Mental Health Block Grant Behavioral Health Reports (2013-2018)

- 2013 Block Grant
- 2014 Block Grant
- 2015 Block Grant
- 2016 Block Grant
- 2017 Block Grant
- 2018 Block Grant

I: State Information

State Information

State DUNS Number Number 112674036 **Expiration Date** I. State Agency to be the Grantee for the Block Grant Agency Name South Carolina Department of Mental Health Organizational Unit Office of the State Director Mailing Address 2414 Bull Street/P. O. Box 485 Columbia Zip Code 29202 II. Contact Person for the Grantee of the Block Grant John H. Last Name Magill Agency Name South Carolina Department of Mental Health Mailing Address 2414 Bull Street/P. O. Box 485 Columbia Zip Code 29202 Telephone 803-898-8319 Fax 803-898-8590 **Email Address** JHM03@SCDMH.ORG III. State Expenditure Period (Most recent State expenditure period that is closed out) From 7/1/2011 6/30/2012 IV. Date Submitted NOTE: this field will be automatically populated when the application is submitted. Submission Date 11/29/2012 11:17:23 AM

Revision Date 1/2/2013 9:08:00 AM

V. Contact Person Responsible for Application Submission	
First Name	7
D. Stewart	
Last Name	,
Cooner	
Telephone	
803-898-8632	
Fax	,
803-898-8311	
Email Address	_
DSC18@SCDMH.ORG	
Footnotes:	

II:Annual Report

Table 1 - State Priorities

Number	Title	Description
1	Self-Directed Recovery	The intent is to increase participant choice, control, and flexibility in selecting services to be rendered on the client's behalf. Through empowerment, and the ability to match perceived needs and desires with services received, clients are engaged and recovery is facilitated. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
2	Prevention and Promotion	It is the intent to facilitate the promotion of positive mental health to reduce the impact of mental illnesses on American communities. This will occur by creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
3	Collaboration	The intent is to seek partnerships among like-minded organizations to evaluate opportunities for enhancing services for such efforts as co-occurring disorders, physical health, employment, peer workforce, homelessness, returning veterans, youth in transition, reducing disparities, older adults, and employing and deploying technology. Through its myriad of partnerships, the South Carolina Department of Mental Health will evaluate the needs, resources, gaps, and solutions of the mental health continuum of care. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
4	Integrating Primary Care and Behavioral Health Care	The intent is to place mental health and substance abuse services in primary care settings, and place primary care services in mental health and substance abuse settings. The South Carolina Department of Mental Health has experimented in the past with these concepts and currently has a grant to explore these partnerships in the present. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
5	Strengthen Agency Position as State Mental Health Authority	The intent is to emphasive and exercise the primary role the South Carolina Department of Mental Health plays in the delivery of mental health services within the mental health continuum of care. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
6	Control Expenditures and/or Increase Efficiency of Operations	The intent is to evaluate the current operational environment of the South Carolina Department of Mental Health in order to identify areas of increased efficiency with the purpose of maximizing the return on investment of limited resources. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
7	Expand Funding/Revenue Opportunities	The intent is to evaluate the current revenue and funding streams of the South Carolina Department of Mental Health in order to identify areas of increased reimbursement with the purpose of maximizing the use of limited resources to achieve the greatest benefit for clients. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
8	Improve Access to Care for Targeted Populations	The intent is to evaluate the current access to care for clients and potential clients of the South Carolina Department of Mental Health in order to identify areas of need, and corresponding gaps in access, with the purpose of maximizing the use of limited resources so that the Department can continue to impact the prevalence rate of mental illness in the State. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
9	Enhance Efficiency of Clinical Service Delivery	The intent is to evaluate the current clinical service delivery model of the South Carolina Department of Mental Health in order to identify areas of increased efficiency with the purpose of maximizing the use of limited resources. This may be achieved through enhancement of the Department's internally-developed electronic medical record, addressing barriers to treatment, or deployment of other evidenced efficiencies. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
10	Enhance Treatment Effectiveness	The intent is to evaluate the current treatment effectivenes of the South Carolina Department of Mental Health in order to refine treatment services with the purpose of supporting the recovery of people with mental illnesses. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.

11	Budget Preservation	The intent is to prevent the further degradation of funding for the South Carolina Department of Mental Health so that it will be able to continue to address the demand for mental health services across the State of South Carolina. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
12	Recruitment and Retention	The intent is to address the shortage of clinical staff across the provider spectrum of the South Carolina Department of Mental Health and to ameliorate the significant disparities in compensation between the public and private sectors. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
13	Accreditation	The intent is to maintain the high-quality level and types of services provided by the South Carolina Department of Mental Health as evidenced by the standards set forth by the accrediting bodies with which the Department is affiliated, and by which all of its Community Mental Health Centers and Inpatient Facilities are accredited. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
14	Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders	The intent is to ensure that the issues and concerns raised by participants in feedback processes, such as the Community Forums, are reviewed, and, when appropriate, acted upon in order to affect positive change, and ensure a dynamic environment, for behavioral health services in the State of South Carolina. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.

Footnotes:

II:Annual Report

Table 2 - Priority Area by Goal, Strategy, and Performance Indicator

Priority: Self	F-Directed Recovery
Goal of the priority a	rea:
Incorporate Over-Ar	ching Principle into Strategic Planning Process and Deliberations
Strategies to attain the	he goal:
decided to approach -arching themes to g goals, objective and and the SAMHSA CM	on is contained within the Funding Priorities of the South Carolina Mental Health State Planning Council. The Planning Council the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health over guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, MHS 2011 Monitoring Team Report. Timeframe: Continuous.
In its August 17, 201 a priority activity.	1 meeting, the South Carolina Mental Health State Planning Council requested that Supported Employment be designated as
Annual Perfor	mance Indicators to measure goal success
Indicator: A	s Designated within the Specific Goal, Objective and Action Step
Description of Col	lecting and Measuring Changes in Performance Indicator:
	to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to ion, feasibility, implementation, and monitoring of the goal, objective and action step.
Achieved: Ir	n Progress
Proposed Change:	S:

Reason Not Achieved:
Priority: Prevention and Promotion Goal of the priority area:
Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations
Strategies to attain the goal:
This recommendation is contained within the Funding Priorities of the South Carolina Mental Health State Planning Council. The Planning Council decided to approach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health over -arching themes to guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the goals, objective and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, and the SAMHSA CMHS 2011 Monitoring Team Report. Timeframe: Continuous.
Annual Performance Indicators to measure goal success
Indicator: As Designated within the Specific Goal, Objective and Action Step
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.
Achieved: In Progress
Proposed Changes:

Reason Not Achieved:
Priority: Collaboration
Goal of the priority area:
Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations
Strategies to attain the goal:
This recommendation is contained within the Funding Priorities of the South Carolina Mental Health State Planning Council. The Planning Council decided to approach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health over arching themes to guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the goals, objective and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, and the SAMHSA CMHS 2011 Monitoring Team Report. Timeframe: Continuous.
Annual Performance Indicators to measure goal success
Indicator: As Designated within the Specific Goal, Objective and Action Step
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.

Achieved: South Carolina In Progress

Proposed Changes:	
Troposed changes.	
Reason Not Achieved:	
iority: Integrating Primary Care and Behavioral Health Care	
al of the priority area:	

Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations

Strategies to attain the goal:

This recommendation is contained within the Funding Priorities of the South Carolina Mental Health State Planning Council. The Planning Council decided to approach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health over -arching themes to guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the goals, objective and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, and the SAMHSA CMHS 2011 Monitoring Team Report. Timeframe: Continuous.

South Carolina currently has a Transformation Transfer Initiative (Subcontract Number: SC-1026-SC-01), South Carolina's Primary Care and Behavioral Health Integration Project whose mission is "the systemic coordination of both behavioral health and physical healthcare that improves the health outcomes of the population served." Its purpose is to improve the overall wellness and physical health of persons with serious mental health illnesses, including individuals with co-occurring substance use disorders, by supporting communities in the coordination of integrated behavioral health and primary care services at publicly funded community mental health centers and other community based health care settings.

'Annual Performance Indicators to measure goal success"

As Designated within the Specific Goal, Objective and Action Step Indicator:

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.
Achieved: In Progress
Proposed Changes:
Reason Not Achieved:
Priority: Strengthen Agency Position as State Mental Health Authority Goal of the priority area:
Certify/Recertify Medicaid Providers for Behavioral Health Community-Based Services
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 3 to 5 Years.

Annual Performance Indicators to measure goal success

Indicator:

Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: N/A
Proposed Changes:
Reason Not Achieved:
Priority: Strengthen Agency Position as State Mental Health Authority Goal of the priority area:
Review Legal Statutes for Application to SCDMH Population
Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 3 to 5 Years.

Description of	Collecting and Measuring Changes in Performance Indicator:
The requirement prepared by the	ent to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis ne Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved:	Yes
Proposed Char	nges:
Reason Not Ac	hieved:
	Control Expenditures and/or Increase Efficiency of Operations
riority:	Control Expenditures and/or Increase Efficiency of Operations
riority:	Control Expenditures and/or Increase Efficiency of Operations ty area:
riority:	Control Expenditures and/or Increase Efficiency of Operations ty area:

not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to

identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: Continuous.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:
Reason Not Achieved:
Priority: Control Expenditures and/or Increase Efficiency of Operations
Goal of the priority area:
Enhance Unified System of Care that Includes CMHCs and Inpatient Services
Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years. "Annual Performance Indicators to measure goal success" As Determined by the Lead Staff Assigned to the Objective Indicator: Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress **Proposed Changes:** Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

Establish a Department of Statistical and Information Services as Single Data Repository

Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:
Reason Not Achieved:
Reason Not Achieved.
Priority: Control Expenditures and/or Increase Efficiency of Operations

Restructure, Reorganize, Consolidate Facilities, Services and Functions Where Appropriate

Goal of the priority area:

Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:
Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

Review Activities Essential to Clinical Service Delivery
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:
Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities
Goal of the priority area:
Conduct a Feasibility Analysis for Implementation of 1915i Medicaid State Plan Option
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: N/A
Achieved. N/A
Proposed Changes:
Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities
Goal of the priority area:
Emphasize Targeted Case Management/Case Management to Coordinate Care Provision
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:
Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities
Goal of the priority area:
Establish a Liaison with Department of Insurance to Maximize Planning Opportunities
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan
Achieved: N/A
Proposed Changes:

Reason Not Achieved:

riority:	Expand Funding/Revenue Opportunities
Goal of the prior	ity area:
Evaluate Option	ns to Expand Community Housing Alternatives for Adults with SMI
trategies to atta	ain the goal:
	dation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report a
that the product with preparing a	e, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted to of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to instrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
that the product with preparing a identify, and cor	t of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to
that the product with preparing a identify, and con —Annual Per Indicator:	t of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to instrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
The requirem prepared by t	t of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to instrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years. rformance Indicators to measure goal success As Determined by the Lead Staff Assigned to the Objective
The requirem prepared by t	t of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to instrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years. In the Lead Staff Assigned to the Objective It collecting and Measuring Changes in the performance indicator will be set forth as a component of the impact analysis the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical

Priority: Expand Funding/Revenue Opportunities Goal of the priority area: Explore Medicaid State Plan Option for Patients 65 and Over in Inpatient Facilities Strategies to attain the goal: This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in stope, in establishing these recommendations, the Committee was not harged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to indentify, and constrain, any inadvertent, and unintended, collateral effects. Timetrame: 6 Months to 1 Year. Annual Performance Indicators to measure goal success indicator: As Determined by the Load Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance Indicator: The requirement to collect and measure changes in Performance Indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
Explore Medicaid State Plan Option for Patients 65 and Over in Inpatient Facilities Strategies to attain the goal: This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	Reason Not Achieved:
Explore Medicaid State Plan Option for Patients 65 and Over in Inpatient Facilities Strategies to attain the goal: This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope, in establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
Explore Medicaid State Plan Option for Patients 65 and Over in Inpatient Facilities Strategies to attain the goal: This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope, in establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
Explore Medicaid State Plan Option for Patients 65 and Over in Inpatient Facilities Strategies to attain the goal: This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope, in establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
Explore Medicald State Plan Option for Patients 65 and Over in Inpatient Facilities Strategies to attain the goal: This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
Explore Medicald State Plan Option for Patients 65 and Over in Inpatient Facilities Strategies to attain the goal: This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
Explore Medicaid State Plan Option for Patients 65 and Over in Inpatient Facilities Strategies to attain the goal: This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope, in establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	Priority: Expand Funding/Revenue Opportunities
Explore Medicaid State Plan Option for Patients 65 and Over in Inpatient Facilities Strategies to attain the goal: This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance Indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
Strategies to attain the goal: This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	Explore Wedledia State Fian Option for Fatients of and Ever in inpatient Fatinities
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	Strategies to attain the goal:
not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year. Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	dentity, and constrain, any indevertent, and diffriended, conditional effects. Finish and constraint, and indevertent, and diffriended, conditional effects.
Indicator: As Determined by the Lead Staff Assigned to the Objective Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	Annual Performance Indicators to measure goal success
Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	maisator. The Botominion by the Lond of an Theory flow to the Objective
prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	Description of Collecting and Measuring Changes in Performance Indicator:
feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: In Progress	The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis
Achieved: In Progress	
	feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Proposed Changes:	Achieved: In Progress
Troposed changes.	Proposed Changes:
	Troposed changes.

