The South Carolina Department of Mental Health (SCDMH)

Mission – "to support the recovery of people with mental illnesses"

Deborah Blalock, M.Ed, LPCS

SCDMH Deputy Director

Community Mental Health Services

August 09, 2024

Serving South Carolina Since 1828

➤ South Carolina was one of the first states in the nation to provide state funding for the care and treatment of people with mental illnesses.

➤ In 1821, the State Legislature appropriated funding for the construction of the South Carolina Lunatic Asylum. DMH's first patient was admitted in 1828. The SCDMH bicentennial was in 2021.

➤ Inpatient occupancy peaked in the 1960s, when the average daily population at the SC State Hospital and Crafts-Farrow State Hospital totaled more than 6,000 patients.

➤ The South Carolina Community Mental Health Services Act (1961) and the federal Community Mental Health Act of 1963 led to deinstitutionalization, the movement of patients from inpatient hospitals to community-based, outpatient treatment settings.

South Carolina
Department of Mental Health
DMH

Scope of Care, 2024

- The SCDMH system is comprised of:
  - 16 community outpatient mental health centers, and 40⁺ satellite clinics

  - 3 licensed hospitals, serving adults, children, adolescents, and individuals with addictive disease:
    - G. Werber Bryan Psychiatric Hospital (Hall C & A, Forensics, and Adult Civil)
    - Patrick B. Harris Psychiatric Hospital
    - Morris Village Alcohol and Drug Addiction Treatment Center

  - Two nursing homes, including one for SC veterans

  - A Sexually Violent Predator Treatment Program

- The Agency serves approximately 100,000 patients per year, approximately 30,000 of whom are children.

- SCDMH is one of the largest healthcare systems in South Carolina.

- All SCDMH centers, hospitals, and facilities are fully accredited.

Scope of Care, 2024

➢ Since its inception, SCDMH has treated more than 4 million patients.

◦ SCDMH hospitals and nursing homes have treated more than 1 million patients and provided more than 150 million bed days.

◦ SCDMH outpatient mental health centers and clinics have served more than 3 million patients, providing more than 40 million clinical contacts.

➢ SCDMH services are made possible by over 3,600 FTEs, and 500 contract staff who facilitate daily operations.

➢ SCDMH's FY '24 operating expenditures were approximately $620,000,000.

➢ The Agency is governed by the South Carolina Mental Health Commission. Seven commissioners, each representing a SC Congressional district, are appointed by the Governor, with the advice and consent of the SC Senate, and serve terms of five years.

➢ The Mental Health Commission appoints the SCDMH state director.

South Carolina
Department of Mental Health
DMH

DMH Workforce

Actual Workforce as of 6/30/24	WM	WF	BM	BF	OM	OF	Total
E1 - EXECUTIVES	41	95	21	65	1	4	227
E2 - PROFESSIONALS	202	785	170	908	18	75	2158
E3 - TECHNICIANS	32	22	18	48	3	3	126
E4 - PROTECTIVE SERVICES	15	3	33	20	3	1	75
E5 - PARAPROFESSIONALS	35	135	97	404	3	13	687
E6 - SECRETARY/CLERK	4	73	1	119		6	203
E7 - SKILLED CRAFT	29	2	14	1	6		52
E8 - SERVICE/MAINTENANCE	39	13	56	50		1	159
TOTAL							3687

DMH Workforce Analysis

E2 CLINICAL (TOTAL 1667)

WM
142 (9%)

BF
694 (42%)

WF
636 (38%)

OM
15 (1%)

OF
63...

BM
117 (7%)

South Carolina
Department of Mental Health
DMH
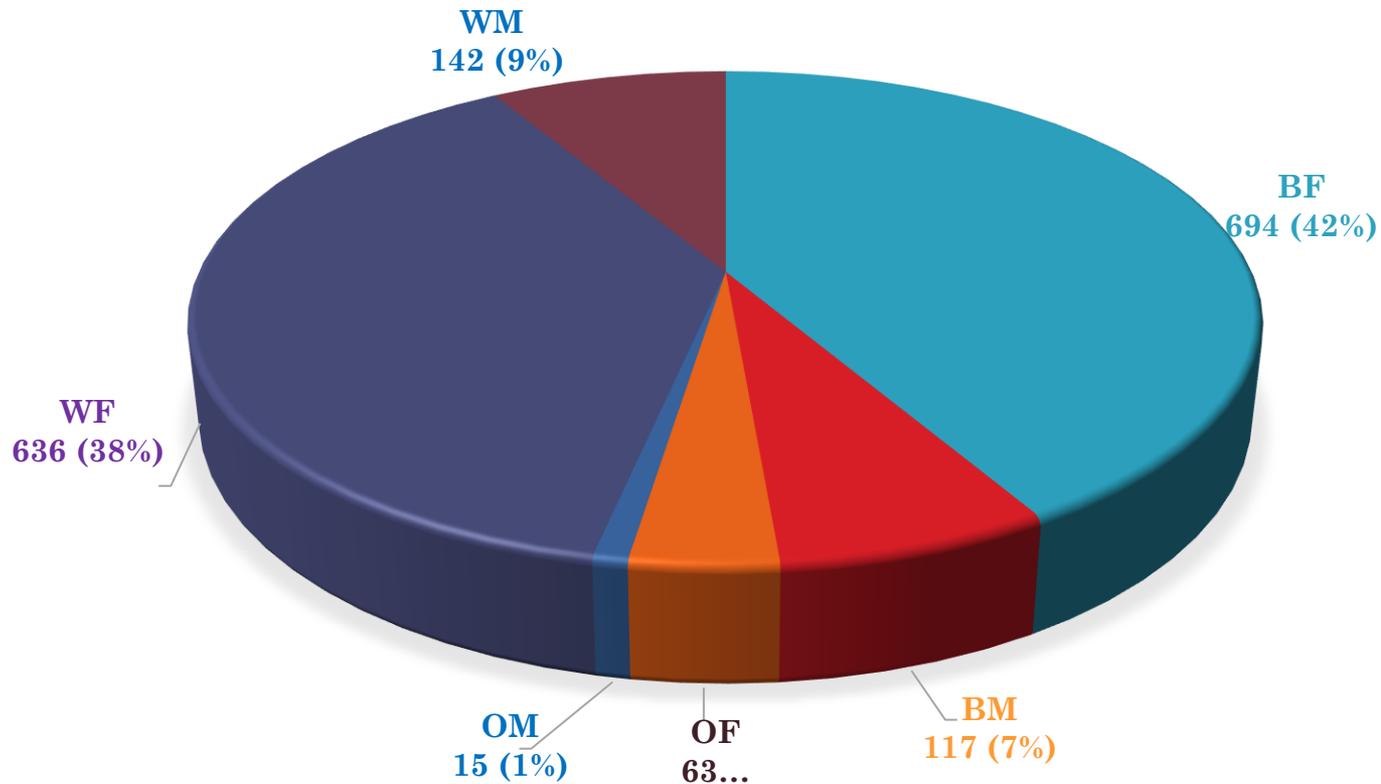
DMH Workforce Analysis
Operational Definitions

E1 - EXECUTIVES Includes: senior management, program managers, facility/cetnter directors, directors

E2 - PROFESSIONALS Includes: finance, IT, HR, MHP, psychologists, auditors, admin coordinators, counselors

E3 - TECHNICIANS Includes: Rx techs, communication specialists, LPN, IT

E4 - PROTECTIVE SERVICES Includes: law enforcement officers, security specialists

E5 - PARAPROFESSIONALS Includes: activity therapists, admin assistants, fiscal technursing assistants, direct support professionals

E6 - SECRETARY/CLERK Includes: communications specialists, admin specialists

E7 - SKILLED CRAFT Includes: trades, general main tech III-IV

E8 - SERVICE/MAINTENANCE Includes: building grounds, equipment operators, general maint tech I-II

South Carolina
Department of Mental Health
DMH

Unduplicated Patient Count

Unduplicated Patient Count For Patients With Open Episodes As of Report Run Date		
Race	Frequency	Percent
White	27,680	47.4
American Indian and Alaska Native	233	0.4
Asian or Pacific Islander	256	0.4
Black	23,547	40.3
Other	5,293	9.1
Unknown or Missing	1,418	2.4
Total	58,427	100.0

Unduplicated Patient Count For Patients With Open Episodes As of Report Run Date		
Hispanic Ethnicity	Frequency	Percent
Not of Hispanic Origin	40,865	69.9
Ethnicity Missing or Unknown	14,984	25.6
Hispanic Ethnicity	2,578	4.4
Total	58,427	100.0

* Counts include all patients with open treatment episodes in outpatient, inpatient or nursing home facilities.

SC DMH-01

DRAFT

South Carolina
Department of Mental Health
DMH

RUN DATE=03/27/2024

Office of Network Information Technology

Most Common Diagnostic Categories of Those Served by SCDMH in FY '24

Top 5 Diagnoses Report
July 1st 2023 - June 30th 2024

Top 5 Youth (17 and Under) Primary Diagnoses Served Through Program	Service Count For Top 5 Diagnoses
Attention-deficit/hyperactivity disorder, Combined presentation	78,840
Posttraumatic stress disorder	25,942
Generalized anxiety disorder	22,911
Oppositional defiant disorder	15,990
Adjustment disorder, With mixed disturbance of emotions and conduct	14,906

Top 5 Youth (17 and Under) Primary and Secondary Diagnoses Served Through Program	Service Count For Top 5 Diagnoses
Attention-deficit/hyperactivity disorder, Combined presentation	120,839
Oppositional defiant disorder	51,192
Generalized anxiety disorder	47,371
Unspecified anxiety disorder	44,871
Posttraumatic stress disorder	43,961

Top 5 Adult (18 and Over) Primary Diagnoses Served Through Program	Service Count For Top 5 Diagnoses
Schizophrenia	146,526
Schizoaffective disorder, Bipolar type	113,099
Posttraumatic stress disorder	38,960
Major depressive disorder, Recurrent episode, Moderate	35,266
Schizoaffective disorder, Depressive type	33,970

Top 5 Adult (18 and Over) Primary and Secondary Diagnoses Served Through Program	Service Count For Top 5 Diagnoses
Schizophrenia	147,732
Posttraumatic stress disorder	138,207
Schizoaffective disorder, Bipolar type	114,993
Generalized anxiety disorder	89,720
Unspecified anxiety disorder	54,273

South Carolina
Department of Mental Health
DMH

Serving Patients Regardless of Ability to Pay (Hardship Reduction Policy)

ONIT: OFFICE OF NETWORK & INFORMATION TECHNOLOGY

South Carolina Department of Mental Health

Current Payor Mix for Acitve Clients as of 7/22/2024

Run Date: 07/22/2024
Run By: **SMG91**

Primary Payor Code for clients active as of 7/22/2024

	NONE	MCO	Medicaid	Medicare	Private Ins	SC Prime	Self Pay	Total
AIKEN MHC	21	808	64	198	833	2	302	2,228
A-O-P MHC	3	1,233	81	194	1,058	20	521	3,110
BECKMAN MHC	18	1,241	92	189	1,255	9	699	3,503
BERKELEY MHC	8	1,103	93	139	589	8	566	2,506
CARE COORDINATORS	4	12	11	11	2	0	9	49
CATAWBA MHC	4	862	72	157	964	9	433	2,501
CHAS/DORCH MHC	78	2,306	177	335	1,857	27	1,092	5,872
COASTAL EMPIRE MHC	1	822	67	230	841	10	529	2,500
COLUMBIA AREA MHC	20	1,599	151	333	1,670	26	555	4,354
GREATER GREENVILLE MHC	16	3,167	189	391	2,170	34	1,321	7,288
LEXINGTON MHC	7	1,450	136	227	1,346	13	481	3,660
ORANGEBURG MHC	45	1,135	95	137	662	22	374	2,470
PEE DEE MHC	19	1,153	112	187	717	13	335	2,536
SANTEE-WATEREE MHC	24	1,465	158	276	1,339	28	467	3,757
SPARTANBURG MHC	66	1,527	141	371	1,497	25	811	4,438
TRI-COUNTY MHC	10	480	59	85	457	5	214	1,310
WACCAMAW MHC	1	1,047	126	223	1,019	19	567	3,002
Total	345	21,410	1,824	3,683	18,276	270	9,276	55,084

South Carolina
Department of Mental Health
DMH

FY '24 Sources of Revenue
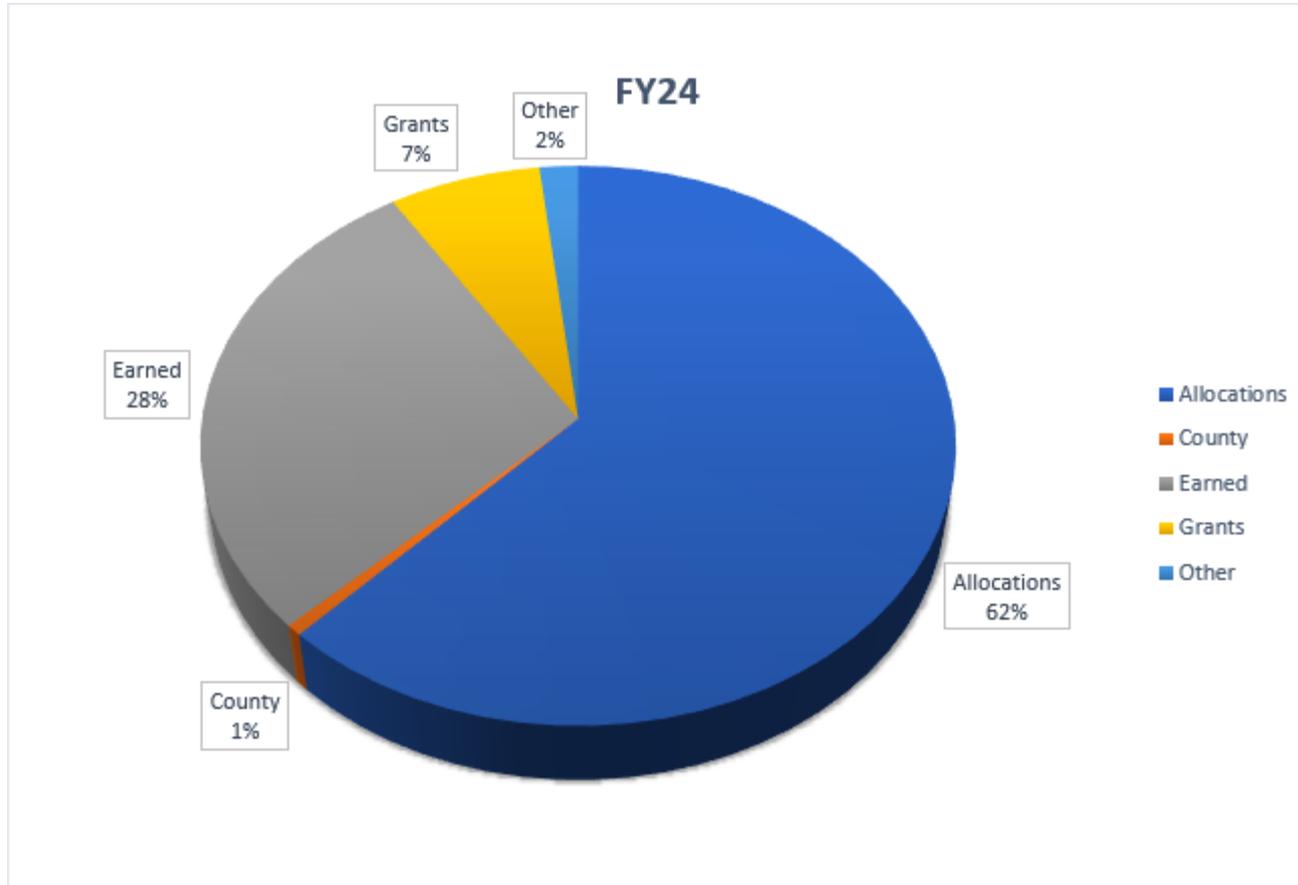
FY24

	FY24	
Earned	175,324,520	28.3%
Allocations	384,828,874	62.1%
Grants	44,242,361	7.1%
Other	11,186,992	1.8%
County	3,882,181	0.6%
Total	619,464,928	% of Total

Earned revenue represents 28.3% of DMH's operating budget.

South Carolina
Department of Mental Health
DMH

Portals of Access to Services – the Big Picture!

In FY '24 over 88,000 people were served by Mental Health Centers and 3,119 were served in SCDMH psychiatric hospitals, nursing homes settings and the SVPTP program.

South Carolina
Department of Mental Health
DMH

1,000⁺ Portals to Access Services

There are **1,000⁺** portals available to access DMH mental health services in SC.

LEGEND

Hospitals/Nursing Homes	School Mental Health
Outstationed Staff	Telepsychiatry EDs
Mental Health Centers	Specialized Sites
	Clinics

[Mental Health Center Catchment]

Aiken-Barnwell	Anderson-Oconee-Pickens	Beckman
Berkeley	Catawba	Charleston Dorchester
Coastal Empire	Columbia Area	Greenville
Lexington	Orangeburg	Pee Dee
Santee-Wateree	Spartanburg	Tri-County
Waccamaw	Other	

South Carolina
Department of Mental Health
DMH

SCDMH MENTAL HEALTH CENTERS AND REGIONS
(Greenville and Piedmont merged into Greater Greenville MHC – effective 6/30/19)

Region C
- Catawba CMHC
- Pee Dee MHC
- Santee-Wateree CMHC
- Tri-County MHC

Region B
- Greenville MHC
- Piedmont Center for MHS
- Spartanburg Area MHC
- Beckman Center for MHS
- Anderson-Oconee-Pickens MHC

Region A
- Aiken-Barnwell MHC
- Lexington County CMHC
- Columbia Area MHC
- Orangeburg Area MHC

Region D
- Berkeley CMHC
- Charleston-Dorchester CMHC
- Coastal Empire MHC
- Waccamaw Center for MHS

P&LA 2006

South Carolina
Department of Mental Health
DMH

15

Outpatient Clinical Sites: Centers and Clinics
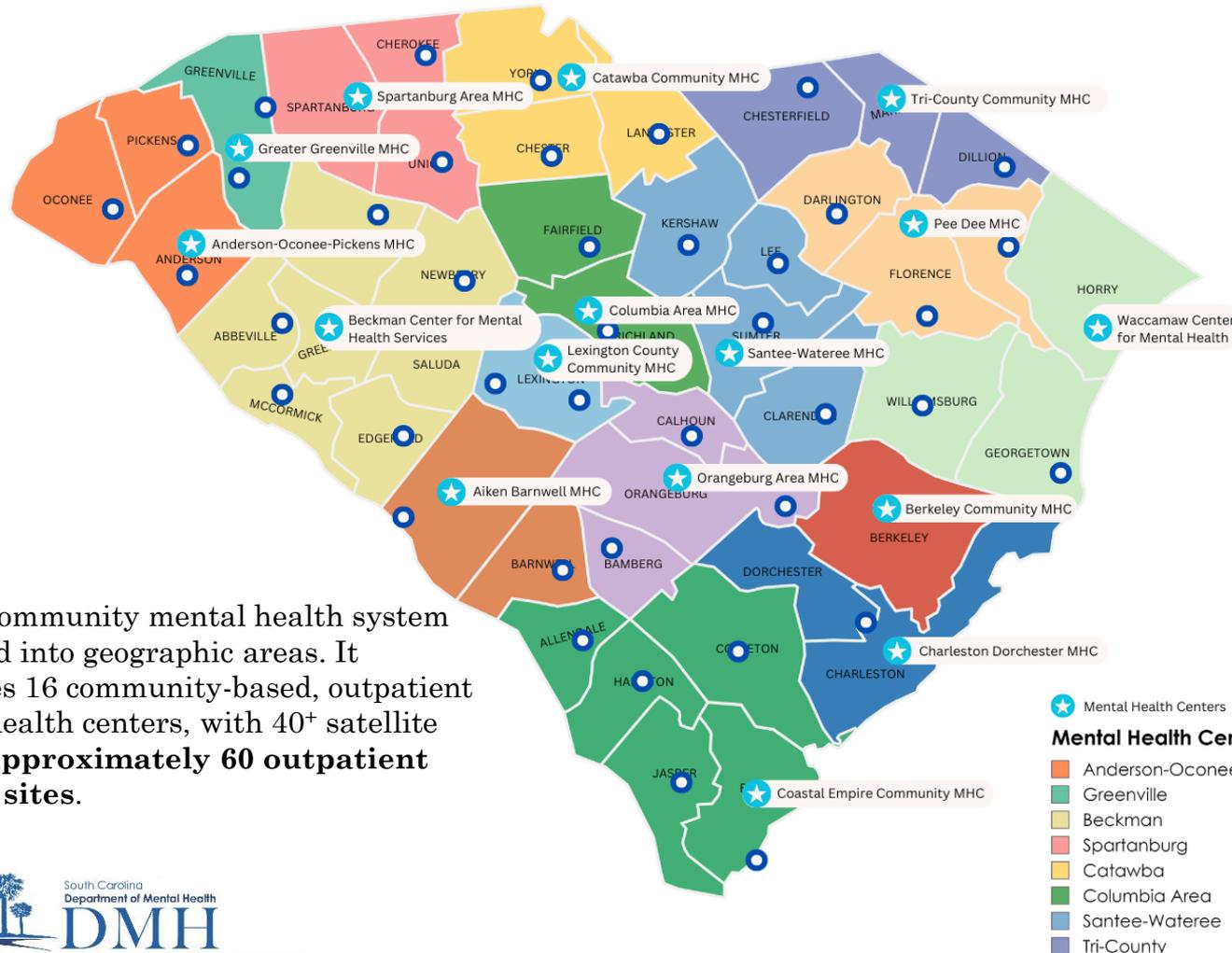
DMH's community mental health system is divided into geographic areas. It comprises 16 community-based, outpatient mental health centers, with 40+ satellite clinics, **approximately 60 outpatient clinical sites**.

