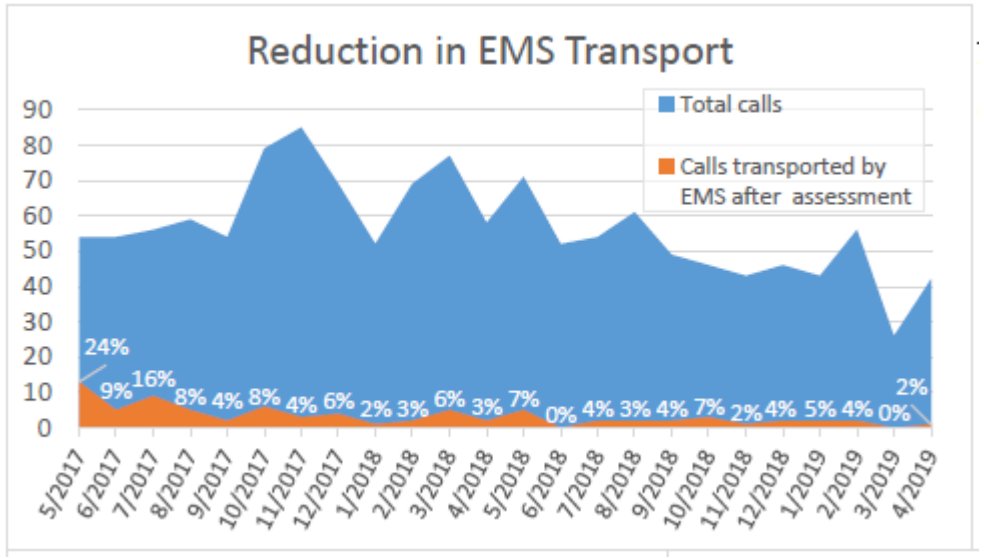
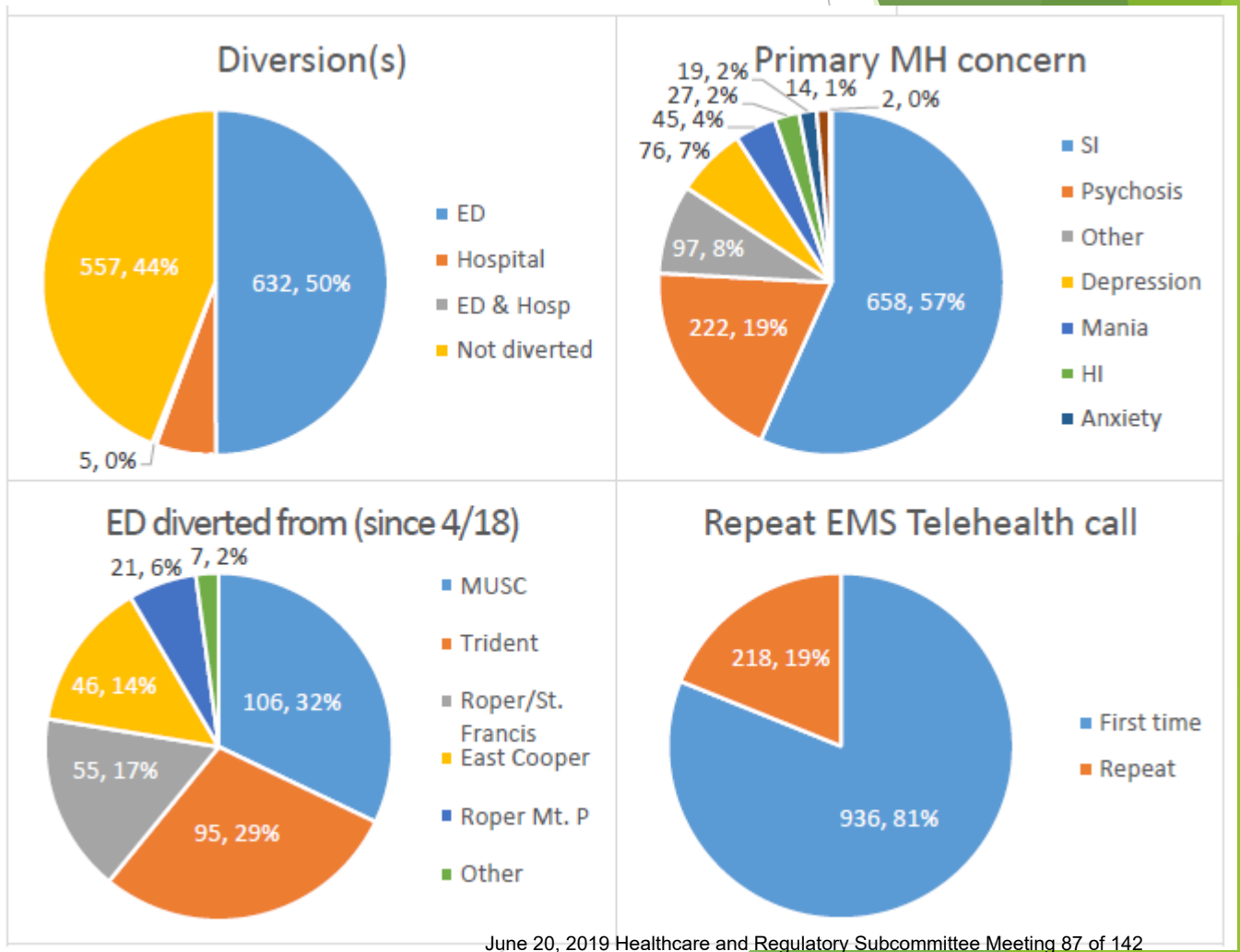


EMS/MOBILE CRISIS TELE-PSYCHIATRY EMERGENCY DEPARTMENT (ED) AND JAIL DIVERSION PROJECT

EMS/MOBILE CRISIS TELE-PSYCHIATRY ED/JAIL DIVERSION PROJECT

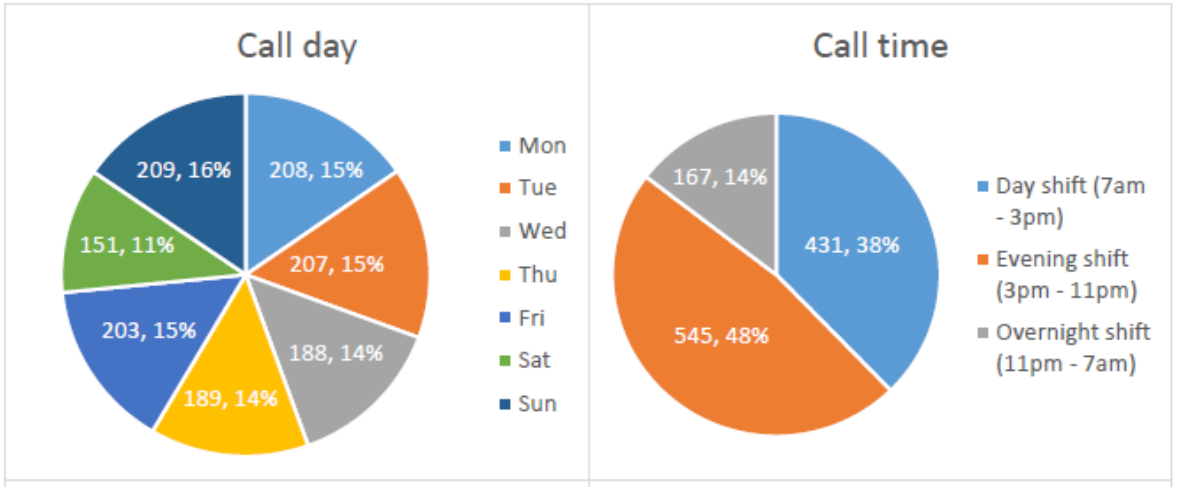
Charleston-Dorchester Mental Health Center

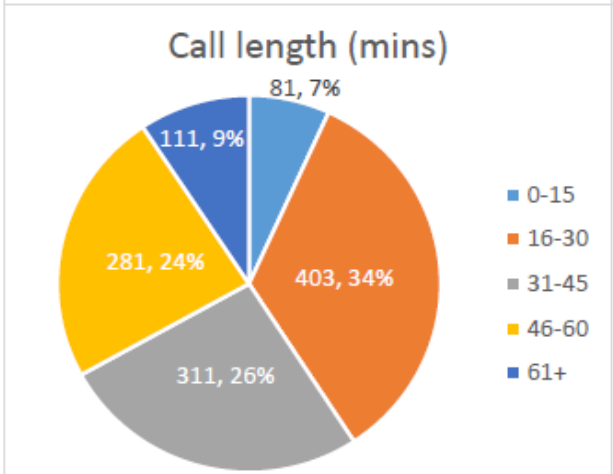


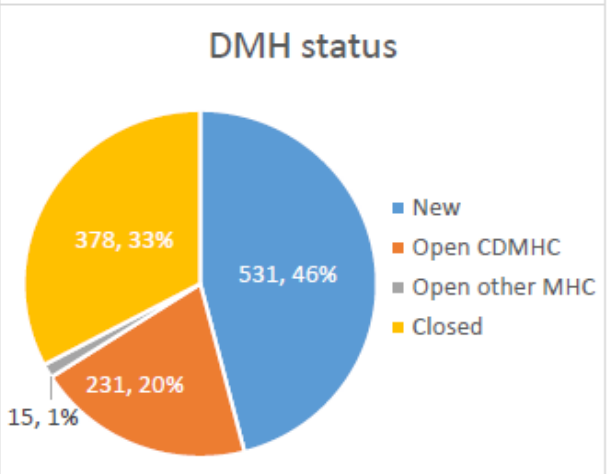


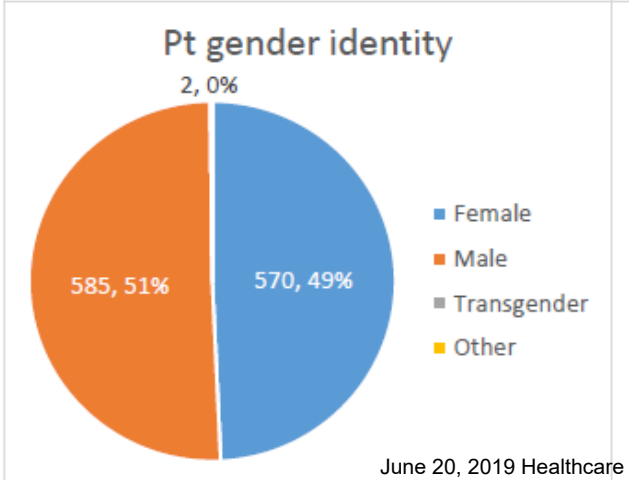
EMS/MOBILE CRISIS TELE-PSYCHIATRY ED/JAIL DIVERSION PROJECT