Reason Not Achieved:
Priority: Expand Funding/Revenue Opportunities Goal of the priority area:
Explore the Feasibility of Medical Rehabilitation at Nursing Care Facility
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: N/A
Proposed Changes:

Reason Not Achieved:
Reason Not Achieved.
Priority: Expand Funding/Revenue Opportunities
Goal of the priority area:
Increase Integration of Financing and Service Delivery for Dual Eligibles
increase integration of rinancing and service between for buar engibles
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are
not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged
with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to
identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframes: 6 Months to 1 Year.

*Annual Performance Indicators to measure goal success

Indicator: As Determined by the Lead Staff Assigned to the Objective

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved: In Progress

Proposed Changes:			
Reason Not Achieved:			

Goal of the priority area:

Increase Number of Partnerships with Other Agencies and Organizations

Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.

'Annual Performance Indicators to measure goal success"

As Determined by the Lead Staff Assigned to the Objective Indicator:

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved:	Yes		
Proposed CI	changes:		
Reason Not	Achieved:		
Priority:	Expand Funding/Revenue Opportunities		

Goal of the priority area:

Maximize the Capacity for Entitlement Services and Payer-Sponsored Coverage

Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.

Annual Performance Indicators to measure goal success

As Determined by the Lead Staff Assigned to the Objective Indicator:

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Expand Funding/Revenue Opportunities Goal of the priority area:
Merge/Co-Locate with Other Health Providers
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:

prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Expand Funding/Revenue Opportunities
Goal of the priority area: Pursue Opportunities for Enhanced County-Level Financial Support
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.

Indicator: South Carolina

As Determined by the Lead Staff Assigned to the Objective OMB No. 0930-0168 Approved: 07/19/2011 Expires: 07/31/2014

Annual Performance Indicators to measure goal success

Description of	Collecting and Measuring Changes in Performance Indicator:
prepared by th	nt to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis be Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved:	Yes
Proposed Chan	iges:
Reason Not Acl	hieved:
Treason Trot 7 to	
riority: E	Expand Funding/Revenue Opportunities
oal of the priorit	y area:
Review Current F	ee Schedule
trategies to attai	n the goal:
This recommends	ation is contained within the Agency Long Torm Planning Committee Papert. While the recommendations stated in this report are

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.

Annual Per	rformance Indicators to measure goal success
Indicator:	As Determined by the Lead Staff Assigned to the Objective
Description of	f Collecting and Measuring Changes in Performance Indicator:
prepared by t	ent to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved:	Yes
Proposed Cha	inges:
Dagger Net A	alai aya di
Reason Not A	cnievea:
Priority:	Improve Access to Care for Targeted Populations
Goal of the prior	
Assess Opportu	nities for Collaborative Initiatives with Internal and External Hospitals
Strategies to atta	ain the goal:
his recommend	dation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report a

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to

identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Improve Access to Care for Targeted Populations
Goal of the priority area: Expand the Use of Telepsychiatry
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are

not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Improve Access to Care for Targeted Populations
Goal of the priority area:
Reassess Current Initiatives Related to Emergency Rooms

Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Improve Access to Care for Targeted Populations
Goal of the priority area: Review Populations Served in Inpatient Facilities and Community Mental Health Centers

South Carolina

Goal of the priority area:

Update Definition of Core Community Mental Health Centers Services
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:
Reason Not Achieved:
RedSUIT NOT ACHIEVEU:

Priority: Enhance Efficiency of Clinical Service Delivery
Goal of the priority area:
Continue Provision of Peer Support Services
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:

Priority: Enhance Efficiency of Clinical Service Delivery
Goal of the priority area:
Identify and Address Barriers to Treatment Throughout Course of Care
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:
Reason Not Achieved:

Delanite. — Falsanaa Efficienza of Clinical Comica Delivera
Priority: Enhance Efficiency of Clinical Service Delivery Goal of the priority area:
Maximize Capacity of the Electronic Medical Record in CMHCs and Inpatient Facilities
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness
Goal of the priority area:
Develop Treatment Tracks
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:

Reason Not Achieved:
Priority: Enhance Treatment Effectiveness
Goal of the priority area:
Enhance, Expand, and Develop Group-Specific Services
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:

Reason Not Achieved:
Priority: Enhance Treatment Effectiveness
Goal of the priority area:
Enhance/Develop Supervisory Tools for Continuous Assessment of Clnicians' Skills
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.
— Applied Derformance Indicators to measure goal success
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical
feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:

Reason Not Achieved:
Priority: Enhance Treatment Effectiveness
Goal of the priority area:
Evaluate Capacity to Adjust Service Provision Based on Client Needs Throughout Treatment
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.
Annual Performance Indicators to measure goal success

Indicator: As Determined by the Lead Staff Assigned to the Objective

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved: Yes

Proposed Changes:		
Reason Not Achieved:		

Goal of the priority area:

Evaluate Mechanisms and Timeframes to Respond to Requests for Services and Admissions

Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.

Annual Performance Indicators to measure goal success

Indicator: As Determined by the Lead Staff Assigned to the Objective

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved: In Progress		
Proposed Changes:		
Reason Not Achieved:		

Goal of the priority area:

Expand Focus on Recovery

Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: Continuous.

Annual Performance Indicators to measure goal success

Indicator: As Determined by the Lead Staff Assigned to the Objective

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Enhance Treatment Effectiveness
Goal of the priority area:
Expand Patient-Endorsed Treatment Expectations and Plans of Care
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:
Reason Not Achieved:
Priority: Enhance Treatment Effectiveness
Goal of the priority area:
Explore Evidence-Based Suicide Prevention Programming in Coordination with Partners
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.

Annual Performance Indicators to measure goal success

Indicator: As Determined by the Lead Staff Assigned to the Objective

Description of Collectin	ng and Measuring Changes in Performance Indicator:
prepared by the Lead	llect and measure changes in the performance indicator will be set forth as a component of the impact analysis Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical tained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes	
Proposed Changes:	
Reason Not Achieved:	
l	
, and the second	Treatment Effectiveness
Goal of the priority area: Increase Family Inclusion	and Family Therapy from the Outset of Treatment as Appropriate
Strategies to attain the go	pal:
	contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are presents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted

not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.

Annual Per	formance Indicators to measure goal success
Indicator:	As Determined by the Lead Staff Assigned to the Objective
Description of	Collecting and Measuring Changes in Performance Indicator:
prepared by the	ent to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis he Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved:	In Progress
Proposed Char	nges:
Reason Not Ac	'hieved'
iority:	Enhance Treatment Effectiveness
oal of the priori	ty area:
ncrease Traininç	g for Clinicians in Evidence-Based Practices for Adults and Children

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to

dentify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: In Progress
Proposed Changes:
Reason Not Achieved:
iority: Enhance Treatment Effectiveness
pal of the priority area:
Maintain Partnership with Law Enforcement for Crisis Intervention Training/Client Safety
rategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years. *Annual Performance Indicators to measure goal success As Determined by the Lead Staff Assigned to the Objective Indicator: Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: Yes **Proposed Changes:** Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Survey Clients to Evaluate SCDMH's Delivery of Services from a Cultural Perspective

Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Budget Preservation

Maintain or Increase Funding Levels

Goal of the priority area:

Strategies to attain the goal:
This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. The intent is to prevent the further degradation of funding for the South Carolina Department of Mental Health so that it will be able to continue to address the demand for mental health services across the State of South Carolina. Timeframe: Continuous.
Annual Performance Indicators to measure goal success
Indicator: Maintain or Increase Funding Levels
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be established at the business unit level and will be monitored by the Deputy Director of Administration, as well as by the Senior Management Team of the Department.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:

Priority: Recruitment and Retention

Goal of the priority area:

Emphasize Recruitment and Retention
Strategies to attain the goal:
This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. This recommendation will be incorporated into the effort set forth towards the goal recommended in the Agency Long-term Planning Committee Report. Timeframe: Continuous.
Annual Performance Indicators to measure goal success Indicator: See Also Control Expenditures and/or Increase Efficiency of Operations
Description of Collecting and Measuring Changes in Performance Indicator:
Cross-reference this goal with that set forth in Control Expenditures and/or Increase Efficiency of Operations Achieved: Yes
Proposed Changes:
Reason Not Achieved:

Priority: Accreditation
Goal of the priority area:
Maintain Accreditation of All CMHCs and Inpatient Facilities
Strategies to attain the goal:
This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. The intent is to maintain the high-quality level and types of services provided by the South Carolina Department of Mental Health as evidenced by the standards set forth by the accrediting bodies with which the Department is affiliated, and by which all of its Community Mental Health Centers and Inpatient Facilities are accredited. Timefram Continuous.
Annual Performance Indicators to measure goal success
Indicator: Maintain Accreditation of All CMHCs and Inpatient Facilities
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be established at the business unit level and will be monitored by the Deputy Director of Community Mental Health Services and the Deputy Director for Inpatient Services, as well as by the Senior Management Team of the Department.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:

Priority: Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders
Goal of the priority area:
Address Issues and Concerns Raised by Community Forum Participants
Strategies to attain the goal:
This recommendation is contained within the Action Items from the 25 Community Forums. Many of the items contained within said report are actionable items on which the Division of Community Mental Health Services and the respective Community Mental Health Center are already engaged. As many of the Action Items are contained within the over-arching priorities previously set forth, each Action Item has not been delineated here, but can be referenced within the body of the report, attached in Step 2: Identify the unmet service needs and critical gaps within the current system. Timeframe: Based on Complexity of Issue to be Addressed.
Annual Performance Indicators to measure goal success
Indicator: As Delineated within the Action Items from the 25 Community Forums
Description of Collecting and Measuring Changes in Performance Indicator:
See Action Items from the 25 Community Forums. Expected outcomes have been set forth for each Action Items.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Reason Not Achieved.

Footnotes:

For those Goals marked Not Applicable (N/A), the Department has either not received a mission specific directive to adjust services (in the case of "Certify/Recertify Medicaid Providers for Behavioral Health Community-Based Services" and "Explore the Feasibility of Medical Rehabilitation at Nursing Care Facility"), or has determined that the prescribed course of action, after preliminary discussions, does not require an immediate formal address (in the case of "Conduct a Feasibility Analysis for Implementation of 1915i Medicaid State Plan Option" and "Establish a Liaison with Department of Insurance to Maximize Planning Opportunities").

Table 3 A/B (URS Tables 5A/5B) - Profile of Clients by Type of Funding Support

Table 3A

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

		Tot	al			can Indi ska Nati		,	Asian			k or Afric merican			ian or (White		Hispanic *				han One eportec		Race N	lot Ava	ilable
					Alas	ska Mati	ve					mencan		i aci	acific Islander URS table 5b are not available					керопе								
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
Medicaid (only Medicaid)		13,838	1	27,392	51	37	0	24	26	0	5,895	6,963	0	1	1	0	6,879	5,842	1	0	0	0	202	294	0	501	675	0
Non- Medicaid Sources (only)	14,707	12,391	3	27,101	51	61	0	74	43	0	3,907	4,004	0	4	1	0	10,148	7,827	3	0	0	0	56	68	0	467	387	0
People Served by Both Medicaid and Non- Medicaid Sources		7,561	0	16,882	32	22	0	34	34	0	4,142	3,637	0	1	1	0	4,950	3,657	0	0	0	0	35	59	0	127	151	0
Medicaid Status Not Available	2,395	2,748	28	5,171	10	13	0	5	13	0	965	1,269	0	0	0	0	1,337	1,353	0	0	0	0	27	24	0	51	76	28
Total Served	39,976	36,538	32	76,546	144	133	0	137	116	0	14,909	15,873	0	6	3	0	23,314	18,679	4	0	0	0	320	445	0	1,146	1,289	28

Data Based on Medicaid Services

Data Based on Medical Eligibility, not Medicaid Paid Service

'People Served By Both' includes people with any Medicaid

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Table 3B

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or	Latino Origi	n Unknown	Total			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total
Medicaid Only	9,599	9,222	1	349	441	0	3,605	4,175	0	13,553	13,838	1	27,392
Non-Medicaid Only	11,238	8,910	0	396	239	0	3,073	3,242	3	14,707	12,391	3	27,101
People Served by Both Medicaid and Non-Medicaid Sources	6,726	5,229	0	189	174	0	2,406	2,158	0	9,321	7,561	0	16,882
Medicaid Status Unknown	1,821	1,718	0	49	62	0	525	968	28	2,395	2,748	28	5,171
Total Served	29,384	25,079	1	983	916	0	9,609	10,543	31	39,976	36,538	32	76,546

^	omments	on Data	(for Age)	١.