Out-stationed Staff Sites
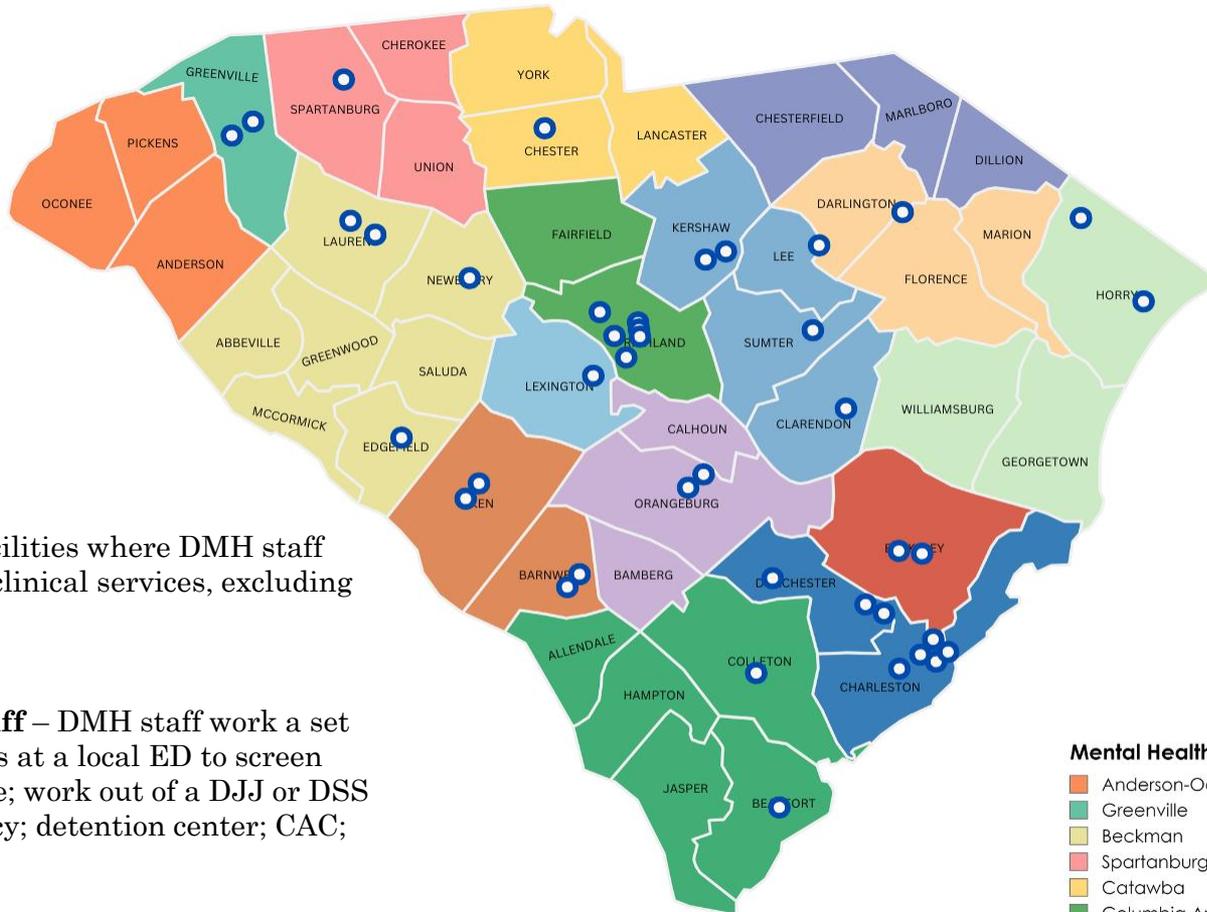
150⁺ non-DMH facilities where DMH staff regularly provide clinical services, excluding schools

Examples include:
- **Embedded staff** – DMH staff work a set number of hours at a local ED to screen patients for care; work out of a DJJ or DSS office; LE Agency; detention center; CAC; etc.

Hospitals & Nursing Homes
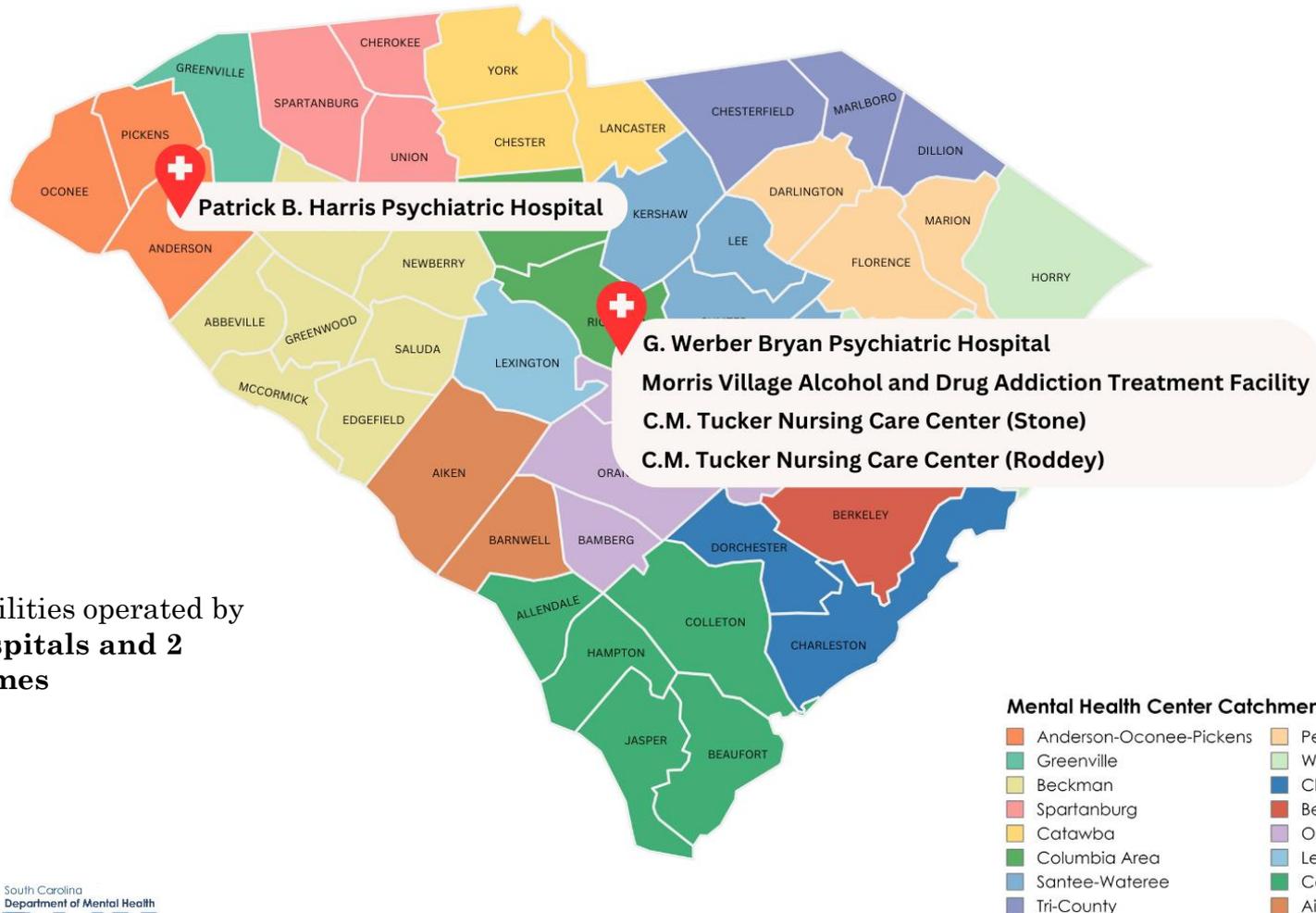
Inpatient facilities operated by DMH - **3 hospitals and 2 nursing homes**

SCDMH – A System of Care

TARGET POPULATION | **APPROPRIATE STRATEGY**

TARGET:
Right Treatment At The Right Time In The Right Place By The Right Provider –
Preventing Avoidable Emergency Department (ED) Visits, Hospitalizations, and Incarcerations

SCHOOLS, PTAS, CHURCHES, FIRST STEPS, BUSINESSES, FIRST RESPONDERS, CIVIC CLUBS, GENERAL PUBLIC AT FESTIVALS, FAIRS, MARKETS, ETC.

PREVENTION – INFANT & EARLY CHILDHOOD CARE, SCHOOL MENTAL HEALTH, ANTI-STIGMA CAMPAIGNS, CIT*, MENTAL HEALTH FIRST AID, SUICIDE PREVENTION, STAKEHOLDER MEETINGS, FARMACY TEAMS, ETC

*Crisis Intervention Team Training

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

IMMEDIATE ACCESS TO EVIDENCE BASED TX & PROGRAMS* VIA WALK-IN CLINICS, EXTENDED HOURS, TELEPYSCH. INTEGRATED CARE, CARE COORDINATION, PEER SUPPORT, MED. MGT.

*CBT, DBT, EMDR, PCIT, TFCBT, MI, IPS, etc.

PATIENTS WITH ACUTE SYMPTOMS OR SIGNIFICANT, UNSTABLE CHRONIC SYMPTOMS

ABOVE; PLUS ACT, MDFT, FEP, FRST*, HOMELESS OUTREACH, CO-OCCURRING TX, ETC.

*ACT – Assertive Community Treatment
MDFT- Multidimensional Family Therapy
FEP – First Episode Psychosis
FRST – First Responder Support Teams

PATIENTS WITH EXACERBATION OF SYMPTOMS & IN CRISIS

ABOVE: PLUS CSUs, MC, LE & DJJ* EMBEDDED MHPS, EMS TELEPSYCH, ETC.

*CSU – Crisis Stabilization Unit
MC – Mobile Crisis
LE – Law Enforcement
DJJ – Department Of Juvenile Justice

PATIENTS IN AN ED OR JAIL

MENTAL HEALTH COURTS, MHPS IN EDS & JAILS

Cost-sharing Positions, Liaisons, etc.

DANGER TO SELF/ OTHERS

INPATIENT CARE

Best Pharmacological Practices, DBT, Learning Labs, Transition Specialists, Peer Support, etc.

Deborah S. Blalock, 2019

South Carolina
Department of Mental Health
DMH

19

Community Mental Health Services (CMHS)

- 16 Mental Health Services serving all 46 counties of SC
- Child, Adolescent and Family Services (CAF)
- School Mental Health Services (SMH)
- Trauma Informed Services
- Deaf Services
- Housing Services
- Toward Local Care Services
- Supportive Employment Services
- Peer Support Services
- Integrated Care Services
- Office of Suicide Prevention
- 988 Call Center
- Mobile Crisis
- Justice Involved Programming
- ACT Services
- First Episode Psychosis Programs
- Public Education

South Carolina
Department of Mental Health
DMH
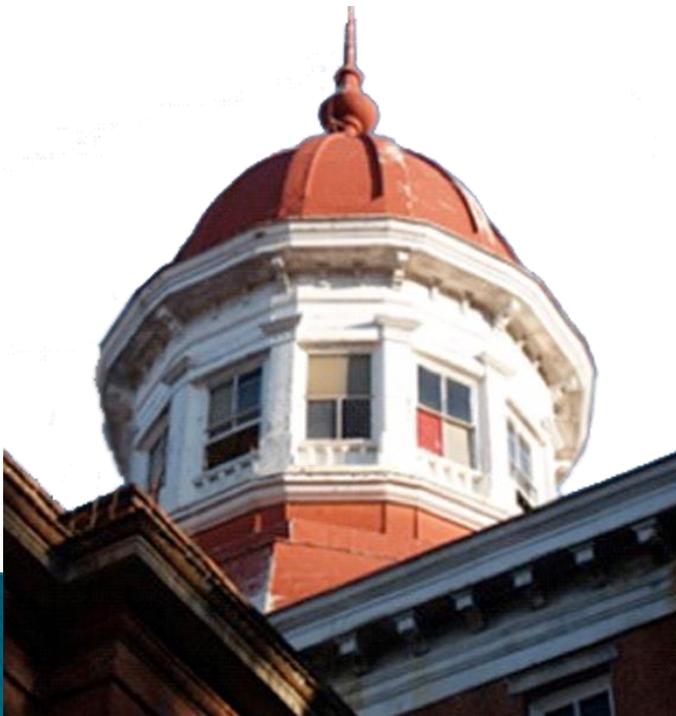
Community Mental Health Services (Outpatient Care)

➤ Outpatients Served
  o In FY '24, SCDMH's community mental health centers provided 1,083,770 clinical services.

➤ 94.4% of every initial request for service was met within DMH's Access Guidelines in FY '24.

➤ Access Standards
  o Patients can be seen by a Mental Health Professional on the day they walk in or call.
  o All centers share a singular EHR, so movement is seamless for patients.

South Carolina
Department of Mental Health
DMH

It's all about Access!

Initial Request For Services – "If You Have the Need, We Have the Speed!" Walk-in or an Appointment – Patient's Choice!

In FY '24. 94.4% of All Initial Requests For Service Were Offered Within These Standards!

Initial Contact with Reception, Switchboard or MHP

MHP Conducts a Screening/Clinical Evaluation

MHP Screening Documented on Screening Form SC DMH C-20

Screening/Clinical Evaluation Indicates Need for Emergency MH Services and presence of risk behaviors

Yes → Follow Emergency/Crisis Intervention Protocol on Same Day

No →

Screening/ Clinical Evaluation Indicates Need for Urgent/Crisis Intervention Services and absence of immediate risk behaviors

Yes → Offer Urgent Appointment within two working days

No →

Screening/Clinical Evaluation Indicates Need for Non-Urgent MH Services

Yes → Offer Non-Urgent Appointment within seven working days

Screening/Clinical Evaluation reveals other needs in addition to MH needs

Yes → Refer to Care Coordination for Need Assessment

No → Screening/Clinical Evaluation reveals absence of MH needs → Refer to appropriate Community resource

South Carolina Department of Mental Health DMH

22

Aiken-Barnwell MHC – Aiken and Barnwell Counties

FY '24 Budget Forecast: $8,901,088
Patients Served in FY '24: 3,973
Current FTEs: 79

North Augusta County Clinic

Tamara L. Smith LISW-CP, MAC
Executive Director

Barnwell County Clinic

Aiken County Clinic

South Carolina
Department of Mental Health
DMH

Anderson Oconee Pickens MHC – Anderson, Oconee, and Pickens Counties

Vicki Redding, MA, LMFT
Executive Director

Anderson County Clinic

Oconee County Clinic

FY '24 Budget Forecast: $13,356,754
Patients Served in FY '24: 5,467
Current FTEs: 128

Pickens County Clinic

Beckman MHC – Greenwood, Laurens, Edgefield, Abbeville, Saluda, Newberry, and McCormick Counties

FY '24 Budget Forecast: $10,539,507
Patients Served in FY '24: 4,790
Current FTEs: 98

Tacey Perillo, LMFT Executive Director

Greenwood County Clinic

Administration/Greenwood County

Laurens County Clinic

Edgefield County Clinic

Abbeville County Clinic

McCormick Clinic

Newberry County Clinic

South Carolina Department of Mental Health DMH

Berkeley MHC – Berkeley County

J. Matt Dorman, M.Ed., LPC, CPM
Executive Director

Administration/Berkeley County Clinic

FY '24 Budget Forecast: $9,456,445
Patients Served in FY '24: 3,779
Current FTEs: 81

Catawba MHC – York, Chester, and Lancaster Counties

York Adult County Clinic

Administrative Office/
Children's Clinic York
County

Tamara Edrington,
MFT
Executive Director

FY '24 Budget Forecast:
$11,380,964
Patients Served in FY
'24: 4,364
Current FTEs: 82

Chester County Clinic

Lancaster County Clinic

South Carolina
Department of Mental Health
DMH

Charleston Dorchester MHC – Charleston and Dorchester Counties

Administration/Charleston County Clinic

Charleston County Clinic

Jennifer Brush, LPC, CPM

Executive Director

FY '24 Budget Forecast: $28,708,588

Patients Served in FY '24: 8,876

Current FTEs: 259

Dorchester County Clinic

Charleston County Clinic

Coastal Empire MHC – Beaufort, Allendale, Jasper, Colleton, and Hampton Counties
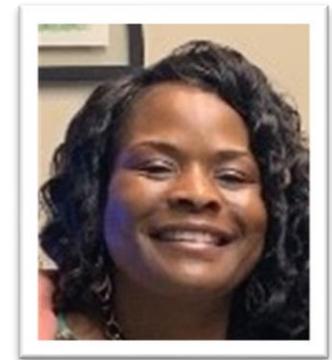
Angie Salley, MA
Executive Director

Colleton County Clinic

Administration/Beaufort County Clinic

Jasper County Clinic

FY '24 Budget Forecast: $10,441,149 Patients Served in FY '24: 3,997 Current FTEs: 79

Hilton Head/Beaufort County Clinic

Hampton County Clinic

South Carolina Department of Mental Health
DMH

Columbia Area MHC – Richland and Fairfield Counties

FY '24 Budget Forecast:
$21,484,410
Patients Served in FY '24:
6,673
Current FTEs: 156

Administration/Richland County Clinic

Kathy Hugg, LPC, CPM Executive Director

Insights Young Adult Clinic Richland County

Fairfield County Clinic

Lower Richland County Clinic

South Carolina Department of Mental Health
DMH

Greater Greenville MHC – Greenville County

Administration/Greenville Clinic

Peter Camelo, MS, LPC, LPC-S Executive Director

Simpsonville Clinic

FY '24 Budget Forecast: $22,079,496 Patients Served in FY '24 YTD: 9,024 Current FTEs: 199

Greer Clinic

South Carolina
Department of Mental Health
DMH

Lexington MHC – Lexington County

FY '24 Budget Forecast:
$12,895,265
Patients Served in FY '24: 5,385
Current FTEs: 113

Sarah Main,
E.Ds., LPC, LAC
Executive
Director

Adult Clinic

Administration

Gaston Clinic

Children's Clinic

Batesburg Clinic

New Alternatives Adult Clinic

Orangeburg MHC - Orangeburg, Calhoun and Bamberg Counties

Administration/Orangeburg County Clinic

Bryant Williams, MA
Executive Director

FY '24 Budget Forecast: $8,434,270
Patients Served in FY '24: 3,073
Current FTEs: 73

St. Matthews/Calhoun County Clinic

Holly Hill/Orangeburg County Clinic

South Carolina
Department of Mental Health
DMH

Denmark/Bamberg County Clinic

Pee Dee MHC – Florence, Marion, and Darlington Counties

Patrick Bresnan, MBA
Executive Director

Marion County Clinic

Lower Florence County Clinic

Administration/Florence County Clinic

Darlington County Clinic

FY '24 Budget Forecast:
$15,579,647
Patients Served in FY '24:
4,060
Current FTEs:132

South Carolina
Department of Mental Health
DMH

Santee-Wateree MHC – Lee, Sumter, Clarendon, and Kershaw Counties

Jeffery L. Ham, CPM Executive Director

Administration/Sumter County Clinic

Clarendon County Clinic

Kershaw County Clinic

FY '24 Budget Forecast: $12,029,954
Patients Served in FY'24: 4,953
Current FTEs: 103

Spartanburg MHC – Spartanburg, Union, and Cherokee Counties

Administration/Spartanburg County Clinic

FY '24 Budget Forecast: $17,849,845

Patients Served in FY '24: 6,103

Current FTEs: 161

Ebony Gaffney, MD, PhD, MBA
Acting Executive Director

Union County Clinic

Cherokee County Clinic

Tri-County MHC – Dillon, Marlboro, and Chesterfield Counties

Marlboro County Clinic

Teresa Meakins-Linn, LPC
Executive Director

Chesterfield County Clinic

Dillion County Clinic

Administration/Marlboro County Clinic

FY '24 Budget Forecast: $6,054,301
Patients Served in FY '24: 1,934
Current FTEs: 48

South Carolina
Department of Mental Health
DMH

Waccamaw MHC – Horry, Williamsburg, and Georgetown Counties

Administration
Conway/Horry County Clinic

Georgetown County Clinic

Jackie Brown, MA
Executive Director

Southstrand/Horry
County Clinic

Kingstree/Williamsburg County
Clinic

FY'24 Budget Forecast:

$14,488,913

Patients Served in FY '24:

4,817

Current FTEs: 127

SCDMH – A System of Care

TARGET POPULATION | **APPROPRIATE STRATEGY**

SCHOOLS, PTAS, CHURCHES, FIRST STEPS, BUSINESSES, FIRST RESPONDERS, CIVIC CLUBS, GENERAL PUBLIC AT FESTIVALS, FAIRS, MARKETS, ETC.

PREVENTION – INFANT & EARLY CHILDHOOD CARE, SCHOOL MENTAL HEALTH, ANTI-STIGMA CAMPAIGNS, CIT*, MENTAL HEALTH FIRST AID, SUICIDE PREVENTION, STAKEHOLDER MEETINGS, FARMACY TEAMS, ETC.

*Crisis Intervention Team Training

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

IMMEDIATE ACCESS TO EVIDENCE BASED TX & PROGRAMS* VIA WALK-IN CLINICS, EXTENDED HOURS, TELEPYSCH. INTEGRATED CARE, CARE COORDINATION, PEER SUPPORT, MED. MGT.

*CBT, DBT, EMDR, PCIT, TFCBT, MI, IPS, etc.

PATIENTS WITH ACUTE SYMPTOMS OR SIGNIFICANT, UNSTABLE CHRONIC SYMPTOMS

ABOVE; PLUS ACT, MDFT, FEP, FRST*, HOMELESS OUTREACH, CO-OCCURRING TX, ETC.

ACT – Assertive Community Treatment
MDFT- Multidimensional Family Therapy
FEP – First Episode Psychosis
FRST – First Responder Support Teams

PATIENTS WITH EXACERBATION OF SYMPTOMS & IN CRISIS

ABOVE: PLUS CSUs, MC, LE & DJJ* EMBEDDED MHPS, EMS TELEPSYCH, ETC.

*CSU – Crisis Stabilization Unit
MC – Mobile Crisis
LE – Law Enforcement
DJJ – Department Of Juvenile Justice

PATIENTS IN AN ED OR JAIL

MENTAL HEALTH COURTS, MHPS IN EDS & JAILS

Cost-sharing Positions, Liaisons, etc.

DANGER TO SELF/OTHERS

INPATIENT CARE

Best Pharmacological Practices, DBT, Learning Labs, Transition Specialists, Peer Support, etc.

TARGET:
Right Treatment At The Right Time In The Right Place By The Right Provider - *Preventing Avoidable Emergency Department (ED) Visits, Hospitalizations, and Incarcerations*

Deborah S. Blalock, 2019

South Carolina Department of Mental Health
DMH

Community Outreach, Advocacy and Stigma-Busting

Community Outreach, Advocacy and Stigma-Busting
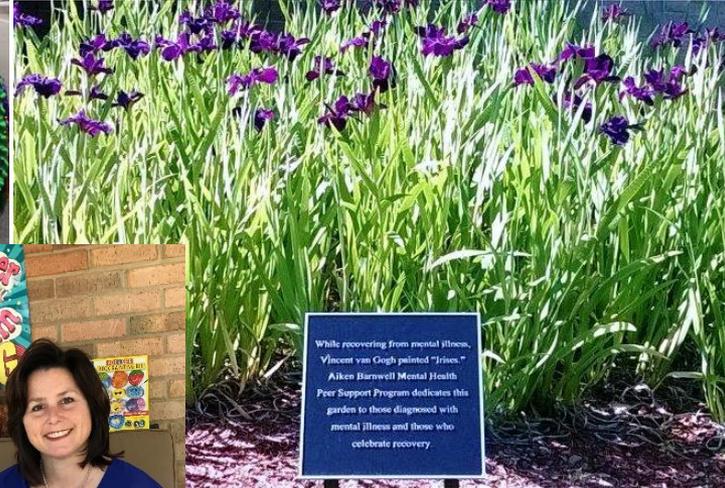
SCDMH Trauma-Informed Systems

➢ **Provides trauma-focused evidence-based practice trainings:**

  o Over 100 DMH clinicians graduate annually from either the Trauma Focused-CBT for Children and Adolescents or the CBT for PTSD for Adult Services Training series (18 hours).

  o Multiple monthly consultation sessions offered to graduates of these trainings to support fidelity to the model.

➢ **Provides Trauma-Informed Care Trainings to DMH staff and community members:**

  o Over 250 DMH staff and community members, including first responders, receive these trainings annually.

South Carolina
Department of Mental Health
DMH

FY '24 CMHC CAF and SMH

➢ CMH's Child, Adolescent, & Family (CAF) staff treated 32,009 children and provided 375,850 services (includes CAF and SMH).

➢ School Mental Health Services (SMH) treated 18,460 children and provided 196,601 services (over 52% of CAF Services).

➢ Of the 375,850 CAF services, 43,288 were provided by psychiatrists.

➢ 95 schools across 27 school districts used SCDMH's telepsychiatry services.

South Carolina
Department of Mental Health
DMH

SC Joint Council on Children & Adolescents

➢ The Joint Council was established in 2007 as a collaborative effort to develop a statewide system of care that ensures the efficient, effective delivery of services for children and adolescents. Unique in its membership, the Joint Council was created by the directors of SCDMH, DAODAS, and DJJ and has expanded to include many other directors and executive leadership of the state's child-serving agencies.