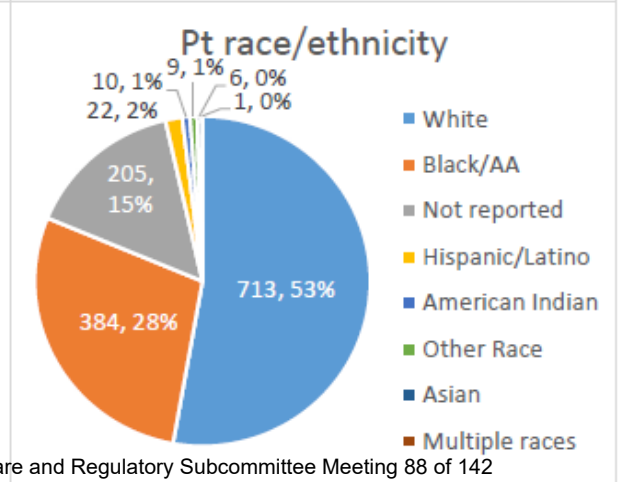
Charleston-Dorchester Mental Health Center





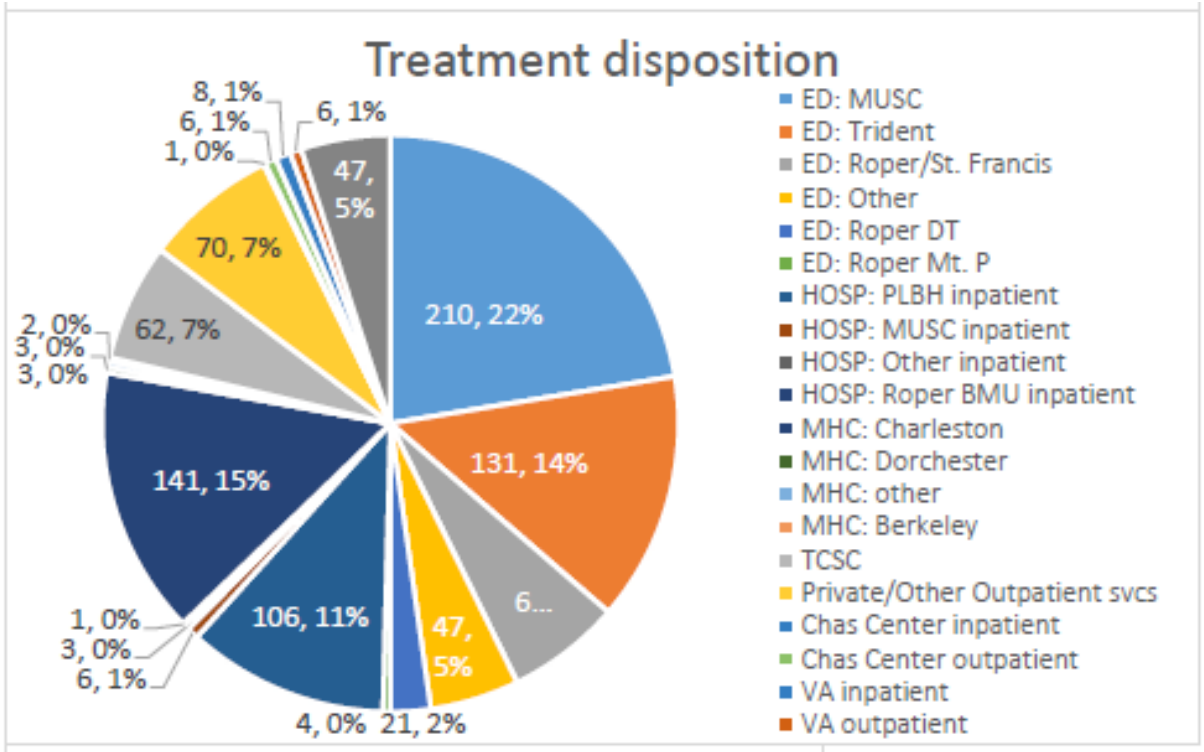


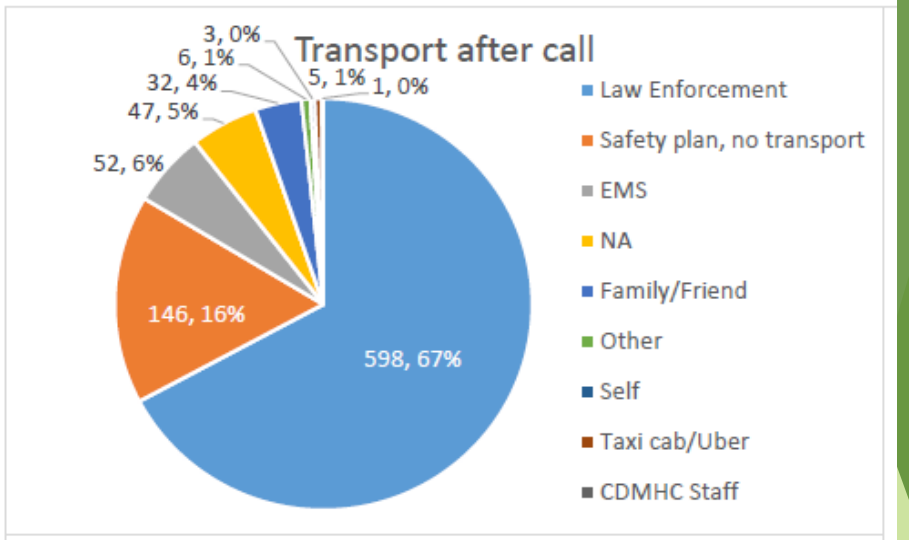


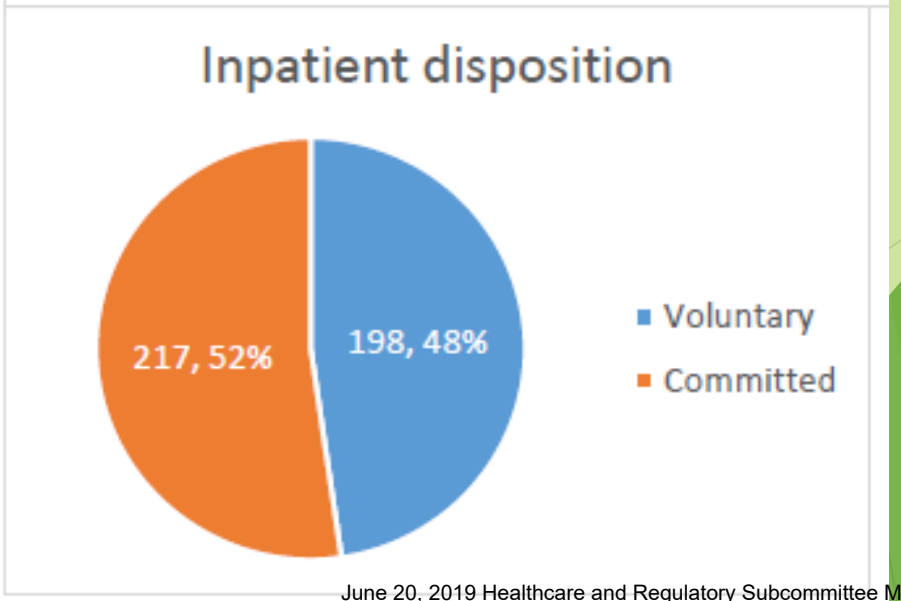


EMS/MOBILE CRISIS TELE-PSYCHIATRY ED/JAIL DIVERSION PROJECT

Charleston-Dorchester Mental Health Center







WHEN THE UNTHINKABLE HAPPENS – HOW MENTAL HEALTH CENTERS RESPOND TO THEIR COMMUNITIES' NEEDS

HOW DO WE BEST RESPOND?

- QUICKLY, BUT THOUGHTFULLY – DAY OF; INVITED IN; RIGHT STAFF
- GATHER ALL AVAILABLE AGENCY RESOURCES – SISTER CENTERS, GO TEAMS, DEAF SERVICES, PSOs, ETC.
- CONNECT WITH OTHER COMMUNITY RESOURCES – LE, NCVC, VICTIMS' ADVOCATES, COURTS, EMS, CORONER'S OFFICE, ETC.
- BE PREPARED FOR LONG HAUL – OUR COMMUNITY, OUR RESPONSIBILITY
- STAY FOCUSED ON MISSION

SOFA SUPER STORE FIRE AND THE CHARLESTON 9 – JUNE 18, 2007

AS A RESULT OF THE FIRE, A CLINICAL TEAM TO ONLY SERVE FIRST RESPONDERS WAS DEVELOPED AND IS EXPANDING ACROSS THE STATE.