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients	(1) Modicaid Only (2) Non Modicaid Only	(2) Poth Modicaid and Other Sources funded their tr	contract and (A) Modicaid Status Unknown
Each row should have a unique (uniquiplicated) count of chefits	. CD Medicald Offix. (2) Non-Medicald Offix	. (3) BOTH MEDICAID AND OTHER SOURCES FULLDED THEIR II	eatifierti, affu (4) ivieutcatu Status Uffkilowii.

footnote:			

Table 4 (URS Table 7) - Profile of Mental Health Service Expenditures and Sources of Funding

Start Year: 2011 End Year: 2012

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
Substance Abuse Prevention and Treatment	\$	\$	\$	\$	\$	\$	\$
2. Primary Prevention	\$	\$	\$	\$	\$	\$	\$
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. State Hospital	\$	\$	\$52,300,000	\$0	\$49,700,000	\$0	\$1,000,000
6. Other 24 Hour Care	\$	\$	\$	\$	\$	\$	\$
7. Ambulatory/Community Non-24 Hour Care	\$	\$8,800,000	\$72,100,000	\$3,700,000	\$54,300,000	\$3,600,000	\$7,800,000
8. Administration (Excluding Program and Provider Level)	\$	\$0	\$3,200,000	\$0	\$10,800,000	\$0	\$0
9. Total	\$	\$8,800,000	\$127,600,000	\$3,700,000	\$114,800,000	\$3,600,000	\$8,800,000

Please indicate the expenditures are <u>actual</u> or <u>estimated</u>.

jn Actual jn Estimated

Footnotes:

Table 5 - MHBG Expenditures By Service

Expenditure Period Start Date: 7/1/2011 Expenditure Period End Date: 6/30/2012

Service	Unduplicated Individuals	Units	Expenditures
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach			\$0
Outpatient Services			\$0
Individual evidenced based therapies			\$0
Group therapy			\$0
Family therapy			\$0
Multi-family therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$0
Medication management			\$0

Pharmacotherapy (including MAT)		\$0
Laboratory services		\$0
Community Support (Rehabilitative)		\$0
Parent/Caregiver Support		\$0
Skill building (social, daily living, cognitive)		\$0
Case management		\$0
Continuing Care		\$0
Behavior management		\$0
Supported employment		\$0
Permanent supported housing		\$0
Recovery housing		\$0
Therapeutic mentoring		\$0
Traditional healing services		\$0
Recovery Supports		\$0
Recovery Supports Peer Support		\$0 \$0
Peer Support		\$0
Peer Support Recovery Support Coaching		\$0
Peer Support Recovery Support Coaching Recovery Support Center Services		\$0 \$0
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care		\$0 \$0 \$0
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative)		\$0 \$0 \$0 \$0
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative) Personal care		\$0 \$0 \$0 \$0 \$0
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative) Personal care Homemaker		\$0 \$0 \$0 \$0 \$0 \$0
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative) Personal care Homemaker Respite		\$0 \$0 \$0 \$0 \$0 \$0 \$0
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative) Personal care Homemaker Respite Supported Education		\$0 \$0 \$0 \$0 \$0 \$0 \$0
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative) Personal care Homemaker Respite Supported Education Transportation		\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

Trained behavioral health interpreters		\$0
Interactive communication technology devices		\$0
Intensive Support Services		\$0
Substance abuse intensive outpatient (IOP)		\$0
Partial hospital		\$0
Assertive Community Treatment		\$0
Intensive home based services		\$0
Multi-systemic therapy		\$0
Intensive Case Management		\$0
Out-of-Home Residential Services		\$0
Crisis residential/stabilization		\$0
Adult Substance Abuse Residential		\$0
Adult Mental Health Residential		\$0
Youth Substance Abuse Residential Services		\$0
Children's Residential Mental Health Services		\$0
Therapeutic foster care		\$0
Acute Intensive Services		\$0
Mobile crisis		\$0
Peer based crisis services		\$0
Urgent care		\$0
23 hr. observation bed		\$0
Medically Monitored Intensive Inpatient		\$0
24/7 crisis hotline services		\$0
Other (please list)		\$0
footnote:		

Table 6 - Primary Prevention Expenditures Checklist

Start Year:	
End Year:	

Strategy	IOM Target	MHBG Block Grant	Other Federal	State	Local	Other
Information Dissemination	Universal	\$	\$	\$	\$	\$
Information Dissemination	Selective	\$	\$	\$	\$	\$
Information Dissemination	Indicated	\$	\$	\$	\$	\$
Information Dissemination	Unspecified	\$	\$	\$	\$	\$
Information Dissemination	Total	\$	\$	\$	\$	\$
Education	Universal	\$	\$	\$	\$	\$
Education	Selective	\$	\$	\$	\$	\$
Education	Indicated	\$	\$	\$	\$	\$
Education	Unspecified	\$	\$	\$	\$	\$
Education	Total	\$	\$	\$	\$	\$
Alternatives	Universal	\$	\$	\$	\$	\$
Alternatives	Selective	\$	\$	\$	\$	\$
Alternatives	Indicated	\$	\$	\$	\$	\$
Alternatives	Unspecified	\$	\$	\$	\$	\$
Alternatives	Total	\$	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$	\$	\$	\$	\$
Problem Identification and Referral	Selective	\$	\$	\$	\$	\$
Problem Identification and Referral	Indicated	\$	\$	\$	\$	\$
Problem Identification and Referral	Unspecified	\$	\$	\$	\$	\$
Problem Identification and Referral	Total	\$	\$	\$	\$	\$
h Carolina	OMP No. 0	930-0168 Approved	J. 07/10/2011 Ev	miraa, 07/21/201	1	Page 62 of

Community-Based Process	Universal	\$ \$	\$ \$	\$
Community-Based Process	Selective	\$ \$	\$ \$	\$
Community-Based Process	Indicated	\$ \$	\$ \$	\$
Community-Based Process	Unspecified	\$ \$	\$ \$	\$
Community-Based Process	Total	\$ \$	\$ \$	\$
Environmental	Universal	\$ \$	\$ \$	\$
Environmental	Selective	\$ \$	\$ \$	\$
Environmental	Indicated	\$ \$	\$ \$	\$
Environmental	Unspecified	\$ \$	\$ \$	\$
Environmental	Total	\$ \$	\$ \$	\$
Section 1926 Tobacco	Universal	\$ \$	\$ \$	\$
Section 1926 Tobacco	Selective	\$ \$	\$ \$	\$
Section 1926 Tobacco	Indicated	\$ \$	\$ \$	\$
Section 1926 Tobacco	Unspecified	\$ \$	\$ \$	\$
Section 1926 Tobacco	Total	\$ \$	\$ \$	\$
Other	Universal	\$ \$	\$ \$	\$
Other	Selective	\$ \$	\$ \$	\$
Other	Indicated	\$ \$	\$ \$	\$
Other	Unspecified	\$ \$	\$ \$	\$
Other	Total	\$ \$	\$ \$	\$
Footnotes:				

Table 7 (URS Table 8) - Profile Of Community Mental Health Block Grant Expenditures For Non-Direct Service Activities

Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities

Service	Estimated Total Block Grant		
MHA Technical Assistance Activities	\$		
MHA Planning Council Activities	\$		
MHA Administration	\$62,401		
MHA Data Collection/Reporting	\$		
MHA Activities Other Than Those Above	\$		
Total Non-Direct Services	\$62,401		
Comments on Data:			
footnote:			

Table 8 (URS Table 10) - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2009 Expenditure Period End Date: 9/30/2011

Entity Number	I- SATS ID (for SABG)	Area Served (Statewide or Sub- State Planning Area)	Provider/Program/Agency Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults with serious mental illness	CMHS Block Grant - G. Children with serious emotional disturbance
1		Statewide	Aiken MHC	1135 Gregg Hwy	Aiken	sc	29801						\$94,902.00	\$83,998.00
2		Statewide	Anderson MHC	200 McGee Rd.	Anderson	SC	29625						\$350,160.00	\$407,352.00
3		Statewide	Beckman MHC	1547 Parkway, Suite 100	Greenwood	SC	29646						\$363,383.00	\$468,301.00
1		Statewide	Berkeley MHC	403 Stoney Landing Rd.	Moncks Corner	SC	29464						\$171,848.00	\$94,759.00
5		Statewide	Catawba MHC	225 E Main St.	Rock Hill	sc	29730						\$429,659.00	\$346,918.00
6		Statewide	Charleston MHC	2100 Charlie Hall Blvd.	Charleston	SC	29414						\$363,109.00	\$363,109.00
7		Statewide	Coastal MHC	1050 Ribaut Rd.	Beaufort	SC	29902						\$172,671.00	\$562,705.00
3		Statewide	Columbia MHC	2715 Colonial Dr.	Columbia	SC	29203						\$159,468.00	\$137,844.00
)		Statewide	Greenville MHC	124 Mallard St.	Greenville	sc	29601						\$203,556.00	\$203,556.00
0		Statewide	Lexington MHC	301 Palmetto Park Blvd.	Lexington	SC	29072						\$57,562.00	\$78,881.00
20		Sub-State Planning Area	MHA Greenville	301 University Ridge	Greenville	SC	29601						\$0.00	\$39,931.00
19		Sub-State Planning Area	MHA Sumter	P.O. Box 1541	Sumter	SC	29151						\$0.00	\$8,491.00
21		Statewide	NAMI	P.O. Box 1267	Columbia	SC	29202						\$35,788.00	\$35,788.00
11		Statewide	Orangeburg MHC	2319 St. Matthews Rd.	Orangeburg	sc	29116						\$95,177.00	\$328,702.00
12		Statewide	Pee Dee MHC	125 E Chevez St.	Florence	SC	29506						\$139,252.00	\$139,252.00
13		Statewide	Piedmont MHC	20 Powerhorn Rd.	Simpsonville	SC	29681						\$184,452.00	\$288,476.00
8		Statewide	Project and Grants	2414 Bull St.	Columbia	SC	29202						\$144,900.00	\$0.00
14		Statewide	Santee MHC	215 N. Magnolia St.	Sumter	sc	29151						\$573,865.00	\$227,987.00
22		Statewide	SHARE	427 Meeting St.	West Columbia	SC	29169						\$48,675.00	\$0.00
15		Statewide	Spartanburg MHC	250 Dewey Dr.	Spartanburg	SC	29303						\$306,759.00	\$306,759.00
16		Statewide	Tri-County MHC	1035 Cheraw Hwy.	Bennettsville	SC	29512						\$186,988.00	\$186,988.00
7		Statewide	Waccamaw MHC	164 Waccamaw Med. Prk. Dr.	Conway	SC	29526						\$156,739.00	\$206,027.00
23		Sub-State Planning Area	Work-in-Progress	1413 Calhoun St.	Columbia	SC	29201						\$39,085.00	\$0.00
th Car	T	I	OMP	I- 0000	0168 App	T	07/4	2/2244		07/04/00	4.4			a 65 of 11

Total \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$4,277,998.00 \$4,515,824.00

Footnotes:

Table 9 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA						
Period	Expenditures	<u>B1(2010) + B2(2011)</u> 2				
(A)	(B)	(C)				
SFY 2010 (1)	\$61,747,806					
SFY 2011 (2)	\$63,182,404	\$62,465,105				
SFY 2012 (3)	\$63,834,842					

Are the expenditure amounts repo	orted in Column B "actual"	expenditures for the State f	iscal years involved?
----------------------------------	----------------------------	------------------------------	-----------------------

SFY 2010	Yes	Χ	No
SFY 2011	Yes	Χ	No
SFY 2012	Yes	Χ	No

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

Footnotes:

SFY2010 Expenditures \$61,747,806; SFY2011 Expenditures \$63,182,404; MOE Required for FY2012 \$62,465,105; Surplus/(Shortfall) of FY2012 Expenditures to Required MOE \$1,369,736.

Table 10 - Report on Set-aside for Children's Mental Health Services

	State Expenditures for Mental Health Services	
Actual SFY 2008	Actual SFY 2011	Estimated/Actual SFY 2012
\$26,040,177	\$13,558,490	\$13,715,209

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

footnote:

Actual FY1994 Expenditures \$6,076,364. Estimate for FY2011 was \$13,558,490. Actual for FY2011 was \$13,372,735. FY2012 is actual. Please note that the expenditures for SFY2012 are lower than those for SFY2008. As has been previously discussed with SAMSHA Administration, SFY2008 was the peak funding year in State Appropriations for the Department. Ending state appropriations for SFY2008 were \$220,228,567. In SFY2009, the State of South Carolina instituted a series of significant reductions in state funding due to the fiscal impacts of the economic recession. From SFY2008 to SFY2012, ending state appropriations declined by \$87,272,590, or 39.63%. The effect of the reductions was distributed across the mental health system administered by the Department, resulting in significant changes in expenditure levels across the community mental health system and within the expenditure categories for both adults and children.