➢ Mission: To identify and research issues related to children's issues and provide information and recommendations for policy and legislation to the Governor and General Assembly.

➢ The Committee on Children publishes an Annual Report to the Governor and the General Assembly. Research and staff support for the Committee on Children is provided by the Children's Law Center, University of South Carolina School of Law.

➢ Among other things, the Council organizes an Annual Cultural & Linguistic Competency Summit to enrich cultural knowledge of staff from agencies and organizations statewide.

South Carolina
Department of Mental Health
DMH

Young Adult -Roads of Independence Initiatives- Ages 16-25

Becoming an adult is rarely easy. Combine it with coping with a mental illness or substance use, unstable living situations, lack of family support, lack of social skills and struggling to make ends meet. Addressing these issues is the core of the Healthy Transitions initiatives around the country.

Meets with a peer support specialist to create a highly individualized, goal focused transition plan. Other offerings include, mental health and substance use counseling, youth peer support, education/employment skill assistance, financial management, housing support, life skills and workshops, computer labs, free workshops and more.

SCDMH Programs- Sumter, Aiken, and a new grant award for the Pee Dee.

South Carolina
Department of Mental Health
DMH

Roads of Independence

South Carolina
Department of Mental Health
DMH
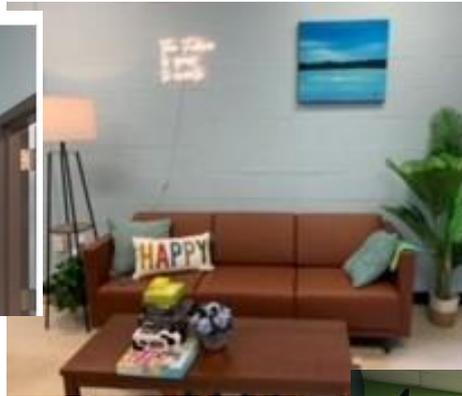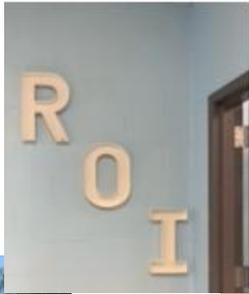
Roads of Independence

ROI Drop-In Center

Clinical Services
- Assessment
- Individual/Family/Group Therapy
- Youth Peer Support Services
- Telepsychiatry
- Medication Monitoring

Screenings
- Substance Abuse
- Homelessness
- Human and Sex Trafficking
- Suicide Prevention
- Trauma

South Carolina
Department of Mental Health
DMH

CAFÉ

CHILD AND ADOLESCENT FAMILY ENGAGEMENT CENTER

Throughout the state, there are children and adolescents in South Carolina who have complex mental health and challenging behavioral health needs. Currently, there are no short-term settings that do not require lengthy pre-authorizations for placement. South Carolina's lack of a comprehensive crisis response system for children, youth and families continues to result in repeated emergency room visits, multiple and frantic requests for hospitalizations, arrests and the detention of youth by law enforcement. Provide **rapid access** to trained behavioral health providers for children and youth and provide youth the opportunity to move temporarily from a current environment.

South Carolina
Department of Mental Health
DMH

CAFÉ CENTER
CHILD, ADOLESCENT, & FAMILY ENGAGEMENT

Project *FOCUS* (Family Options in Cherokee, Union, and Spartanburg Counties) serves children and youth ages 0-21 who have a serious emotional disturbance (SED)/SMI and their families in these three contiguous counties (Cherokee, Union, and Spartanburg). This program was created to address the infrastructure gaps of extensive wait times and inadequate crisis solutions for families of youth with SED/SMI, who are at an increased risk for admission to emergency departments and to prevent children and adolescents from being unnecessarily sent to the ED in the first place.

FOCUS, a comprehensive approach, has been created to include formal/ informal treatment and supports that are well documented in each county. Project *FOCUS* is built on the existing infrastructure of the Spartanburg Behavioral Health Coalition (SBHC) that includes key stakeholders from education, public health, higher education, mental health, social services, juvenile justice, The Mary Black Foundation, and non-profit organizations. Spartanburg Regional Hospital understands the goals of project *FOCUS* and joined efforts by providing the building to carry out the crisis component of the project.

School Mental Health (SMH)

Thirty Years of School Mental Health
1993 - today

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

Reach
- ➤ DMH school mental health provided clinicians to over 635 of 1,283 eligible schools in SC (over 49% of schools as of April 2024).
- ➤ 58% (18,460 of 32,009) of the SCDMH patients under 18 received 52% (196,601 / 375,850) of the services through SMH. Psychiatric services are excluded when counting SMH services.

South Carolina
Department of Mental Health
DMH

SMH Locations
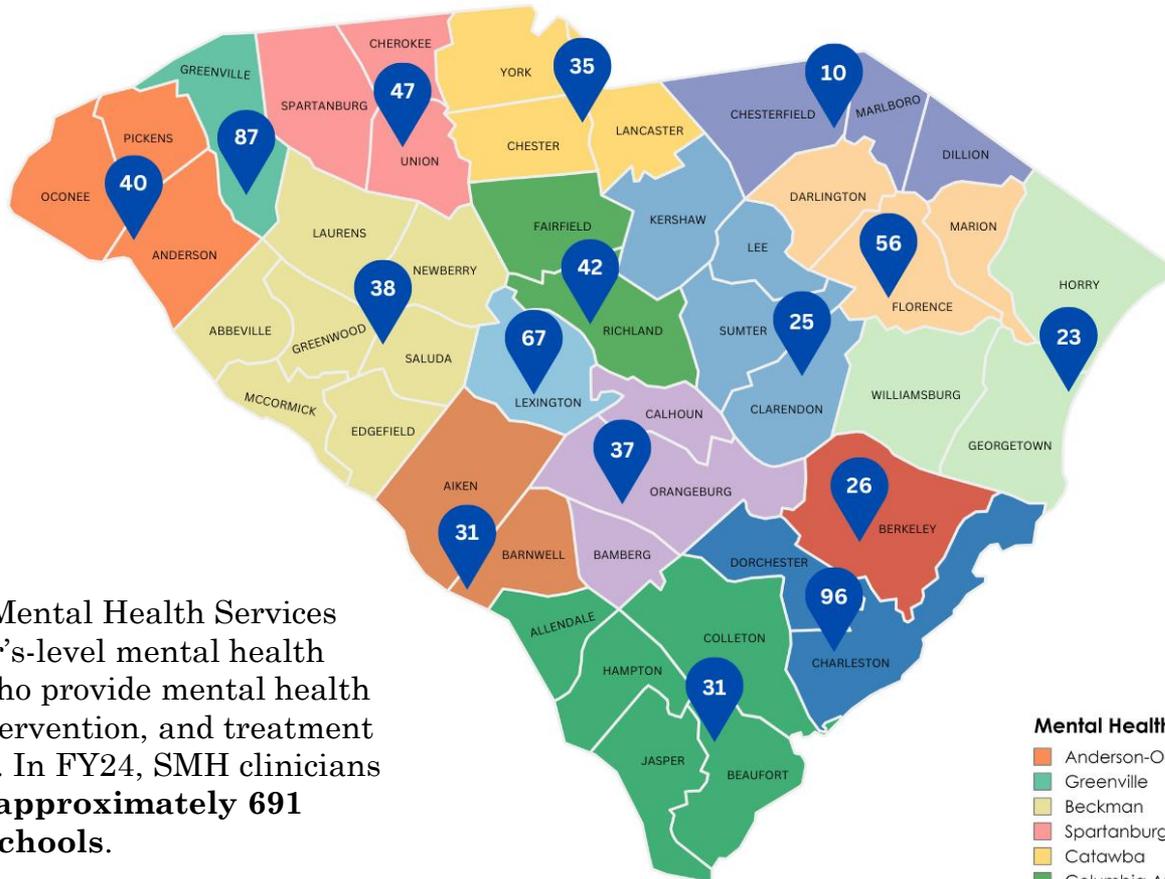
DMH's School Mental Health Services employs Master's-level mental health professionals who provide mental health assessment, intervention, and treatment services on-site. In FY24, SMH clinicians have served in **approximately 691 different SC schools**.

Mental Health Center Catchment
- Anderson-Oconee-Pickens
- Greenville
- Beckman
- Spartanburg
- Catawba
- Columbia Area
- Santee-Wateree
- Tri-County
- Pee Dee
- Waccamaw
- Charleston Dorchester
- Berkeley
- Orangeburg
- Lexington
- Coastal Empire
- Aiken-Barnwell

SMH Schools

SCDMH School Mental Health Number of Schools with SMH Clinicians
School Years 2019-2024

➢ SCDMH services are available to all public schools in SC.

➢ Also serve alternative school programs, early childhood programs, special education programs, and private schools

SMH Clinicians

▸ FY '24: **635** schools

SCDMH School Mental Health Number SMH Clinicians
School Years 2019-2024
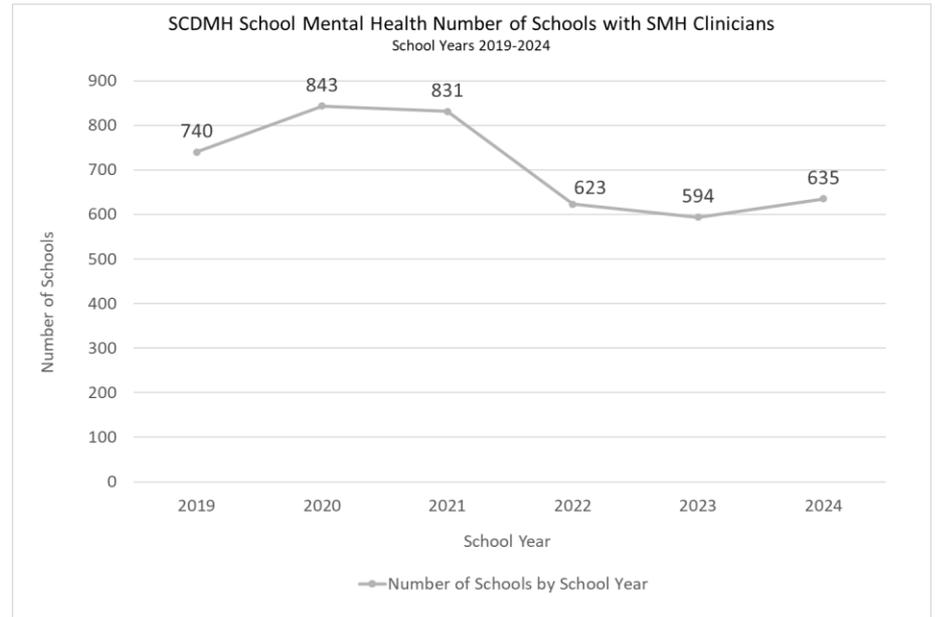
➢ Embedded in schools

➢ Establish collaborative relationships that engage school, family, and community

➢ Train school staff about mental health issues, prevention, and early intervention efforts
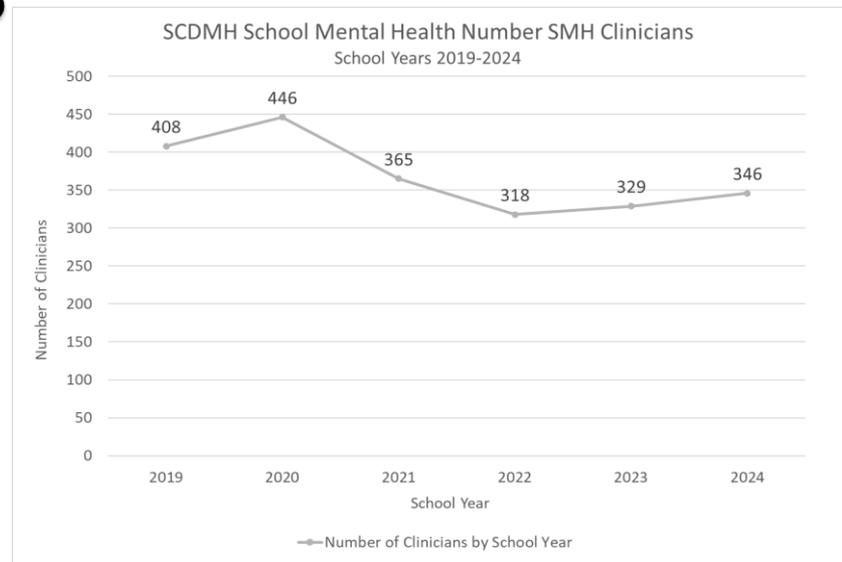
▸ April 2024: **346** clinicians

SMH Patients

- Demographics FY24:
  - Age
    - 0-10: 5,505 (27%)
    - 11-13: 5,053 (27%)
    - 14-17: 7,093 (38%)
    - 18+: 808 (4%)
  - Gender:
    - Male: 9,422 (51%)
    - Female: 9,036 (49%)
  - Race:
    - Black: 6,789 (37%)
    - White: 7,337 (40%)
    - All others*: 4,333 (23%)
  - Hispanic
    - Hispanic: 1,327 (7%)
    - Not Hispanic: 11,410 (62%)
    - Unknown: 5,722 (31%)

SMH Services

- Intake
- Individual, family, and group sessions
- Crisis interventions.
- Telehealth for SMH patients not on school campus (e.g., suspension, health issues)
- SMH staff also
  - Attend Multi-Tiered Systems of Support meetings
  - Provide professional development trainings for school staff

South Carolina
Department of Mental Health
DMH
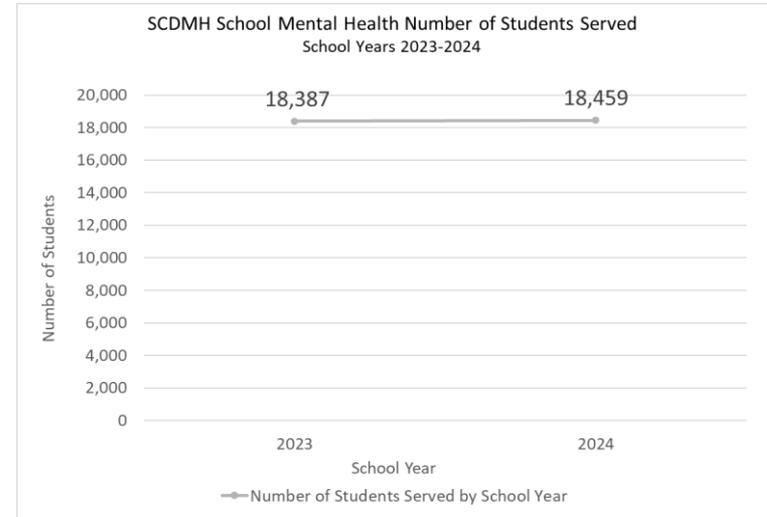
FY '24: 18,459 children served
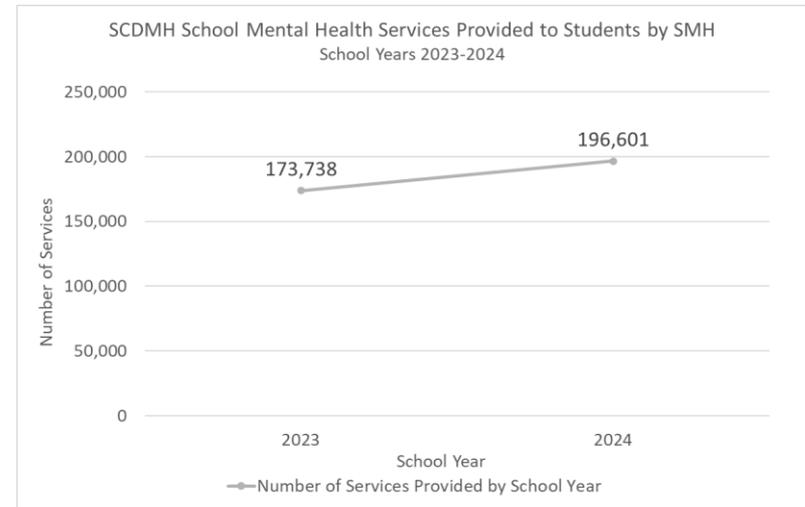
FY '24: 196,601 services provided

SMH Initiatives

➢ John H Magill Internship started in 2018.
  o Graduate students in their final year of mental health services degree receive:
    • 600 internship hours in schools,
    • 20 additional professional development hours focused on SMH, and
    • Participation in the Southeastern School Behavioral Health Conference.
  o 43 interns, 70% of the total number, became full-time MHPs.
➢ Comprehensive School Mental Health State Policy Academy
  o Partnering with SC Department of Education and SC Department of Health and Human Services to develop policies for school mental health across disciplines and levels.
  o Supported by The Duke Endowment and the Bainum Family Foundation
➢ School Connection Review (SCR)
  o Helps to build and reinforce the relationship between the clinician and the faculty
  o Reinforce the implementation of Tier 1, Tier 2, and Tier 3 MH practices
  o 2024 participation
    • 323 clinicians
    • 523 reviews with schools

South Carolina
Department of Mental Health
DMH

Recent SMH Research Projects

- Engaging and Training with Compassion Project (2019-22)
  - Blue Cross Blue Shield Foundation of SC funded
  - Designed to improve educational and behavioral outcomes of elementary age students for 3 years
  - Partnership with University of South Carolina
- Partnering for Student Wellness (2019-24)
  - PCORI-funded Randomized Controlled Trial
  - Research study evaluating the effects of enhancements to school mental health in the middle school setting
  - Partners included SCDMH, 3 universities, and 2 school districts.
- Well-being of the Workforce (2023-25)
  - SC Center for Rural and Primary Healthcare funded
  - 18-session wellness program for 6 cohorts of SMH clinicians over 2 years for personal benefit and to use with their patients
  - Partnership with University of South Carolina School of Medicine

South Carolina
Department of Mental Health
DMH

Metropolitan Children's Advocacy Center (Met CAC): Outcomes

- **In FY '24, the Met CAC provided forensic interviews and/or medical examinations to 755 children**, of whom:
  - 323 were suspected of having been sexually abused, including 105 suspected victims of trafficking or commercial sexual exploitation,
  - 376 were suspected of having been physically abused, and
  - 366 were suspected of having been abused by neglect, drug endangerment, domestic violence or having witnessed a violent crime.

- During this period, the Met CAC provided testimony or consultation in more than **three dozen court proceedings and victim advocacy support to more than 200 families**.

- 15-20 active cases are reviewed monthly at meetings of the Richland County Multidisciplinary Child Abuse Investigation Team, a team which celebrated its twenty-fifth year of collaboration in 2023.

- **Statewide Training**: *Child First South Carolina* – Met CAC partners with Children's Law Center quarterly to provide this 5-day, multidisciplinary training for child protection professionals.

- From its inception in 2001 through June 2024, 1,375 professionals have received *ChildFirst South Carolina* training, including:
  - 480 Law Enforcement Officers;
  - 313 Child Protective Service case workers;
  - 525 Children's Advocacy Center interviewers; and
  - 77 prosecutors.
  - Met CAC also provides ongoing training to medical residents, psychiatry fellows, psychology post docs, and social work interns.

NATIONAL
CHILDREN'S
ALLIANCE®

ACCREDITED
MEMBER

South Carolina
Department of Mental Health
DMH

YAP-P (Youth Access to Psychiatry Program)

HRSA five-year grant award to SCDMH in fall 2021 to establish the program and funds to expand into School-Based Health Centers in fall of 2022.

YAP-P helps pediatric and primary care providers tend to their patients' mental health through a no cost provider-to-provider consult line for children 0-21.

Warm line consultations available: **Monday – Friday**

We offer:

➢ Psychiatric consults with child and adolescent psychiatrists

➢ Community and behavioral health resources and referrals

➢ Clinical trainings for CME and MOC credits

➢ Patient referrals to direct services

➢ Educational resources for providers and families

Goals:

➢ Increase access to timely and effective care for primary care prescriber

➢ Enhance care collaboration between DMH Mental Health Centers & primary care

➢ Provide training & resources to support high-quality mental health care by PCPs

South Carolina
Department of Mental Health
DMH

The Farmacy and SCORE - Street Medicine Teams – the Long Game!

South Carolina
Department of Mental Health
DMH

COLLABORATIVE TREATMENT FOR CO-OCCURRING DIAGNOSES

➤ DMH & the Department of Alcohol and Other Drug Abuses Services (DAODAS) has a dually employed liaison that promotes the "no wrong door" treatment emphasis for citizens of SC living with mental illness and substance use disorders.

➤ The responsibilities of the liaison include:

- o Facilitating improved communication and collaboration between the two agencies, to include Morris Village

- o Assisting stakeholders in navigating access to each system as needed

- o Alerting staff of trainings available on co-occurring treatment

- o Overseeing the distribution of Narcan to the mental health centers and mobile crisis units

- o Participating in DMH's Integrated Care Workgroup.

South Carolina
Department of Mental Health
DMH

COLLABORATIVE TREATMENT FOR CO-OCCURRING DIAGNOSES

➤ Smoking Cessation Efforts & Training

- DMH receives $10,000 a year from the Department of Public Health (DPH) to assist with training related to tobacco use disorder

- With the use of these funds DMH has sent staff through Tobacco Treatment Specialist training and prescribers through Tobacco Dependence Pharmacology training and Tobacco Cessation Health Approaches training. These trainings are provided by Duke University

- The liaison collaborates on smoking cessation efforts with DPH and Smoke Free SC on an ongoing basis

South Carolina
Department of Mental Health
DMH

Integrated Primary Care

Center	Provider Name	FQHC?	Frequency	
ABMHC	No primary care			
AOP	No primary care			
Beckman	Carolina Health Centers	FQHC	4 days/week	*Rotate through 4 clinics
Berkeley	No primary care			
Catawba	North Central Family Medicine	FQHC	1 day/week	
CDMHC	Fetter Healthcare Network	FQHC	2 days/month	
Coastal	No primary care			
Columbia	Eau Claire Cooperative Health	FQHC	1 day/week	
GGMHC	No primary care			
Lexington	No primary care			
Orangeburg	No primary care			
PDMHC	No primary care			
SWMHC	Sandhills Medical Foundation	FQHC		*co-located with Kershaw Clinic
Spartanburg	ReGensis Healthcare	FQHC	2 days/month	
Tri-County	No primary care			
Waccamaw	No primary care			

South Carolina
Department of Mental Health
DMH

In Process of Creating 13 ACT Teams Statewide
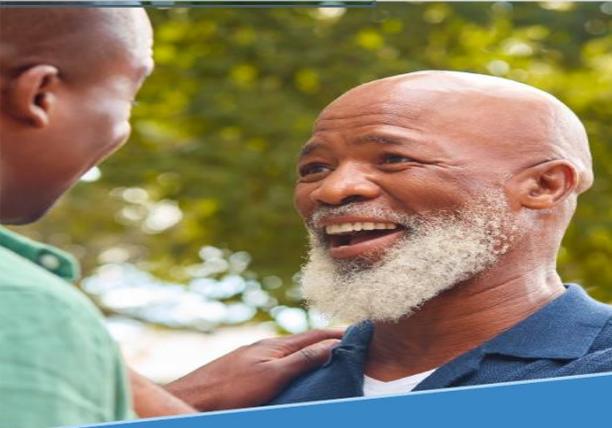
Assertive (ACT) Community Treatment

Delivering integrated services to people with serious mental illness

South Carolina Department of Mental Health DMH

scdmh.org

Assertive (ACT) Community Treatment

A comprehensive approach to assessment, treatment, and rehabilitation is a feature of this program in which the ACT team assumes full responsibility for delivering, coordinating and/or acquiring services in a wide variety of areas, not simply mental health care.