THE MOTHER EMANUEL MASSACRE & THE EMANUEL 9 – JUNE 17, 2015

CREATED A TEAM TO SERVE VICTIMS, FAMILIES, AND AFFECTED COMMUNITIES

Tywanza Sanders

Sharonda Coleman-Singleton

Rev. Senator Clementa Pinckney

Susie Jackson

Rev. Depayne Middleton-Doctor

Myra Thompson

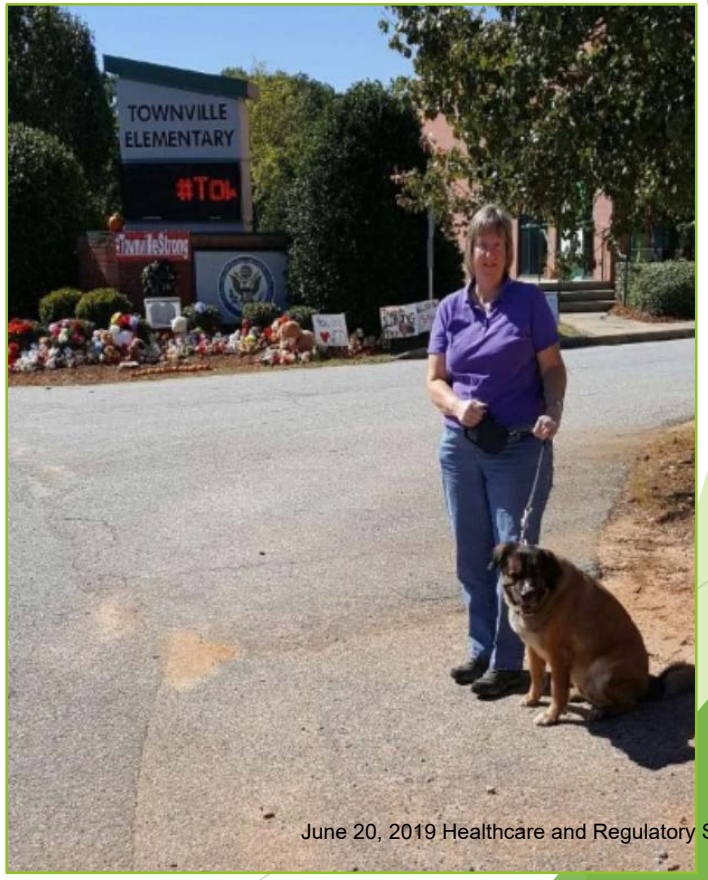
Ethel Lance

Cynthia Hurd

Rev. Daniel Simmons

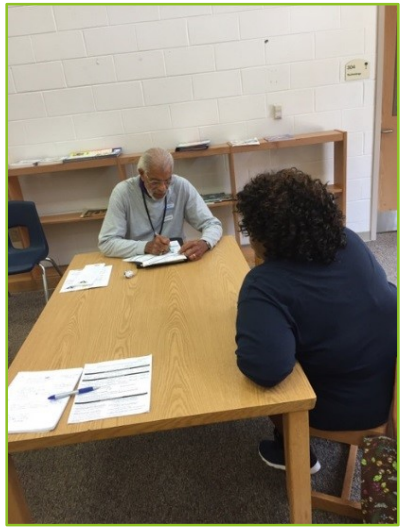
SCHOOL SHOOTING AT TOWNVILLE ELEMENTARY SCHOOL – SEPTEMBER 28, 2016

CMHS staff supported Townville Community for weeks after shooting



RESPONDING TO THE HISTORIC FLOODS IN 2015 AND 2018

SCDMH WAS AWARDED A FEMA/SAMHSA GRANT TO SERVE VICTIMS.



HOW DO WE KNOW WHAT WE ARE DOING? MEASURING WHAT WE DO

MEASURING - OUR OUTPUTS AND OUTCOMES

- **CENTER DIRECTORS' PERFORMANCE EVALUATIONS** – To receive "successful" or "exceptional" rating, center directors must ensure their centers meet specific deliverables (e.g., designated rates for access, productivity, and collaborative documentation; adherence to maximum caseload size; number of outreach and anti-stigma events; budget management; etc.)
- **MONTHLY METRICS/MEASUREMENT OF OUTCOMES** – Monthly data dashboards showing performance of all CMHCs and reflecting all Evidence-Based Practices and center programs
- **BOARD REPORTS** – Dashboards and other CMHC operating/financial reports shared with each center board on monthly basis

APRIL 2019 CMHC DASHBOARD – Page 1

Center	FY 2019 Budget Forecast (Projected Revenue)	FY 2019 Projected County Appropriations	Per Capita - State Contribution $	Per Capita Rank	FY 2019 Projected Forecast Center End	FY 2019 Projected Forecast DOFS End	FY 2018 Year-End Earned Revenue (Medicaid, MCO, Other Fees)	FY 2018 Original Earned Revenue Forecast	Difference Year End - Original	Percentage	Number of FTEs (includes clinical and administrative staff)
Aiken-Barnwell	$6,434,161	$1,000	$18.83	6	$242,136	$73,426	$2,341,076	$2,537,275	-$196,199	92%	82
Anderson-Oconee-Pickens	$11,985,848	$111,725	$14.84	15	$61,972	$159,821	$5,065,127	$4,793,767	$271,360	106%	137
Beckman	$8,333,493	$19,635	$14.84	14	$369,144	$371,936	$3,892,497	$3,711,436	$181,061	105%	100
Berkeley	$5,602,743	$40,000	$16.68	12	$38,809	-$75,080	$2,090,560	$2,010,356	$80,204	104%	70
Catawba	$9,696,686	$3,750	$14.14	17	$293,259	$438,067	$4,001,874	$3,854,000	$147,874	104%	95
Charleston-Dorchester	$20,659,218	$62,247	$18.46	8	$75,710	$59,595	$10,355,800	$9,693,605	$662,195	107%	254
Coastal	$8,625,557	$96,534	$18.09	10	$162,264	$213,703	$3,727,635	$3,610,522	$117,113	103%	88
Columbia	$16,514,464	$2,223,501	$21.99	5	$162,816	$295,878	$5,065,143	$5,554,550	-$489,407	91%	156
Greenville	$11,951,573	$95,013	$18.15	9	$109,510	$163,138	$6,600,077	$6,290,259	$309,818	105%	154
Lexington	$9,533,856	$0	$17.07	11	-$224,613	-$194,349	$4,462,462	$4,568,910	-$106,448	98%	119
Orangeburg	$5,943,558	$19,770	$26.29	2	$13,777	-$28,773	$2,543,865	$2,703,949	-$160,084	94%	66
Pee Dee	$12,092,242	$6,315	$24.58	3	$294,955	$326,673	$5,494,892	$4,937,499	$557,393	111%	138
Piedmont	$8,572,591	$58,245	$18.74	7	$257,758	$291,343	$4,800,201	$4,867,718	-$67,517	99%	94
Santee-Wateree	$10,171,508	$34,160	$23.81	4	$21,413	$45,513	$4,376,917	$4,206,825	$170,092	104%	120
Spartanburg	$11,800,002	$312,640	$15.87	13	$320,510	$329,645	$5,092,160	$4,622,882	$469,278	110%	133
Tri-County	$5,186,456	$0	$29.06	1	$203,216	$283,695	$2,003,811	$1,963,500	$40,311	102%	46
Waccamaw	$11,313,448	$80,100	$14.43	16	$1,196	$11,053	$5,376,195	$5,157,473	$218,722	104%	133
Total/Overall Measure	**$174,417,404**	**$3,164,635**			**$2,403,834**	**$2,765,286**	**$77,290,293**	**$75,084,525**	**$2,205,767**	**103%**	**1,985**
Date/Source of Measurement	*Mar. DOFS report*		*Mar. DOFS data*		*Mar. DOFS report*		*DOFS FY18 year end financial report*				*2/20/2019 HR report; does not include temporary staff; update*

APRIL 2019 CMHC DASHBOARD – Page 2

Center	FY 2018 Earned Revenue	FY 2018 Total Expenditures	Percentage	Rank	FY 2018 Cancellations by Staff	FYTD 2019 Cancellations by Staff	FY 2018 No Show Rate	FYTD 2019 No Show Rate	Annual Turnover Rate (6/2/2017-6/1/2018)	Q3 FY 2019 Turnover Rate	Licensed Staff/ All Master's Level Staff
Aiken-Barnwell	$2,341,076	$5,544,428	42.22%	15	2.0%	1.4%	15.7%	16.6%	23.9%	1.3%	21 / 34 = 61.8%
Anderson-Oconee-Pickens	$5,065,127	$10,936,264	46.31%	9	1.4%	1.2%	12.3%	12.0%	19.7%	1.5%	25 / 61 = 41.0%
Beckman	$3,892,497	$7,535,918	51.65%	4	2.4%	2.0%	16.7%	14.0%	19.8%	5.0%	16 / 54 = 29.6%
Berkeley	$2,090,560	$4,807,021	43.49%	14	5.1%	5.6%	14.4%	13.7%	21.7%	4.3%	15 / 34 = 44.1%
Catawba	$4,001,874	$8,666,405	46.18%	10	2.1%	2.0%	13.7%	12.8%	17.6%	4.2%	18 / 60 = 30.0%
Charleston-Dorchester	$10,355,800	$19,515,297	53.07%	3	2.0%	2.7%	13.1%	12.3%	14.9%	5.1%	77 / 159 = 48.4%
Coastal	$3,727,635	$8,020,071	46.48%	8	2.7%	2.8%	12.1%	12.6%	32.4%	6.8%	24 / 46 = 52.2%
Columbia	$5,065,143	$15,497,305	32.68%	17	1.1%	1.4%	11.1%	11.5%	17.3%	2.6%	23 / 74 = 31.1%
Greenville	$6,600,077	$11,147,275	59.21%	1	0.4%	0.4%	4.2%	3.8%	20.8%	7.6%	23 / 81 = 28.4%
Lexington	$4,462,462	$9,437,924	47.28%	7	1.4%	1.4%	12.6%	13.2%	22.9%	4.3%	52 /69 = 75.4%
Orangeburg	$2,543,865	$5,715,505	44.51%	12	4.3%	4.3%	15.8%	16.5%	13.6%	4.9%	6 / 33 = 18.2%
Pee Dee	$5,494,892	$10,308,408	53.30%	2	2.9%	3.3%	15.7%	14.6%	11.1%	0.7%	12 / 80 = 15.0%
Piedmont	$4,800,201	$12,248,472	39.19%	16	1.7%	1.5%	8.9%	8.5%	23.6%	7.8%	16 / 42 = 38.1%
Santee-Wateree	$4,376,917	$9,661,300	45.30%	11	1.1%	1.6%	12.5%	14.0%	10.1%	2.5%	18 / 58 = 31.0%
Spartanburg	$5,092,160	$10,012,168	50.86%	5	1.6%	1.6%	15.3%	14.2%	13.6%	3.1%	28 / 54 = 51.9%
Tri-County	$2,003,811	$4,552,104	44.02%	13	2.2%	3.7%	16.6%	17.9%	17.1%	4.2%	7 / 24 = 29.2%
Waccamaw	$5,376,195	$11,178,645	48.09%	6	1.9%	3.4%	11.5%	11.5%	17.3%	1.5%	27 / 85 = 31.8%
Total/Overall Measure	**$77,290,293**	**$164,784,511**	**46.90%**		**1.9%**	**2.2%**	**12.6%**	**12.4%**	**18.3%**	**3.9%**	**408 / 1,048 = 38.9%**
Date/Source of Measurement	*DOF/SFY18 year end financial report*				*7/31/2018 CMHC report*	*5/31/2018 CMHC report*	*7/31/2018 CMHC report*	*5/31/2018 CMHC report*	*7/31/2018 information provided by Payroll; Rate - (FY18 Terminations / Total Active Employees)*	*5/31/2018 information provided by Payroll; Rate - (Q3 Terminations / Total Active Employees)*	*April 2018 credentialing report*