IV: Populations and Services Reports

Table 11 (URS Table 1) - Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. CMHS will provide this data to States based on the standardized methodology developed and published in the Federal Register and the State level estimates for both adults with SMI and children with SED.

	current Report Year	Inree Years Forward
Adults with Serious IIIness (SMI)		
Children with Serious Emotional Disturbances (SED)		
Note: This Table will be completed for the States by CMHS.		
footnote:		

IV: Populations and Services Reports

Table 12 (URS Table 12) - State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

Population Served

1. Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	in the data provided in th	ne tables. (Check all that apply.)				
		Populatio	Populations Covered:		in Data	
		State Hospitals	Community Programs	State Hospitals	Community Programs	
1. Ag	ed 0 to 3	⑤ Yes	⊝ Yes	⊜ Yes	€ Yes	
2. Ag	ed 4 to 17	(∀es	€ Yes	(Yes	(€ Yes	
3. Ad	ults Aged 18 and over	(⊜ Yes	(€ Yes	(⊜ Yes	⊜ Yes	
4. Foi	rensics	⊝ Yes	⊜ Yes	⑤ Yes	∀es	
Comr		hildren served through the state	mental health agency mee	t the Federal definitions of	serious mental illness ar	
	serious emotional disturb					
		_	s Mental Illness s Emotional Disturbances			
2.a.	If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness a serious emotional disturbance?					
2.a.1.	Percent of adults meeting	Federal definition of SMI:		89.6 %		
2.a.2.	Percentage of children/adolescents meeting Federal definition of SED: 90.3 %					
3.	Co-Occurring Mental Hea	alth and Substance Abuse:				
3.a.	What percentage of person	ons served by the SMHA for the r	reporting period have a dua	I diagnosis of mental illness	and substance abuse?	
3.a.1.	Percentage of adults serv	ed by the SMHA who also have a	diagnosis of substance abo	use problem:	24.9 %	
3.a.2.	Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem: 3.5 %					
3.b.	What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents was SED have a dual diagnosis of mental illness and substance abuse?					
3.b.1.	Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem: 23.9 %					
3.b.2.	2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance 3.1 %					

4. State Mental Health Agency Responsibilities

the number of persons with co-occurring

abuse problem:

disorders.

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

3.b.3. Please describe how you calculate and count Three diagnosis variables were examined for co-occurring substance abuse/use disorders in

addition to mental health disorders.

	State Medicaid Operating Agency	€						
	2. Setting Standards	€						
	3. Quality Improvement/Program Compliance	6						
	4. Resolving Consumer Complaints	6						
	5. Licensing	€						
	6. Sanctions	€						
	7. Other							
	b. Managed Care (Mental Health Managed Care)					for these s reported ables?		
4.b.1	Does the State have a Medicaid Managed Care initia	itive?	e	Yes	Yes			
4.b.2	Does the State Mental Health Agency have any responsible through Medicaid Managed Care? please check the responsibilities the SMHA has:	onsibilities for mental health services provided	€	Yes				
4.b.3	Direct contractual responsibilities the SiMHA has.	e MCOs or BHOs	É	Yes				
4.b.4	Setting Standards for mental health services		É	Yes				
4.b.5	Coordination with state health and Medicaid agenc	ies	6	Yes				
4.b.6	Resolving mental health consumer complaints			Yes				
4.b.7	Input in contract development			Yes				
4.b.8	Performance monitoring			Yes				
4.b.9	Other		9	163				
5.	Data Reporting: Please describe the extent to which different parts of your mental health system. Please across your entire mental health system.							
	Are the data reporting in the tables?							
5.a. 5.b.	<u>Unduplicated:</u> counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas. Duplicated: across state hospital and community programs							
5.c.	Duplicated: within community programs					6		
5.d.	Duplicated: Between Child and Adult Agencies					ē,		
5.e.	Plans for Unduplication: If you are not currently able system, please describe your plans to get unduplication.	·		•				
6.	Summary Administrative Data							
6.a.	Report Year:	SFY 2012						
6.b.	State Identifier:	SC						
6.c.	Summary Information on Data Submitted by SMHA: Year being reported:	7/1/2011 12:00:00 AM to 6/30/2012 12:00:00 A	M					
6.d.	Person Responsible for Submission:	Ellen M. Sparks						
6.e.	Contact Phone Number:	803-935-5784						
6.f.	Contact Address:	7901 Farrow Road Columbia, SC 29203						
6.g.	E-mail:	ems68@scdmh.org						
foot	note:							

Table 13 A/B (URS Tables 2A/2B)-Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 13A

Table 13.		To	otal			ican Ir Iska N	ndian or ative		Asia	n		ack or Af America				aiian or Islander		White		data fo	iic * us or tabl t avail	se only if le 89 are lable		Than (Report	One Race ted	Race	Not Av	vailable
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	4,530	8,325	0	12,855	13	16	0	9	8	0	1,879	3,795	0	0	0	0	2,181	3,680	0	0	0	0	139	279	0	309	547	C
13-17 years	5,147	6,515	0	11,662	20	12	0	9	11	0	2,054	2,938	0	0	1	0	2,706	3,131	0	0	0	0	101	115	0	257	307	(
18-20 years	1,385	1,445	0	2,830	4	2	0	5	4	0	534	691	0	0	0	0	781	681	0	0	0	0	16	13	0	45	54	(
21-24 years	1,851	1,671	1	3,523	6	9	0	5	5	0	636	708	0	1	1	0	1,145	897	1	0	0	0	17	10	0	41	41	(
25-44 years	11,556	9,167	2	20,725	43	47	0	43	37	0	3,858	3,753	0	1	0	0	7,304	5,141	2	0	0	0	33	21	0	274	168	(
45-64 years	13,433	8,460	1	21,894	50	42	0	53	48	0	5,076	3,551	0	4	1	0	8,049	4,658	1	0	0	0	10	4	0	191	156	(
65-74 years	1,603	780	0	2,383	4	2	0	6	3	0	679	363	0	0	0	0	898	401	0	0	0	0	3	0	0	13	11	(
75+ years	458	161	0	619	4	2	0	7	0	0	192	72	0	0	0	0	240	81	0	0	0	0	0	1	0	15	5	(
Not Available	13	14	28	55	0	1	0	0	0	0	1	2	0	0	0	0	10	9	0	0	0	0	1	2	0	1	0	28
Total	39,976	36,538	32	76,546	144	133	0	137	116	0	14,909	15,873	0	6	3	0	23,314	18,679	4	0	0	0	320	445	0	1,146	1,289	28
Pregnant Women	0	0	0	0	0			0			0		•	0			0			0			0			0		

Are these numbers unduplicated?

Unduplicated

© Duplicated : between Hospitals and Community

© Duplicated : Among Community Programs

Duplicated between children and adults

Other: describe

Comments on Data (for Age):

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	Data for pregnant women is not available.

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 13A.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 13B

	Not F	lispanic or I	atino	His	panic or Lat	ino	Hispanic or L	atino Origin I	Not Available		То	tal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	2,845	5,264	0	189	329	0	1,496	2,732	0	4,530	8,325	0	12,85
13-17 years	3,348	4,152	0	152	196	0	1,647	2,167	0	5,147	6,515	0	11,662
18-20 years	1,033	985	0	33	35	0	319	425	0	1,385	1,445	0	2,830
21-24 years	1,505	1,235	0	34	32	0	312	404	1	1,851	1,671	1	3,523
25-44 years	9,286	6,914	1	242	151	0	2,028	2,102	1	11,556	9,167	2	20,725
45-64 years	10,021	5,928	0	273	151	0	3,139	2,381	1	13,433	8,460	1	21,894
65-74 years	1,065	506	0	45	19	0	493	255	0	1,603	780	0	2,383
75+ years	277	95	0	15	3	0	166	63	0	458	161	0	619
Not Available	4	0	0	0	0	0	9	14	28	13	14	28	5!
Total	29,384	25,079	1	983	916	0	9,609	10,543	31	39,976	36,538	32	76,540
Pregnant Women	0			0			0			0	0	0	(
mments on Data (for Age):												
omments on Data (for Age	<i>)</i> .												

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	Data for pregnant women is not available.

Table 14 (URS Table 3) - Profile Of Persons Served In The Community Mental Health Settings, State Psychiatric Hospitals And Other Settings

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Service Setting		Age 0-1	7		Age 18-	20		Age 21-	64		Age 65	+	Age	Not Ava	ailable		T	otal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	9,648	14,803	0	1,381	1,428	0	26,707	18,796	7	2,047	902	0	13	14	28	39,796	35,943	35	75,774
State Psychiatric Hospitals	162	208	0	14	63	0	537	1,144	0	26	51	0	0	0	0	739	1,466	0	2,205
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	34	0	0	4	0	0	0	0	0	0	0	0	0	0	0	38	0	38

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Data for those inpatients in the Sexual Violent Predator program is included under State Hospital.

footnote:

Table 15A - Profile of Persons Served With SMI/SED by Age and Gender

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

Service Setting		Age 0-17			Age 18-2	0		Age 21-64	ļ		Age 65+		Age	Not Avai	lable		T	otal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	8,590	13,501	0	1,155	1,055	0	24,861	16,225	1	1,970	805	0	3	1	0	36,579	31,587	1	68,167
State Psychiatric Hospitals	18	18	0	10	51	0	492	880	0	22	31	0	0	0	0	542	980	0	1,522
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	34	0	0	1	0	0	0	0	0	0	0	0	0	0	0	35	0	35

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Instructions:

- 1. States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
- 2. If forensic hospitals are part of the state mental health agency system include them.
- 3. Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row.
- 4. Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted through the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services through a provider that is not licensed or contracted by the SMHA should not be counted here.
- 5. A person who is served in both community settings and inpatient settings should be included in both rows.
- 6. RTC: CMHS has a standardized definition of RTC for Children: "An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily 17 years old and younger. It has a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classified by DSM-IV codes-other than the codes for mental retardation, developmental disorders, and substance-related disorders such as drug abuse and alcoholism (unless these are co-occurring with a mental illness)."

footnote:			

Table 15 B/C (URS Tables 14A/14B) - Profile of Persons With SMI/SED Served by Age, Gender, Race and Ethnicity

Table 15B

This is a developmental table similar to Table 2A. and 2B. This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. Table 2A. and 2B. included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as Tables 2A. and 2B. For 2007, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definition. Please report the data under the categories listed - "Total" are calculated automatically.

		Т	otal			ican Ir iska N	ndian or ative		Asia	n		ck or A Americ				raiian or : Islander		Whit	e	data fo		e 14b are		Than (Repor	One Race ted	Race	Not A	vailable
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	3,950	7,631	0	11,581	11	15	0	9	6	0	1,671	3,537	0	0	0	0	1,894	3,340	0	0	0	0	115	251	0	250	482	0
13-17 years	4,658	5,892	0	10,550	19	9	0	7	11	0	1,878	2,717	0	0	1	0	2,439	2,772	0	0	0	0	95	105	0	220	277	0
18-20 years	1,157	1,067	0	2,224	3	1	0	5	3	0	424	510	0	0	0	0	672	508	0	0	0	0	14	8	0	39	37	0
21-64 years	24,977	16,538	1	41,516	95	81	0	98	75	0	9,005	7,133	0	6	1	0	15,244	8,914	1	0	0	0	55	30	0	474	304	0
65-74 years	1,553	691	0	2,244	4	2	0	6	2	0	662	329	0	0	0	0	865	347	0	0	0	0	3	0	0	13	11	0
75+ years	428	133	0	561	4	2	0	6	0	0	188	68	0	0	0	0	221	59	0	0	0	0	0	1	0	9	3	0
Not Available	3	1	0	4	0	0	0	0	0	0	1	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0
Total	36,726	31,953	1	68,680	136	110	0	131	97	0	13,829	14,294	0	6	2	0	21,337	15,941	1	0	0	0	282	395	0	1,005	1,114	0
Commen	ts on Dat	ta (for A	Age):		•																							
Commen	ts on Da	ta (for (Gender):																									
Commen	Comments on Data (for Race/Ethnicity):																											
Commen	ts on Dat	ta (Ove	rall):																									

jm Yes jm No Adults with SMI, if No describe or attach state definition: The number of adults with a SMI qualifying diagnoses.	1. State Definitions Match the Federal Definitions	
	j_{TM} Yes j_{TM} No Adults with SMI, if No describe or attach state definition:	The number of adults with a SMI qualifying diagnoses.

Diagnoses included in the state SMI definition:

	<u>m</u>	Yes	rm	No	Children with SED, if No describe or attach state definit	ioi
--	----------	-----	----	----	---	-----

The number of children with a SED qualifying diagnosis.

Diagnoses included in the state SED definition:

All diagnoses that qualify as SED

Table 15C

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A. Please report the data under the categories listed - "Total" are calculated automatically.