Primary health, housing, employment, and access to entitlements such as Social Security are example of psychosocial variables, which contribute to overall improvement of a person with mental illness, and all are areas in which the ACT team may get involved.

South Carolina Department of Mental Health DMH

More on ACT

About ACT

The purpose of the ACT Program is to serve patients in need who are not accessing the traditional Mental Health Center Programs, by providing a comprehensive approach to the delivery of services. ACT services will be provided in 13 of the 16 Community Mental Health Centers across SC.

ACT involves a team of professionals whose job duties focus solely on providing service to patients with serious mental illness. Because of their mental illness, many individuals have difficulty functioning in the community. Patients in the ACT Program have histories of long and frequent hospitalizations and limited success with independent living and finding and maintaining employment. They also over utilize hospital emergency rooms to treat their psychiatric illness. A host of supportive individually designed interventions are required to maintain these individuals in the community, which is what the ACT Team is designed to do.

Who is Eligible?

ACT is an evidence-based practice and is adopted nationally as best practice for individuals who meet admission criteria.

- Adults with serious, long term mental illness

- High users of inpatient and emergency room services

- Persons who have not responded to traditional case management services

- Persons who fail to keep scheduled appointments

- Persons at risk for homelessness

- Persons at risk for incarcerations

Services

Outreach and Engagement

- Motivational Interviewing
- Assertive engagement
- Person-centered assessment and planning

Treatment

- Medications
- Psychotherapy
- Physical Health Interventions
- Integrated Substance Use Treatment

Support

- Case Management
- Crisis Services
- Transportation
- Coordination with Hospitals & Criminal Justice System
- Family Education & Support

South Carolina
Department of Mental Health
DMH

CCBHC Model of Care

In January of 2023 SCDMH provided funding to Beckman Center for Mental Health Services and Spartanburg Area Mental Health Center to pilot the CCBHC Model of Care

Beckman MHC Data Overview

- Primary Care Initial Visits: 118 Patients
- HIV Screenings Completed: 48 Patients
- Hepatitis C Screenings Completed: 46 Patients
- Nutritional/Exercise Counseling by PCP: 58 Patients
- Smoking Cessation Counseling by PCP: 37 Patients
- Alcohol and Drug Counseling Referrals: 97 Patients
- Labs Completed by MHC: 110 Patients
  - 81 Patients received Abnormal Lab Results and are prescribed antipsychotics

Spartanburg Area MHC Data Overview

- Alcohol and Drug Counseling Referrals: 132 Patients
- Primary Care Referrals: 450 Referrals
- Labs Completed by MHC: 304 Patient
- Prescribed Antipsychotics: 206 Patients

Highway to Hope (H2H)

- Began in CDMHC in 2008 with a grant from the Duke Endowment
- 6.4m SAMHSA grant to support the rural PeeDee region most heavily impacted by Hurricane Florence (9 counties) awarded fall 2020
- Waccamaw MHC, PeeDee MHC, Tricounty MHC
- Delivering integrated care (primary/mental health) in 9 RVs
- Began February 1, 2021
- Grant ended September 30, 2021
- Now DMH has RVs in all 16 centers which deliver care in rural areas.

South Carolina
Department of Mental Health
DMH

Highway To Hope - Mental Health Mobiles

Deaf Services

- The mission of our Deaf and Hard of Hearing Program is to make sure that Deaf and Hard of Hearing adults and children can access **all** of the available public mental health services.

- Established on June 4, 1990, and the Peer Support program was created in 2005.

- Continuum of outpatient and inpatient behavioral health services to persons who are Deaf and Hard of Hearing.

- Provides a variety of specialized community services using American Sign Language (ASL) and English with a strong relationship to the Deaf community.

- Uses innovative technological and human service program initiatives to ensure all services are delivered in a cost-effective and timely manner statewide.

- Integrated into all the divisions and programs to provide direct services in ASL.

- Collaborated with 9-8-8 ASL which is accessible to Deaf and Hard of Hearing people nationwide and provide resources for the state of South Carolina.

- In 2022, South Carolina, through SCDMH, was recognized as the most compliant and accessible state in the country for American Sign Language users who are Deaf and Hard of Hearing and seeking mental health treatment.

- A 2022 article published by *Health Affairs* described SCDMH's program as an "exemplar model," noting that the program has "robust services," and SC had the lowest prevalence of noncompliant facilities in the US.

Deaf Services


Common Challenges In The Deaf Mental Health Field

➢ Lack of qualified Clinicians fluent in ASL,

➢ Limited pool of qualified Psychiatrist fluent in ASL, and

➢ Language deprivation in Deaf and Hard of Hearing patients who have experienced a delay in language development that can occur when they don't have exposure to language during the first few years of life.

• Staff have received training and education on utilizing CBT skills with one of the experts on language deprivation, psychologist Dr. Neil Glickman.
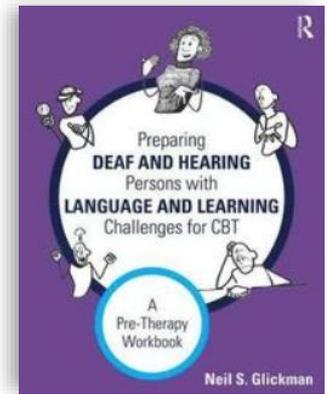
Services Provided

➢ Outpatient services for children, families, and adults, using itinerant counselors who are part of regional teams located across the state,

➢ Residential services in supported apartments at locations statewide,

➢ Use of telemedicine and video technology to provide accessible services to rural areas,

➢ Inpatient services at Patrick B. Harris Hospital, William S. Hall Psychiatric Institute and Inpatient Forensic Hospitalization/Sexually Violent Predator Treatment Program (SVPTP),

➢ In coordination with the Department's Crisis Mobile Response Program, provide a Deaf Services Crisis Hotline and Crisis Response Services to Deaf and Hard of Hearing for statewide 24/7 crisis intervention, and

➢ Mental Health Interpreting Services available for DMH inpatient and outpatient services.

Deaf Services

Snapshot of our program:

Deaf Services consists of 15 staff who are fluent in ASL.

Staff provide direct services at all 16 MHC, remotely or in person, including in schools and the community.

We have staff who are trained in several multi-disciplinary evidence-based therapies such as EMDR, TF-CBT, CBT, DBT, IFS.

Collaborate with national, state and local agencies serving the Deaf and Hard of Hearing population in South Carolina

Number of patients served in the past year: 148

Services provided in the past year: 3,873

Number of patients in Housing program: 6 patients and one potential patient. 2 patients would be eligible if they can find housing they can afford and who would work with us

▲ Supervisors
● Staff
◆ Vacant Positions

South Carolina
Department of Mental Health
DMH
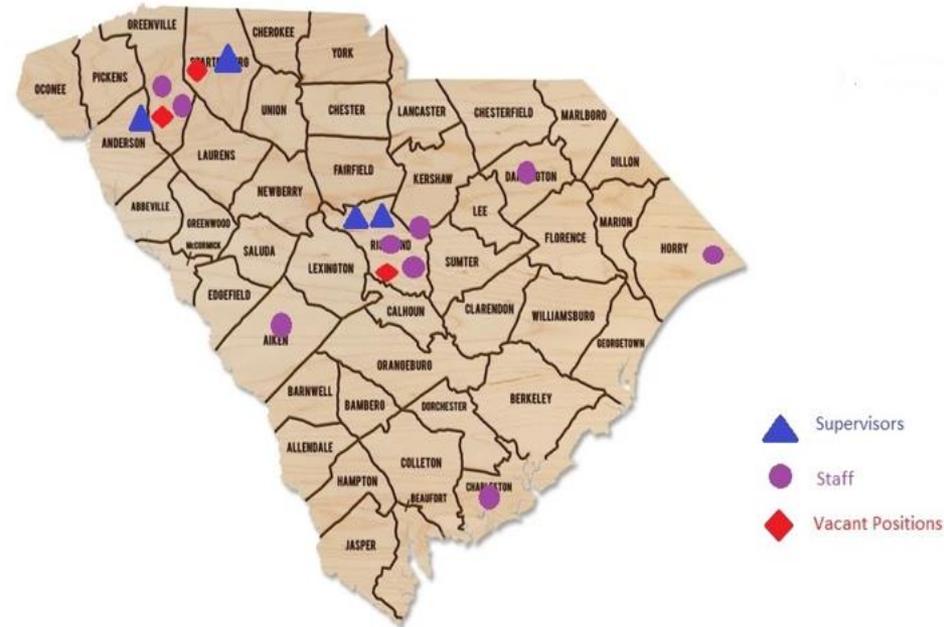
Housing and Homeless Programs

- ➤ Housing Development
  - o Currently, 1,100+ housing units are available to patients across the state.
  - o Continues to expand the number of integrated/scattered site housing units for patients across the state using proceeds from the sale of the Bull Street property.

Swansgate Apartments, Myrtle Beach, SC

- ➤ Community Housing Rental Assistance
  - o Uses over $2.2 million in state funds annually for rental assistance and related housing costs for patients.
  - o As of May 31, 2024, DMH is assisting 305 units/482 patients and their family members at an average annual cost/unit of <$8,000.

- ➤ Low Income Housing Tax Credit Tenant Referral Process
  - o Partners with SC Housing to create a tenant referral process for individuals with disabilities to access newly built Low-Income Housing Tax Credit supportive housing units that are affordable for households with extremely low incomes.

South Carolina
Department of Mental Health
DMH

Housing and Homeless Programs

- Projects for Assistance in Transition from Homelessness (PATH)
  - Administer the SAMHSA formula grant that provides over $698,000 to four provider agencies for homeless outreach services.
  - These providers are projected to serve over 1,700 adults annually.
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
  - Serve as lead agency for the state's SOAR initiative.
  - For FY '23, DMH achieved a 72% allowance rate and an average decision time of 72 days.

South Carolina Department of Mental Health
DMH
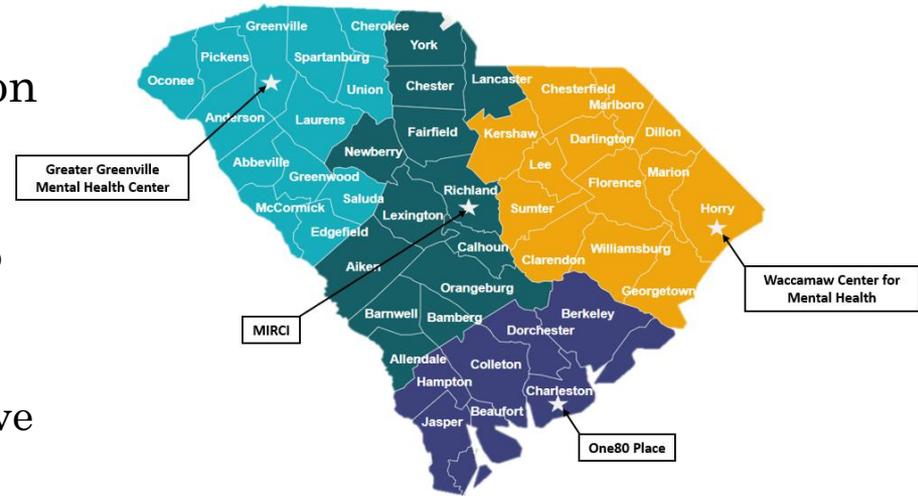
Toward Local Care (TLC)

- TLC Program was established in 1989.

- Program Accomplishments
  - Maintaining 1,093 treatment and placement options for high utilizers of inpatient and community mental health services through CRCFs, Rental Assistance, Supported Apartments, Homeshare and Level of Service programs

  - 5,060 patients have entered the TLC program since 1991.

  - Increases patients' community tenure with an 90% reduction of hospital days when comparing pre TLC (110,768) to post TLC (9,904)

  - Decreases patients' reliance on inpatient hospitals for psychiatric treatment with an 85% reduction in number of hospital admissions comparing pre TLC (559) to post TLC (85)

  - Increases patients daily living skills by 4.1% (DLA20 assessment scores)

  - Average length of stay in TLC is 4.2 years for those discharged between FY '15 and FY '23

South Carolina
Department of Mental Health
DMH

TLC: Homeshare Program

➢ Homeshare integrates adults who are patients of SCDMH into family households who have a desire to help others and are willing to share their homes.

➢ Homeshare is in 12 community mental health centers representing 20 counties: Allendale, Bamberg, Beaufort, Berkeley, Charleston, Chesterfield, Clarendon, Darlington, Dorchester, Florence, Greenwood, Georgetown, Horry, Laurens, Lexington, Orangeburg, Richland, Saluda, Sumter, and Williamsburg counties.

➢ 84 patients are currently living in a Homeshare environment.

➢ 532 patients have been served by Homeshare since 1992.

➢ There are currently 162 providers on contract to provide standard, respite, and/or enhanced respite type of housing needs. Some providers remain on contract but are not providing a service due to COVID19, among other reasons.

➢ Homeshare providers receive a stipend for patients' room and board of $1,393 monthly. Patients contribute 74% of their income towards the stipend, and state funds support the rest.

South Carolina
Department of Mental Health
DMH

Supported Employment

- Individual Placement and Support (IPS)

  - Evidence-based SE model

- Collaboration between SCDMH and South Carolina Department of Vocational Rehabilitation (SCVRD) since 2002

- Inter-agency teams are comprised of:
  - Mental health supervisor, full-time mental health employment specialist, vocational rehabilitation job coach, and vocational rehabilitation counselor.

- Since 2011, IPS programs have served approximately 1,000 patients with SMI per year.

- In FY '24, 16 CMHCs operated IPS programs.

- Fidelity is monitored each year, using standardized evaluation process.

  - In FY '23, 13 SCMDH sites met fidelity.

South Carolina
Department of Mental Health
DMH

Supported Employment

International IPS Learning Community Program Awards

- ➢ 2019 Rick Martinez Leadership Award - Demetrius Henderson, SCDMH IPS Program Director

- ➢ 2016 Achievement Award – Pee Dee MHC and SCVRD

- ➢ 2014 Achievement Award – Greater Greenville MHC and SCVRD

- ➢ 2008 Achievement Award – Charleston Dorchester MHC and SCVRD

South Carolina
Department of Mental Health
DMH

Supported Employment

FY '23 Program Achievements

- ➤ 55% average competitive employment rate (national benchmark is 45%)
- ➤ 515 average number of clients on each IPS site caseload
- ➤ 497 new clients enrolled in IPS programs
- ➤ 388 clients placed in new jobs
- ➤ 994 clients received IPS services
- ➤ 1181 clients referred to IPS programs
- ➤ 630 clients referred to SCVRD

South Carolina
Department of Mental Health
DMH

What is Peer Support?

➤ Peer Support Specialists are people who have been successful in the recovery process and help others in similar situations. Through shared understanding, respect and mutual empowerment, Peer Support Specialists help people to engage in their own recovery process and help them to become more self-managed.

➤ Peer support is based on recovery: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." SAMHSA

South Carolina
Department of Mental Health
DMH

Peer Support Services

- As of July 11, 2024, The South Carolina Department of Mental Health employs 40 Certified Peer Support Specialists.
- They work in several programs including "The Road to Independence", Deaf Peer Support, "The Living Room" Model (Eubanks Center), Transition Programs and Mobile Crisis. Some work in the Mental Health Centers, providing one on one peer support and groups.
- They are certified by a partner agency, South Carolina Share, and receive 20 hours of continuing education through SC Share and the Department.

Office of Suicide Prevention (OSP)

➤ Was previously a grant-based program, and was appropriated funds by the General Assembly July 2023

➤ Current Grants:
- o SAMHSA 988 State and Territory Improvement
- o SAMHSA 988 Cooperative Agreement - No Cost Extension (NCE)
- o SAMHSA Zero Suicide
- o Blue Cross Blue Shield Foundation of South Carolina Communities of Care (NCE)

➤ OSP efforts include:
- o Zero Suicide initiative implementation in health and behavioral healthcare settings,
- o Assisting with the increase in access to evidence-based suicide care therapies, information, and resources through funding,
- o Best Practice suicide safety policy and protocol development,
- o De-stigmatization and awareness strategies,
- o Post-intervention consultation,
- o Engagement with statewide resource provision, i.e. 988 Suicide and Crisis Lifeline, Crisis Text Line, etc., and
- o Providing the first statewide interactive screener for mental health and substance use for those over 18 in partnership with SCDAODAS, and for those under 18 with SC Department of Children Advocacy.

OSP Zero Suicide (ZS) Program

➢ 46% increase in screening after implementation

➢ 95% suicide screening rate across all DMH clinics

➢ DMH supports other agencies with ZS programming:
  o SC Department of Health and Environmental Control (DHEC)
  o Federally Qualified Health Centers (FQHCs)
  o SC Department of Juvenile Justice (DJJ)
  o SC Department of Corrections (SCDC)
  o SC Department of Children's Advocacy (SCDCA)
  o SC Department of Veteran Affairs (SCDVA)
  o SC Department of Alcohol and Other Drug Abuse Services (SCDAODAS)
  o SC Hospital Association (SCHA)
  o Columbia VA Healthcare System and the Ralph H. Johnson VA Medical Center
  o SC Department of Corrections (SCDC)
  o SC Department of Health and Human Services (SCDHHS)
  o   and more….
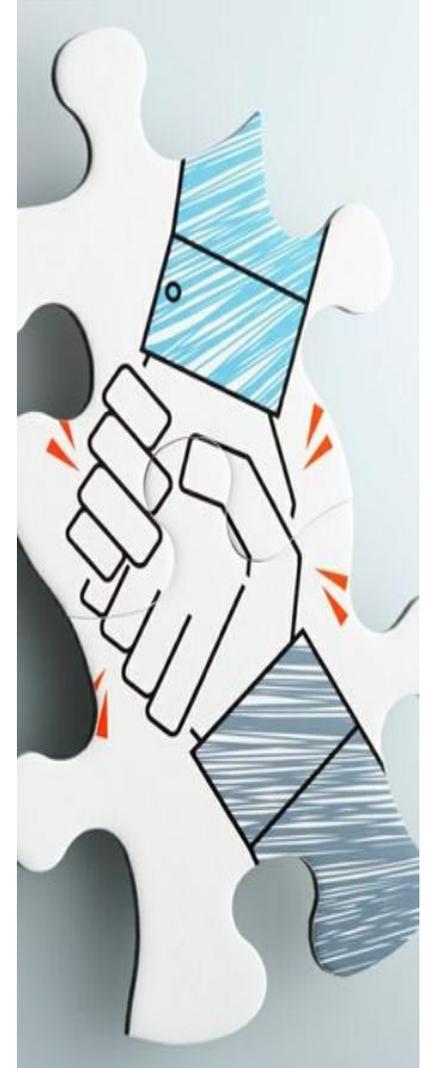
Where Are We Now?
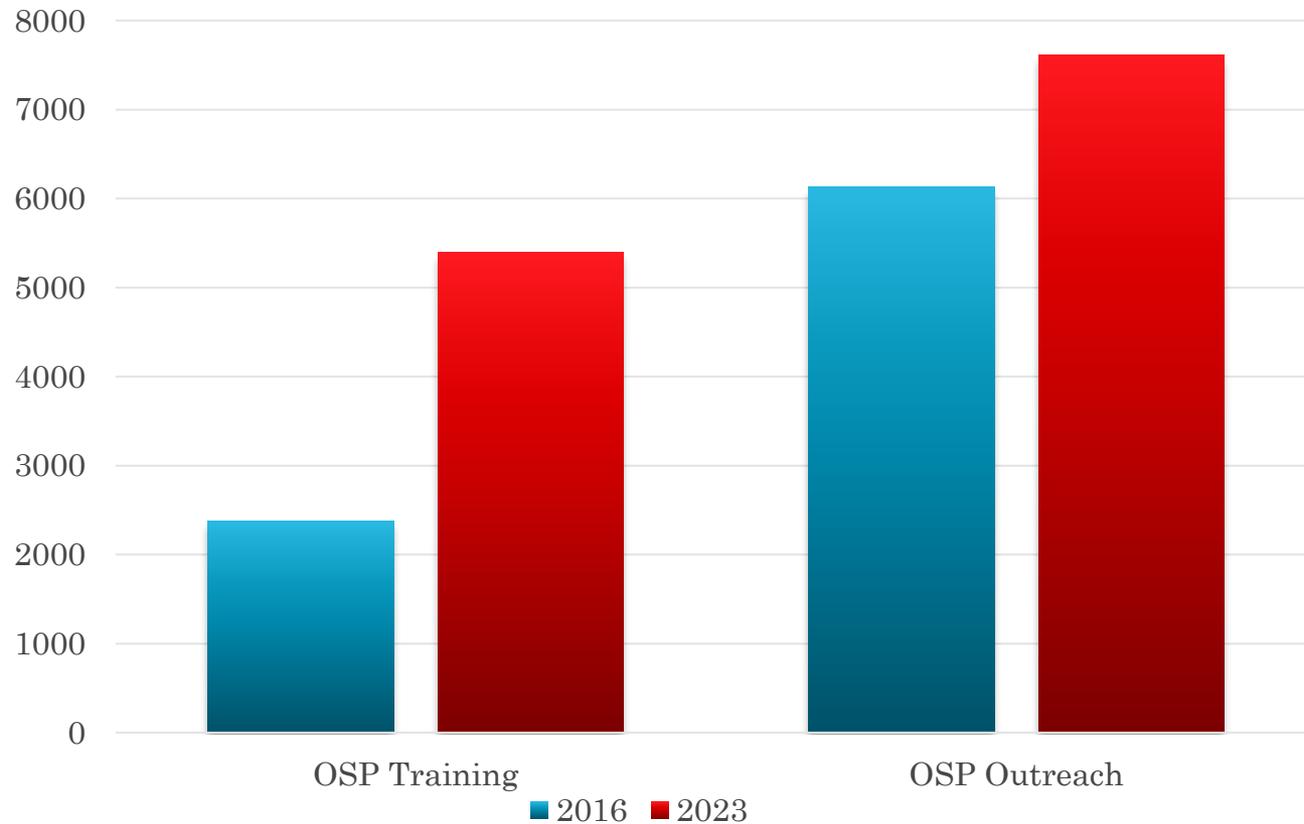
There was a 56% increase in the number of trainings OSP has provided and a 19% increase in the number of people reached from 2016-2023.

SC's Actions To Address Suicide Prevention

- ➢ SC Suicide Prevention Coalition
  - o Includes 30+ partners that include representation from state agencies, SC legislators, local and state non-profits, education institutions, healthcare providers, military and veteran leadership, loss survivors and those with lived experience
  - o The Coalition is co-chaired by Sen. Katrina Shealy and DMH Acting State Director Robert Bank, MD.
  - o The Coalition relaunched the SC State Suicide Prevention Plan in 2019.
    - • Developed three subcommittees to address the SC State Suicide Prevention Plan goals:
      - ❖ Public Policy
      - ❖ Enhancing Access to Systems of Care
      - ❖ Prevention, Intervention, and Postvention
- ➢ Legislative Actions
  - o 2022 Student ID bill went into effect, requiring the Lifeline to be printed on all student IDs from 7th grade to higher education.
  - o 2022 General Assembly appropriated 1.3 million nonrecurring dollars to develop a second 988 call center in SC.
  - o 2023 General Assembly appropriated 2 million Recurring funds for 988 Call Centers in SC, 2 million recurring for suicide prevention, and 1 million nonrecurring for expanding services at one of SC's 988 Contact Centers.
  - o 2024 S.408 was passed to require all licensed professionals (LPC, LMSW, etc.) to receive one hour of suicide prevention training with their continuing education.

