

Planning to Disseminate Best Practices in South Carolina
Data-based Mental Health Policy

May 29, 2002

CMHS Statistical Conference

Washington, D.C.


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Press Coverage

South Carolina Department of Mental Health

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- | | |
|-----------------|--|
| January 7, 2002 | Psychiatric patients
wait for beds, treatment |
| March 14, 2002 | Advocates warn of budget
cut dangers |
| May 12, 2002 | Mental health care suffering |

What Happened Next?



State Budget cuts cost SCDMH \$32,620,257
in FY02

Received block grant funds of \$917,000 in
February 2001

Mr. Gintoli called together State Planning for
recommendations on how to spend

And then...



A community development planning process began to support recovery of people with mental illnesses

Finance director said, “Are you crazy? We need to replace lost monies.”

Letter says can't supplant

Recommendations



Issued an RFP/Request for Proposals:

To provide Services to Expand the
Community-Based System of Care for
Adults with Serious Mental Illnesses and
Children/Adolescents with Severe
Emotional Disturbances

Who Could Apply?



Proposals were submitted by:

- SCDMH Community Mental Health Centers
- Other SCDMH Divisions
- Non-profit Organizations, including consumer, family member and advocacy groups interested in providing services to individuals with mental illness

RFP Criteria



Programs that follow “Best Practices” such as:

- Consumer Involvement in the MH System
- Family Education
- Employment Initiatives
- Co-Morbid Treatment for Individuals with Dual Diagnoses
- Innovative Approaches to Serve Children and their Families
- Assertive Community Treatment Programs, etc.

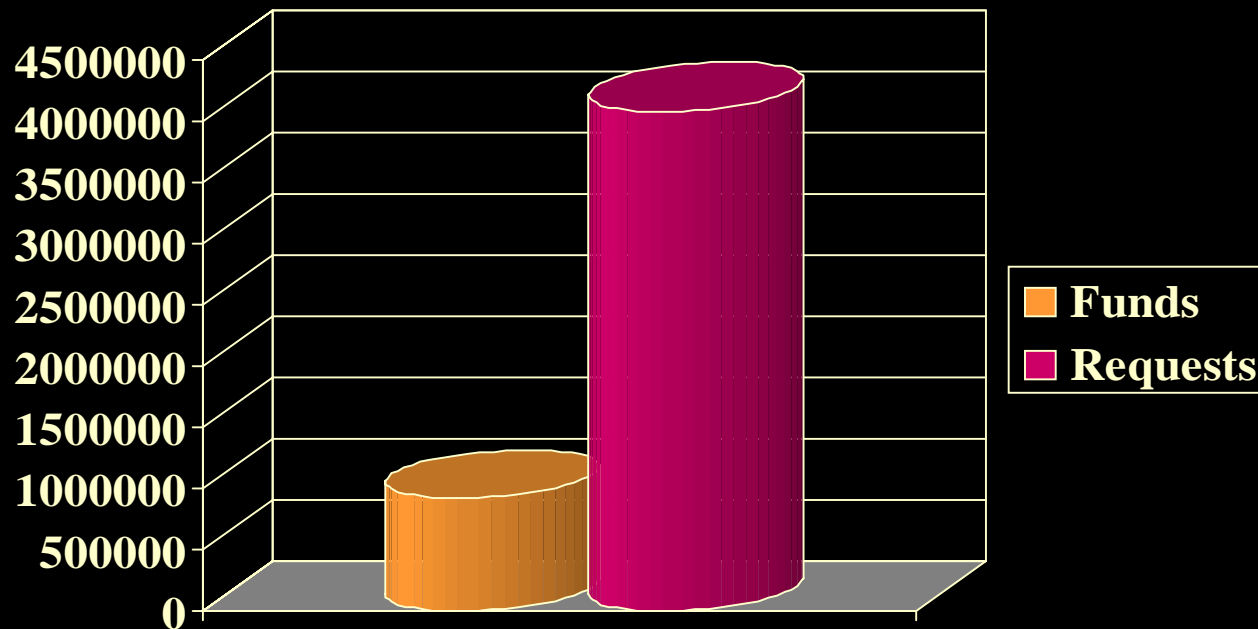
Annual Reports to Include



- Accomplishments
- Number of Consumers Served
- Outcome Data Collection
- Consumer Satisfaction Status
- Expenditure and Revenue Summaries