	Not H	lispanic or l	_atino	His	panic or Lat	ino	Hispanic or L	atino Origin I	Not Available		То	tal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	2,486	4,810	0	148	291	0	1,316	2,530	0	3,950	7,631	0	11,58
13-17 years	3,033	3,773	0	130	169	0	1,495	1,950	0	4,658	5,892	0	10,550
18-20 years	877	756	0	28	20	0	252	291	0	1,157	1,067	0	2,22
21-64 years	19,487	12,534	0	523	306	0	4,967	3,698	1	24,977	16,538	1	41,51
65-74 years	1,032	477	0	45	19	0	476	195	0	1,553	691	0	2,24
75+ years	267	89	0	15	3	0	146	41	0	428	133	0	56
Not Available	2	0	0	0	0	0	1	1	0	3	1	0	,
Total	27,184	22,439	0	889	808	0	8,653	8,706	1	36,726	31,953	1	68,680
Comments on Data (fo	or Age):											'	
Comments on Data (fo	or Gender):												
Comments on Data (fo	or Race/Ethni	city):											
Comments on Data (O	verall):												

fo	ootnote:				

Table 16 (URS Table 6) - Profile of Client Turnover

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		Stay (ir	r or Less: Length of Days): at end of	For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year		
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median	
State Hospitals	589	1,791	1,772	0	0	0	0	0	0	
Children (0 to 17 years)	24	377	371	30	15	29	19	0	0	
Adults (18 yrs and over)	565	1,414	1,401	87	18	125	81	1,961	1,402	
Age Not Available	0	0	0	0	0	0	0	0	0	
Other Psychiactric Inpatient	0	0	0	0	0	0	0	0	0	
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0	
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0	
Age Not Available	0	0	0	0	0	0	0	0	0	
Residential Tx Centers	10	28	28	0	0	0	0	0	0	
Children (0 to 17 years)	7	27	24	148	148	67	62	0	0	
Adults (18 yrs and over)	3	1	4	158	126	0	0	0	0	
Age Not Available	0	0	0	0	0	0	0	0	0	
Community Programs		50,102	39,486	0	0	0	0	0	0	
Children (0 to 17 years)	13,865	15,075								
Adults (18 yrs and over)	36,235	24,373								
Age Not Available	2	38								

Comments on Data (State

Hospital)

There are no children in the State Hospital for a period longer than one year. State Hospital data includes Forensic population and the Sexually Violent Predator Program (SVP).

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment):

There are no children in the Residential Treatment Facility for a period longer than one year.

Comments on Data (Community Programs):
Community programs include those served by the telepsychiatry program, forensic outpatient and other community programs.

Comments on Data (Overall):

Comments on Data (Overall):	
footnote:	

Table 17 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services During the Year

		ADULTS WITH SERIC	OUS MENTAL ILLNESS	
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co- occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20	0	0	0	0
21-64	0	0	0	0
65-74	0	0	0	0
75	0	0	0	0
Not Available	0	0	0	0
TOTAL	0	0	0	0
Gender				
Female	0	0	0	0
Male	0	0	0	0
Not Available	0	0	0	0
Race				
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
White	0	0	0	0
Hispanic *	0	0	0	0
More Than One Race Reported th Carolina OMB No.	0 . 0930-0168 Approved: 07/19/	0 2011 Expires: 07/31	0 /2014	0 Page 82 o

Race Not Available	0	0	0	0						
Hispanic / Latino Origin										
Hispanic / Latino origin	0	0	0	0						
Non Hispanic / Latino	0	0	0	0						
Not Available	0	0	0	0						
Do you monitor fidelity for this service?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No						
IF YES,										
What fidelity measure do you use?										
Who measures fidelity?										
How often is fidelity measured?										
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No						
Have staff been specifically trained to implement the EBP?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No						
*Hispanic is part of the total served. jm Yes jm No										
Comments on Data (overall):										
Comments on Data (Family Psychoeducation):				,						
Comments on Data (Integrated Treatment for Co-occurrin	g Disorders):									
Comments on Data (Illness Self Management):	Comments on Data (Illness Self Management):									
Comments on Data (Medication Management):										
*Hispanic: Only use the "Hispanic" row under Race if data for F	Hispanic as a Ethnic Orig	in are not available								
footnote:										

Table 18A (URS Table 4) - Profile of Adult Clients By Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force? category. This category." has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force?. Unemployed refers to persons who are looking for work but have not found employment.

Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Adults Served		18-20			21-64			65+			Not Available	e		Tot	al	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	117	56	0	3,118	1,865	0	84	45	0	1	0	0	3,320	1,966	0	5,286
Unemployed	450	395	0	12,314	8,075	0	419	168	0	0	0	2	13,183	8,638	2	21,823
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	571	692	0	7,140	5,328	0	1,320	548	0	3	3	0	9,034	6,571	0	15,605
Not Available	86	105	0	2,102	1,613	1	146	66	0	0	0	0	2,334	1,784	1	4,119
Total	1,224	1,248	0	24,674	16,881	1	1,969	827	0	4	3	2	27,871	18,959	3	46,833

How Often Does your State Measure Employment Status? Every Six Months or when changes

OMB No. 0930-0168 Approved: 07/19/2011 Expires: 07/31/2014

What populations are included:	jm All clients jm Only selected groups, describe:	
Comments on Data (for Age):		
Comments on Data (for Gender):		
Comments on Data (Overall):		
footnote:		

Table 18B (URS Table 4A) - Profile Of Adult Clients By Employment Status: By Primary Diagnosis Reported

The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (295)	769	4,015	5,826	724	11,334
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	3,070	11,965	6,323	1,891	23,249
Other Psychoses (297, 298)	191	1,027	701	217	2,136
All Other Diagnoses	1,155	4,495	2,619	1,102	9,371
No Dx and Deferred DX (799.9, V71.09)	101	321	136	185	743
Diagnosis Total	5,286	21,823	15,605	4,119	46,833

Comments on Data (for Diagnosis):

footnote:			

Table 19 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period

All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	22,123	1,101	501	0	0	50	24	16	258	444	24,517
18-64	41,319	138	2,700	0	0	592	487	815	111	2,807	48,969
65+	2,302	0	411	0	0	99	4	10	6	170	3,002
Not Available	22	3	1	0	0	0	1	0	1	30	58
TOTAL	65,766	1,242	3,613	0	0	741	516	841	376	3,451	76,546
Female	35,320	609	1,712	0	0	225	110	362	149	1,487	39,974
Male	30,427	633	1,900	0	0	516	405	479	227	1,950	36,537
Not Available	19	0	1	0	0	0	1	0	0	14	35
TOTAL	65,766	1,242	3,613	0	0	741	516	841	376	3,451	76,546
I th Carolina			OMB No.	0930-0168 Ap	proved: 07/19/20	 11 Expires: 07/31/	/2014			Page	87 of 113

American Indian/Alaska Native	234	5	10	0	0	2	2	6	0	19	278
Asian	213	0	13	0	0	0	1	7	0	14	248
Black/African American	26,380	534	1,726	0	0	375	286	362	161	969	30,793
Hawaiian/Pacific Islander	8	0	0	0	0	0	0	0	0	1	9
White/Caucasian	36,098	574	1,792	0	0	350	214	450	186	2,333	41,997
Hispanic *	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	685	41	16	0	0	1	0	2	8	6	759
Race/Ethnicity Not Available	2,148	88	56	0	0	13	13	14	21	109	2,462
TOTAL	65,766	1,242	3,613	0	0	741	516	841	376	3,451	76,546

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	1,709	38	74	0	0	12	10	7	9	46	1,905
Non Hispanic or Latino Origin	47,451	851	2,560	0	0	276	326	699	297	1,607	54,067
Hispanic											

or Latino Origin Not Available	16,606	353	979	0	0	453	180	135	70	1,798	20,574
TOTAL	65,766	1,242	3,613	0	0	741	516	841	376	3,451	76,546

Comments on Data:	Crisis Residence Data is not available. Children's RTF is included in Residential Components to populate this table. Services to jails have increased from last year.	Care. CLD categories used to
How Often Does your State Measure Living Situation?		Describe Semi Annually or when changed

^{*}Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available

footnote:				
-----------	--	--	--	--

Table 20 (URS Table 19B) - Profile of Change in School Attendance

For Consumers in Service for at least 12 months

	T1		T2		T1 to T2 Change				Impact of Services									
	"T1" Prior 12 months (more than 1 year ago)		nore than	"T2" Most Recent 12 months (this year)		onths (this	If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)		Over the last 12 months, the number of days my child was in school have				ld was in		
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	99	284	39	109	282	31	76	22	1	30	252	2	78	148	32	111	53	422
Gender																		
Female	25	111	13	25	114	10	18	7	0	6	105	0	27	46	9	47	20	149
Male	61	148	16	67	145	13	47	13	1	20	126	2	42	80	21	60	22	225
Not Available	13	25	10	17	23	8	11	2	0	4	21	0	9	22	2	4	11	48
Age																		
Under 18	99	284	39	109	282	31	76	22	1	30	252	2	78	148	32	111	53	422

For Consumers Who Began Mental Health Services during the past 12 months

		T1			T2				T1 to T2	Change					Impact	of Services		
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)		If Not Suspended at T1 (Prior 12 Months)		Since starting to receive MH Services, the number of days my child was in school have			days my				
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	110	316	24	83	344	23	56	52	2	24	289	3	79	137	15	168	51	450
Gender																		

Female	27	138	8	19	146	8	9	18	0	9	127	2	30	48	4	73	18	173
Male	70	147	13	56	163	11	41	27	2	13	134	0	45	73	7	79	26	230
Not Available	13	31	3	8	35	4	6	7	0	2	28	1	4	16	4	16	7	47
Age																1		
Under 18	110	316	24	83	344	23	56	52	2	24	289	3	79	137	15	168	51	450
Source of	School Atten	dance Inform	nation:	9	Consumer sur)	9		se send us ite		9	3. Mental 6. Other (health MIS			
Measure c	of School Atte	endance:		jm 1.	School Attend	lance			jm 2. Othe	r (specify):								
Mental he	alth program	is include:		€ 1.	Children with	SED only			e 2. Othe	r Children (sp	ecify)		— €	3. Both				
Region for	which data	are reported:		j _m 1.	The whole sta	te			2. Less	than the who	le state (pleas	se describe)						
	e Total Numb Adolescents:	oer of Person	ns Surveyed	or for whom	School Atten	dance Data	Are Reported	1?										
1. If data	is from a sur	vey, what is t	he total nun	nber of peop	le from which	the sample	was drawn?										24,451	
	,		,		selected for th													
	, ,				hone number		•										1.110	
		•			ed or calls con			as not a Surve	ey, how man	y persons we	re data availa	ble for?					1,148	
	was your resp Comments/N		iumber of Co	mpieteu sur	veys divided b	y number c	ii contacts)											
	nce Sample																	
3011101110	oumple																	
footnote	e:																	

Table 21 (URS Table 9) NOMS Social Connectedness and Improved Functioning

Adult Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness	1,774	2,552	70%
2. Functioning	1,843	2,653	69%
Child/Adolescent Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness	958	1,110	86%
4. Functioning	785	1,109	71%
Comments on Data:			

Adult Social	Connectedness	and Function	ning Measure

6. Did you collect these as part of your YSS-F Survey?

taart boolar borniottaarioss aria ranottorning wibasaros	
1. Did you use the recommended new Social Connectedness Questions?	jm Yes jm No
	Measure used
2. Did you use the recommended new Functioning Domain Questions?	jm Yes jm No
	Measure used
3. Did you collect these as part of your MHSIP Adult Consumer Survey?	jm Yes jm No
	If No, what source did you use?
Child/Family Social Connectedness and Functioning Measures	
4. Did you use the recommended new Social Connectedness Questions?	jm Yes jm No
	Measure used
5. Did you use the recommended new Functioning Domain Questions?	jm Yes jm No
	Measure used

footnote:			

jm Yes jm No

If No, what source did you use?

Table 22A (URS Table 11) - Summary Profile of Client Evaluation of Care

Adults Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
Reporting Positively About Access.	2,587	2,968	1.75
2. Reporting Positively About Quality and Appropriateness for Adults	2,437	2,693	1.84
3. Reporting Positively About Outcomes.	2,050	2,941	1.76
4. Adults Reporting on Participation In Treatment Planning.	2,134	2,678	1.85
5. Adults Positively about General Satisfaction with Services.	2,677	2,964	1.75

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
Reporting Positively About Access.	998	1,114	2.88
2. Reporting Positively about General Satisfaction for Children.	1,005	1,120	2.87
3. Reporting Positively about Outcomes for Children.	773	1,112	2.88
4. Family Members Reporting on Participation In Treatment Planning for their Children	1,041	1,118	2.87
5. Family Members Reporting High Cultural Sensitivity of Staff.	995	1,033	2.99

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Comments on Data:

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used? The Yes No

1.a. If no, which version:

Original 40 Item Version jm Yes
 21-Item Version jm Yes
 State Variation of MHSIP jm Yes
 Other Consumer Survey jm Yes

1.b. If other, please attach instrument used.

1.c. Did you use any translations of the MHSIP into another language? 6 1. Spanish

^{*} Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.