APRIL 2019 CMHC DASHBOARD – Page 3

Center	Jul. 2018 (Non-Adjusted) Productivity	Aug. 2018 (Non-Adjusted) Productivity	Sep. 2018 (Adjusted) Productivity	Oct. 2018 (Adjusted) Productivity	Nov. 2018 (Non-Adjusted) Productivity	Dec. 2018 (Adjusted) Productivity	Jan. 2019 (Non-Adjusted) Productivity	Feb. 2019 (Non-Adjusted) Productivity	Mar. 2019 (Non-Adjusted) Productivity	Apr. 2019 (Non-Adjusted) Productivity	FYTD 2019 Productivity	Adjusted* FYTD 2019 Productivity	FYTD 2019 Productivity excluding no charge (07) services
Aiken-Barnwell	900.33	814.21	922.21	895.18	868.16	802.62	876.62	904.94	863.73	831.21	842.83	850.30	839.95
Anderson-Oconee-Pickens	752.00	793.37	817.12	855.97	840.11	729.44	865.30	847.37	835.29	803.74	820.30	821.57	811.23
Beckman	720.00	706.00	753.00	815.13	792.53	688.01	811.86	793.09	756.00	774.00	767.00	778.33	762.00
Berkeley	737.00	672.00	742.95	750.07	885.37	778.00	864.80	905.87	910.33	866.41	791.48	803.35	766.00
Catawba	673.00	847.12	850.90	863.29	822.09	685.73	926.25	875.99	806.50	731.00	771.00	777.15	763.00
Charleston-Dorchester	603.00	656.00	771.91	822.48	794.81	723.00	774.00	829.32	767.00	779.00	719.00	729.89	716.00
Coastal	635.00	671.00	695.24	737.39	754.00	641.00	753.00	817.15	732.00	776.00	683.00	693.35	677.00
Columbia	721.00	694.00	768.40	735.25	753.00	703.49	777.00	802.16	745.00	707.00	720.00	731.08	718.00
Greenville	830.10	703.00	794.99	762.00	718.00	688.62	830.15	828.47	831.36	769.00	767.00	770.13	767.00
Lexington	663.00	698.00	699.42	782.55	782.22	668.00	837.31	833.99	844.17	738.00	756.00	766.92	750.00
Orangeburg	693.00	704.00	828.76	831.52	877.29	824.90	880.97	889.22	817.87	763.00	779.00	795.77	774.00
Pee Dee	824.68	790.38	848.69	875.38	872.88	792.22	874.00	957.16	882.24	861.57	833.62	848.73	829.70
Piedmont	717.00	647.00	722.00	704.00	766.00	658.46	776.00	815.64	771.00	731.00	728.00	731.66	727.00
Santee-Wateree	743.00	719.00	803.48	861.61	828.18	758.00	792.70	837.08	868.01	810.17	822.09	834.42	812.04
Spartanburg	786.62	731.00	834.82	798.21	851.36	678.60	802.15	861.90	758.00	704.00	771.00	773.67	756.00
Tri-County	734.00	780.00	886.65	813.40	880.97	744.00	901.23	897.35	786.05	738.00	793.42	812.89	774.00
Waccamaw	644.00	634.00	774.60	835.76	831.39	761.00	908.86	927.57	869.57	807.58	732.00	752.18	728.00
Total/Overall Measure	4 ctrs. meeting std.	5 ctrs. meeting std.	9 ctrs. meeting std.	12 ctrs. meeting std.	13 ctrs. meeting std.	3 ctrs. meeting std.	13 ctrs. meeting std.	17 ctrs. meeting std.	11 ctrs. meeting std.	6 ctrs. meeting std.	6 ctrs. meeting std.	7 ctrs. meeting std.	4 ctrs. meeting std.
Date/Source of Measurement	Official ONIT reports; standard is 730 annualized overage hours		Oct. CMHS report, adjusted for Hurricane Florence closure hours	Nov. CMHS report, adjusted for Hurricane Michael closure hours	Official ONIT report	Dec. CMHS report, adjusted for inclement wx other closure hours	Official ONIT reports and current CMHS reports for Orangeburg and Piedmont			Official ONIT reports and current 5/15/2019 CMHS report for Orangeburg and Piedmont; *indicator numbers adjusted to account for all wx other closures during the period			5/15/2019 CMHS report

APRIL 2019 CMHC DASHBOARD – Page 4

Center	Military/Veterans Served - Percent of Open Cases	FYTD 2019 New Cases/ Readmissions	FYTD 2019 CD%	FYTD 2019 Access	FYTD 2019 # Patients Served	FYTD 2019 # Services	Homeshare	Apartment $	Community Housing Units Currently Assisted/# Units Funded	Extended Office Hours	Crisis Stabilization Unit
Aiken-Barnwell	73/1.7%	2,322	97%	99%	3,733	31,430	✓	✓	35 / 36 = 97%	✓	X
Anderson-Oconee-Pickens	93/1.4%	3,096	85%	91%	5,682	86,212	X	✓	26 / 29 = 90%	By request	In progress, TBD
Beckman	46/0.8%	2,281	82%	96%	4,717	44,354	✓	✓	N/A	✓	X
Berkeley	33/1.1%	1,619	88%	93%	2,666	25,893	✓	✓	N/A	✓	X
Catawba	25/0.4%	2,523	93%	96%	4,918	44,607	X	✓	14 / 16 = 88%	✓	X
Charleston-Dorchester	74/0.7%	4,934	85%	95%	9,364	101,551	✓	✓	19 / 20 = 95%	✓	✓
Coastal	55/1.2%	2,084	96%	88%	3,963	45,638	✓	✓	14 / 16 = 88%	?	X
Columbia	42/0.5%	3,346	84%	79%	6,522	66,454	✓	✓	41 / 46 = 89%	?	X
Greenville	93/1.4%	2,198	61%	98%	5,609	84,697	X	✓	24 / 24 = 100%	X	In progress, TBD
Lexington	40/0.6%	2,569	84%	93%	5,267	44,934	✓	✓	16 / 16 = 100%	Limited basis	X
Orangeburg	17/0.6%	1,053	82%	99%	2,450	24,304	✓	✓	25 / 25 = 100%	?	X
Pee Dee	34/0.8%	1,790	93%	100%	3,773	68,218	✓	✓	20 / 25 = 80%	✓	X
Piedmont	25/0.5%	1,710	77%	96%	4,436	46,514	X	✓	N/A	?	X
Santee-Wateree	73/1.1%	2,072	71%	99%	5,453	45,452	✓	✓	4 / 6 = 67%	✓	X
Spartanburg	72/1.0%	1,931	71%	86%	6,114	55,823	X	✓	15 / 14 >100%	✓	✓
Tri-County	27/1.1%	927	94%	100%	1,977	22,476	✓	✓	3 / 4 = 75%	X	X
Waccamaw	62/0.9%	2,478	81%	90%	5,218	49,084	✓	✓	25 / 27 = 93%	X	X
Total/Overall Measure	**877/0.9%**	**38,933**	**82%**	**94%**	****80,438**	**887,641**	**12**	**17**	**281 / 304 = 92%**	**10**	**2**
Date/Source of Measurement	*SFY2019 point-in-time CMHS report*	*FYTD 2019 CMHS data*	*FYTD 2019 CMHS data; standard is 88%*	*FYTD 2019 CMHS data; standard is 95%*	*FYTD 2019 CMHS data; **indicator unduplicated number of patients*	*FYTD 2019 CMHS data*	*Information provided by center*		*SFY2019 CMHS Housing Report*	*Information provided by center*	

APRIL 2019 CMHC DASHBOARD – Page 5

Center	Military/Veterans Served - Percent of Open Cases	FYTD 2019 New Cases/ Readmissions	FYTD 2019 CD%	FYTD 2019 Access	FYTD 2019 # Patients Served	FYTD 2019 # Services	Homeshare	Apartment $	Community Housing Units Currently Assisted/# Units Funded	Extended Office Hours	Crisis Stabilization Unit	# of Schools
Aiken-Barnwell	73/1.7%	2,322	97%	99%	3,733	31,430	✓	✓	35 / 36 = 97%	✓	X	16
Anderson-Oconee-Pickens	93/1.4%	3,096	85%	91%	5,682	86,212	X	✓	26 / 29 = 90%	By request	In progress, TBD	34
Beckman	46/0.8%	2,281	82%	96%	4,717	44,354	✓	✓	N/A	✓	X	47
Berkeley	33/1.1%	1,619	88%	93%	2,666	25,893	✓	✓	N/A	✓	X	17
Catawba	25/0.4%	2,523	93%	96%	4,918	44,607	X	✓	14 / 16 = 88%	✓	X	59
Charleston-Dorchester	74/0.7%	4,934	85%	95%	9,364	101,551	✓	✓	19 / 20 = 95%	✓	✓	111
Coastal	55/1.2%	2,084	96%	88%	3,963	45,638	✓	✓	14 / 16 = 88%	?	X	43
Columbia	42/0.5%	3,346	84%	79%	6,522	66,454	✓	✓	41 / 46 = 89%	?	X	31
Greenville	93/1.4%	2,198	61%	98%	5,609	84,697	X	✓	24 / 24 = 100%	X	In progress, TBD	52
Lexington	40/0.6%	2,569	84%	93%	5,267	44,934	✓	✓	16 / 16 = 100%	Limited basis	X	52
Orangeburg	17/0.6%	1,053	82%	99%	2,450	24,304	✓	✓	25 / 25 = 100%	?	X	27
Pee Dee	34/0.8%	1,790	93%	100%	3,773	68,218	✓	✓	20 / 25 = 80%	✓	X	51
Piedmont	25/0.5%	1,710	77%	96%	4,436	46,514	X	✓	N/A	?	X	44
Santee-Wateree	73/1.1%	2,072	71%	99%	5,453	45,452	✓	✓	4 / 6 = 67%	✓	X	36
Spartanburg	72/1.0%	1,931	71%	86%	6,114	55,823	X	✓	15 / 14 >100%	✓	✓	63
Tri-County	27/1.1%	927	94%	100%	1,977	22,476	✓	✓	3 / 4 = 75%	X	X	14
Waccamaw	62/0.9%	2,478	81%	90%	5,218	49,084	✓	✓	25 / 27 = 93%	X	X	38
Total/Overall Measure	**877/0.9%**	**38,933**	**82%**	**94%**	****80,438**	**887,641**	**12**	**17**	**281 / 304 = 92%**	**10**	**2**	**735**
Date/Source of Measurement	*SFY2019 point-in-time CMHS report*	*FYTD 2019 CMHS data*	*FYTD 2019 CMHS data; standard is ##%*	*FYTD 2019 CMHS data; standard is 95%*	*FYTD 2019 CMHS data; **indicates unduplicated number of patients.*	*FYTD 2019 CMHS data*	*Information provided by centers*		*SFY2019 CMHS Housing Report*	*Information provided by centers*		*2Q'SFY2019 QM&T report (update not available at time of dashboard creation)*