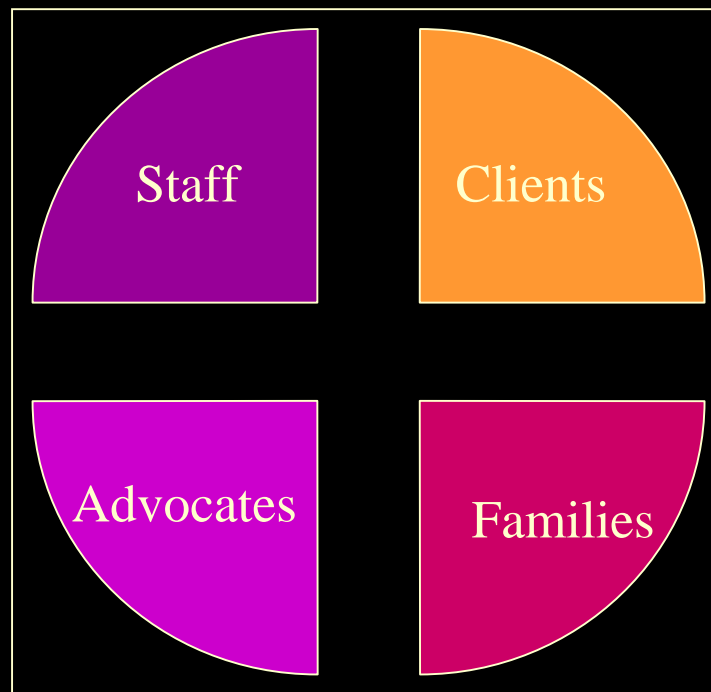
What Happened?

Received 49 Proposals Totaling \$4,080,365



Spending Decision Makers

A sub committee of the State Planning Council



- **Clients**
- **Family**
- **Staff**
- **Advocates**

Award Criteria



Services

- Directly impact and address needs of persons returning to the community from the public hospital system
- Be built on nationally recognized “Best Practices”
- Empower and educate
- Be of high quality, add value, and be consistent with the mission of SCDMH

Best Practices



Which Proposals Received Funding?

- Consumer-to-Consumer Evaluation
- Work in Progress
- SC SHARE's "Recovery for Life" education program
- Santee-Wateree MHC – Individual Placement and Support
- Lexington MHC - ACT Team
- Coastal MHC – Dual Diagnoses

Best Practices (continued)



Which RFPs Received Funding?

- NAMI-SC's Family to Provider Education
- Multi systemic Therapy
- Catawba Family Crisis Action Team Using MST
- Piedmont Children's Services
- Columbia School-based Services Using MST

Promising Practices



Which RFPs Received Funding?

- Greenville MHA -- Reassurance Line
- Fed. Of Families -- Volunteer Education Program
- Aiken MHC -- Welcome Home Consumer-Run Program
- Beckman MHC -- Consumer-Run Transportation Program
- Berkeley MHC -- Intensive Services for Children and Families

Best Practice Outcomes

Rural Behavioral Health Services



Prior to RBHS

Enrollment

- 52 Admissions
- 2,175 Inpatient days
- 34 Persons hospitalized

During RBHS

Enrollment

- 20 Admissions
- 751 Inpatient days
- 18 Persons hospitalized

Best Practice Outcomes School-based Services



- 93% remained in school
- 99% remained out of trouble (*decrease in discipline, referrals to school/law enforcement*)
- 92% remained in family home
- 74% of moderate group improve in 5 months
- 82% of severe group improved in 5 months

Support for Consumer Involvement

SCDMH Planning Council

Earliest Supporter of Consumer Empowerment Initiatives

- Consumer Employment Committee led by Billy Brown of Rock Hill
- Consumer Affairs Coordinators
- Office of Consumer Affairs
- Consumer-to-Consumer Evaluation
- SCDMH Trauma Task Force Initiative
- Medicaid-billable Peer Support Programs and Services

Systemic Consumer Involvement



Mission

Office of Consumer Affairs

To Facilitate Consumer Involvement in
Planning, Policy-making,
Program Evaluation, and
Service Provision

Our Challenge to the System



**Nothing
About Us
Without Us**

A Bright Future of Inclusion



Self-Identified
Consumers
Working in the
Mental Health System

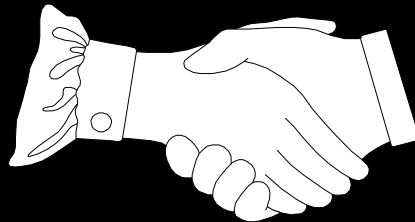
Self-identified Consumers Employees

- **Consumer Affairs Coordinators**
(est. 1990 - 1995)
17 employees (all 17 CMHCs)
- **Office of Consumer Affairs**
(est. 1994)
1 employee (Central Office)
- **Consumer-to-Consumer Evaluation Team**
(est. 1995)
10 employees (Central Office)
- **Peer Support Specialists**
(est. 2002)
56 employees (CMHCs and Hospitals)

A Bright Future for Consumer Involvement

- Growing responsibilities at the CMHCs
- Growing responsibilities with the Central Office
- Increasing involvement in quality evaluations and corrective action follow-up
- Growing opportunities for training, self development and advancement (with the State Planning Council's help!)

SCDMH Consumer-to-Consumer Evaluation Team



Our Mission

To involve individuals who receive services, independent advocates, and citizens-at-large in program evaluation and continuous quality improvement of the South Carolina Department of Mental Health

What is the Consumer-to-Consumer Evaluation Team?

An evaluation process that is
entirely
consumer-driven,
managed by primary consumers,
employing and training primary consumers as interviewers
and evaluators, and
focused on primary consumers for system feedback.