Adult Survey Approach

- 2. Populations covered in survey? (Note all surveys should cover all regions of state)
- All Consumers In State
- Sample of MH Consumers

- 2.a. If a sample was used, what sample methodology was used? in 1. Random Sample

 - 1 2. Stratified / Random Stratified Sample
 - 3. Convenience Sample
 - 4. Other Sample:
- 2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service? 📙 1. Persons Currently Receiving Services

 - € 2. Persons No Longer Receiving Services
- 3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.) 📙 1. All Adult Consumers In State

 - e 2. Adults With Serious Mental Illness
 - a. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care
 - 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	e Yes	€ Yes
Mail	e Yes	
Face-to-face	e Yes	⊚ Yes
Web-Based	© Yes	e Yes

- 4.b. Who administered the Survey? (Check all that apply) 6 1. MH Consumers

 - e 2. Family Members
 - 3. Professional Interviewers
 - 6 4. MH Clinicians
 - 5. Non Direct Treatment Staff
 - € 6. Other, describe:
- 5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases? 🛛 👸 1. Responses are Anonymous

 - 2. Responses are Confidential

6.	Sample Size and Response Rate						
	6.a. How Many Surveys were Attempted (sent out or calls initiated)?	6.b.	6.c. Hov	y survey Contacts were made? (surveys to various your many surveys were completed? (survey for	ms returned or calls o	completed)	
	3,004			at was your response rate? (number of Com	oleted surveys divide	d by number of Contacts)	
	If you receive "blank" surveys back from consumers (surveys with no responses on them	n), did you count these survey	6.e. /s as "compl	eted" for the calculation of response rates?	Jrm Yes	j _m No	
7.	Who Conducted the Survey						
	7.a. SMHA Conducted or contracted for the Survey (survey done at state level)		Jm Yes	j _m No			
	7.b. Local Mental Health Providers/County mental health providers conducted or co (survey was done at the local or regional level)	ntracted for the survey	J'm Yes	j _m No			
	7.c. Other, describe: This was a joint effort, managed at the State level and c	onducted at the provider lev	el.				
	* Report Confidence Intervals at the 95% confidence level						
	Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or telev you had asked the question of the entire relevant population between 43% (47-4) and 51% (47 The confidence level tells you how sure you can be. It is expressed as a percentage and represer can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers When you put the confidence level and the confidence interval together, you can say that you at Family Consumer Surveys	(+4) would have picked that an thits how often the true percentag use the 95% confidence level.	swer. ge of the pop	ulation who would pick an answer lies within th	e confidence interval.	-	
1.	Was the MHSIP Children / Family Survey (YSS-F) [Sequently Survey (YSS-F) Yes Used?						
	1.a. If no, what survey did you use?						
	If no, please attach instrument used.						
	1.c. Did you use any translations of the Child MHSIP into another language?	5 1. Spanish					
		2. Other Language:					
Child	Survey Approach						
2.	Populations covered in survey? (Note all surveys should cover all regions of state)	All Consumers In State	Jm Sampl	e of MH Consumers			
	2.a. If a sample was used, what sample methodology was used? jm 1. Random Sa	ample					
	j _m 2. Stratified /	Random Stratified Sample					
	j _m 3. Convenien	ce Sample					
	jm 4. Other Sam	ple:					
	2.b. Do you survey only people currently in services, or do you also Survey Persons of	no longer in service? 6 1.	Persons C	urrently Receiving Services			
		€ 2.	Persons N	o Longer Receiving Services			
	2a. If yes to 2, please describe how your survey persons no longer receiving ser	vices.					

South Carolina

B. Please Describe the populations included in your sample: (e.g	., all children, only	children with SED, etc.)	all Child (Consumers In S	State
			2. Children	With Serious Mer	ntal IIIness
			€ 3. Children	who were Medicai	d Eligible or
			4. Other, de	scribe (for example	, if you surv
Methodology of collecting data? (Check all that apply)		0.15 A.1			
		Self-Administered	Interview		
	Phone	e Yes	e Yes		
	N 4 - 11		9		
	Mail	e Yes			
	Face-to-face	€ Yes	⊜ Yes		
		9	8		
	Web-Based	e Yes	e Yes		
4.b. Who administered the Survey? (Check all that apply)	6 1. MH Consu	umers			
	e 2. Family Me	embers			
	e 3. Profession	nal Interviewers			
	6 4. MH Clinic	ians			
	5. Non Direc	t Treatment Staff			
	6. Other, de	scribe:			
5. Are Responses Anonymous, Confidential and/or Linked to oth	er Patient Databas	ses? 😝 1. Responses ar	re Anonymous		
		a. Responses a	re Confidential		
		e 3. Responses ar	re Matched to Client	Databases	
6. Sample Size and Response Rate					
6.a. How Many Surveys were Attempted (sent out or calls i	nitiated)?		6.b. How man	y survey Contacts were made?	,
			6.c. Hov	v many surveys were complete	9
1,148				at was your response rate? (nu	1
If you receive "blank" surveys back from consumers (surveys w	ith no responses o	n them), did you count the	6.e. se surveys as "compl	eted" for the calculation of re	
7. Who Conducted the Survey					
7.a. SMHA Conducted or contracted for the Survey (survey	done at state level)	J _m Yes	jm No	
7.b. Local Mental Health Providers/County mental health p	roviders conducte	d or contracted for the surv	vey Yes	im No	

7.c. Other, describe: This was a joint effort, managed at the State level and conducted at the provider level.

(survey was done at the local or regional level)

footnote:

Table 22B (URS Table 11A) - Consumer Evaluation of Care By Consumer Characteristics: (Optional Table by Race/Ethnicity)

Adult Consumer Survey Results:

*State used the 2 question version for Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about m No Hispanic Origin Hispanic Origin/Status

Indicators	Т	otal		n Indian or a Native	А	sian		or African erican	Othe	lawaiian or Pacific ander	W	/hite		han One Reported		er / Not ailable	Hispan	ic Origin [*]
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	2,587	2,968	38	41	7	8	914	1,027	4	5	1,217	1,385	29	37	378	465	28	31
Reporting Positively About Quality and Appropriateness.	2,437	2,693	40	41	8	8	834	927	5	5	1,134	1,228	33	37	383	447	26	31
3. Reporting Positively About Outcomes.	2,050	2,941	26	41	5	8	755	1,025	2	5	917	1,377	23	36	322	449	20	31
Reporting Positively about Participation in Treatment Planning	2,134	2,678	33	41	3	8	734	924	5	5	1,005	1,225	26	37	328	438	24	31
5. Reporting Positively about General Satisfaction	2,677	2,964	37	41	8	8	920	1,027	3	5	1,269	1,383	31	37	409	463	27	31
6. Social Connectedness	1,774	2,552	28	40	7	8	675	912	3	5	799	1,216	24	36	238	335	21	31
7. Functioning	1,843	2,653	26	41	6	8	695	921	4	5	789	1,220	25	36	298	422	22	31

Child/Adolescent Family Survey Results:

*State used the 2 question version for Yes Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about jm No Hispanic Origin Hispanic Origin/Status

	Indicators	To	otal		n Indian or a Native	А	sian		or African erican	Othe	lawaiian or Pacific ander	W	hite		han One Reported		r / Not ilable	Hispan	ic Origin •
		# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
	Reporting Positively About Access.	998	1,114	6	7	1	1	324	357	0	0	435	490	55	61	177	198	76	84
Sou	Reporting Positively About General uth Carolina	1.005	1.120	7	7	OMB I	 No. 0930-0	318 0168 Ap	357 pproved: 0	0 7/19/20	0 I1 Expire:	440 s: 07/31/	⁴⁹⁰	57	61	182	204	80 Pa	19e 98 of 1

Satisfaction																		
Reporting Positively About Outcomes.	773	1,112	4	7	0	1	235	358	0	0	345	488	43	61	146	197	64	84
Reporting Positively Participation in Treatment Planning for their Children.	1,041	1,118	6	7	1	1	329	358	0	0	457	490	61	61	187	201	78	84
Reporting Positively About Cultural Sensitivity of Staff.	995	1,033	7	7	1	1	342	357	0	0	474	490	59	61	112	117	82	84
6. Social Connectedness	958	1,110	7	7	0	1	320	358	0	0	426	487	57	60	148	197	69	83
7. Functioning	785	1,109	4	7	0	1	241	358	0	0	354	488	44	61	142	194	68	84

Commen	ts (on l	Dat	ia
--------	------	------	-----	----

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

footnote:			

Table 23 (URS Table 19A) - Profile Of Criminal Justice Or Juvenile Justice Involvement

- 1. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
- 2. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
- 3. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

		T1		Т2					T1 to T2	Change			Assessment of the Impact of Services						
		or 12 mont an 1 year a		"T2" Mo	st Recent 1 (this year)		If Arre	sted at T ² Month:	l (Prior 12 s)	l '	ot Arresto ior 12 M		Over the	last 12 m	onths, my e	ncounters wi	th the police	e have	
	Arrested Not Arrested Not Response Arrested Not Arrested Response					# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses		
Total	108	1607	176	104	1623	164	40	63	5	59	1525	23	183	106	38	1383	181	1891	
Total Children/Youth (under age 18)	10	307	105	13	311	98	5	5	0	8	299	0	25	14	9	324	50	422	
Female	2	111	36	1	114	34	1	1	0	0	111	0	8	4	3	118	16	149	
Male	4	164	57	9	161	55	2	2	0	7	157	0	15	7	6	174	23	225	
Not Available	4	32	12	3	36	9	2	2	0	1	31	0	2	3	0	32	11	48	
Total Adults (age 18 and over)	98	1300	71	91	1312	66	35	58	5	51	1226	23	158	92	29	1059	131	1469	
Female	45	698	32	35	711	29	14	28	3	18	671	9	70	36	15	595	59	775	
Male	45	511	23	51	500	28	19	24	2	31	467	13	78	47	12	395	47	579	
Not Available	8	91	16	5	101	9	2	6	0	2	88	1	10	9	2	69	25	115	

For Consumers Who Began Mental Health Services during the past 12 months

	T1	Т2	T1 to T2	Change	Assessment of the Impact of Services
South Carolina	"T1" 12 months prior to beginning services	"T2" Since Beginning Services (this year)	If Arrested at T1 (Prior 12 Months) Approved: 07/19/2011	(Prior 12 Months)	Since starting to receive MH Services, my encounters with the police have Page 100 of 113

	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	66	814	68	58	843	47	16	50	0	38	773	3	99	55	19	671	0	844
Total Children/Youth (under age 18)	14	410	26	12	417	21	1	13	0	10	398	2	27	20	7	353	0	407
Female	2	163	8	4	164	5	0	2	0	3	159	1	7	7	2	138	0	154
Male	8	208	14	8	210	12	1	7	0	7	200	1	17	11	4	182	0	214
Not Available	4	39	4	0	43	4	0	4	0	0	39	0	3	2	1	33	0	39
Total Adults (age 18 and over)	52	404	42	46	426	26	15	37	0	28	375	1	72	35	12	318	0	437
Female	26	268	18	18	282	12	6	20	0	12	255	1	37	15	4	223	0	279
Male	22	110	9	23	113	5	7	15	0	15	95	0	29	19	7	75	0	130
Not Available	4	26	15	5	31	9	2	2	0	1	25	0	6	1	1	20	0	28

Time period in which services were received:

2012

Please Describe the Sources of your Criminal Justice Data

r lease Describe the Sources of your criminal	Justi	ce Data				
Source of adult criminal justice information:	6	Consumer survey (recommended questions)	6	2. Other Consumer Survey: Please send copy of questions	6	3. Mental health MIS
	e	4. State criminal justice agency	€	5. Local criminal justice agency	6	6. Other (specify)
Sources of children/youth criminal justice information:	6	Consumer survey (recommended questions)	e	2. Other Consumer Survey: Please send copy of questions	€	3. Mental health MIS
	e	4. State criminal/juvenile justice agency	€	5. Local criminal/juvenile justice agency	6	6. Other (specify)
Measure of adult criminal justice involvement:	jm	1. Arrests jm 2. Other	(spec	sify)		
Measure of children/youth criminal justice involvement:	j m	1. Arrests jm 2. Other	(spec	cify)		
Mental health programs included:	e	1. Adults with SMI only <u>©</u> 2. Other	adult	is (specify)		3. Both (all adults)
	€	1. Children with SED only © 2. Other	Child	Iren (specify)		3. Both (all Children)
Region for which adult data are reported:	j m	1. The whole state jn 2. Less than the	whol	e state (please describe)		
Region for which children/youth data are reported:	im	1. The whole state 2. Less than the	whol	e state (please describe)		

	Child/Adolescents	Adults				
1. If data is from a survey, What is the total Number of people from which the sample was drawn?	24,451	51,323				
2. What was your sample size? (How many individuals were selected for the sample)?						
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)						
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for? 1,148						
5. What was your response rate? (number of Completed surveys divided by number of Contacts)						
State Comments/Notes: Convenience Sample						
footnote:						

Table 24 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Age	Adults with	Serious Mental	IIIness (SMI)		Children with	Serious Emo	tional Disturb	ance (SED)
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicat N - Childre with SED
0-12 years	0	0	0	0	0	23	0	11,581
13-17 years	0	0	0	0	0	106	0	10,550
18-20 years	0	0	34	2,224	0	0	0	0
21-64 years	0	0	597	41,515	0	0	0	0
65-74 years	0	0	11	2,244	0	0	0	0
75+ years	0	0	1	561	0	0	0	0
Not Available	0	320	15	5	0	2	0	0
Total Carolina	0	320 OMB No.	658	46,549 ved: 07/19/2011 Exp	0	131	0	22,131 Page

Gender	Adults with	Serious Mental I		Children with Serious Emotional Disturbance (SED)				
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	0	0	246	28,118	0	45	0	8,608
Male	0	0	397	18,430	0	84	0	13,523
Not Available	0	320	15	1	0	2	0	0