South Carolina
Department of Mental Health
DMH

SCDMH 988 Crisis Care Continuum

- A number to call – 988 call center operated by the CDMHC
- People to respond – Mobile Crisis, CITs, Alliance clinicians
- A place to go – EmPATH models, ED Telepschiatry, Crisis Stabilization Centers, Peer Support Living room Model (Eubank Center)

South Carolina
Department of Mental Health
DMH
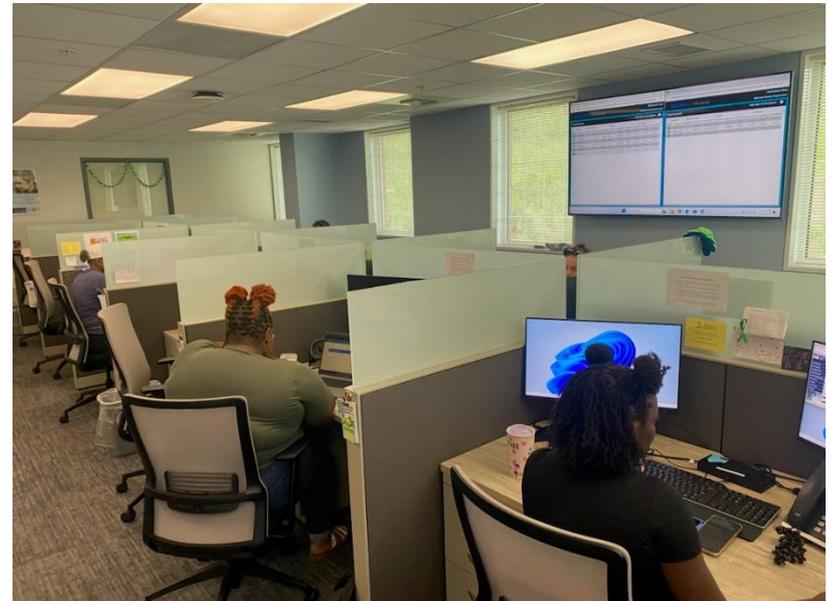
CDMHC's 988 Call Center – Opened on June 1, 2023

From June, 1 2023 – through July 9, 2024

➤ Calls Answered: 8,249 Calls
➤ Calls Provided Service: 5,615 Calls

Staffing 07/09/2024:
➤ 3rd shift: 2 staff
➤ 1st shift: 5 staff
➤ 2nd shift: 5 staff

What is the Crisis Care Continuum?

Someone to Talk to
Someone to Respond
A Safe Place for Help
Hope

Someone to Talk to
988 Suicide & Crisis Lifeline

Need for 988 in South Carolina:

3x higher 2022 SC Anxiety and Depression Rates vs. 2019 US average

802 South Carolinians lost to suicide in 2021

In SC, 20 people per day, ~every 72 minutes, are treated for a suicide attempt

Too many people are experiencing suicidal crises or mental health-related distress without the support and care they need.

How do 988 contact centers fit into the Crisis Care Continuum?

The 988 Suicide & Crisis Lifeline was established to improve access to immediate support to meet the nation's growing mental health, suicide, and substance use distress needs. It is an entry point with direct access to trained crisis counselors 24/7/365.

988 is for anyone thinking about suicide or needing emotional support, as well as anyone concerned about another person.

988 crisis counselors listen, try to understand the problem, provide support, and share resources. They are trained to help the person in need cope with their feelings and connect them to resources to support their well-being.

Call or Text 988 or visit 988SC.org

988 SUICIDE & CRISIS LIFELINE

South Carolina Department of Mental Health
DMH

Mobile Crisis

- Created in 1987 in Charleston County, the SCDMH Mobile Crisis program expanded in 2018 and provides 24/7/365 crisis response in all 46 counties of South Carolina.

- The toll-free line for immediate access to MH services is 833-364-2274 (833-DMH-CCRI).

- Mobile Crisis Teams, staffed by more than 200 masters-level clinicians statewide:
  - Respond to calls from family members, neighbors, patients themselves, treatment providers, law enforcement, EMS, etc.;
  - May provide triage over the phone;
  - May provide assessments and recommendations on-site and via telehealth, at the request of law enforcement;
  - May help facilitate both voluntary and involuntary admissions to hospitals;
  - Ensure continuity of care for DMH patients with open cases by connecting patients to outpatient and community resources.

- Requires strong partnerships with local law enforcement agencies, probate courts, local emergency departments, and inpatient facilities.

- Goal: To provide the right care, in the right place, at the right time.

- In 2024, Mobile Crisis Call Center received more 31,835 calls; teams conducted 5,113 mobile responses with an average response time of 48 minutes; and facilitated more 3,727 diversions from EDs, hospitals, and detention centers.

South Carolina
Department of Mental Health
DMH

Mobile Crisis Services by Region and Month
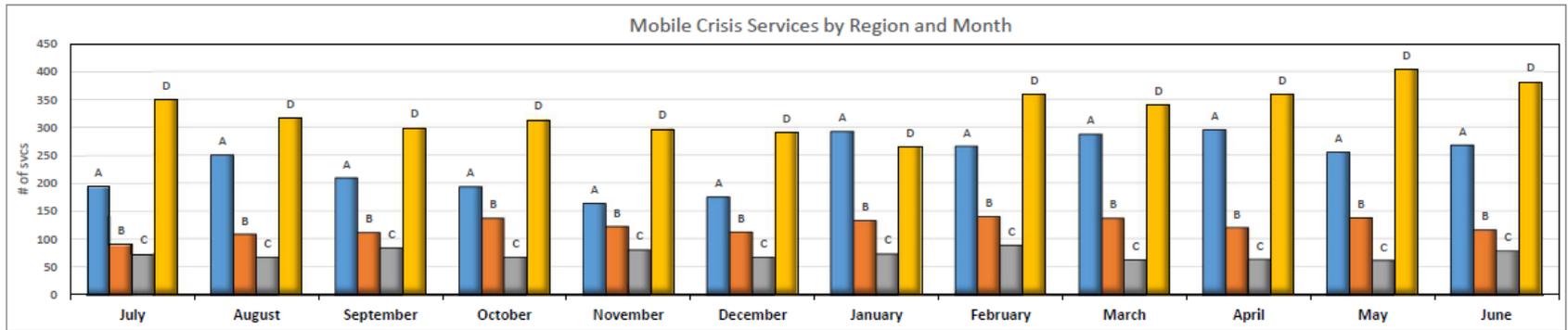
Total Mobile Crisis Services By Month and Region

Region	July	August	September	October	November	December	January	February	March	April	May	June	Total
A	194	250	208	193	162	174	292	265	287	295	254	267	2,841
B	90	107	110	136	121	111	132	139	136	119	137	115	1,453
C	72	66	83	66	79	66	72	88	61	62	60	77	852
D	350	316	299	313	297	291	265	359	341	359	404	381	3,975
Total	706	739	700	708	659	642	761	851	825	835	855	840	9,121

% Distribution Mobile Crisis Services By Month and Region

Region	July	August	September	October	November	December	January	February	March	April	May	June	Total
A	27%	34%	30%	27%	25%	27%	38%	31%	35%	35%	30%	32%	31%
B	13%	14%	16%	19%	18%	17%	17%	16%	16%	14%	16%	14%	16%
C	10%	9%	12%	9%	12%	10%	9%	10%	7%	7%	7%	9%	9%
D	50%	43%	43%	44%	45%	45%	35%	42%	41%	43%	47%	45%	44%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Region-A   Aiken, Bamberg, Barnwell, Calhoun, Farifield, Lexington, Orangeburg, Richland

Region-B   Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, McCormick, Newberry, Oconee, Pickens, Saluda, Spartanburg, Union

Region-C   Chester, Chesterfield, Clarendon, Darlington, Dillion, Florence, Kershaw, Lancaster, Lee, Marlboro, Marion, Sumter, York

Region-D   Allendale, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, Horry, Georgetown, Jasper, Williamsburg

South Carolina
Department of Mental Health
DMH

Mobile Crisis Data FY '24

Type of Service Provided
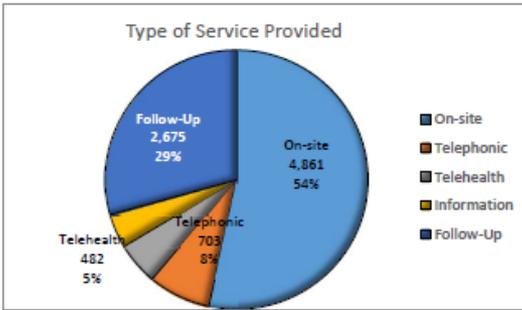
Service Type	Patients		Services	
	#	%	#	%
On-site	3,895	51%	4,861	53%
Telephonic	646	9%	703	8%
Telehealth	455	6%	482	5%
Information	360	5%	387	4%
Follow-Up	2,199	29%	2,675	29%
988 Follow-up	13	0%	13	0%
Total	7,568	100%	9,121	100%

* Patient totals unduplicated for each reporting category

Services by Time of Day
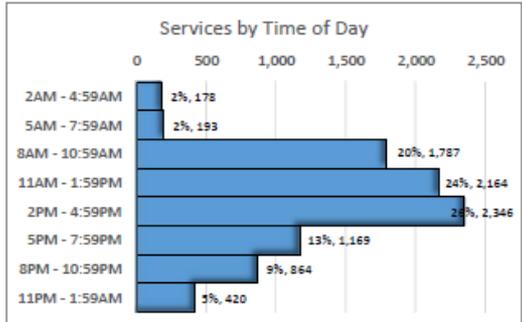
Service Time	Patients		Services	
	#	%	#	%
2AM - 4:59AM	173	2%	178	2%
5AM - 7:59AM	181	2%	193	2%
8AM - 10:59AM	1,532	19%	1,787	20%
11AM - 1:59PM	1,803	23%	2,164	24%
2PM - 4:59PM	1,951	25%	2,346	26%
5PM - 7:59PM	1,087	14%	1,169	13%
8PM - 10:59PM	813	10%	864	9%
11PM - 1:59AM	403	5%	420	5%
Total	7,943	100%	9,121	100%

* Patient totals unduplicated for each reporting category
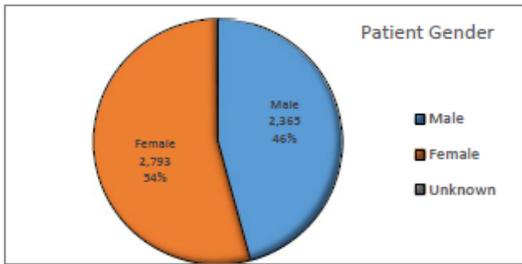
Patient Gender

Gender	Patients		Services	
	#	%	#	%
Male	2,365	46%	4,171	46%
Female	2,793	54%	4,926	54%
Unknown	5	0%	8	0%
Total	5,173	100%	9,121	100%

* Patient totals unduplicated for each reporting category

Patients By Age Group
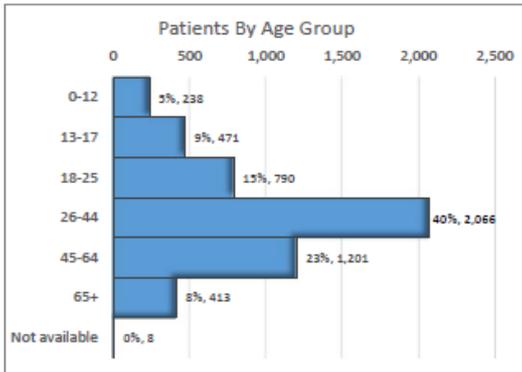
Age Group	Patients		Services	
	#	%	#	%
0-12	238	5%	375	4%
13-17	471	9%	774	8%
18-25	790	15%	1,441	16%
26-44	2,066	40%	3,743	41%
45-64	1,201	23%	2,116	23%
65+	413	8%	663	7%
Not available	8	0%	9	0%
Total	5,187	100%	9,121	100%

* Patient totals unduplicated for each reporting category

South Carolina
Department of Mental Health
DMH

Mobile Crisis Call Center FY '24

Crisis Calls By Month

Type of Call	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	Total
Crisis Call	793	801	881	890	751	782	989	960	1,332	1,139	1,391	1,354	12,063

Non-Crisis Calls By Month

Type of Call	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	Total
Information	1,607	1,603	1,324	1,574	1,127	1,055	1,154	1,033	1,122	1,044	1,290	1,263	15,196
DMH Administrative	364	383	288	336	328	268	388	339	440	383	480	402	4,399
Medical Emergency	19	9	13	15	7	14	14	16	17	11	18	14	167

All Calls By Month

Type of Call	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	Total
Total Calls	2,783	2,796	2,506	2,815	2,213	2,119	2,545	2,348	2,911	2,577	3,179	3,033	31,825

Call Type By Month (Crisis and Non-Crisis Comparison)
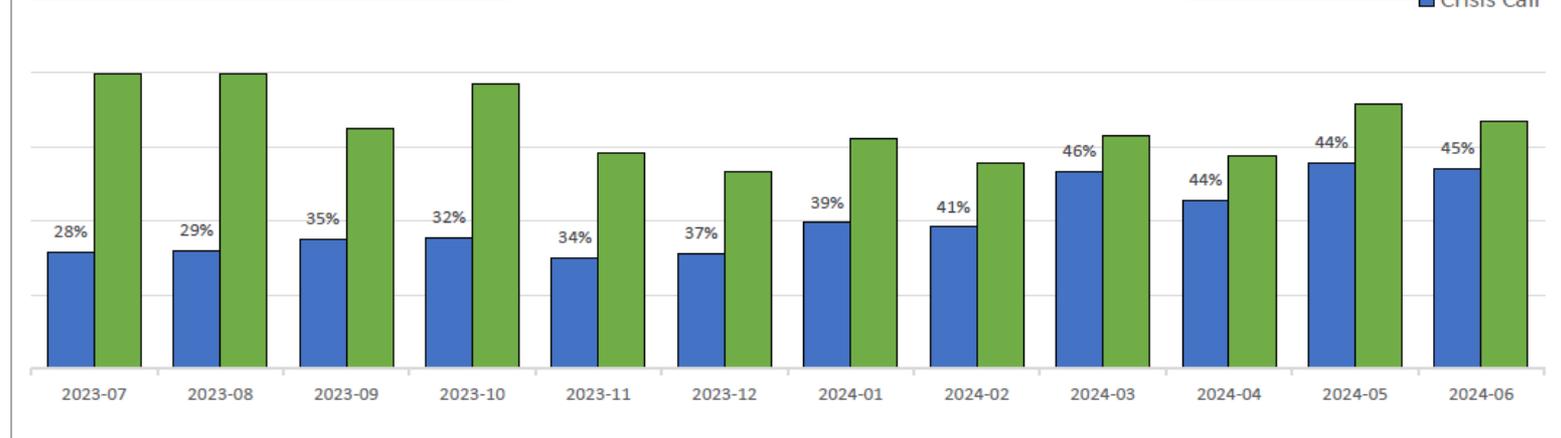
Mobile Crisis Data by MHC
January 01, 2023 – December 31, 2023

Center	All Calls (includes Crisis Calls)	Crisis Calls Only	% Crisis Calls	On Site Responses	Avg. On Site Response Time (mins.)	Diversions (ED, BH Hospital, and Jail)	Referrals from LE
Charleston Dorchester	3879	1174	30%	838	38.5	575	663
Berkeley	520	172	33%	387	27.0	253	154
Coastal Empire	789	264	33%	73	50.5	104	31
Waccamaw	459	177	39%	87	59.3	47	35
Columbia Area	2184	939	43%	804	31.0	429	182
Lexington	1460	673	46%	459	26.0	396	229
Orangeburg	554	291	53%	203	29.7	73	62
Aiken Barnwell	697	302	43%	118	40.0	83	31
AOP	569	230	40%	88	54.7	83	24
Greenville	1329	488	37%	147	29.0	158	53
Spartanburg	769	350	46%	274	44.3	169	32
Beckman	388	122	31%	45	54.1	43	3
Catawba	773	361	47%	155	45.3	177	57
Santee Wateree	687	316	46%	153	48.3	59	50
Pee Dee	592	286	48%	195	36.7	105	30
Tri County	163	70	43%	28	102.3	35	6

South Carolina
Department of Mental Health
DMH

Mobile Crisis Data by County – January 01, 2023 – December 31, 2023

County Code	County	All Calls (includes Crisis Calls)	Crisis Calls Only	% Crisis Calls	On Site Responses	Avg. On Site Response Time (mins.)	Diversions (ED, BH Hospital, and Jail)	Referrals from LE
1	Abbeville	39	11	28%	5	48	6	0
2	Aiken	570	260	46%	109	32	77	26
3	Allendale	26	5	19%	1	35	1	2
4	Anderson	370	137	37%	54	34	55	7
5	Bamberg	70	36	51%	18	33	7	4
6	Barnwell	127	42	33%	9	48	6	5
7	Beaufort	520	172	33%	50	54	62	26
8	Berkeley	667	293	44%	387	27	253	154
9	Calhoun	51	23	45%	17	30	6	7
10	Charleston	3191	948	30%	638	40	483	584
11	Cherokee	63	32	51%	30	50	17	7
12	Chester	91	33	36%	20	51	19	6
13	Chesterfield	73	34	47%	12	119	19	0
14	Clarendon	75	36	48%	12	57	3	0
15	Colleton	105	37	35%	8	23	14	2
16	Darlington	76	32	42%	9	42	5	0
17	Dillon	55	21	38%	8	93	8	0
18	Dorchester	688	226	33%	200	37	92	79
19	Edgefield	57	19	33%	8	61	8	0
20	Fairfield	32	23	72%	7	39	6	2
21	Florence	479	238	50%	181	31	94	30
22	Georgetown	101	34	34%	5	52	3	0
23	Greenville	1329	488	37%	147	29	158	53
24	Greenwood	118	26	22%	7	43	13	0
25	Hampton	65	19	29%	8	45	17	1

South Carolina Department of Mental Health
DMH

Mobile Crisis Data by County, Cont'd
January 01, 2023 – December 31, 2023

County Code	County	All Calls (includes Crisis Calls)	Crisis Calls Only	% Crisis Calls	On Site Responses	Avg. On Site Response Time (mins.)	Diversions (ED, BH Hospital, and Jail)	Referrals from LE
26	Horry	984	377	38%	158	37	235	13
27	Jasper	73	31	42%	6	80	10	0
28	Kershaw	233	115	49%	46	49	18	8
29	Lancaster	162	81	50%	31	50	45	9
30	Laurens	92	36	39%	12	48	7	1
31	Lee	70	37	53%	22	48	10	9
32	Lexington	1460	673	46%	459	26	396	229
33	McCormick	16	0	0%	2	53	0	0
34	Marion	37	16	43%	5	37	6	0
35	Marlboro	35	15	43%	8	95	8	6
36	Newberry	74	26	35%	10	55	9	2
37	Oconee	79	39	49%	16	63	13	12
38	Orangeburg	433	232	54%	168	26	60	51
39	Pickens	120	54	45%	18	67	15	5
40	Richland	2152	916	43%	797	23	423	180
41	Saluda	31	15	48%	6	71	6	0
42	Spartanburg	640	295	46%	228	30	140	25
43	Sumter	309	128	41%	73	39	28	33
44	Union	66	23	35%	16	53	12	0
45	Williamsburg	64	26	41%	7	89	8	0
46	York	520	247	48%	104	35	113	42
	Unknown	2473	49	2%	N/A	N/A	N/A	N/A
	Not Collected	11888	2833	24%	N/A	N/A	N/A	N/A
	Out of State	286	16	6%	N/A	N/A	N/A	N/A
	TOTALS	**31355**	**9505**	**30.31%**	**4142**	**48.41**	**2994**	**1620**

Mobile Crisis and EMS Telehealth Pilot Project...the Beginning

➢ On May 1, 2017, the Assessment Mobile Crisis (AMC) team at Charleston Dorchester Mental Health Center (CDMHC) began a Telehealth Pilot Project with Charleston County EMS (CCEMS)

➢ Funded by an MUSC Telehealth Grant, the pilot project was created in an effort to appropriately divert behavioral health patients from local Emergency Departments and hospitals.

➢ CCEMS uses the telehealth technology on most 911 calls that are identified as psychiatric in nature. It first sends a staffed ambulance to evaluate the individual for medical needs for emergency transport. If there are no medical concerns, a CCEMS supervisor, with the telehealth equipment, is dispatched to the scene. AMC is contacted by the supervisor, and they establish a video connection using HIPAA compliant software.

➢ Using telehealth assessments has significantly decreased the amount of time needed to complete the intervention, and has allowed for the ambulance to quickly return to service without transporting to the ED.

➢ The estimated cost savings for the healthcare system in the first 13 months (cost of ambulance transport and a basic ED visit) was: $1,153,738.
(based on approximate costs of $350/ ambulance ride and $2000/ basic ED visit)

Mobile Crisis and EMS Telehealth Pilot Project...the Beginning

Before this program:	May 1, 2017-June 30, 2019:
• **Approximately 5 calls per year** • **80%-100% Transported to ED**	• **1422 Calls (About 60 calls/mo.)** • **6% Transported by EMS after Assessment*** ** Percentage based on calls received by Mobile Crisis, not all CCEMS calls*

EMS Telehealth Diversions for
July 2018-June 2019

43%

57%

■ Not Diverted
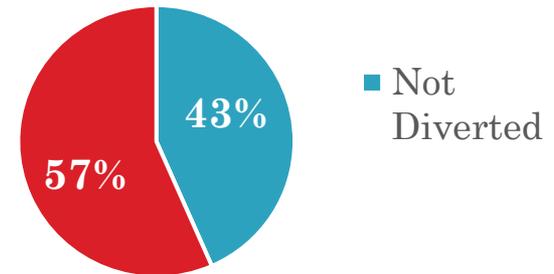
Assessment/Mobile Crisis Diversions
July 2018-June 2019

Total Jail Diversion **48** **987**
Psych Hospital Diversion **830**

0   200   400   600   800   1000   1200

South Carolina
Department of Mental Health
DMH
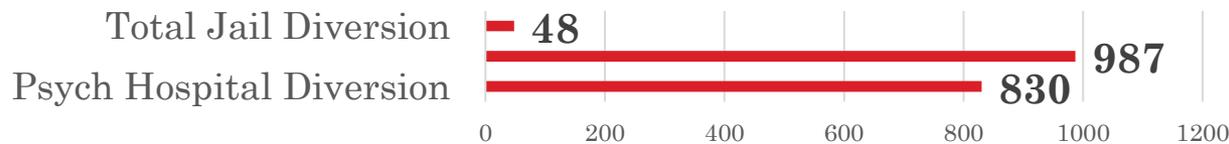
50/50 Cost-Shared MHPs in EDs

➢ DMH has agreements with community hospitals to embed mental health professionals (MHPs) for a number of predetermined, specified hours to assist EDs with meeting the needs of psychiatric patients.

➢ DMH has this type of partnership in 12 community hospitals, which results in increased and faster discharge of patients from EDs to one of the following options: a local inpatient psychiatric or dual-diagnosis treatment facility, a DMH inpatient facility, or to their community.

➢ Hospitals with 50/50 MHPs, as of May 2024:

- o Edgefield County Hospital*
- o Prisma Health - Columbia
- o Prisma Health - Greenville
- o Prisma Health - Laurens*
- o Lexington Medical
- o McLeod - Florence*
- o McLeod - Loris
- o McLeod - Seacoast
- o Orangeburg Regional Medical Center
- o Spartanburg Regional Healthcare System*
- o Tidelands - Georgetown Memorial Hospital*
- o Tidelands - Waccamaw Community Hospital*

* Indicates hospitals utilizing both 50/50 MHP and Telepsychiatry.

South Carolina
Department of Mental Health
DMH

Crisis Stabilization Services

.

