State of South Carolina
Department of Mental Health

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Mark Binkley
Interim State Director

August 2, 2019

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

Re: April 11, 2019 Letter

Dear Chairman West:

Thank you for your letter of April 11, 2019 transmitting a number of requests for information following the April 2, 2019 Subcommittee hearing.

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

Sincerely,

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

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Answers to Questions from April 11, 2019 Letter of Subcommittee
South Carolina House of Representatives
Legislative Oversight Committee
Healthcare and Regulatory Subcommittee

How should community mental health services in South Carolina be structured to best serve the state's population and to maximize currently available human and financial resources?

SCDMH is currently structured to best serve the state with our 16 Community Mental Health Centers and 60 Clinics. While this structure provides physical locations for citizens to receive treatment in nearly every county of the state, this structure also supports over 800 portals to access through embedded clinicians in schools, hospitals, jails, law enforcement offices, DSS and DJJ state agencies, and other locations.

Has there been a needs assessment for community mental health services statewide, including placement of facilities and distribution of services? If so, please provide it.

SCDMH routinely conducts stakeholder meetings and forums in the communities to gain input from stakeholders, patients and their families. Feedback gained from these meetings is used to determine routes of delivery and types of services.

The State Planning Council also meets six times per year to inform decision making regarding locations and types of services funded by the Federal Block Grant.

Please provide the expenses that correlate with the budget figures presented during the April 2, 2019, meeting.

See Attachment 1 for FY2019 final financial results.

Provide a list of therapeutic models and programs available at each community mental health center. Is our workforce adequately trained and certified to deliver the evidence-based treatment protocols that are typically indicated in treating mental health patients in South Carolina with fidelity? How is that determined?

The following therapeutic models are available or will soon be available in many, if not all, Community Mental Health Centers:

- Alternative for Families: Cognitive Behavioral Therapy
- Cognitive Behavioral Therapy
- Cognitive Processing Therapy
- Critical Incident Stress Management
- Dialectical Behavioral Therapy
- Eye Movement Desensitization and Reprocessing
- Family Preservation
- Illness Management & Recovery
- Individual Placement & Support
- Intensive Community Services
- Motivational Interviewing
- Multi-Dimensional Family Therapy

- NAVIGATE
- Parent-Child Intervention Therapy
- Peer Support Services
- Prolonged Exposure Therapy
- Rational Emotive Behavioral Therapy
- Solution-focused Brief Therapy
- Trauma-focused Cognitive Behavioral Therapy
- Wellness Recovery Action Planning
- Whole Health Action Management

We continually provide trainings to staff in evidence-based interventions to maintain staff's competencies. State Office and Center Quality Assurance staff routinely audit records to assess fidelity to evidence-based interventions. Many centers require staff to attend regular consultation related to the evidenced based practice that staff have selected to practice.

How does our current system of licensing and educating service providers impact workforce readiness to provide the most state of the art treatment?

In general, staff hired directly from graduate schools are not fully prepared to deliver therapeutic services. SCDMH provides continual training to staff to prepare them for the "real world." While most graduate programs train students in cognitive behavioral therapy, few provide fidelity-level training in specialized evidence-based interventions.

Knowledge of evidence-based interventions is not factored into licensure.

Community Knowledge of Community Mental Health Centers

What methods are used to educate the community about mental health center services?

The following are some of the methods that SCDMH uses to educate citizens about the mental health services available in our Centers:

- Stakeholder meetings
- Community forums
- Brochures in primary care practices, other agency offices, etc.
- Health fairs
- Billboards
- Public service announcements
- Parades
- Conference presentations
- Newspaper articles
- County Coalitions
- Statewide Coalitions
- Presentations to civic organizations
- Crisis/Information phone lines

What is the service capacity of each of the centers, and please note how close each center is to meeting that capacity?

None of SCDMH's Centers has a waiting list. We manage requests for services by utilizing the "all hands on deck" model. We also routinely monitor caseload sizes to ensure needed capacity is available.

What are the agency's policies on detecting drug shopping?

Prescribing providers utilize DHEC's PMP AWARxE to review controlled substances prescribed to each patient prior to prescribing a controlled substance. There is a link to this tool in SCDMH's Electronic Medical Record.

Screening Procedures

How often does the agency review the screening/clinical evaluation tool to determine if it is an accurate method of triaging patients?

We routinely make adjustments to our screening tool as determined by need.

When a potential patient's evaluation indicates either a need for emergency services or urgent services, and other non-mental health needs, is there follow up after the emergency or urgent episode is resolved to refer to care coordination?

Yes, there is follow-up to emergency and urgent services. Referrals to care coordination are made on an as needed basis.

Where are the significant vulnerabilities in this system?

While mental health screenings identify risk and protective factors, they are not predictive.

A lack of an adequate work force is a definite vulnerability.

Innovations

What innovations have happened at the Charleston Dorchester Mental Health Center in the last decade?

- Some of the innovative practices implemented at the Charleston-Dorchester Mental Health Center over the past decade include:
- Mobile crisis – 31 years
- Integrated primary care – 20 years
- Highway to Hope – Mental Health mobile traveling to rural areas
- Embedded clinicians in law enforcement
- EMS/Mobile Crisis telehealth project
- Crisis stabilization Center – 10 bed unit for adults in crisis who do not need a hospital, but would have gone to one had the unit not existed
- Farmacy - a street medicine team serving high crime/high health disparity 10 block neighborhood
- Mental Health Heroes – non-profit arm of the center
- FRST Team—first responders support team developed after Sofa Superstore Fire

- Mother Emmanuel Support Team – developed after massacre at Mother Emanuel
- Low County Mental Health Conference – over 1200 attendees last year from all over the country
- Peer Support Team for Staff – serves staffs' needs when dealing with trials and tribulations of being "pain eaters"
- First Episode Psychosis Team – serves newly diagnosed young adults and their families as they struggle with new, difficult diagnoses
- Individual Placement and Support – collaboration with Vocational Rehabilitation to gain competitive employment for patients
- Embedded clinician in Consolidate Dispatch
- District-wide school mental health in all 3 districts served

Explain more about peer-support services.