Ethnicity	Adults with	Children with Serious Emotional Disturbance (SED)						
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	0	0	1	193	0	1	0	54
Asian	0	0	3	190	0	0	0	34
Black / African American	0	0	447	18,328	0	58	0	9,805
Hawaiian / Pacific Islander	0	0	0	7	0	0	0	1
n Carolina	1	OMB No.	0930-0168 Appro	ved: 07/19/2011 Exp	pires: 07/31/2014			Page 104 c

White	0	0	174	26,833	0	64	0	10,445
Hispanic *	0	0	0	0	0	0	0	0
More than one race	0	0	4	108	0	1	0	564
Not Available	0	320	29	890	0	7	0	1,228

Hispanic/Latino Origin	Adults with	Serious Mental I		Children with Serious Emotional Disturbance (SED)				
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino origin	0	0	9	964	0	3	0	736
Non Hispanic / Latino	0	0	480	35,273	0	52	0	14,012
Not Available	0	320	169	10,312	0	76	0	7,383

N Receiving N Receiving Receiving Supported Employment Assertive N - Adults Therapeutic Multi- Family N - Children	Children with Serious Emotional Disturbance (SED)				Adults with Serious Mental IIIness (SMI)			
Housing Community Treatment Served Foster Care Systemic Therapy Therapy With SED	g Receiving Family Function	Receiving Multi- Systemic	Receiving Therapeutic	unduplicated N - Adults with SMI	Receiving Assertive Community		Receiving Supported	

Do you monitor fidelity for this service?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	
IF YES,							
What fidelity measure do you use?		Dartmouth Model	SCDMH ACT Measure		MST		
Who measures fidelity?		Central Office	Central Office		MST Institute		
How often is fidelity measured?		Annually	Annually				
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	jm Yes jm No	jm Yes jm No	jn Yes jn No	jm Yes jm No	jm Yes jm No	jm Yes jm No	
Have staff been specifically trained to implement the EBP?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	

* Hispanic is part of the total served.	jm Yes jm No
Comments on Data (overall):	

Comments on Data (Supported Housing):

Comments on Data (Supported

Employment):

We receive this data only in the aggregate so we do not have demographic information.

Comments on Data (Assertive Community Treatment):

Comments on Data (Theraputic Foster Care):

Comments on Data (Multi-Systemic Therapy): MST data is collected from MST Institute and matched back with the Client Information System. Age is not available for two participants.	
Comments on Data (Family Functional Therapy):	
* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available	
footnote:	

V: Performance Indicators and Accomplishments

Table 25A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted		
		30 days	180 days	30 days	180 days	
TOTAL	1895	76	254	4.01 %	13.40 %	
Age						
0-12 years	149	5	18	3.36 %	12.08 %	
13-17 years	261	2	16	0.77 %	6.13 %	
18-20 years	100	5	18	5.00 %	18.00 %	
21-64 years	1360	63	196	4.63 %	14.41 %	
65-74 years	17	1	6	5.88 %	35.29 %	
75+ years	8	0	0	0.00 %	0.00 %	
Not Available	0	0	0	0.00 %	0.00 %	
Gender						
Female	729	25	87	3.43 %	11.93 %	
Male	1166	51	167	4.37 %	14.32 %	
Gender Not Available	0	0	0	0.00 %	0.00 %	
Race						
American Indian/Alaska Native	6	0	0	0.00 %	0.00 %	
Asian	3	0	0	0.00 %	0.00 %	
Black/African American	679	36	113	5.30 %	16.64 %	
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %	

	_	_	_				
White	1156	39	139	3.37 %	12.02 %		
Hispanic *	0	0	0	0.00 %	0.00 %		
More than one race	0	0	0	0.00 %	0.00 %		
Race Not Available	51	1	2	1.96 %	3.92 %		
Hispanic/Latino Origin							
Hispanic/Latino Origin	42	1	2	2.38 %	4.76 %		
Non Hispanic/Latino	772	37	135	4.79 %	17.49 %		
Hispanic/Latino Origin Not Available	1081	38	117	3.52 %	10.82 %		

Are Forensic Patients Included?	<u>-</u>	Yes	m	No
---------------------------------	----------	-----	---	----

Comments on Data:

*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

c	_	_			_	1	_
т	റ	റ	т	n	റ	т	e:
	v	v	··		v	···	v.

V: Performance Indicators and Accomplishments

Table 25B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

of Discharges in Year			IY Percent Readmitted	
	30 days	180 days	30 days	180 days
260	5	39	1.92 %	15.00 %
0	0	0	0.00 %	0.00 %
23	0	1	0.00 %	4.35 %
13	0	0	0.00 %	0.00 %
219	5	38	2.28 %	17.35 %
3	0	0	0.00 %	0.00 %
2	0	0	0.00 %	0.00 %
0	0	0	0.00 %	0.00 %
34	0	5	0.00 %	14.71 %
226	5	34	2.21 %	15.04 %
0	0	0	0.00 %	0.00 %
0	0	0	0.00 %	0.00 %
1	0	1	0.00 %	100.00 %
163	4	23	2.45 %	14.11 %
0	0	0	0.00 %	0.00 %
	0 23 13 219 3 2 0 0 0 1 1 163	0 0 0 13 0 13 0 219 5 3 0 0 0 0 0 0 0 0 0 0 0 0 1 0 0 163 4	0 0 0 23 0 1 13 0 0 219 5 38 3 0 0 2 0 0 0 0 0 34 0 5 226 5 34 0 0 0 1 0 1 163 4 23	0 0 0 0.00 % 23 0 1 0.00 % 13 0 0 0.00 % 219 5 38 2.28 % 3 0 0 0.00 % 2 0 0 0.00 % 0 0 0 0.00 % 226 5 34 2.21 % 0 0 0 0.00 % 1 0 1 0.00 % 163 4 23 2.45 %

White	88	1	14	1.14 %	15.91 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	8	0	1	0.00 %	12.50 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	13	1	3	7.69 %	23.08 %
Non Hispanic/Latino	15	1	2	6.67 %	13.33 %
Hispanic/Latino Origin Not Available	232	3	34	1.29 %	14.66 %

Comments on Data:

	*Hispanic: On	nlv use the	"Hispanic"	row under i	Race if data	for Hispa	nic as a Ethnic	Origin are	not available
--	---------------	-------------	------------	-------------	--------------	-----------	-----------------	------------	---------------

f-	~ +	-	te:
10	Οι	ΙIU	ιc.

V: Performance Indicators and Accomplishments

Table 26 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within		Percent Readmitted		
		30 days	180 days	30 days	180 days	
TOTAL	0	0	0	0.00 %	0.00 %	
Age						
0-12 years	0	0	0	0.00 %	0.00 %	
13-17 years	0	0	0	0.00 %	0.00 %	
18-20 years	0	0	0	0.00 %	0.00 %	
21-64 years	0	0	0	0.00 %	0.00 %	
65-74 years	0	0	0	0.00 %	0.00 %	
75+ years	0	0	0	0.00 %	0.00 %	
Not Available	0	0	0	0.00 %	0.00 %	
Gender						
Female	0	0	0	0.00 %	0.00 %	
Male	0	0	0	0.00 %	0.00 %	
Gender Not Available	0	0	0	0.00 %	0.00 %	
Race						
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %	
Asian	0	0	0	0.00 %	0.00 %	
Black/African American	0	0	0	0.00 %	0.00 %	
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %	

White	0	0	0	0.00 %	0.00 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %

^{1.} Does this table include readmission from state $\mbox{\it jm}$ Yes $\mbox{\it jm}$ No psychiatric hospitals?

Comments on Data:

footnote:

^{2.} Are Forensic Patients Included? jm Yes jm No

^{*}Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

I: State Information

State Information

State DUNS Number Number 112674036 **Expiration Date** I. State Agency to be the Grantee for the Block Grant Agency Name South Carolina Department of Mental Health Organizational Unit Office of the State Director Mailing Address 2414 Bull Street/P.O. Box 485 Columbia Zip Code 29202 II. Contact Person for the Grantee of the Block Grant John H. Last Name Magill Agency Name South Carolina Department of Mental Health Mailing Address 2414 Bull Street/P.O. Box 485 Columbia Zip Code 29202 Telephone 803-898-8319 Fax 803-898-8590 **Email Address** JHM03@scdmh.org III. State Expenditure Period (Most recent State expenditure period that is closed out) From 7/1/2012 6/30/2013 IV. Date Submitted NOTE: this field will be automatically populated when the application is submitted. **Submission Date Revision Date**

V. Contact Person Responsible for Application Submission	
First Name	7
D. Stewart	
Last Name	,
Cooner	
Telephone	
803-898-8632	
Fax	,
803-898-8311	
Email Address	_
DSC18@scdmh.org	
Footnotes:	

II: Annual Report

Table 1 - State Priorities

Number	Title	Description
1	Self-Directed Recovery	The intent is to increase participant choice, control, and flexibility in selecting services to be rendered on the client's behalf. Through empowerment, and the ability to match perceived needs and desires with services received, clients are engaged and recovery is facilitated.
ı	Sen-Directed Recovery	The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
2	Prevention and Promotion	It is the intent to facilitate the promotion of positive mental health to reduce the impact of mental illnesses on American communities. This will occur by creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness.
		The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
3	Collaboration	The intent is to seek partnerships among like-minded organizations to evaluate opportunities for enhancing services for such efforts as co-occurring disorders, physical health, employment, peer workforce, homelessness, returning veterans, youth in transition, reducing disparities, older adults, and employing and deploying technology. Through its myriad of partnerships, the South Carolina Department of Mental Health will evaluate the needs, resources, gaps, and solutions of the mental health continuum of care.
		The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
4	Integrating Primary Care and Behavioral Health Care	The intent is to place mental health and substance abuse services in primary care settings, and place primary care services in mental health and substance abuse settings. The South Carolina Department of Mental Health has experimented in the past with these concepts and currently has a grant to explore these partnerships in the present.
	Benavioral Freatti Care	The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
_	Strengthen Agency Position	The intent is to emphasive and exercise the primary role the South Carolina Department of Mental Health plays in the delivery of mental health services within the mental health continuum of care.
5	as State Mental Health Authority	The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
,	Control Expenditures and/or	The intent is to evaluate the current operational environment of the South Carolina Department of Mental Health in order to identify areas of increased efficiency with the purpose of maximizing the return on investment of limited resources.
6	Increase Efficiency of Operations	The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
7	Expand Funding/Revenue	The intent is to evaluate the current revenue and funding streams of the South Carolina Department of Mental Health in order to identify areas of increased reimbursement with the purpose of maximizing the use of limited resources to achieve the greatest benefit for clients.
7	Opportunities	The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
		The intent is to evaluate the current access to care for clients and potential clients of the South Carolina Department of Mental Health in order to identify areas of need, and corresponding gaps in access, with the purpose of maximizing the use of limited resources so that the

8	Improve Access to Care for Targeted Populations	Department can continue to impact the prevalence rate of mental illness in the State. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
9	Enhance Efficiency of Clinical Service Delivery	The intent is to evaluate the current clinical service delivery model of the South Carolina Department of Mental Health in order to identify areas of increased efficiency with the purpose of maximizing the use of limited resources. This may be achieved through enhancement of the Department's internally-developed electronic medical record, addressing barriers to treatment, or deployment of other evidenced efficiencies. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
10	Enhance Treatment Effectiveness	The intent is to evaluate the current treatment effectivenes of the South Carolina Department of Mental Health in order to refine treatment services with the purpose of supporting the recovery of people with mental illnesses. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
11	Budget Preservation	The intent is to prevent the further degradation of funding for the South Carolina Department of Mental Health so that it will be able to continue to address the demand for mental health services across the State of South Carolina. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
12	Recruitment and Retention	The intent is to address the shortage of clinical staff across the provider spectrum of the South Carolina Department of Mental Health and to ameliorate the significant disparities in compensation between the public and private sectors. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
13	Accreditation	The intent is to maintain the high-quality level and types of services provided by the South Carolina Department of Mental Health as evidenced by the standards set forth by the accrediting bodies with which the Department is affiliated, and by which all of its Community Mental Health Centers and Inpatient Facilities are accredited. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.
14	Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders	The intent is to ensure that the issues and concerns raised by participants in feedback processes, such as the Community Forums, are reviewed, and, when appropriate, acted upon in order to affect positive change, and ensure a dynamic environment, for behavioral health services in the State of South Carolina. The number assigned to this priority should not be construed as a ranking by the South Carolina Department of Mental Health. The number is simply a placeholder, as each of these priorities are simultaneous efforts afoot.

footnote:

For those Goals marked Not Applicable (N/A), the Department has either (a) not received a mission-specific directive to adjust services (in the case of "Certify/Recertify Medicaid Providers for Behavioral Health Community-Based Services" and "Explore the Feasibility of Medical Rehabilitation at Nursing Care Facility"), or (b) has determined that the prescribed course of action, after preliminary discussions, does not require an immediate formal address (in the case of "Conduct a Feasibility Analysis for Implementation of 1915i Medicaid State Plan Option" and "Establish a Liaison with Department of Insurance to Maximize Planning Opportunities"), or (c) has determined that while the goal may be incorporated into the overall priority, the individual measurement of said goal as a component of measuring the overall priority is not necessary because its presence is inherently imbedded in the existence of the priority (in the case of "Expand Patient-Endorsed Treatment Expectations and Plans of Care," "Enhance, Expand, and Develop Group-Specific Services" and "Develop Treatment Tracks").