APRIL 2019 CMHC DASHBOARD – Page 6

Center	PAC	Jail	Integrated Primary Care	Smoke/Tobacco Free Campus	Mobile Team/CCRI	CIT	# ED Staff	CAC	Entitlement Specialists	ICT	PS	Peer Support FTEs
Aiken-Barnwell	✓	✓	X	✓	✓	X	0	MOA w/ CAC	Yes/FT	✓	✓	5.0
Anderson-Oconee-Pickens	✓	✓	X	X	X	✓	2	10% Psychiatrist	No	✓	✓	3.8
Beckman	✓	X	✓	To start 10/31/2019	X	X	2	Contract w/CAC	No	✓	✓	1.0
Berkeley	✓	X	✓	✓	✓	X	0	MOA w/ CAC	Yes/PT	✓	✓	1.6
Catawba	✓	✓	✓	X	X	X	0	2 MHPs	Yes/FT	✓	✓	1.0
Charleston-Dorchester	✓	✓	✓	X	✓	✓	0	2 MHPs/Charleston CAC	Yes/FT	✓	✓	3.5
Coastal	✓	✓	X	✓	✓	✓	0	X	No	✓	✓	1.5
Columbia	✓	✓	X	X	✓	✓	1	6 MHPs/MetCAC	No	✓	✓	3.0
Greenville	✓	✓	X	✓	X	X	1	2 MHPs/Julie Valentine	coming soon/TBD	✓	✓	3.0
Lexington	✓	✓	X	✓	✓	✓	1	X	No	✓	✓	2.0
Orangeburg	✓	X	X	X	✓	X	1	X	Yes/FT	✓	✓	1.0
Pee Dee	✓	X	X	✓	✓	✓	<1	0.75 FTE, shared w/Tri-County	No	✓	✓	2.0
Piedmont	✓	✓	X	X	X	X	0	X	Yes/FT	X	✓	1.0
Santee-Wateree	X	✓	✓	✓	X	X	0	X	coming soon/FT	✓	✓	5.0
Spartanburg	✓	✓	X	To start 7/1/2019	X	✓	1	X	Yes/FT	✓	✓	4.5
Tri-County	X	X	coming soon	✓	✓	X	1	0.25 FTE, shared w/Pee Dee	No	coming soon	✓	1.0
Waccamaw	X	X	✓	✓	✓	✓	3	X	Yes (MOA)/FT	✓	✓	2.0
Total/Overall Measure	**14**	**11**	**6**	**9**	**10**	**8**	**<14**	**13, plus MOA/contract staff**	**8, either PT or FT**	**15**	**17**	**41.9**
Date/Source of Measurement	*Information provided by center*											

APRIL 2019 CMHC DASHBOARD – Page 7

Center	CBT	DBT	EMDR	IPS	MI	MDFT	PCIT	TF-CBT
Aiken-Barnwell	✓	✓	X	✓	✓	✓	X	✓
Anderson-Oconee-Pickens	✓	✓	X	✓	✓	✓	X	✓
Beckman	✓	✓	✓	✓	✓	✓	✓	✓
Berkeley	✓	✓	✓	✓	✓	✓	X	✓
Catawba	✓	✓	✓	coming soon	✓	✓	X	✓
Charleston-Dorchester	✓	✓	✓	✓	✓	✓	✓	✓
Coastal	✓	✓	X	✓	✓	✓	✓	✓
Columbia	✓	✓	X	✓	X	✓	✓	✓
Greenville	✓	✓	✓	✓	X	✓	✓	✓
Lexington	✓	✓	✓	coming soon	✓	✓	X	✓
Orangeburg	✓	✓	X	coming soon	✓	✓	X	✓
Pee Dee	✓	✓	X	✓	✓	✓	X	✓
Piedmont	✓	✓	✓	X	X	✓	X	✓
Santee-Wateree	✓	✓	X	✓	X	✓	X	✓
Spartanburg	✓	✓	✓	✓	✓	✓	X	✓
Tri-County	✓	✓	X	coming soon	✓	✓	✓	✓
Waccamaw	✓	✓	X	✓	X	✓	X	✓
Total/Overall Measure	**17**	**17**	**8**	**12**	**12**	**17**	**6**	**17**
Date/Source of Measurement	*Information provided by centers*							

CAC – Child Advocacy Center
CBT – Cognitive Behavioral Therapy
CCRI – Community Crisis Response & Intervention
CD – Collaborative Documentation
CIT – Crisis Intervention Team
CMHS – Community Mental Health Services Division
CRS – Call Reminder System
DBT – Dialectical Behavior Therapy
DOFS – Division of Financial Services at SCDMH
ED – Emergency Department
EMDR – Eye Movement Desensitization & Reprocessing Therapy
FTE – Full Time Equivalent
FY – Fiscal Year (State)
FYTD – Fiscal Year to Date
HR – Human Resources
ICT – Intensive Community Treatment
IPS – Individual Placement and Support
MCO – Managed Care Organization
MDFT – Multidimensional Family Therapy
MI – Motivational Interviewing
MST – Multi-Systemic Therapy
ONIT – Office of Network Information Technology
PAC – Patient Affairs Coordinator
PCIT – Parent-Child Intervention Therapy
PS – Peer Support
TBD – To be determined
TF-CBT – Trauma-Focused Cognitive Behavioral Therapy

IMPROVED OUTCOMES, INCREASED PATIENT SATISFACTION, AND COMMITMENT TO EXCELLENCE

- ***Tools and Practices***
  - Use Levels of Care and DLA-20 to assess patient improvement as a result of treatment
  - Employ variety of Evidence-Based Practices to provide most appropriate treatment techniques for patients
- ***Patient Satisfaction***
  - Administer annual Patient Satisfaction Surveys; received 97% overall positive rating based on 33,017 responses received in FY 2018
  - Survey school administrators at schools with mental health programs; in FY 2018, 91% believe having DMH counselors onsite is beneficial, and 87% believe students would not otherwise receive counseling
- ***Achievements in FY 2018***
  - 95% services offered within appointment time standards; walk-ins taken at all centers and extended office hours offered at more than half
  - CMHCs provided 1M^{+} services and served more than 80K patients
  - Productivity hours exceeded established standard of 780 annualized average hours
  - More than 80% patient notes done collaboratively with patients

NATIONAL AWARDS and ACCREDITATIONS

- International IPS Learning Community Program Awards - IPS Supported Employment Leaning Community comprise of 24 States and 5 Counties outside of the US
  - *2008 Achievement Award* - Charleston-Dorchester Community Mental Health Center and Vocational Rehabilitation, Charleston, South Carolina
  - *2014 Achievement Award* - Greenville Mental Health Center and Vocational Rehabilitation, Greenville, South Carolina
  - *2016 Achievement Award* - PEE DEE Mental Health (Florence) and Vocational Rehabilitation, South Carolina
  - *2019 Rick Martinez Leadership Award* - Demetrius Henderson, South Carolina Department of Mental Health
- SAMHSA 2014 Excellence In Innovation Award – CDMHC's Mobile Crisis
- VIDYO 2017 Leadership in Technology Award – CDMHC's EMS/Mobile Crisis Telepsychiatry Program
- Association for Behavioral and Cognitive Therapies - Champions of Evidence-Based Interventions awarded to Andrea (Lanalle) Darden, CAF Director, Santee-Wateree Mental Health
- Every MHC is CARF accredited

FUTURE PLANS FOR CMHS

- Better developed co-occurring treatment programs
- Better developed early infant and child mental health programs
- More primary care integration programming
- More justice-involved programming
- Meeting the 2022 school mental health vision of every public school having an embedded clinician in at least the 1:2 model
- Improving evidenced-based practice fidelity with more monitoring and evaluation
- Intensifying bridge between inpatient and outpatient divisions to ensure seamless transitions

QUESTIONS?