➢ All DMH community mental health centers and clinics provide crisis services according to the needs of the communities they serve.

➢ Crisis Stabilization Centers enhance community infrastructure and partnerships for operational and programmatic short-term temporary crisis respite for SC citizens.

➢ The Spartanburg MHC opened the Eubanks Center in 2019, in partnership with the Spartanburg Regional Medical Center. It is operated by a clinician and 2.5 Peer Support Specialists, Monday-Friday from 8:30 a.m.-5:00 p.m.

➢ The Department is pursuing community partnerships and programmatic designs to meet the crisis respite needs in Greenville, Orangeburg, Columbia, Sumter, and Anderson.

➢ The Charleston community, through a funding partnership with MUSC, Roper Saint Francis, Charleston Center, the Charleston County Criminal Justice Coordinating Council, the Charleston County Sheriff's Office, the Berkeley Mental Health Center, and the Charleston-Dorchester Mental Health Center, opened the Tri-County Crisis Stabilization Center, a 10-bed center on June 5, 2017 .

| 5/24/2024								June 5, 2017 to June 30, 2023	
				Diversions from all Referrals				*TCSC was closed due to COVID 3/18/2020 - 2/22/2021 and 11/10/2022 - 3/1/2023 for relocation	
Time frame	Referrals	Admissions	Triage	MH hosp	ED	Jail	MH hosp & ED	3.62 Avg length of stay	
6/5/17 to 6/30/23	3455	2026	185	1420	14	40	539	3.24 Avg daytime census	

South Carolina
Department of Mental Health
DMH

The Tricounty Crisis Stabilization Center

Crisis Stabilization Services

➤ TCSC, in addition to providing intensive psychiatric and clinical services, also offers adjunct services on site including PRS, CPSS, Care Coordination services, Vocational services/referrals and Entitlements (to include SOAR). As of June 2019, TCSC also started receiving referrals from Trident Hospital.

Tricounty Crisis Stabilization Center (TCSC) Diversions July 2018 - June 2024

Jail Diversions	40
Psych Hospital & ED Diversions	626
Emergency Dept Diversions	17
Psych Hospital Diversions	1550
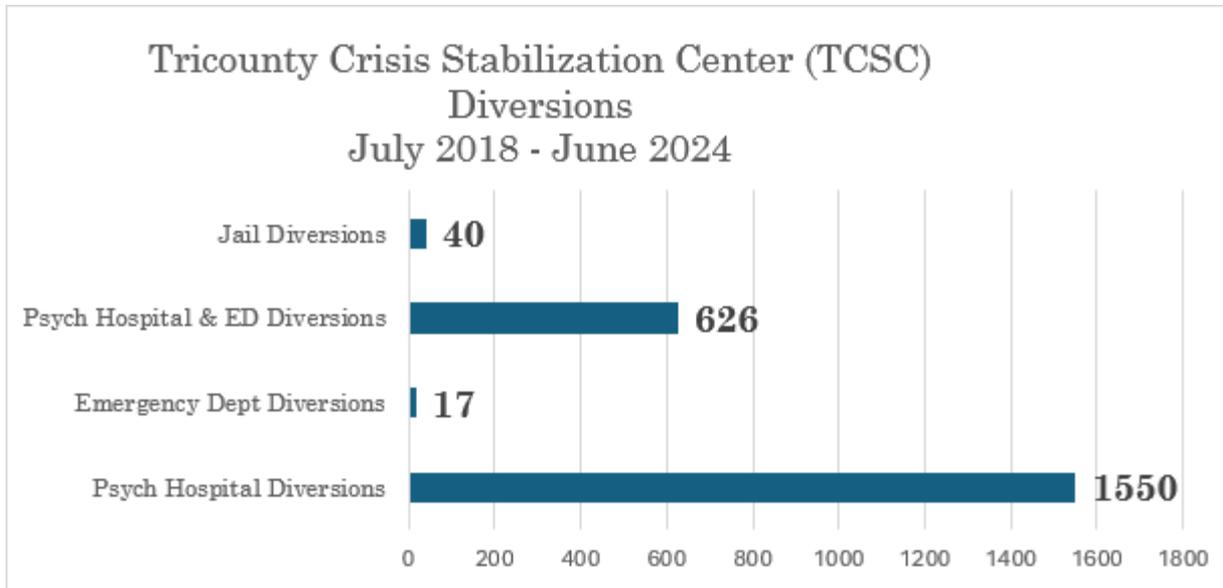
Diversions	
1550	Hospital
626	ED & Hosp
17	ED
40	Jail
1865	Not diverted

The Eubanks Center – the Peer Living Room Model

Eubanks Data Tracking System/Outcomes FY' 24 - Cumulative Data		
689	# of Referrals	Diversions (not combined)
510	Total Admissions	0 Hospital Diversions
		59 ED Diversions

DMH is Paying for Community Hospital Admissions for Indigent Patients

FY21 - FY24 COMMUNITY HOSPITAL CRISIS BED DAY REPORT

CMHC's	FY24			FY23/ALL FUNDS			FY22/ALL FUNDS			FY21*/CARES ACT FUNDS		
	Approved Admissions	Approved Bed Days	FY24 Total Expenditures	Approved Admissions	Approved Bed Days	FY23 Total Expenditures	Approved Admissions	Approved Bed Days	FY22 Total Expenditures	Approved Admissions	Approved Bed Days	FY 21 Total Expenditures
Aiken Barnwell MHC	20	195	$ 109,800	9	116	$ 69,600	12	96	$ 52,800	11	60	$ 36,000
A-O-P MHC	62	421	$ 237,000	66	493	$ 295,800	41	237	$ 142,200	0	0	$ -
Beckman MHC	37	287	$ 175,200	30	259	$ 155,400	17	171	$ 100,200	24	255	$ 148,200
Berkeley MHC	57	500	$ 231,000	105	763	$ 457,800	107	784	$ 472,200	42	293	$ 166,800
Catawba MHC	85	722	$ 375,000	110	972	$ 583,200	61	674	$ 404,400	83	677	$ 389,400
Charleston-Dorchester MHC	240	1,967	$ 1,179,600	404	3,098	$ 1,858,800	429	3,122	$ 1,869,000	148	1,140	$ 684,000
Coastal MHC	72	508	$ 279,000	63	494	$ 296,400	34	192	$ 124,200	26	147	$ 88,200
Columbia Area MHC	30	266	$ 201,600	53	497	$ 298,200	11	131	$ 78,600	7	68	$ 40,800
Greater Greenville MHC	114	878	$ 529,800	146	1,051	$ 630,600	98	763	$ 457,500	38	308	$ 184,800
Lexington MHC	138	1,071	$ 640,800	176	1,415	$ 849,000	110	1,080	$ 648,000	52	512	$ 310,800
Orangeburg MHC	46	312	$ 203,400	15	106	$ 63,600	16	135	$ 87,600	19	162	$ 97,200
Pee Dee	88	794	$ 463,104	119	1,170	$ 702,000	156	1,407	$ 844,200	50	425	$ 258,000
Santee-Wateree MHC	69	606	$ 393,600	104	848	$ 508,800	99	904	$ 542,400	19	162	$ 115,400
Spartanburg Area MHC	177	1,216	$ 708,600	142	1,087	$ 652,200	97	838	$ 531,000	38	268	$ 169,000
Tri-County	25	223	$ 117,600	37	345	$ 207,000	64	481	$ 287,700	17	165	$ 36,000
Waccamaw	159	1,267	$ 729,000	227	1,790	$ 1,074,000	202	1,561	$ 935,800	72	508	$ 305,400
CMHC Total	1419	11,233	$ 6,574,104	1806	14,504	$ 8,702,400	1554	12,576	$ 7,577,800	646	5,150	$ 3,030,000

* YTD Charges Approved could be slightly higher from Charges Received for Hospital Bed days due to a patient needing to stay less days than approved.

	**Expenditures	*Patients	Bed days	Avg LOS
FY21 Total	$ 3,030,000	646	5,150	7.97
FY22 Total	$ 7,577,800	1,554	12,576	8.09
FY23 Total	$ 8,702,400	1,806	14,504	8.03
FY24 Total	$ 6,574,104	1,419	11,233	7.92
Grand Total	$ 25,884,304	5,425	43,463	8.01

* - Patients represents number of Admissions. Patient can be duplicated if there were multiple admissions in Fiscal Year.

** - Total Expenditures refers to what was paid in that fiscal year. This could include a prior year payable that did not get paid before the cutoff in that fiscal year.

South Carolina
Department of Mental Health
DMH

Some Details….

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
FY24 COMMUNITY HOSPITAL CRISIS BED DAY REPORT
(July 1, 2023 – June 30, 2024)

CMHC's	FY24															
	Total Admissions Approved	Total Bed Days Approved	*Total Expenditures	Average LOS	** Unpaid Days	# Involuntary Admissions	# Voluntary Admissions	# of Cases Funded (Active)	# of Cases Funded (Not Active)	# of Cases under 18	# of re-adm to Receiving hospital	Dually Diagnosed	Pure Mental Illness	Admitted From Hospital ED	Admitted From Community	Transferred to DMH Inpatient Facility
Aiken Barnwell MHC	20	195	$ 109,800	9.75	20	1	0	8	12	1	7	0	20	1	0	
A-O-P MHC	62	421	$ 237,000	6.79	19	20	0	6	56	3	2	44	17	1	19	
Beckman MHC	37	287	$ 175,200	7.76	1	62	0	10	26	6	8	8	28	56	0	
Berkeley MHC	57	500	$ 231,000	8.77	40	37	0	14	42	4	8	18	38	35	0	
Catawba MHC	85	722	$ 375,000	8.49	10	57	0	21	62	5	10	0	83	57	0	
Charleston-Dorchester MHC	240	1,967	$ 1,179,600	8.20	307	83	0	47	193	3	14	106	134	42	41	
Coastal MHC	72	508	$ 279,000	7.06	0	240	0	21	51	1	5	44	28	240	0	
Columbia Area MHC	30	266	$ 201,600	8.87	0	71	0	6	22	1	0	7	21	72	0	
Greater Greenville MHC	114	878	$ 529,800	7.70	7	28	0	27	87	17	8	56	58	19	9	1
Lexington MHC	138	1,071	$ 640,800	7.76	43	114	0	19	119	3	2	44	94	109	5	
Orangeburg MHC	46	312	$ 203,400	6.78	0	138	0	20	26	0	3	0	46	137	1	
Pee Dee	88	794	$ 463,104	9.02	32	46	0	27	61	3	1	18	70	46	0	
Santee-Wateree MHC	69	606	$ 393,600	8.78	0	88	0	28	38	1	3	17	50	90	0	
Spartanburg Area MHC	177	1,216	$ 708,600	6.87	3	69	0	49	128	12	0	66	111	65	0	
Tri-County	25	223	$ 117,600	8.92	1	177	0	6	19	1	5	20	5	177	0	
Waccamaw	159	1,267	$ 729,000	7.97	13	25	0	146	13	7	15	0	159	23	2	
CMHC Total	1,419	11,233	$ 6,574,104	7.92	496	1256	0	455	955	68	91	448	962	1170	77	1

Note - All Bed Day Data is gathered from the Mental Health Centers at the beginning of each month.

* - Total Expenditures refers to what was paid in FY24. This could include a prior year payable that did not get paid before the cutoff in the FY23.

** - The Unpaid Days Column refers to the number of days stayed in hospital over approval amount. (Days/Extensions were not approved by CMHC or patient stay went over the 14 day maximum).

South Carolina
Department of Mental Health
DMH

100

Which Hospitals are on the QPL*?

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
FY24 COMMUNITY HOSPITAL CRISIS BED DAY REPORT
BY COMMUNITY HOSPITAL CONTRACTS ON STATEWIDE QPL

Community Hospital Provider	DMH Mental Health Centers Utilized	Approved Patient Admissions	Approved Bed Days	Avg. LOS	FY24 Total Expenditures
Aiken Regional Medical Center	6	29	257	8.86	$ 143,400
AMISUB OF SC INC - (Piedmont Med Ctr)	1	38	341	8.97	$ 174,000
Carolina Ctr for Behavioral Health	11	161	1,206	7.49	$ 693,000
Colleton Medical Center	15	207	1,470	7.10	$ 752,400
Lighthouse Behavioral Health	9	151	1,227	8.13	$ 724,800
McLeod Regional Hospital	3	27	270	10.00	$ 205,200
MUSC	1	95	857	9.02	$ 525,000
PLBH - Palmetto Low Country	15	275	2,194	7.98	$ 1,368,100
PRISMA HEALTH - Marshall Pickens	1	8	51	6.38	$ 30,600
Rebound Behavioral Health	14	98	705	7.19	$ 426,404
Springbrook Behavioral Health	11	124	958	7.73	$ 593,400
Three Rivers Behavioral Health LLC	8	114	942	8.26	$ 598,200
Midlands Behavioral Health	3	5	59	11.80	$ 31,200
Trident Medical Center-Live Oak	8	87	703	8.08	$ 308,400
		1,419	11,240	7.92	$ 6,574,104

*Note - Each hospital listed above is active on the Statewide Community Hospital Bed Day Qualified Provider List (QPL). If a hospital is not listed, they are still able to be added to this solicitation by going to the SC Division of Procurement Services at https://procurement.sc.gov/doing-biz/registration and search on solicitation number: 5400023597.

South Carolina
Department of Mental Health
DMH

Justice Involved Programming

- **First Responder Support Teams (FRST) – supporting firefighters, LE, Dispatchers, EMS, Coroners, and Military**
  - FRST Teams – Coastal, Upstate, Midland Regions
- **Mental Health/Law Enforcement Alliance Program**
  - Piloted a 3-year grant funded by the BCBS of South Carolina Foundation; ended December 2023.
  - Intended to strengthen MH/LE collaboration, expand the ACE Initiative, create a mobile CSU, and establish teams to respond to the needs of communities, families, and children faced with trauma.
  - 5 clinicians embedded in Dorchester, Richland, Newberry, Lexington, and Berkeley counties

- **Mental Health Courts**
  - Designed to divert qualifying mentally ill offenders away from the criminal justice system and into appropriate treatment programs. Offenders with a diagnosed, or diagnosable mental illness identified in the psychiatric community qualify for participation in SCDMH's Mental Health Court Program.

  - Community MHCs currently supporting Mental Health Court Programs:
    - Charleston-Dorchester MHC
    - Catawba MHC (York County)
    - Berkeley MHC
    - Columbia Area MHC (Richland County)
    - Aiken Barnwell MHC (Aiken County)
    - Greenville MHC
    - Waccamaw MHC (Horry County)

South Carolina Department of Mental Health
DMH

Justice Involved Programming

Crisis Intervention Trainings (CIT): 24
CIT Participants: 422
Critical Incident Stress Debriefings (CISD): 118
Participants Served with CISD: 1,650
Clinicians Trained in CISM: 46
DMH Involved CIT Teams - 4

Current Status of Alliance Program
(LE Embedded Clinicians)
Aiken/Barnwell-2
Beckman-2
Berkeley-2
Catawba-1
Charleston/Dorchester-6, 1 vacancy
Columbia-2, 2 vacancies
Coastal Empire-3
Lexington-3, 1 vacancy
Pee Dee-1
Santee Wateree-2
Spartanburg-1 vacancy
Waccamaw-1

South Carolina
Department of Mental Health
DMH

Justice Involved Programming

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

CMHS / MENTAL HEALTH SERVICES - COUNTY DETENTION CENTERS

DMH CONTRACTS WITH JAIL / DETENTION CENTER FOR MH SERVICES					
Name of Detention Center and County	DMH Embedded MHP (Y,N / #)	DMH Provides Mental Health (MH) Services	Detention Center Contracts for MH Services	Detention Center Contracts for Medical Services	Mental Health Center (CMHC)
Aiken County Detention Center - Aiken County	Yes - 3.1	Yes	Yes-DMH Contract	Yes - .20 DMH Provider-PMA's	Aiken/Barnwell MHC
Barnwell County Detention Center - Barnwell County	Yes - .20	Yes	Yes-DMH Contract	Yes - .12 DMH Provider-PMA's	Aiken/Barnwell MHC
Hill-Finklea Detention Ctr - Berkeley County	Yes - 3.5	Yes	Yes-DMH Contract	Yes-Private Provider	Berkeley MHC
Al Cannon Detention Center - Charleston County	Yes - 5	Yes	Yes-DMH Contract	Yes-Private Provider	Charleston / Dorchester MHC
York County Detention Center - York County	Yes - 1	Yes	Yes-DMH Contract	No-No Provider	Catawba MHC
Chester County Detention Center - Chester County	Yes - 1	Yes	Yes-DMH Contract	No-No Provider	Catawba MHC
Orangeburg County Detention Ctr - Orangeburg County	Yes- .60	Yes	Yes-DMH Contract	No-No Provider	Orangeburg MHC
Darlington County Detention Ctr - Darlington County	Yes - .40	Yes	Yes-DMH Contract	Yes-Private Provider	Pee Dee MHC
Marion County Detention Ctr - Marion County	Yes - .20	Yes	Yes-DMH Contract	Yes-Private Provider	Pee Dee MHC
Spartanburg County Detention Ctr - Spartanburg County	Yes - 1	Yes	Yes-DMH Contract	Yes-Private Provider	Spartanburg MHC
Kershaw County Detention Center - Kershaw County	Yes - .5	Yes	Yes-DMH Contract	Yes-Private Provider	Santee/Wateree CMHC
J. Reuben Long Detention Center, Horry County	Yes-1	Yes	Yes-DMH Contract	No-No Provider	Waccamaw CMHC

South Carolina
Department of Mental Health
DMH

SCDMH/CRIMINAL JUSTICE SYSTEM INTERCEPT MAP

INTERCEPT 0 Community Services	**INTERCEPT 1** Law Enforcement	**INTERCEPT 2** Initial Detention/ Initial Court Hearings	**INTERCEPT 3** Jails/Courts	**INTERCEPT 4** Reentry	**INTERCEPT 5** Community Corrections

COMMUNITY

Crisis Lines → Crisis Care Continuum

911 → Local Law Enforcement

Arrest → Initial Detention → First Court Appearance

Specialty Court
Dispositional Court
Jail

Prison Reentry → Parole (Violation)
Jail Reentry → Probation (Violation)

COMMUNITY

Intercept 0
- 988
- Statewide crisis line – 833-364-2274
- Statewide 24/7 Mobile Crisis Response Teams
- School Mental Health
- Street Medicine Teams
- Mental Health First Aid
- Crisis Intervention Team (CIT) Training
- Intensive Community Services
- Homeless Outreach

Intercept 1
- Mobile Crisis
- EMS/MHC telehealth
- LE/MHC telehealth
- MHP in consolidated dispatch
- First Responder Support Teams
- SCLEAP support
- SCDMH JIP Program Director
- Mental Health Task Forces
- CJCC participation
- MHPs embedded in LEA

Intercept 2
- MHPs embedded in detention centers
- Designated Examiners
- Forensic Evaluations
- Restoration Services
- Forensic Inpatient Services
- Detention Center Liaisons
- DJJ MOA, Liaison

Intercept 3
- Mental Health Courts
- Drug Courts
- Veterans' Courts
- Homeless Courts
- Juvenile Mental Health Courts

Intercept 4
- Sharing records w/SCDC
- SOAR project
- SVP Program
- Opportunity to improve data sharing perhaps with SCEIX

Intercept 5
- Released inmates offered immediate appointment with MHC
- MOA with PPP
- MHP embedded with PPP
- Care Coordination
- CPSS staff
- Opportunity to create warm handoff when being released – exploring EBPs to determine most effective in engaging patient in treatment

South Carolina Department of Mental Health — DMH

105

Patient Satisfaction FY '24

Survey Completion Overview

Completed Surveys by Type		
Response Type	Count	% of Responses
Text	14,624	90.4%
Email	1,547	9.6%
Completed Survey Total	16,171	100.0%

During this year's survey administration period, there were 253,588 survey solicitations and 16,171 completed surveys (response rate = 6.4%). Feedback came from 9,468 patients completing one or more survey responses; this was a 25.2% increase of 1,906 over FY23 (7,567). During the administration period, 54,641 potential patient respondents were given the opportunity to complete a survey. This was a 17.4% (8,527) increase over FY23 (49,114).

The statewide patient participation rate for the current survey administration window was 17.3%, which was 1.9 percentage points higher than the 2022 participation rate.

South Carolina
Department of Mental Health
DMH

Patient Satisfaction FY '24
The Results.....

Question	% Agree or Strongly Agree
1 – It was easy for me to get this appointment	96.7%
2 – I did not wait long for this appointment.	95.4%
3 – I think this center can help people who need it.	97.4%
4 – After coming to this center, I believe I (or my child) will get better.	95.7%
5 – My (or my child's) provider listened to me (or my child) and treated me (or my child) respectfully.	97.2%
6 – I (or my child) received helpful services.	97.0%
7 – I think this center is helpful to people with different needs and beliefs.	96.5%

South Carolina
Department of Mental Health
DMH

Division of Medical Affairs

- ➢ Telepsychiatry
- ➢ Office of Transition Programs
- ➢ Quality Management
- ➢ Quality Assurance
- ➢ Corporate Compliance
- ➢ Credentialing
- ➢ Education, Training, and Research (ETR)
- ➢ Ensor Trust

South Carolina
Department of Mental Health
DMH

Telepsychiatry Program

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

ED Telepsychiatry

- More than 100,000 comprehensive evaluations provided since inception
- Over 500 consults provided per month
- Over 20 psychiatrists in full and part-time capacities
- Operating hours: 7:00AM-12:00AM; 364 days a year
- 28 participating hospitals
- 5 state, regional, and national awards

Community Telepsychiatry

- More than 100,000 psychiatric treatment services provided since inception
- Approximately 1,800 services provided per month
- 16 participating mental health centers and 44 satellite mental health clinics
- 2023 Telehealth Program of Excellence Award
- First program of its kind nationally

South Carolina
Department of Mental Health
DMH

Timeline

The South Carolina Department of Mental Health is the largest provider of telepsychiatry services in South Carolina.

1996

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

2007

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

2009

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

2013

The Community Telepsychiatry Program began in August 2013.