CCET Program Goals

To give voice to consumers, independent advocates, and concerned citizens

To establish a level playing field for consumer input

To enhance communication between service-site decision makers and persons served in programs

To facilitate timely service improvements

To establish system-wide data collection, comparison and evaluation of consumers and staff

CCET Program Deliverables



Measurable service/program satisfaction outcomes

Measurable service/program (dis)satisfaction

Measurable service/program consumer-perceived
and staff-perceived needs

Measurable service/program services linkages

Trackable corrective actions

Past CCET Indicator Dashboard

1. Consumer participation in treatment planning
2. Awareness of mental health center after-hours/emergency services availability
3. Employment
4. Requests for recovery information
5. Requests for service/program additions or improvements

Example of the CCET Survey Questions

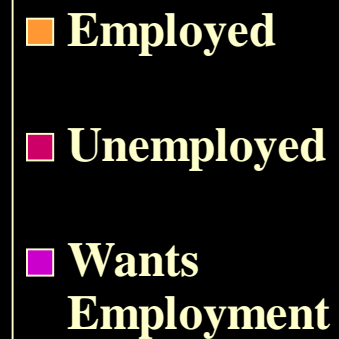
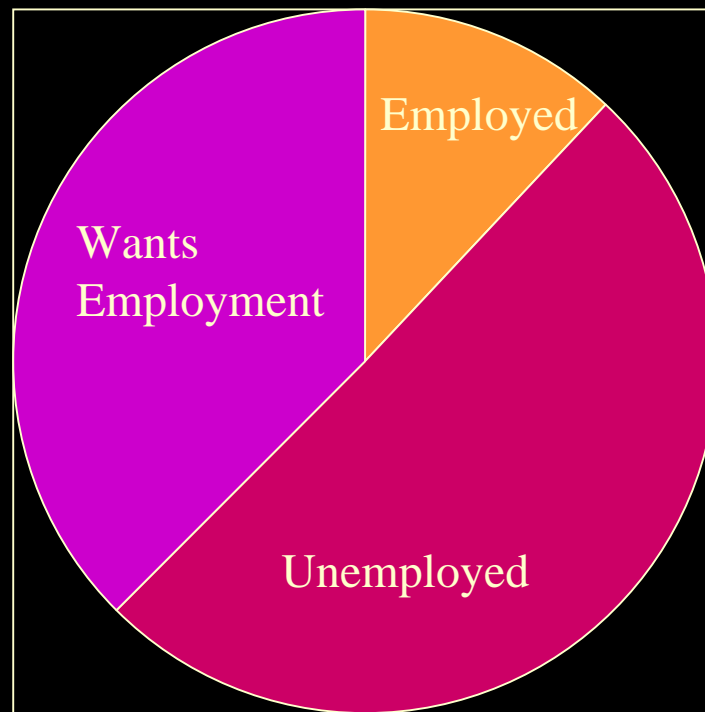
Under Employment

- Are you working?
- Would you like to work?

Under Individual Treatment Planning

- Have you heard of an individual treatment plan?
- Do you have an ITP?
- Did you participate in developing it?

Employment N = 850



Participated in Treatment Planning

N = 850 **Notes Improvement

A	B	C	D	E	F	G	H
FY	FY	FY	FY	FY	FY	FY	FY
01		00	00		00		
02	02	01	01	01	01	01	
						02	02
36%	23%	15%	11%	20%	34%	16%	40%
53% **		57% **	37% **		25%	33% **	

FY03

Dashboard

In FY03 the Dashboard will also include consumer perceptions of the following indicators of

a recovery-based system of care:

hope of recovery help with stigma

dignity and respect

trusting clinical relationships

culturally competent treatment

peer involvement

use of Advanced Psychiatric Directives

A Bright Future for the CCET Planned Improvements

Computer-generated data analysis

Faster Site Report Turnaround

Quicker Service Improvements

Greater Survey Productivity

Independent/Multiple Variable Data Analysis

A Bright Future for CCET

FY03 Goals

- Validate a nationally recognized recovery instrument and include all 17 SCDMH community mental health centers in CCET survey process
 - Establish a system-wide recovery baseline
 - Track corrective actions across all facilities
 - Provide biannual reports to Governing Council

*Additional Surveys & Data Collection
for Other Initiatives*

SCDMH Division of Nutritional Services

MHSIP

SCDMH Trauma Initiative Task Force

Individual Placement and Support (IPS) Grant

Support for Consumer Inclusion in Service Evaluation

SC Share - MHASC - NAMI-SC

State Mental Health Program Directors
(NTAC Publication)

The National Committee for Quality Assurance
(NCQA)

ACMHA/National Accreditation Workgroup
(CARF - CoA - The Council - JACHO - NCQA)

CCET Impact



Continuous monitoring as SCDMH moves toward a recovery-based system

Meaningful employment opportunities for consumers

Exposure to recovery role models

Additional Impact

Provides community mental health centers with information about what is important to clients and what clients want

Helps empower consumers to take an active role in their own recovery

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Thank you
for having us here!