CMHS GRANTS AND CONTRACTS

CMHS GRANTS AND CONTRACTS

Grants

- Total amount awarded for 29 open grants (federal and private) = **$63,066,190**
- Enhanced services for children, youth, and young adults; supported housing/mental health services for homeless; crisis counseling for those affected by disaster; transportation for seniors/disabled; expanded telehealth/telepsychiatry services; increase in number of mental health courts; integration of primary care; assistance for victims of crime; enhanced school mental health partnerships; public safety equipment; expanded suicide prevention programming; improved information technology infrastructure

Contracts

- Currently have 35 contracts with total revenue of **$6,739,677**
- We contract with hospitals, counties, municipalities, detention centers, institutes of higher education, medical practices, and civic organizations

AGENCY PRESENTATION TWO

Budget Presentation

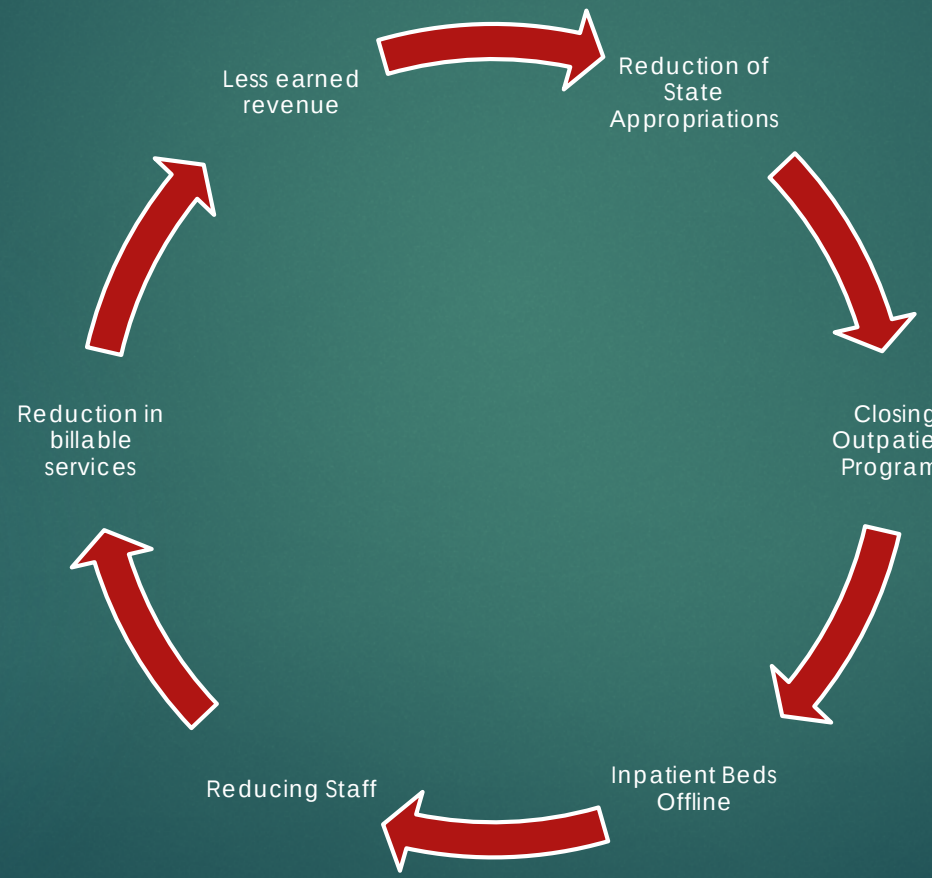
A look at the past… The Great Recession

- 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

Impact of Budget Reductions to a Service-Providing Agency

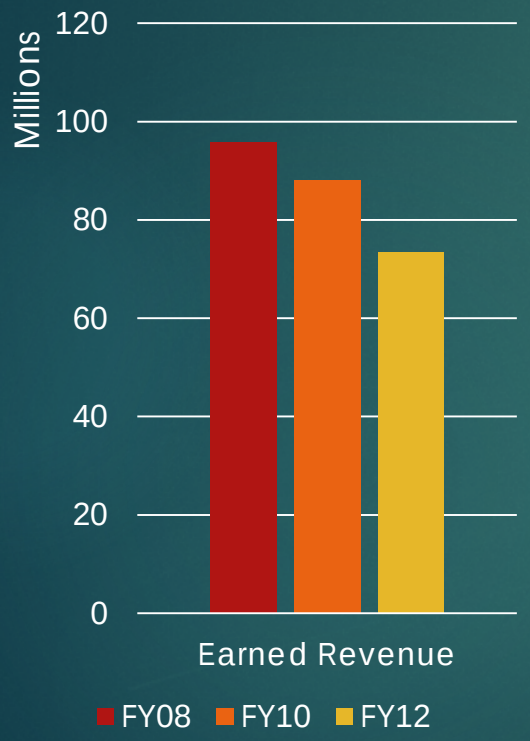


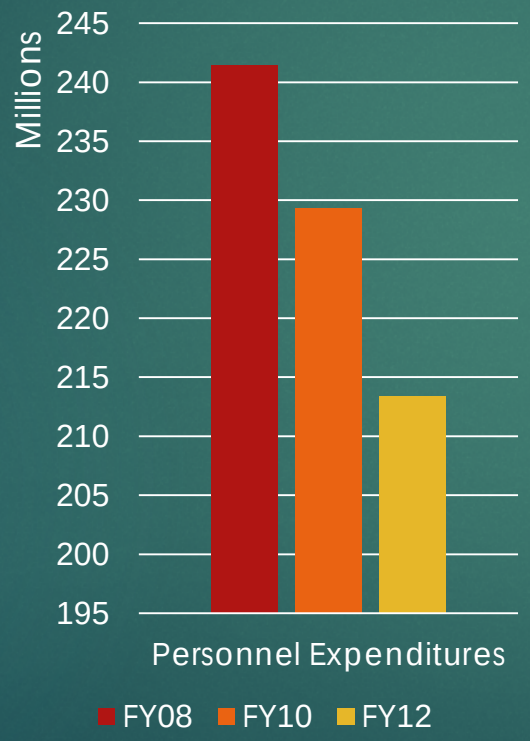
Impact to Centers, Facilities and Administration/Support Areas

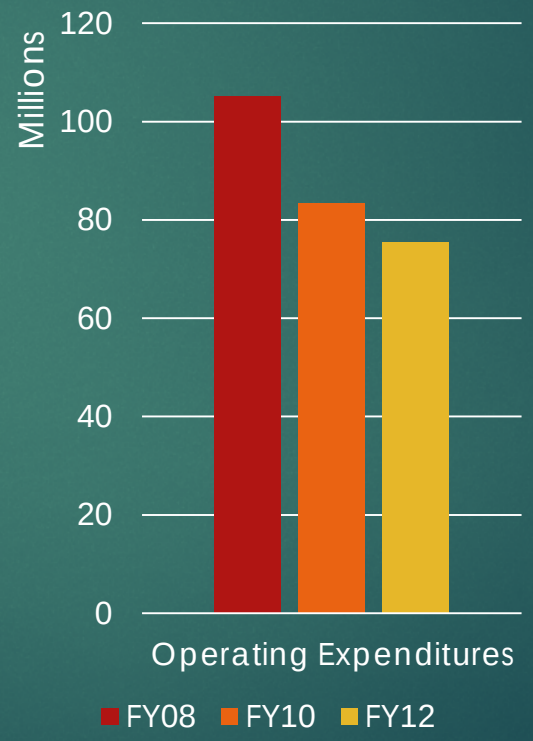
Area	Amount
Outpatient	$42 million, or 17%
Inpatient	$37 million, or 1%
*Growth in our mandated programs increased during the Recession.	
Administration/Support	$14 million, or 22%

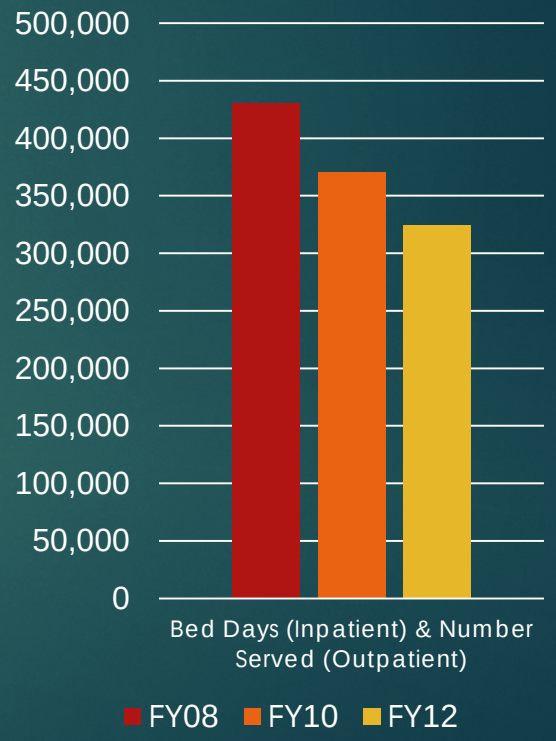
FY08 Expenditures	FY12 Expenditures
$164,114,058	$136,766,887
$159,407,000	$158,583,523
$45,871,111	$35,785,833