According to the Substance Abuse Mental Health Services Administration, a peer specialist is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency. Peer support specialists have been instrumental at SCDMH with patient engagement activities and integrated primary and mental health programs in addition to delivering peer support services.

Explain more about the work program that would allow Social Security SSI (Supplemental Security Income) beneficiaries to work and maintain their benefits.

According to the developers, Individual Placement and Support (IPS) is a model of supported employment for people with serious mental illness. IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing. Patients with SSI or SSDI who participate in IPS are automatically referred to a benefits specialists who will review with the patient any requirements needed to follow to maintain SSI or SSDI while employed.

What percentage of rural communities utilize telehealth?

All SCDMH sites in rural communities utilize telehealth.

What is the difference between the dialectical behavior therapy and moral reconation therapy models?

Dialectical Behavioral Therapy (DBT) is a type of cognitive behavioral therapy that helps people develop new skills to change negative thinking patters and engage in positive behaviors. It is often used with patients who have self-destructive behaviors.

According to the developers, Moral Reconation Therapy (MRT) is another form of cognitive behavioral therapy that addresses clients' ego, moral, social, and positive behavioral growth, and research has shown that this type of therapy can increase moral reasoning in adult drug and alcohol as well as juvenile offenders. MRT is

often used with patients in recovery from alcohol and other substances and "treatment-resistant" patients.

Quantify the decrease in hospitalizations related to the young adult injectable medication program at Columbia Area Mental Health Center.

Prior to starting injectable medication, 158 (59 are female and 99 males) patients between the ages of 18-30 collectively had 261 inpatient psychiatric hospitalizations. After starting the injectable medications, there were only 30 inpatient psychiatric hospitalizations.

Staffing

What is the reason for the recent center executive director turnover across the system?

The following is a summary for the reasons for the turnover in center executive directors:

- Two physicians who were also executive directors chose to solely function as providers.
- Four executive directors (Berkeley, Charleston-Dorchester, Columbia Area, and Tri-County) were promoted within the agency.
- One was the result of having an executive director serve one Center instead of two.
- Three were the result of retirements.
- One was a result of a termination for cause.

What are the baseline educational and certification requirements to be an executive director?

The baseline education for executive directors is a master's degree. No particular certifications are required for the position. Executive Directors are now required to have at least 7 years of executive experience.

School-based Mental Health Services

What are the funding mechanisms for school mental health services?

School mental health services are funded by a variety of sources, including state appropriations, school district contributions, grants, and earned revenue from billing for services rendered.

How does the potential raise for school psychologists included in the FY 2020 appropriations legislation impact funding for mental health services in schools? See Provisos 1.3 and 1.89 of H.4000, as passed by the House of Representatives.

We do not anticipate that the proposed salary increase for school psychologists will impact funding for school mental health services. School psychologists do not provide treatment services.

What school mental health services models exist?

SCDMH strives to have school mental health counselors serving no more than 2 schools, a 1:2 model. There are many schools with a 1:1 model, however. For a variety of reasons (e.g., size of school, amount of school district contribution, rate

of referrals from a school), it is not always possible or necessary to use the one-to-one model.

Currently, there are some counselors serving more than 2 schools. We anticipate moving to the 1:2 and 1:1 model, as we are able to hire more staff.

[End]

South Carolina Department of Mental Health

SC DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR ENDING JUNE 30, 2019

	FY 19 ACTUAL REVENUES	FY 19 ACTUAL EXPENDITURES	FY 19 BALANCE	NON-RECURRING UTILIZED	FY 19 BALANCE
Aiken-Barnwell MHC	6,326,200	5,894,232	431,968	39,816	471,784
A-O-P MHC	12,082,647	11,317,829	764,818	18,844	783,661
Beckman Ctr For MH Svcs	8,324,300	7,801,949	522,351	10,051	532,402
Berkeley MHC	5,635,839	5,380,018	255,821	15,163	270,984
Catawba Center For MH Svcs	9,286,684	8,994,335	292,349	16,634	308,983
Chas./Dorchester MHC	20,961,690	20,473,993	487,697	72,769	560,466
Coastal Empire MHC	8,416,006	7,904,551	511,456	12,484	523,939
Columbia Area MHC	16,437,171	15,889,049	548,122	10,433	558,555
Greenville MHC	11,752,348	11,572,715	179,632	37,130	216,762
Lexington County MHC	9,666,064	9,626,366	39,698	69,831	109,530
Orangeburg Area MHC	5,555,280	5,306,383	248,896	19,367	268,263
Pee Dee MHC	11,830,233	11,623,315	206,917	52,400	259,317
Piedmont Center For MH	8,219,733	7,974,414	245,318	10,595	255,914
Santee-Wateree MHC	9,972,349	10,056,886	(84,537)	42,712	(41,825)
Spartanburg Area MHC	11,986,592	11,549,580	437,011	50,565	487,576
Tri-County MHC	5,099,631	4,881,530	218,101	25,241	243,342
Waccamaw Ctr For MH Svcs	11,194,123	11,203,178	(9,056)	71,003	61,947
Total Community	**172,746,887**	**167,450,324**	**5,296,563**	**575,039**	**5,871,602**