2017

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

2018

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

South Carolina
Department of Mental Health
DMH

EDs Utilizing DMH Telepsychiatry
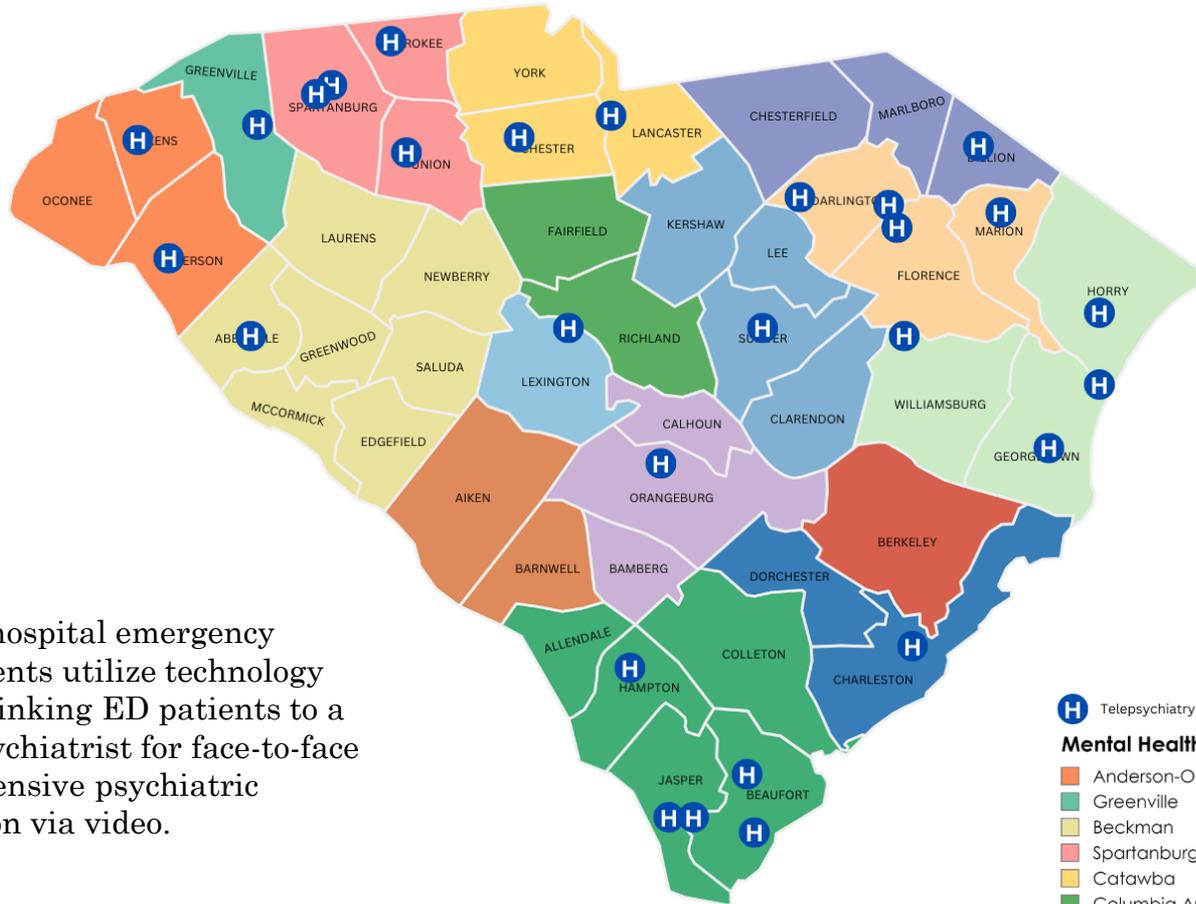
28 local hospital emergency departments utilize technology directly linking ED patients to a DMH psychiatrist for face-to-face comprehensive psychiatric evaluation via video.

H Telepsychiatry EDS

Mental Health Center Catchment

- Anderson-Oconee-Pickens
- Greenville
- Beckman
- Spartanburg
- Catawba
- Columbia Area
- Santee-Wateree
- Tri-County
- Pee Dee
- Waccamaw
- Charleston Dorchester
- Berkeley
- Orangeburg
- Lexington
- Coastal Empire
- Aiken-Barnwell

South Carolina
Department of Mental Health
DMH

Hospitals with ED Telepsychiatry

1. Abbeville Area Medical Center
2. AnMed Health Medical Center - Anderson
3. AnMed Health Medical Center-Cannon
4. Beaufort Memorial Hospital
5. Carolina Pines Medical Center
6. Cherokee Medical Center
7. Coastal Carolina Hospital - Hardeeville
8. Conway Medical Center
9. Hampton Regional Medical Center
10. Hilton Head Hospital
11. Lexington Medical Center
12. McLeod Dillon
13. McLeod Florence
14. MUSC Shawn Jenkins Childrens Hospital
15. MUSC Black River
16. MUSC Chester
17. MUSC Florence
18. MUSC Lancaster
19. MUSC Marion
20. MUSC Orangeburg
21. Spartanburg Regional Health Center Pelham
22. Spartanburg Regional Health Center
23. Spartanburg Regional Health Center Mary Black
24. Spartanburg Regional Health Center Cherokee
25. Spartanburg Regional Health Center Union
26. Prisma Health - Tuomey, Sumter
27. Tidelands Health - Georgetown Memorial Hospital
28. Tidelands Health -Waccamaw Community Hospital

South Carolina
Department of Mental Health
DMH

Community Telepsychiatry

- Launched in 2013
- Increases access to specialized mental health care
- 60 Mental Health Centers and satellite clinics provide telepsychiatry services.
- 2023 Telehealth Program
- of Excellence Award at the
- Telehealth Summit of South
- Carolina

Pictured (LR): Palmetto Care Connections Board Member **Danette McAlhaney**, MD; SCDMH Deputy Director, Community Mental Health Services **Deborah Blalock**; SCDMH Acting State Director **Robert Bank, MD**; Senator **Thomas Alexander**. Photo courtesy of SCETV.

South Carolina
Department of Mental Health
DMH

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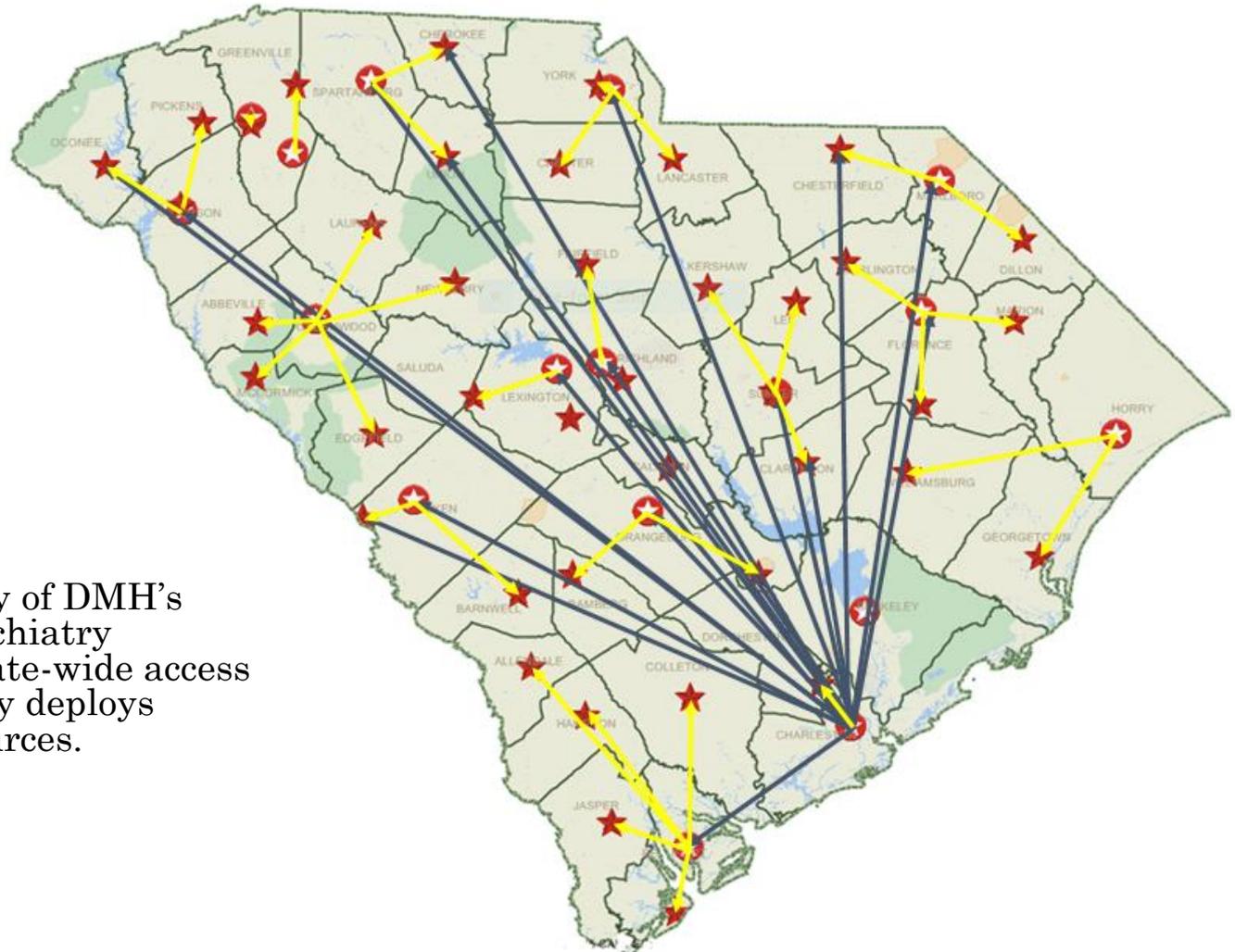
The interconnectivity of DMH's Community Telepsychiatry Programs creates state-wide access to care and efficiently deploys limited clinical resources.

Innovative Partnership: Interagency Consult Service

➤ Launched in 2024

➤ Collaboration with DSS and DJJ

➤ Telepsychiatry services for at risk children and adolescents

➤ Best use of state resources for high needs population

Transition Specialists

➢ **Transition Specialists Program**

  ◦ 15 Transition Specialist (TS) statewide
  ◦ TS embedded into Morris Village (collaboration with DAODAS) and Carolina Center for Behavioral Health, currently advertising for a TS embedded into MUSC Institute of Psychiatry
  ◦ TS Program serves as the bridge between inpatient and outpatient services, while providing linkage to psychiatric care & community resources for psychosocial needs.
  ◦ Provides assertive community follow up 45 to 90 days post discharge
  ◦ Through May 2024, assisted with 242 discharges to the community, with only 3 patients being admitted within 30 days post discharge
  ◦ 40% of patients are placed in CRCFs and 40% are placed back with family.
  ◦ Average Length of Stay: 1 Year, 1 Month

South Carolina
Department of Mental Health
DMH

Clinical Care Coordination (CCC)

➢ Launched in 2013, this patient-centered, assessment-based, multidisciplinary approach provides intensive case management services to individuals with high risk, multiple, chronic, and complex conditions.

➢ Patients receive a comprehensive needs assessment to identify medical, dental, housing, employment, education, behavioral, and other community support needs.

➢ 32 care coordinators link patients to needed resources and monitor their progress until successful completion and/or exhaustion of community resources. Most DMH Mental Health Centers and satellite clinics, Bryan Psychiatric Hospital, and Harris Psychiatric Hospital have at least one care coordinator on-site.

➢ To date, CCC has served 73,495 individuals.
   o FY '14 – 2,328
   o FY '15 - 6,222
   o FY '16 – 8,981
   o FY '17 – 9,846
   o FY '18 – 8,358
   o FY '19 – 7,425
   o FY '20 – 7,524
   o FY '21 – 7,375
   o FY '22 – 5,402
   o FY '23 – 4,494
   o FY '24 – 5,540

➢ Each individual received an average of 8.8 services while his or her case was open.

South Carolina
Department of Mental Health
DMH
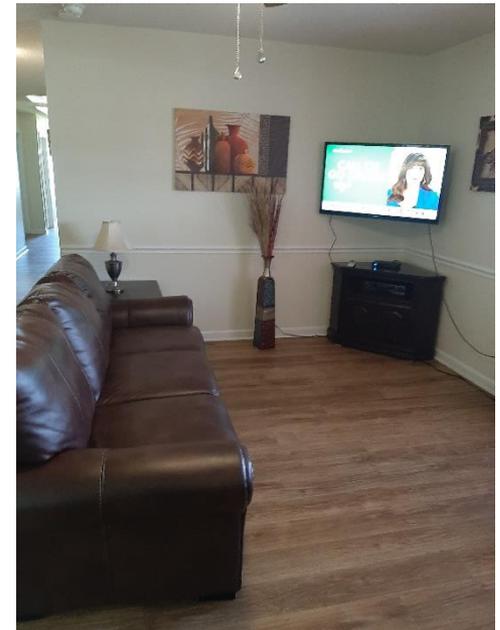
DMH Operated CRCFs

- Currently operates 8 CRCFs statewide (Brookpine, KIVA, Generations of Monetta, Emerald I & II, McKinney, Piedmont Pathways, Turning Point)

- 87 patients, primarily SMI, forensic, may have co-occurring disorders.

- DMH CRCF staff work closely with MHC staff to assist with patients maintaining in the community.

- Currently 20% of the patients have transitioned to community living, to include reconnection with family.

- Average Length of stay in a DMH CRCF: 1.7 years

South Carolina
Department of Mental Health
DMH

Community Long-Term Care Coordination (CLTC)

➤ Launched in 2017, CLTC offers an alternative to nursing home placement for Medicaid-eligible participants with significant health conditions who are at least 18 years of age with long-term care needs.

➤ Nursing staff with the South Carolina Department of Health and Human Services screen applicants, determining if a person's needs can be met in his or her home rather than a nursing home. If appropriate for home services, the applicant selects a Community Long-Term Care agency.

➤ CLTC case managers provide referrals for services and monitor the participant's progress as well as the provided services to ensure needs are appropriately met.

➤ Possible services participants may receive include, but are not limited to, adult day health care, attendant care, companion services, home-delivered meals, personal care services, respite care, personal care, environmental modification, and other support services.

➤ 17 case managers cover all counties in South Carolina. As of July 11, 2024, 2,125 participants have been served.

South Carolina
Department of Mental Health
DMH

Quality Assurance

➤ SCDMH's Central Office Quality Assurance (QA) Department under the Medical Affairs division is responsible for training, chart audits, and consultation to the Community Mental Health Centers and Community Mental Health Programs.

➤ QA is monitored at two levels—centrally, from the SCDMH Quality Assurance office, and locally at each CMHC or program.

➤ QA audits are performed quarterly, with a focus on:
  o Assessing quality of care rendered
  o Ensuring conformance with policies and procedures
  o Safeguarding against unnecessary or inappropriate utilization of care and services
  o Ensuring that quality of care findings are properly addressed, and that quality improvement plans are in place

➤ QA conducts audits on a representative sample of patient charts for all payer types, and reviews performance on over 60 unique standards. Audit findings are discussed with leadership, with a collaborative focus on ways to improve performance.

➤ Central Office QA provides consultation to CMHCs and CMH programs when a focused audit of a particular clinician or program is warranted, and central QA coordinates with the compliance area to ensure that any issues are addressed.

➤ Quality Assurance also provides training to the QA Coordinators in the field on a variety of topics, including improving documentation quality, utilization management, and Medicaid standards.

South Carolina
Department of Mental Health
DMH

Credentialing and Privileging

- SCDMH Office of Credentialing and Privileging (OCP) credentials over 1700 outpatient clinicians, including but not limited to physicians Advance Practice Registered Nurses, Licensed Independent Social workers (LISW-CP), Mental Health Practitioners, and Certified Peer Support Specialists.
- OCP is accredited by the National Committee for Quality Assurance (NCQA)
- The Credentialing Committee, chaired by the SCDMH Medical Director, ensures that the workforce meets qualifications to perform requested services
- OCP partners with an outside vendor to check references, verify work history, and perform required checks (e.g., National Practitioners Data Bank, Office of Inspector General List of Excluded Individuals)
- All practitioners are re-credentialed every two years, and anytime they receive additional training to perform additional services or receive an additional license.
- Ongoing monthly monitoring of various state and national lists are completed to ensure compliance with credentialing standards

South Carolina
Department of Mental Health
DMH

Evaluative Research

The University of South Carolina School Of Medicine, Department of Neuropsychiatry, has been providing evaluative research on many of the grant projects that DMH is involved in.

These include:

➢ Telepsychiatry: Quality Utilization Economic Impact and Sustainability of Telepsychiatry (QUEST)
➢ "Clinical and Policy Implication of Telepsychiatry"
➢ Engaging Patients in Care (Care transitions across continuum/PPS)
➢ Youth Suicide Prevention Outcomes
➢ Mental Health Court Outcomes
➢ Clinical Trials
➢ Assessing Cognition Using Virtual Reality Via Tablets in Schizophrenia
➢ Depot Preparation Versus Oral Antipsychotic in the Dually Diagnosed

South Carolina
Department of Mental Health
DMH

Ensor Trust

➢ DMH participates in its own research. With limited funds, the Ensor Trust supports DMH employees' and their colleagues' research endeavors.

➢ The Ensor Trust specifically supports proposals in the area of Translational Research and Clinical Outcomes related to mental health. However, the focus of research may change each year based on the needs and/or mission of DMH and the discretionary authority for Directive Research.

➢ All requests for Ensor Funds are reviewed and approved by the DMH Research Committee and the state director and are monitored by the DMH Grant Steering Committee.

➢ Grant recipients must submit periodic reports and a final product (presentation, publication and new research proposal submission for external funding) is anticipated as an outcome of the proposed research.

South Carolina
Department of Mental Health
DMH

Recent Research Projects Funded by Ensor Trust

- Community Telepsychiatry Services at DMH: Analysis of Population Served and Healthcare Outcomes

- Harnessing Data to Improve Care and Outcomes in Disadvantaged Populations

- Assessing the Clinical Utility of Pharmacogenetics Testing in Hospitalized Adult Patients in Behavioral Health Settings

- Assessing the Clinical Utility of Pharmacogenetics Testing in Hospitalized Adult Patients in Behavioral Health Settings

- Improving Retention Among Certified Nursing Assistants through Compassion Fatigue Awareness and Self-Care Education

South Carolina
Department of Mental Health
DMH

Affiliations with Institutes of Higher Learning

DMH has affiliation agreements with more than 60 educational institutions across South Carolina and more than 10 in other states.

- Allen University
- Anderson University
- Appalachian State University
- Argosy University-Atlanta, Georgia
- Aspen University-Denver, CO
- ATEC Technical College
- ATSU/SOMA Medical School, AZ
- AT Still Medical University
- Augusta State University
- Benedict College
- Campbell University, North Carolina
- Capella University
- Central Carolina Technical College
- Citadel
- Clemson University
- Columbia International University
- Coker College
- East Carolina University
- ECPI University
- Edward Via College of Osteopathic Medicine
- Erskine College
- Florence-Darlington Tech. College
- Francis Marion University
- Furman University
- Gardner Webb University, NC

- Grand Canyon University
- Greenville Technical College
- Horry Georgetown Technical College
- Kaplan University
- Lander University School of Nursing
- Lenoir–Rhyne University
- Liberty University
- Limestone College
- Longwood University, VA
- Low Country Technical College
- Medical University of South Carolina
- Mesa University, Arizona
- Midlands Technical College
- Northeastern Technical College
- Orangeburg Calhoun Tech. College
- Piedmont College, GA
- Piedmont Technical College
- Presbyterian College of Pharmacy
- Professional Development & Training Services
- Regent University, Virginia Beach
- Rush University Medical Center
- Simmons College
- South University
- University of Akron
- University of North Carolina

- University of North Dakota
- University of South Alabama
- University of Southern Indiana
- University of Southwest Hobbs, NM
- South Carolina College of Pharmacy
- Tri County Technical
- Trident Technical College
- USC (Activity Therapy, Clinical Counseling, Medical Students, Social Work, Psychology Interns, Psychology Grad. Studies)
- USC – Lancaster
- USC – Upstate
- USC School of Medicine – Neuropsychiatry & Behavioral Science Residency Training Programs (Child, General, Geropsychiatric and Forensics)
- USC School of Preventive Residency
- Vanderbilt University, TN
- Wake Forest University, NC
- Walden University
- Webster University
- Williams Carey University
- Winthrop University
- Wofford College
- York Technical College

Psychiatric Inpatient Services

➢ G. Werber Bryan (Forensics, Hall, and GWB Civil)

➢ Patrick B. Harris

➢ Morris Village

South Carolina
Department of Mental Health
DMH

Psychiatric Inpatient Services

➢ In FY '24, DMH's Psychiatric Inpatient Services provided approximately 158,155 bed days and served 1,987 patients.

➢ Total functional bed capacity of psychiatric hospitals is 517 on 06/30/24.

➢ SVP functional bed capacity is 220 on 06/30/24.

South Carolina
Department of Mental Health
DMH

Functional Psychiatric Inpatient Capacity 06/30/24

Number of Functional Beds	Facility/Program
229	Adult Hospitals 105 - Patrick B. Harris Hospital 124 - G. Werber Bryan
30	WS Hall Child and Adolescent Psychiatric Institute at
45	Morris Village Alcohol and Drug Treatment Facility
213	Forensic Inpatient-GWB

South Carolina
Department of Mental Health
DMH

Hospital Length of Stay (LOS) FY '24

Inpatient Length of Stay Reporting for Patients Active at end of Fiscal Year 2024				Inpatient Length of Stay Reporting for Patients Discharged in Fiscal Year 2024			
	Length of Stay in Days				Length of Stay in Days		
Hospital Facility	Episode Count	Episode Mean	Episode Median	Hospital Facility	Episode Count	Episode Mean	Episode Median
BPH (WSHPI) CHILD/ADOLESCENT	24	36.88	16.50	BPH (WSHPI) CHILD/ADOLESCENT	253	24.44	15.00
BPH Acute Psych - Adult Srvcs	123	985.41	326.00	BPH Acute Psych - Adult Srvcs	98	351.02	219.50
HPH Acute Psych	99	1468.78	481.00	HPH Acute Psych	91	517.36	160.00
Morris Village	40	18.63	13.00	Morris Village	626	25.64	28.00
Total	286	937.92	207.00	Total	1,068	97.11	28.00

South Carolina
Department of Mental Health
DMH

Forensic Services

➤ DMH Forensic Services consist of 3 components

➤ Outpatient Forensic Evaluations
  ◦ In FY '24, DMH conducted 1,436 court-ordered forensic evaluations.

➤ Inpatient Forensic Hospitalization
  ◦ DMH is mandated to admit forensic patients committed by the criminal courts, and such commitments are increasing. The trend towards the usage of inpatient bed days for Forensics programs rather than acute psychiatric episodes is being experienced nationally.

➤ Sexually Violent Predator Treatment Program (SVPTP)
  ◦ A new secure facility opened in January 2019, that has 268 single bed capacity with the ability to add 90 additional beds for a total of 358 beds.
  ◦ SVPTP provided 80,726 bed days during FY '24.
  ◦ More residents enter the SVPTP than leave, resulting in continuous program expansion. The program projects an increase in census by 12 residents per year.

South Carolina
Department of Mental Health
DMH

Division of Long-term Care (LTC)

- ➢ C. M. Tucker – Stone Pavilion (VA Nursing Home)
- ➢ C. M. Tucker – Roddey Pavilion
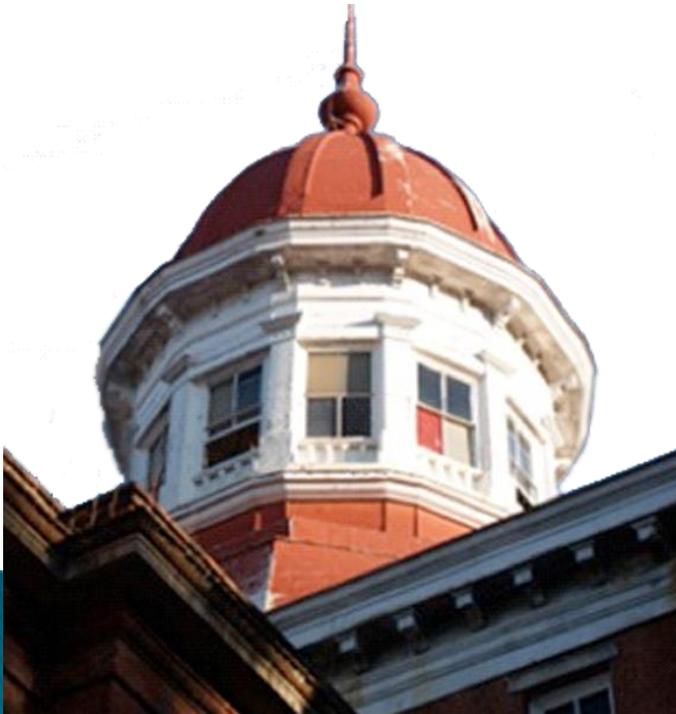
Functional LTC Facility Capacity, 6/30/24

Number of Functional Beds	Facility/Program
58	C.M. Tucker-Stone Pavilion (VA Nursing Home)
95	C.M. Tucker-Roddy Pavilion

DMH's Nursing Home/Long-Term Care Division provided 193,019 bed days and served 1,132* residents in FY '24.