Reductions during the Recession

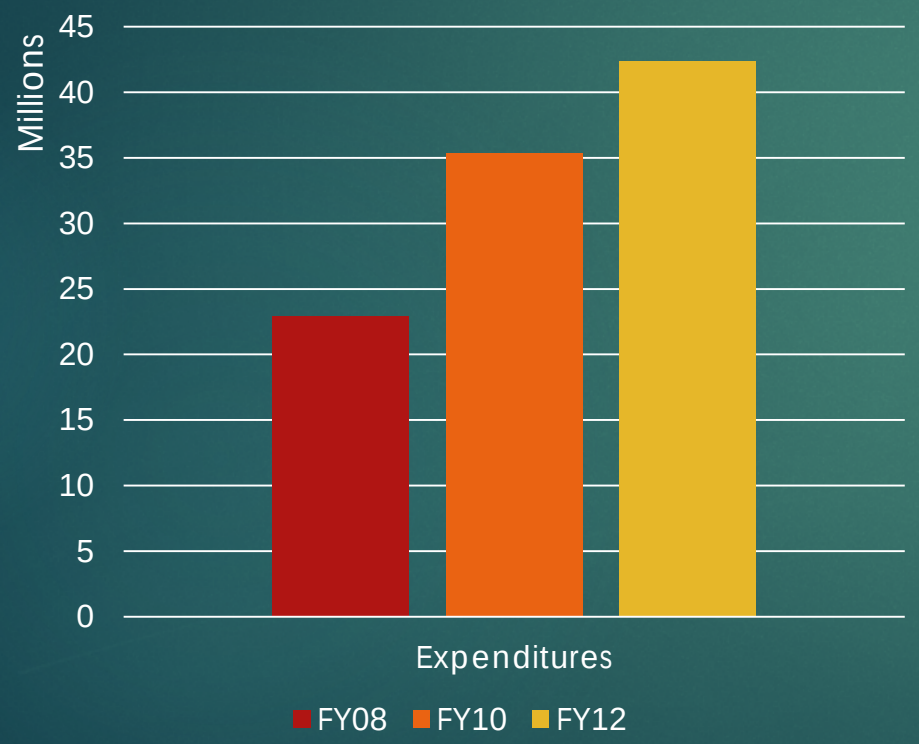


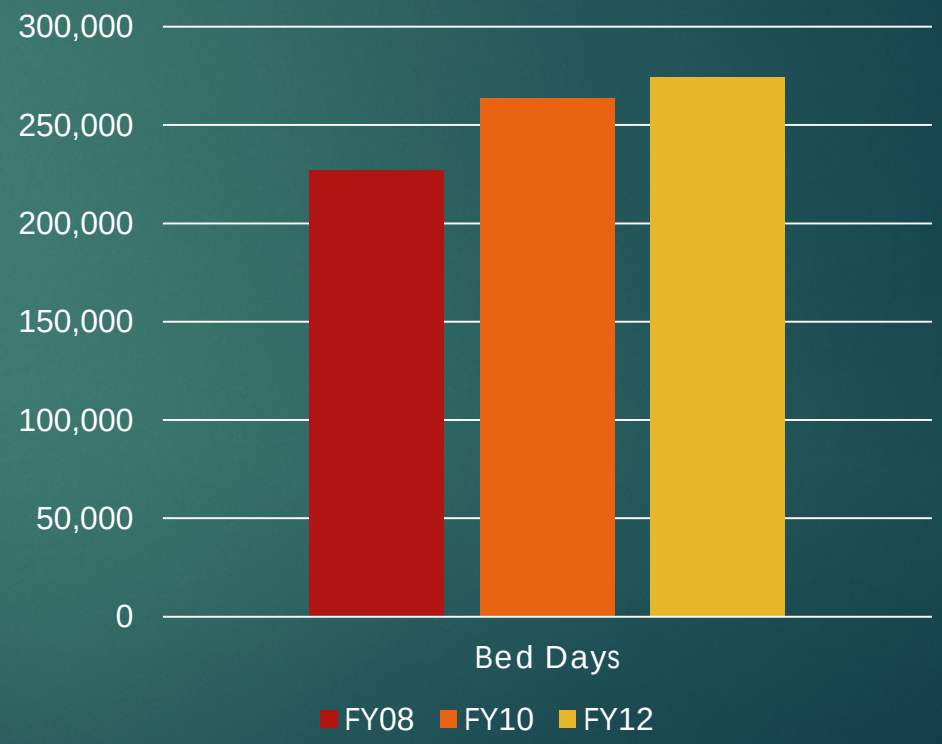






Mandated Program Increases





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

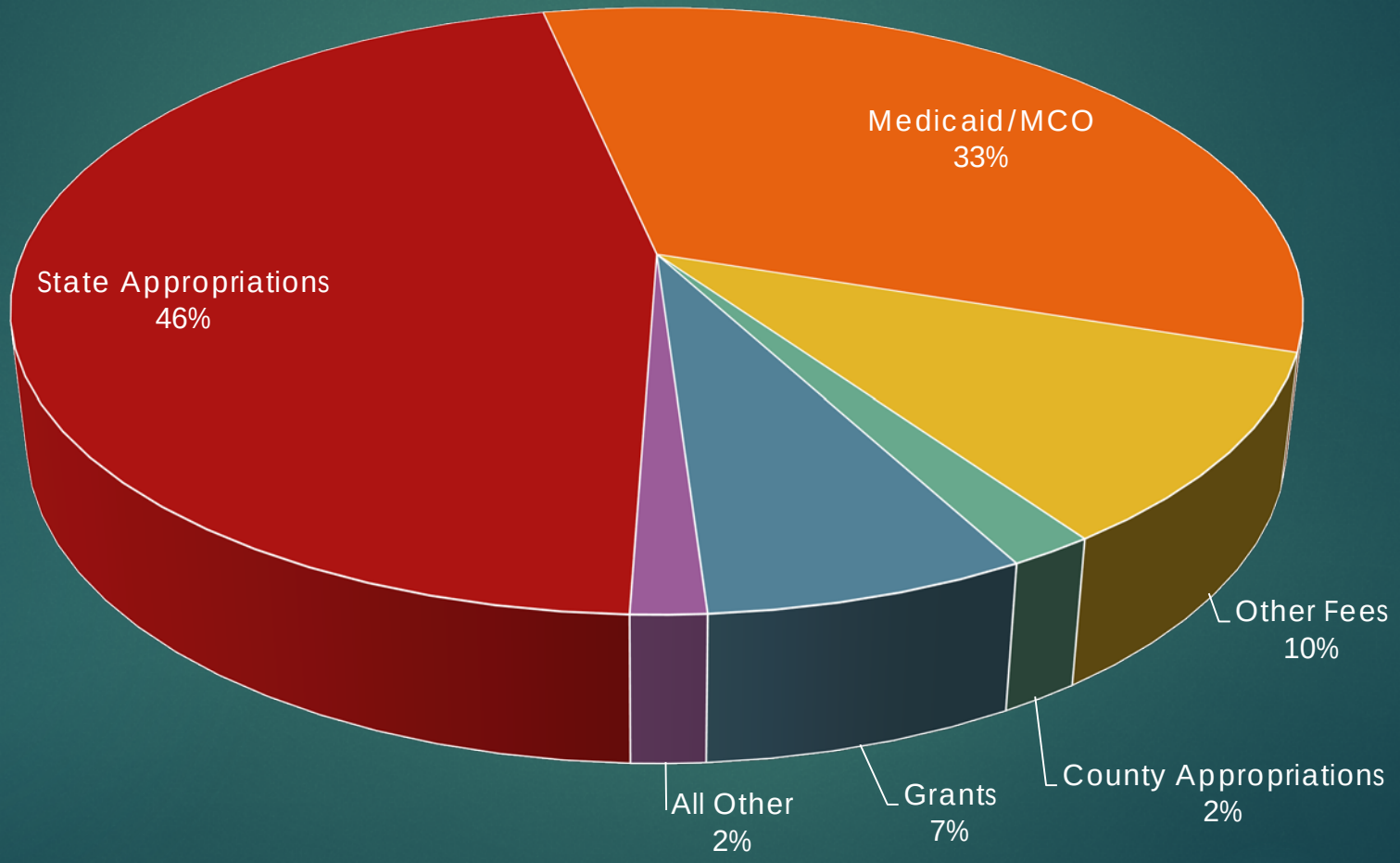
- One-time funding was available after DMH worked with DHHS to catch up on multiple years' worth of cost settlements.
  - Note: DMH no longer cost settles the majority of its services.
- DMH did not fully recover from the Great Recession until 2016 which was the final year in which the agency had to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



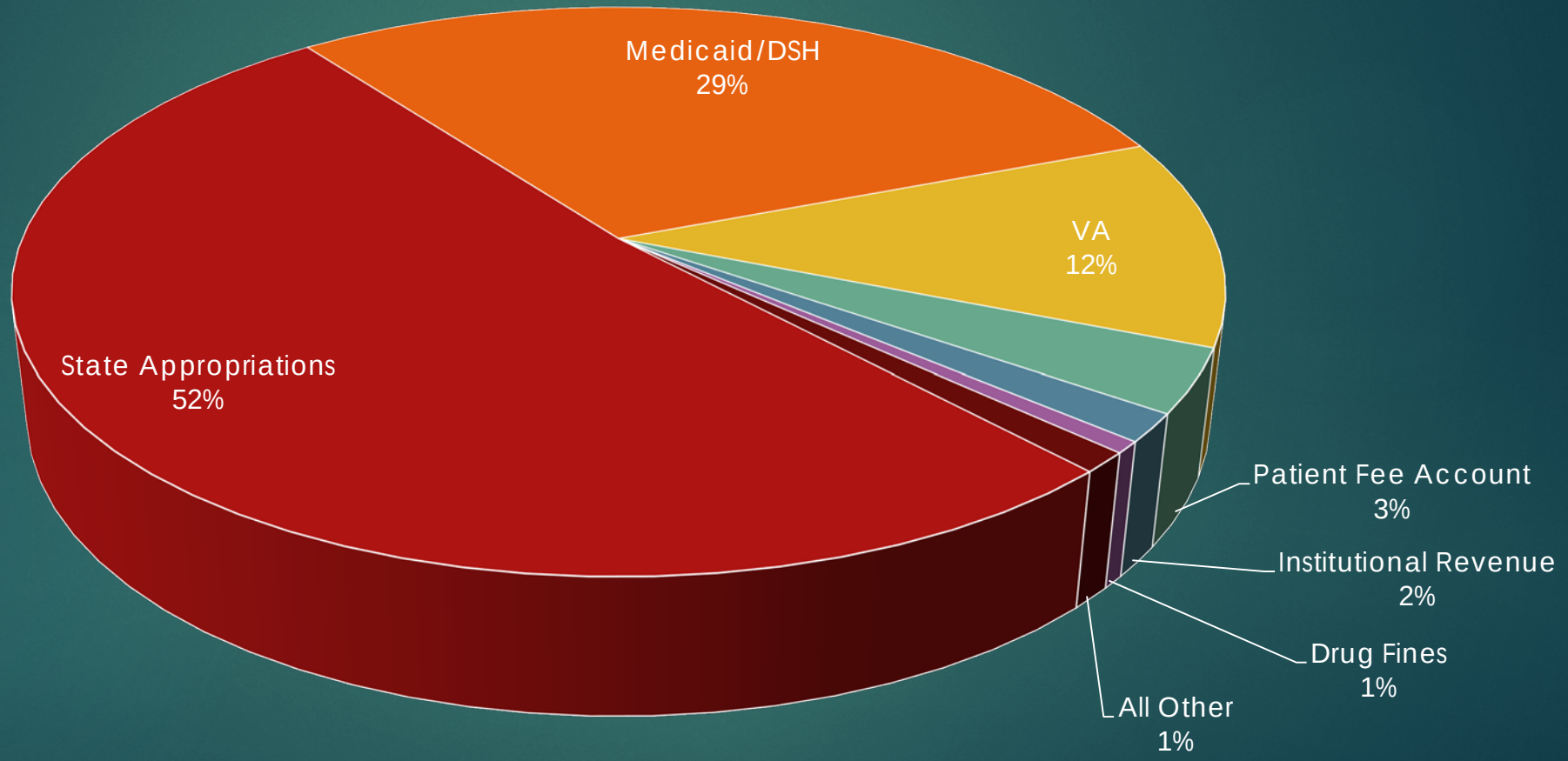
Mental Health Centers Points of Interest