*These numbers include data from the 3 Veteran's Nursing homes which conveyed to the SC Department of Veteran's affairs on 07/01/24.

South Carolina
Department of Mental Health
DMH

DMH Inpatient Hospitals, SVP, And Nursing Homes

G. Werber Bryan Adult Psychiatric Hospital (Acute) – a 124-bed intensive care hospital located in Columbia.
(Forensics) – a 213-bed treatment facility for patients found Not Guilty by Reason of Insanity (NGRI) or not competent to stand trial.

Patrick B. Harris Psychiatric Hospital – a 105-bed intensive, psychiatric hospital located in Anderson.

William S. Hall Psychiatric Institute – a 30-bed complex for children and adolescents. Located in Columbia.

Tucker Nursing Care Center – a 153-bed nursing care facility located in Columbia.
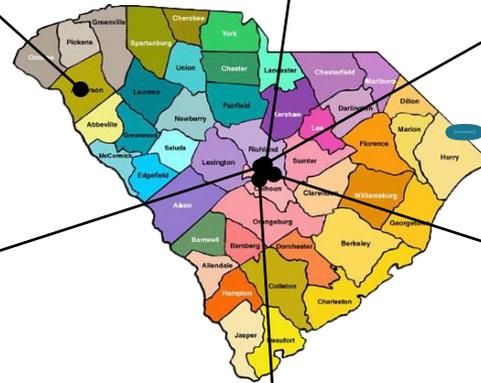
Morris Village Alcohol and Drug Addiction Treatment Center – a 45-bed alcohol and drug treatment center in Columbia.

Sexually Violent Predators Treatment Program – a 220-bed facility to provide treatment for persons adjudicated as sexually violent predators. Located at the SC Department of Corrections.

South Carolina
Department of Mental Health
DMH

Office of General Counsel

➤ Provides representation, legal counsel and advice to all Agency organizational components.

➤ SCDMH's Office of General Counsel comprises the following divisions:

- Cultural Affairs
- Patient Advocacy
- Public Information
- Public Safety
- Risk Management

Cultural Affairs

➤ SCDMH strives to create an inclusive environment where all patients an employees feel valued and respected, no matter their differences.

➤ Cultural Affairs trains SCDMH staff in cultural awareness topics to achieve this goal and support the agency's dedication to providing culturally competent services to patients.

➤ In addition to providing training, this Division's work includes, but is not limited to:
  - o Awareness events
  - o Translation-related services for patients and the public
  - o Quarterly newsletter
  - o ADA and Olmstead information and responsibilities

South Carolina
Department of Mental Health
DMH

Patient Advocacy

➤ Patient Advocacy is SCDMH's system for reviewing patient complaints and concerns.

➤ This division is responsible for monitoring the Agency's provision of services and treatment environments to ensure that patients' needs are met, and their rights upheld.

➤ Each SCDMH facility has at least one advocate assigned to address patient, family, or staff concerns related to patient care and rights.

➤ The director of patient advocacy reviews all patient complaints, system-wide, to analyze needs, risks, and areas of improvement.

South Carolina
Department of Mental Health
DMH

Public Information

The Office of Public Information is SCDMH's principal point of contact for:

- ➢ News media requests;
- ➢ Freedom of Information Act (FOIA) requests;
- ➢ Writing & editing, e.g., news releases, newsletter content, numbered memoranda, reports, presentations, resolutions, etc.;
- ➢ General information requests about the Agency, its programs and divisions, history, and activities;
- ➢ Requests for speakers;
- ➢ Administration of SCDMH's social media presence;
- ➢ Internal agency-wide communication; and
- ➢ Special projects.

South Carolina
Department of Mental Health
DMH

Public Safety

➢ SCDMH's Public Safety Division is a fully operational police department with a force of approximately 100 officers who have statewide jurisdiction.

➢ It employs Certified Officers and Security Officers and operates a communication center, manned by dispatchers.

➢ The Division provides internal and external law enforcement and security for the Agency's inpatient facilities, and is also responsible for:
- o conducting investigations
- o participating in disaster response
- o transporting patients and residents
- o assisting employees
- o supporting the Agency's mental health centers

➢ In 2018, the SCDMH Division of Public Safety earned a four-year accreditation from the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA), making it the first mental health law enforcement agency in the United States to hold this distinction.

South Carolina
Department of Mental Health
DMH

Risk Management

➢ SCDMH Risk Management operates the Agency's adverse event management system, protecting the health and safety of patients, residents, and visitors, and improving quality of care.

➢ Its primary risk reduction functions include incident management and incident follow-up.

➢ The Division also coordinates Risk Manager training sessions in each region of the state for state-operated and state-licensed programs on an as needed basis.

➢ Risk Management provides oversight and technical assistance in the review of unexpected occurrences, or risk thereof; identifies and tracks root cause analyses; and assists with and tracks associated corrective action plans.

South Carolina
Department of Mental Health
DMH

Division of Administration

- Human Resources
- Finance
- Budget
- Grants
- IT
- Physical Plant Services
- Emergency Operations
- Alternative Transportation
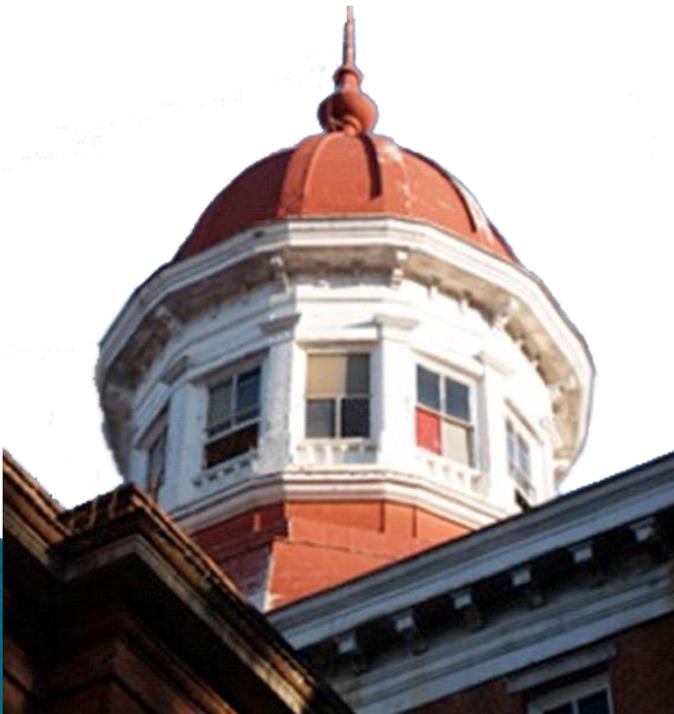
Human Resources

DMH Human Resources Director

Talent Services

Classification and Compensation

Payroll and Time Management

Employee Benefits

Employee Relations

South Carolina
Department of Mental Health
DMH

Budget Office

Financial Services

State Budget Director

Fiscal Analysts

Hospitals

LTC
Community Mental
Health Centers

Administrative Support
Services

Financial Services
Director

Accounting

Business Office

Procurement

Reimbursement
Hospitals and LTC

Reimbursement
Outpatient

South Carolina
Department of Mental Health
DMH

Physical Plant Services

Project Management
- Hospitals
- Nursing Homes
- Community MHCs
- Administration

Maintenance
(24/7/365)
- Hospitals
- Nursing Homes
- Campus Infrastructure

Building and Grounds
- Hospitals
- Nursing Homes
- Campuses

Vehicle Fleet Management

Horticulture

185 buildings
132 house patient services and support patient care delivery.

South Carolina
Department of Mental Health
DMH

Office of Network and Information Technolgy

ONIT Director

Network Services

Data Base Administration

Application Support

Agency Data Reporting

End User Support Agency-wide

Active Grants
47 active grants, with a combined value of more than $155,000,000.

- BlueCross BlueShield Foundation of SC: Zero Suicide Communities of Care - $1,983,595

- BlueCross BlueShield Foundation of SC: Roads 2 - $450,000

- Clemson University: Nurse Education, Practice, Quality and Retention - $163,980

- Dept. of Veteran Affairs: Fewell Pavilion - $14,017,000

- Dept. of Veteran Affairs: SC Veterans Nursing Home - $28,811,758

- Dept. of Veteran Affairs: Hiring and Retaining Nurses - $80,423

- Dept. of Justice: Crime Victims Counseling Support Unit - $299,327

- Duke Endowment: Mental Health Courts - $1,200,000

- Duke Endowment: Psychiatric Services - $600,000

- Duke Endowment: School Telehealth - $1,220,000

- Federal Transit Administration: CDMHC Transportation Services - $26,284

- Federal Transit Administration: CDMHC Transportation Services - $24,975

- HRSA: Pediatric Mental Health Care Access - $300,000

- HRSA: ARP Pediatric Mental Health Care Access - $2,225,000

- HUD: Rental Assistance - $389,625

- Linda M. Summer Family Services: Mental Health Awareness - $400,000

- Mary Black Foundation: BIPOC/Latinx Outreach - $324,000

- Medical Univ. of SC: Telehealth Alliance - $4,898,000

- Medical Univ. of SC: Telehealth Alliance - $1,997,600

- NASMHPD: Project Connect - $250,000

- NASMHPD: Hope Connects Kids - $250,000

South Carolina
Department of Mental Health
DMH

Active Grants

- NASMHPD: Bridges - $250,000

- NASMHPD: Rapid Access to Behavioral Health Care - $250,000

- NASMHPD: Improving Access to Supported Employment - $250,000

- NIMH: Early Psychosis Intervention Network (EPINET) - $875,110

- Prisma Health: Wellness Program for SC School Mental Health Clinicians - $50,000

- Richland County Sheriff's Dept: After-Hours Crisis Intervention - $79,026

- Richland County Sheriff's Dept: Crisis Intervention - $70,492

- SAMHSA: PATH - $680,484

- SAMHSA: PATH - $698,580

- SAMHSA: Mobile Home Crisis Expansion - $1,499,992

- SAMHSA: Build Local 988 Capacity - $2,390,817

- SAMHSA: 988 Hope4SC - $2,877,736

- SAMHSA: 2023 Block Grant - $14,988,783

- SAMHSA: 2024 Block Grant - $14,505,012

- SAMHSA: BSCA Allotment 1 - $768,496

- SAMHSA: BSCA Allotment 2 - $768,496

- SAMHSA: CARES - $12,436,240

- SAMHSA: ARPA - $21,480,779

- SAMHSA: ARPA COVID Mitigation - $739,233

- SAMHSA: FOCUS System of Care - $11,310,728

- SAMHSA: SC Zero Suicide - $3,500,000

- SAMHSA: Healthy Transitions at Pee Dee MHC - $3,750,000

- SAMHSA: BHSIS Data Collection - $549,450

- SC Center for Rural and Primary Healthcare - $70,140

- SC Dept. of Public Safety: Equipment Overhaul - $102,656

- University of South Carolina: Improving Access to Care - $102,772

South Carolina
Department of Mental Health
DMH

South Carolina's Collaborative Treatment For Co-occurring Diagnosis

➢ South Carolina initiated SC Hopes to provide resources and treatment to those with Co-Occurring conditions

  ➢ Commenced services on June 1st, 2020 and ended May 31, 2023.

  ➢ Grant funded by SAMHSA to help enhance mental health and substance use crisis services to residents in South Carolina

  ➢ Several key components to the project:

    o A dedicated resource and referral line to treatment

    o A healthcare outreach team to provide mental health and substance use treatment to health care workers

    o Increased linkage to mental health or substance use treatment for those leaving a South Carolina prison or detention center

  ➢ By the end of the grant, SC Hopes received 8,236 calls and connected over 3,699 South Carolina residents to local resources and treatment for mental health and substance use.

  ➢ DMH and DAODAS have cost-shared to hire an employee to be the liaison between the two agencies and to cross train staff of both agencies.

Alternative Transportation Hubs
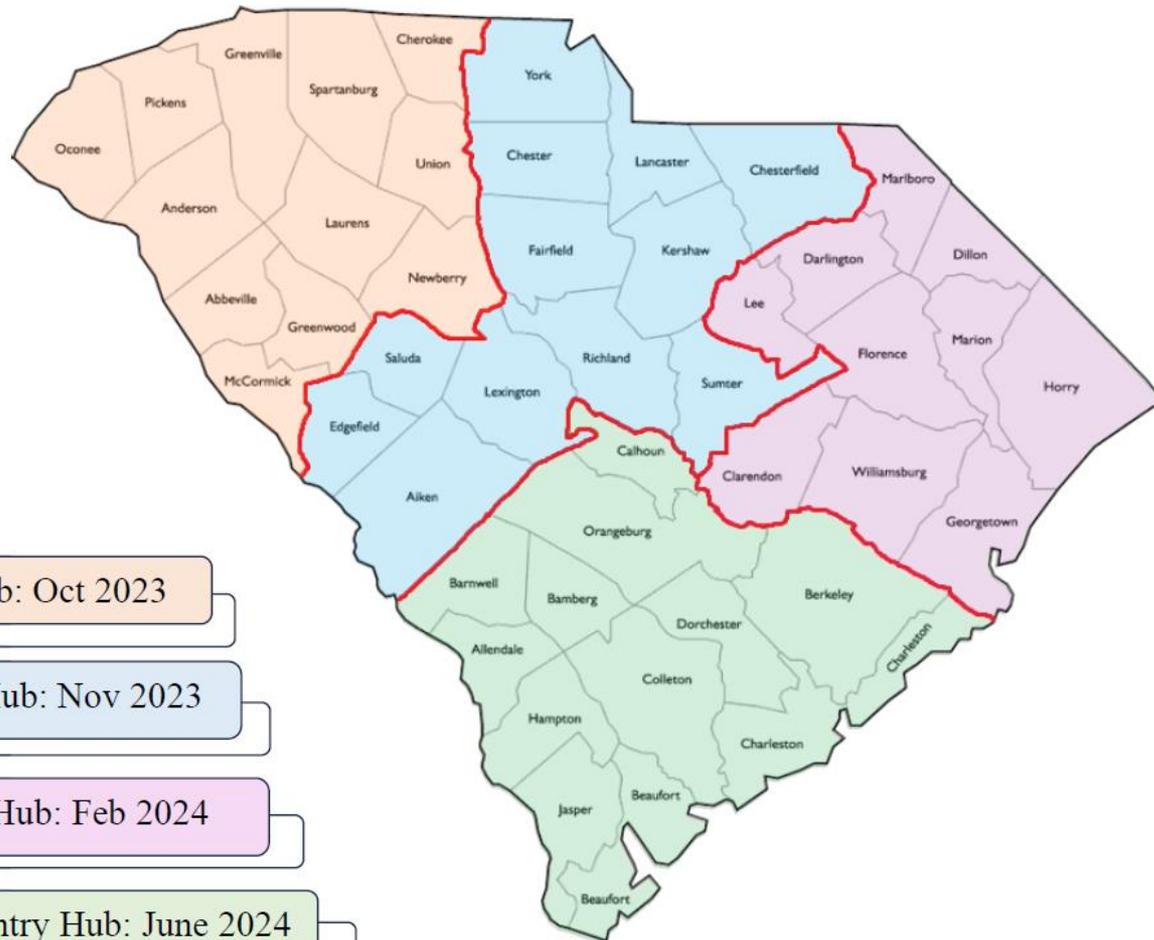
Foothills Hub: Oct 2023

Midlands Hub: Nov 2023

Pee Dee Hub: Feb 2024

Low Country Hub: June 2024

Alternative Transportation

Program Specifics
- Unmarked vehicles designed for safe and secure transports of adult patients
  - Secure patient compartment allows patient to be transported w/o restraints;
  - Camera system allows driver to monitor patient during the transport;
  - Cameras record both patient and driver during transport;
  - Equipped with secure storage area for patient belongings
- Google Smartsheet technology for tracking and responding to requests, as well as GPS for tracking vehicle locations
- Extensive driver training on mental health topics, including De-Escalation

Program Information
- Since the inception of the program in September of 2022, AUS has successfully completed over 2500 Patient Transports
- AUS provides Patient Transports 24/7
- AUS Dispatch can be contacted by calling toll free: **1 (833) 861-0871 or (803)521-4271 (Mobile/back-up)**

- Contact SCDMH Project Manager Tracy Miley by email if you have questions, would like additional information, or to communicate any concerns or complaints: tracy.miley@scdmh.org

In accordance with our contract with the SC Department of Mental Health, Allied Universal Patient Transport Drivers will conduct patient transports if the patient:

- is non- violent (our drivers do not restrain the patients like law enforcement)
- is not an elopement risk
- is an adult (18 years of age or older)
- is ambulatory and able to get into and out of a vehicle on their own
- is not oversized (i.e. excessive height or weight may impact the patient's comfort and safety in the transport vehicles)
- has been medically cleared

Insightful information about our program.

Our drivers are "hands off". Unlike law enforcement, they do not have the authority to detain or restrain the patient if they elope or become combative.

- We ask that at pick up, medical personnel or hospital security escort our driver with the patient to the transport vehicle.
- All drivers have received de-escalation training and are hand-selected to work on this contract and understand their role is to safely and respectfully provide transportation for the patient.
- Our vehicles are Dodge Durango SUVs equipped with law enforcement type secure passenger compartments. Once the patient is safely closed in the back seat of the vehicle, they are locked in and cannot get out without assistance.

South Carolina
Department of Mental Health
DMH

Emergency Operations
State Emergency Operations Center (SEOC)
Sending Resources Where Needed

➢ The SEOC is a collection of people from numerous state and federal agencies and volunteer organizations to allocate their resources needed in disaster response.

➢ Across SC, DMH staff are trained to respond to the needs of citizens during and following disasters and other emergency situations. When a community requires additional mental health support, staff respond from other areas of SC to meet that need.

➢ Traditionally, these teams included 6 clinicians accompanied by DMH Public Safety officers. More recently, responding units have varied in size to match the local request and typically without Public Safety assistance.

➢ If another state's resources are exhausted during a disaster, DMH teams may be requested to assist as part of the Emergency Management Agreement Compact.

South Carolina
Department of Mental Health
DMH

Disaster Preparedness & Response

Disaster Preparedness & Response

Hurricane Hugo (1989)

➤ Nearly two dozen staff, largely from Greenville and Spartanburg Counties, assisted the Charleston Dorchester CMHC to reopen the only usable location. They also supplemented staff in Emergency Rooms and responded to community needs as law enforcement ride-alongs. DMH Public Safety secured clinics and patient charts, which were too damaged to quickly reopen.

Hurricane Katrina (2005)

➤ DMH staff traveled with Public Safety to Mississippi to provide behavioral health services in evacuation shelters and public sites such as schools, shopping centers, and large department stores (Walmart, Lowes).

Graniteville train crash and chemical spill (2005)

➤ DMH Emergency Operations Staff coordinated services to meet the mental health needs of Graniteville citizens affected by the chlorine spill. Local DMH staff and staff from surrounding counties provided support, especially for survivors unable to readily return to their homes.

Sofa Superstore Fire (2007)

➤ 9 CFD firefighters died in a horrific structure fire.

➤ CDMHC developed the First Responder Support Team (FRST) in collaboration with the City of Charleston.

Historic Floods (2015)

➤ 87 DMH staff assisted in Red Cross Shelters and in FEMA's Disaster Recovery Centers (DRCs) in all affected counties from the eastern NC border to Lexington and Richland Counties and to the Atlantic Coast north of Charleston for 14 months.

➤ DMH received almost $4.4 million dollars in FEMA grants to provide services.

South Carolina
Department of Mental Health
DMH

Disaster Preparedness & Response

Mother Emmanuel Shooting (2015)

➢ The Charleston Dorchester Mental Health Center (CDMHC) began serving victims and families within two hours of the shooting.

➢ DMH staff were at church planning meetings, funerals, church services, and court hearings through the coming months. Deaf and Hard of Hearing Services provided an ASL proficient therapist to the son of a victim who is totally deaf to assure he had full understanding of and a voice throughout all events.

➢ DMH staffed Family Assistance Center and drop-ins at local schools and community events.

➢ Charleston MH staffed every service at Mother Emmanuel and operated an ongoing mental health clinic at the church for survivors and families through a Department of Justice grant in collaboration with MUSC's National Crime Victim's Center

➢ Other neighboring CMHCs provided assistance to alleviate emotional stress (and exhaustion) felt by CDMHC staff due to the number of community events at which they were asked to provide support for Mother Emmanuel Congregation and others affected by the massacre.

➢ CDMHC continues to serve those impacted by the Mother Emanuel AME Church massacre.

Townville Elementary Response (2016)

➢ Following the school shooting in Townville, SC, DMH's Anderson-Oconee-Pickens Community Mental Health Center (AOP), with additional personnel from other DMH Upstate community mental health centers, provided crisis counseling and support to the victims, families, students and school personnel.

➢ Following the initial response, AOP continued to provide support for the affected community and the school's children, families, and staff adjusting to the long-term consequences of this tragic event. Spartanburg staff remained with the family of hospitalized child who eventually did not survive.

➢ Simultaneous to this event, Greenville and Piedmont Mental Health staff met with survivors of a house fire which resulted in eight members of one family being admitted into intensive care.

South Carolina
Department of Mental Health
DMH

Disaster Preparedness & Response

Hurricane Matthew (2016)

➢ DMH was able to immediately respond with services across SC. During the following fourteen-month period, DMH requested and received more than $6,000,000 in FEMA Grants to establish Crisis Counseling Programs in impacted areas.

➢ DMH clinicians responded to Red Cross Shelters, schools, Assisted Living Facilities, Town Halls, and other areas severely flooded throughout Santee, Waccamaw, and Pee Dee.

➢ Clinicians counseled FEMA workers who were threatened by angry citizens with firearms (and in two cases, were fired upon). DMH also provided staff to FEMA Disaster Recovery Centers.

➢ DMH provided four 2-staff teams from the Upstate and the Midlands to assist in North Carolina when exhausted NC mental health staff were unable to continue.

The Amtrak Train Derailment in Cayce, SC (2018)

➢ Upon request for assistance from American Red Cross, Lexington Community Mental Health Center (MHC) provided clinical staff to the temporary shelter at Pine Ridge Middle School.

➢ Clinicians from DMH State Office and Columbia Area MHC staffed a Family Assistance Center in Columbia serving people treated and released from hospital emergency rooms or who had family members admitted to area hospitals.

➢ Normally, such activities would be coordinated through the State Emergency Operations Center, of which DMH plays a significant support role as the agency primarily responsible for disaster behavioral health services in SC. As SEOC did not "officially" activate for this event, Red Cross contacted the DMH Disaster Response to request assistance – an example of long-standing relationships the Department has with many agencies serving SC citizens.

South Carolina
Department of Mental Health
DMH

SOUTH CAROLINA'S PUBLIC MENTAL HEALTH RESOURCES

- National Suicide Prevention Lifeline – call 988
- Crisis Text line – text HOPE4SC to 741741
- SCDMH 24/7 Mobile Crisis (formerly known as CCRI) 24/7 crisis response –1-833-364-2274
- SCDMH Public Information – 1-803-898-8581
- SCDMH Deaf Services 1-800-647-2066 V-tty
- To Find A Mental Health Center – SCDMH.Org
- Adult Personal Screener - https://hope.connectsyou.org
- Child and Adolescent Mental Health Screener –
- https://hope.connectssckids.org

South Carolina
Department of Mental Health
DMH

For more information go to
www.scdmh.org