- 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

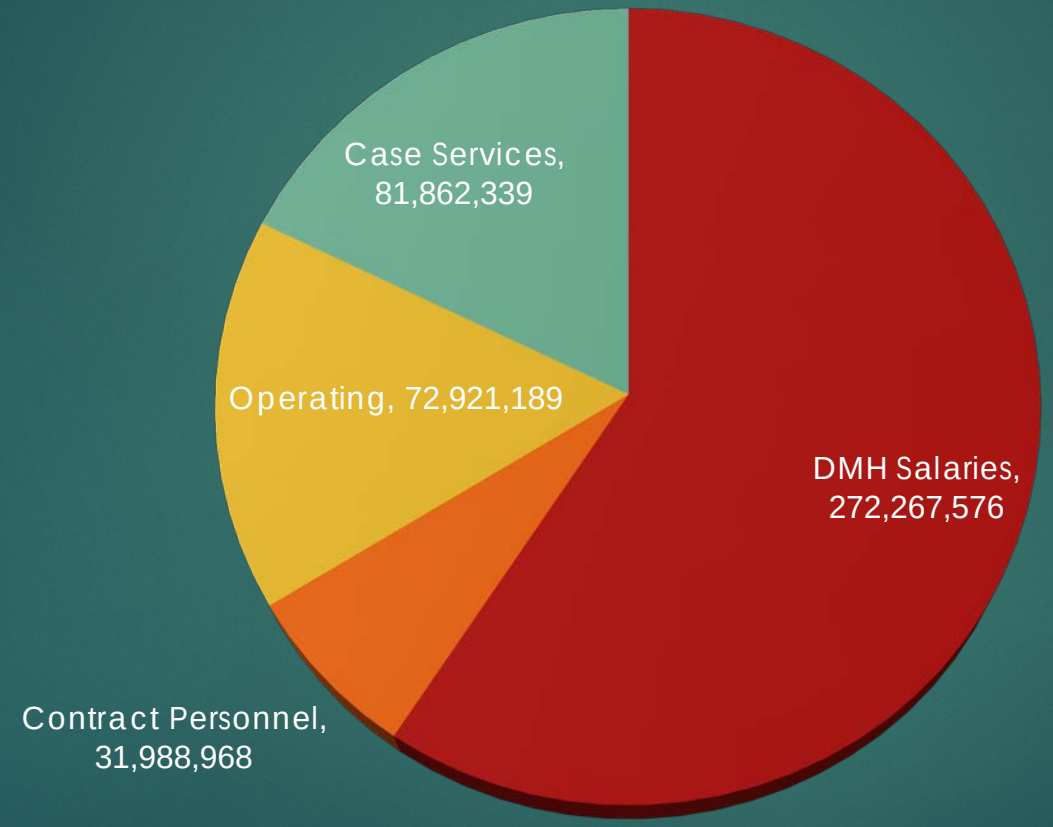
- 33 Administrative/Support Services areas. These areas support the entire agency.

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

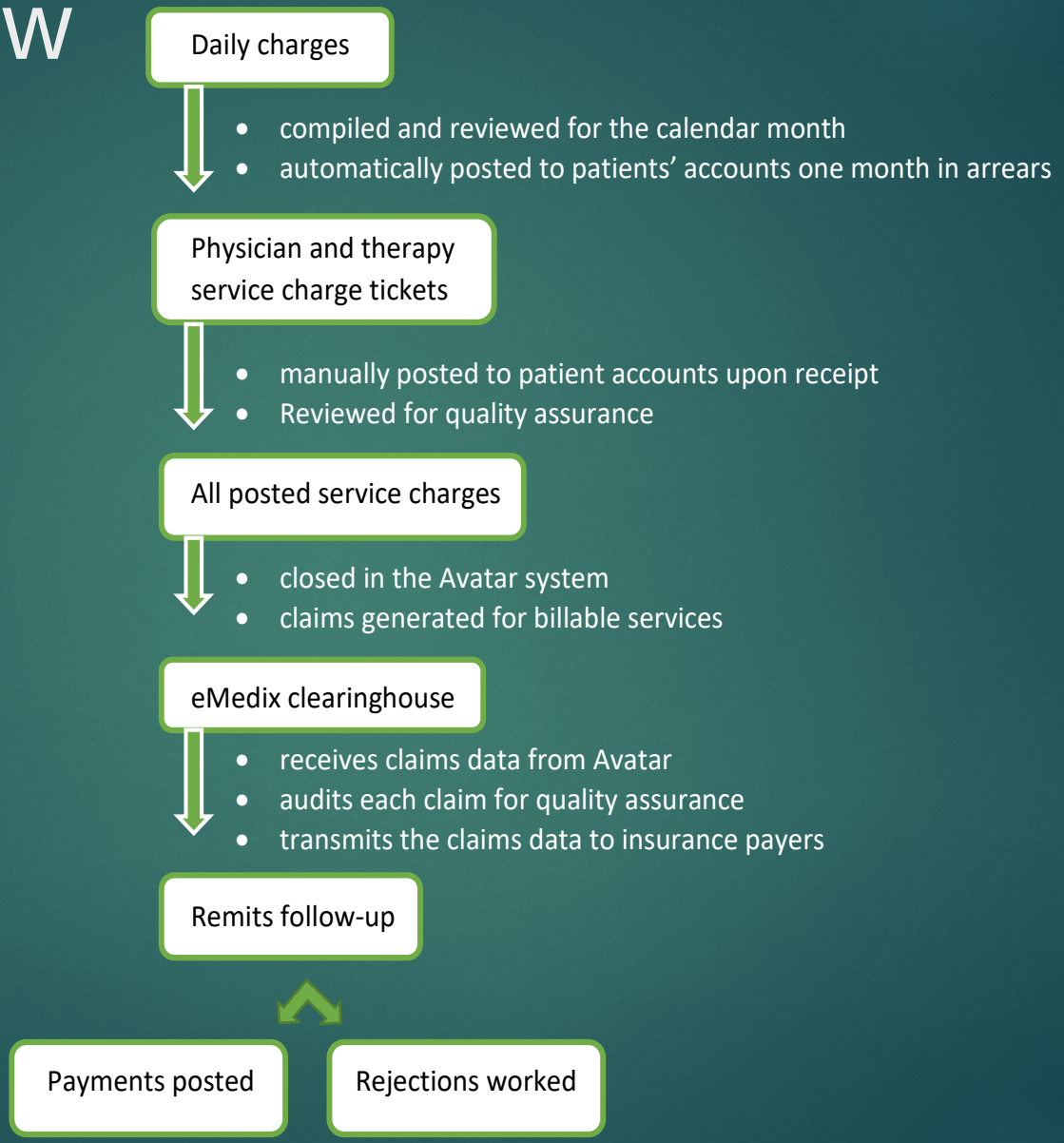
Claim Totals

For SFY2018

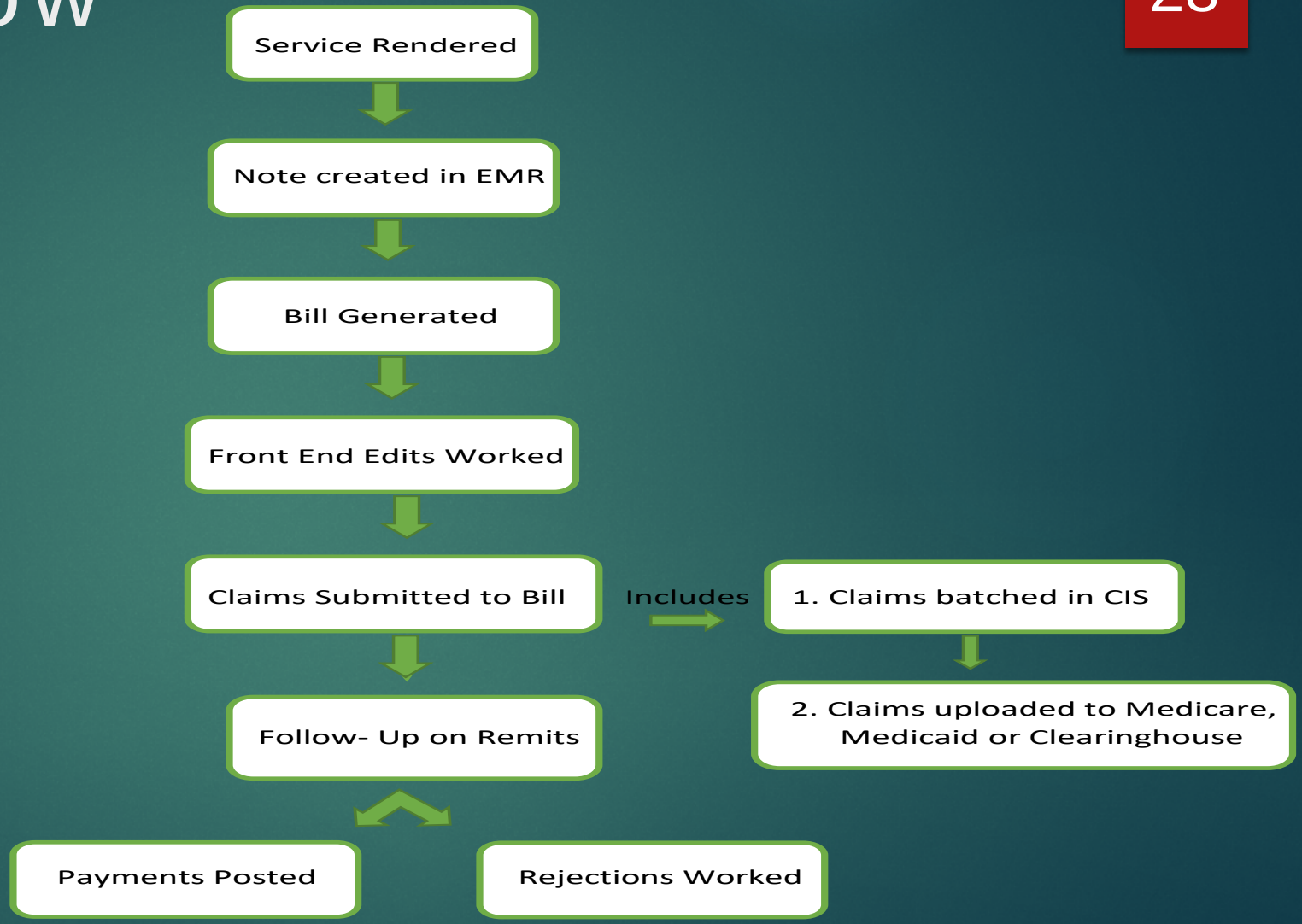
Primary Payor Claims only for Community Services 791,000

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