II: Annual Report

Table 2 - Priority Area by Goal, Strategy, and Performance Indicator

Strategies to attain the goal: This recommendation is contained within the Funding Priorities of the South Carolina Mental Health State Planning Council. The Planning Council decided to approach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health over arching themse to guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the goals, objective and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, and the SAMHSA CMHS 2011 Monitoring Team Report. Timeframe: Continuous. In its August 17, 2011 meeting, the South Carolina Mental Health State Planning Council requested that Supported Employment be designated as a priority activity. Annual Performance Indicators to measure goal success Indicator: As Designated within the Specific Goal, Objective and Action Step Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step. Achieved: Yes Proposed Changes:	Priority:	Self-Directed Recovery
Strategies to attain the goal: This recommendation is contained within the Funding Priorities of the South Carolina Mental Health State Planning Council. The Planning Councidecided to approach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health Black Crant Application - the goals, objective and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, and the SAMHSA CMHS 2011 Monitoring Team Report. Timeframe: Continuous. In its August 17, 2011 meeting, the South Carolina Mental Health State Planning Council requested that Supported Employment be designated as a priority activity. Annual Performance Indicators to measure goal success Indicator: As Designated within the Specific Goal, Objective and Action Step Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step. Achieved: Yes	Goal of the pr	iority area:
This recommendation is contained within the Funding Priorities of the South Carolina Mental Health State Planning Council. The Planning Council decided to approach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health over arching themes to guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the goals, objective and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, and the SAMHSA CMHS 2011 Monitoring Team Report. Timeframe: Continuous. In its August 17, 2011 meeting, the South Carolina Mental Health State Planning Council requested that Supported Employment be designated as a priority activity. Annual Performance Indicators to measure goal success Indicator: As Designated within the Specific Goal, Objective and Action Step Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step. Achieved: Yes	Incorporate (Over-Arching Principle into Strategic Planning Process and Deliberations
This recommendation is contained within the Funding Priorities of the South Carolina Mental Health State Planning Council. The Planning Council decided to approach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health over arching themes to guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the goals, objective and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, and the SAMHSA CMHS 2011 Monitoring Team Report. Timeframe: Continuous. In its August 17, 2011 meeting, the South Carolina Mental Health State Planning Council requested that Supported Employment be designated as a priority activity. Annual Performance Indicators to measure goal success Indicator: As Designated within the Specific Goal, Objective and Action Step Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step. Achieved: Yes		
decided to approach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health over-arching themes to guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the goals, objective and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, and the SAMHSA CMHS 2011 Monitoring Team Report. Timeframe: Continuous. In its August 17, 2011 meeting, the South Carolina Mental Health State Planning Council requested that Supported Employment be designated as a priority activity. Annual Performance Indicators to measure goal success Indicator: As Designated within the Specific Goal, Objective and Action Step Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step. Achieved: Yes	Strategies to a	attain the goal:
Annual Performance Indicators to measure goal success Indicator: As Designated within the Specific Goal, Objective and Action Step Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step. Achieved: Yes	decided to ap- arching then goals, object	pproach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health ove nes to guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the ive and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums,
Indicator: As Designated within the Specific Goal, Objective and Action Step Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step. Achieved: Yes		
Indicator: As Designated within the Specific Goal, Objective and Action Step Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step. Achieved: Yes	— Annual F	Performance Indicators to measure goal success
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step. Achieved: Yes		· · · · · · · · · · · · · · · · · · ·
direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step. Achieved: Yes	Description	n of Collecting and Measuring Changes in Performance Indicator:
	Achieved	Voc
Proposed Changes:	Acilieveu.	res
	Dunnand C	hanges:

Reason Not Achieved:
Priority: Prevention and Promotion Goal of the priority area:
Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations
Strategies to attain the goal:
This recommendation is contained within the Funding Priorities of the South Carolina Mental Health State Planning Council. The Planning Council decided to approach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health over arching themes to guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the goals, objective and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, and the SAMHSA CMHS 2011 Monitoring Team Report. Timeframe: Continuous.
Annual Performance Indicators to measure goal success Indicator: As Designated within the Specific Goal, Objective and Action Step
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.
Achieved: Yes
Proposed Changes:

Reason Not Achieved:
Priority: Collaboration
Goal of the priority area:
Strategies to attain the goal:
This recommendation is contained within the Funding Priorities of the South Carolina Mental Health State Planning Council. The Planning Council decided to approach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health over -arching themes to guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the goals, objective and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, and the SAMHSA CMHS 2011 Monitoring Team Report. Timeframe: Continuous.
Annual Performance Indicators to measure goal success
Indicator: As Designated within the Specific Goal, Objective and Action Step
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.

Achieved: South Carolina Yes

Proposed Changes:	
Reason Not Achieved:	
riority: Integrating Primary Care and Behavioral Health Care	
oal of the priority area:	

Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations

Strategies to attain the goal:

This recommendation is contained within the Funding Priorities of the South Carolina Mental Health State Planning Council. The Planning Council decided to approach the strategic planning process from a macro standpoint and provide to the South Carolina Department of Mental Health over -arching themes to guide the prioritization of goals, objectives and action steps for the FY2012-2013 Mental Health Block Grant Application – the goals, objective and action steps are contained within the Agency Long-Term Planning Report, the Action Items from the 25 Community Forums, and the SAMHSA CMHS 2011 Monitoring Team Report. Timeframe: Continuous.

South Carolina currently has a Transformation Transfer Initiative (Subcontract Number: SC-1026-SC-01), South Carolina's Primary Care and Behavioral Health Integration Project whose mission is "the systemic coordination of both behavioral health and physical healthcare that improves the health outcomes of the population served." Its purpose is to improve the overall wellness and physical health of persons with serious mental health illnesses, including individuals with co-occurring substance use disorders, by supporting communities in the coordination of integrated behavioral health and primary care services at publicly funded community mental health centers and other community based health care settings.

'Annual Performance Indicators to measure goal success"

As Designated within the Specific Goal, Objective and Action Step Indicator:

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Strengthen Agency Position as State Mental Health Authority Goal of the priority area:
Certify/Recertify Medicaid Providers for Behavioral Health Community-Based Services
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 3 to 5 Years.

Annual Performance Indicators to measure goal success

Indicator:

Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: N/A
Proposed Changes:
Reason Not Achieved:
Priority: Strengthen Agency Position as State Mental Health Authority
Goal of the priority area: Review Legal Statutes for Application to SCDMH Population
Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 3 to 5 Years.

Annual Performance Indicators to measure goal success	
Indicator: As Determined by the Lead Staff Assigned to the Objective	
Description of Collecting and Measuring Changes in Performance Indicator:	
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence crifeedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.	tical
Achieved: Yes	
Proposed Changes:	
Reason Not Achieved:	
riority: Control Expenditures and/or Increase Efficiency of Operations	
ioal of the priority area:	
Emphasize Recruitment and Retention	
trategies to attain the goal:	
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this r	enort ar
not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be	

that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged

South Carolina OMB No. 0930-0168 Approved: 05/21/2013 Expires: 05/31/2016

with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to Page 11 of 115

identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: Continuous.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Control Expenditures and/or Increase Efficiency of Operations
Goal of the priority area:
Enhance Unified System of Care that Includes CMHCs and Inpatient Services
Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years. "Annual Performance Indicators to measure goal success" As Determined by the Lead Staff Assigned to the Objective Indicator: Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: Yes **Proposed Changes:** Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

Establish a Department of Statistical and Information Services as Single Data Repository

Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Control Expenditures and/or Increase Efficiency of Operations

Restructure, Reorganize, Consolidate Facilities, Services and Functions Where Appropriate

Goal of the priority area:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

Review Activities Essential to Clinical Service Delivery
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities
Goal of the priority area:
Conduct a Feasibility Analysis for Implementation of 1915i Medicaid State Plan Option
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: N/A
Achieved. N/A
Proposed Changes:
Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities
Goal of the priority area:
Emphasize Targeted Case Management/Case Management to Coordinate Care Provision
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities
Goal of the priority area:
Establish a Liaison with Department of Insurance to Maximize Planning Opportunities
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan
Achieved: N/A
Proposed Changes:

Reason Not Achieved:

•	xpand Funding/Revenue Opportunities
Goal of the priority Evaluate Options t	to Expand Community Housing Alternatives for Adults with SMI
Strategies to attain	n the goal:
not all-inclusive, e that the product o with preparing an	tion is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to train, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
not all-inclusive, e that the product o with preparing an identify, and cons	each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to train, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
not all-inclusive, e that the product o with preparing an identify, and cons	each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to
not all-inclusive, e that the product o with preparing an identify, and consi	each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to train, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years. Ormance Indicators to measure goal success As Determined by the Lead Staff Assigned to the Objective
not all-inclusive, e that the product o with preparing an identify, and consi Annual Perfo Indicator: Description of C The requiremen prepared by the	each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to train, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
not all-inclusive, ethat the product of with preparing an identify, and constitution. Annual Performance Indicator: Description of Control The requirement prepared by the feedback will be	each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to train, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years. Ormance Indicators to measure goal success As Determined by the Lead Staff Assigned to the Objective Collecting and Measuring Changes in Performance Indicator: Int to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis are Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical asscertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
not all-inclusive, e that the product o with preparing an identify, and consi Annual Perfo Indicator: Description of C The requiremen prepared by the	each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to train, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years. Ormance Indicators to measure goal success As Determined by the Lead Staff Assigned to the Objective Collecting and Measuring Changes in Performance Indicator: Into collect and measure changes in the performance indicator will be set forth as a component of the impact analysis at Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical

Reason Not Achieved:
Priority: Expand Funding/Revenue Opportunities
Goal of the priority area:
Explore Medicaid State Plan Option for Patients 65 and Over in Inpatient Facilities
Ctratagies to attain the goal.
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are
not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted
that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to
identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical
feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Achieved. 163
Proposed Changes:
- 1 spessa enanges

Reason Not Achieved:
Priority: Expand Funding/Revenue Opportunities Goal of the priority area:
Explore the Feasibility of Medical Rehabilitation at Nursing Care Facility
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: N/A
Proposed Changes:

Reason Not Achieved:
Priority: Expand Funding/Revenue Opportunities Goal of the priority area: Increase Integration of Financing and Service Delivery for Dual Eligibles
Strategies to attain the goal: This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframes: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success

Indicator: As Determined by the Lead Staff Assigned to the Objective

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved: Yes

Proposed Changes:		
leason Not Achieved:		

Goal of the priority area:

Increase Number of Partnerships with Other Agencies and Organizations

Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.

'Annual Performance Indicators to measure goal success"

As Determined by the Lead Staff Assigned to the Objective Indicator:

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved:	Yes		
Proposed CI	changes:		
Reason Not	Achieved:		
Priority:	Expand Funding/Revenue Opportunities		

Goal of the priority area:

Maximize the Capacity for Entitlement Services and Payer-Sponsored Coverage

Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.

Annual Performance Indicators to measure goal success

Indicator: As Determined by the Lead Staff Assigned to the Objective

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Expand Funding/Revenue Opportunities Goal of the priority area:
Merge/Co-Locate with Other Health Providers
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Expand Funding/Revenue Opportunities
Goal of the priority area:
Pursue Opportunities for Enhanced County-Level Financial Support
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.

Indicator: South Carolina

Annual Performance Indicators to measure goal success

Description of Collecting an	d Measuring Changes in Performance Indicator:
prepared by the Lead Staff a	and measure changes in the performance indicator will be set forth as a component of the impact analysis assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical d in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes	
Proposed Changes:	
Reason Not Achieved:	
Driority	ng/Devenue Onnertunities
Priority: Expand Fundi Goal of the priority area:	ng/Revenue Opportunities
Review Current Fee Schedule	
trategies to attain the goal:	

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.

Description of Collecting and Measuring Cha	nges in Performance Indicator:
The requirement to collect and measure char prepared by the Lead Staff assigned to the o	nges in the performance indicator will be set forth as a component of the impact analysis bjective. It will be incumbent upon the analysis to define the data source from whence critical rmine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes	
Proposed Changes:	
Reason Not Achieved:	
Reason Not Achieved.	
riority: Improve Access to Care for Tar	geted Populations
oal of the priority area:	
Assess Opportunities for Collaborative Initiative	es with Internal and External Hospitals

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to

-Annual Pe Indicator:	rformance Indicators to measure goal success As Determined by the Lead Staff Assigned to the Objective
Description o	f Collecting and Measuring Changes in Performance Indicator:
prepared by	nent to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved:	Yes
Proposed Cha	anges:
Reason Not A	achieved:
ority: al of the prior	Improve Access to Care for Targeted Populations
	of Telepsychiatry

OMB No. 0930-0168 Approved: 05/21/2013 Expires: 05/31/2016

not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Improve Access to Care for Targeted Populations
Goal of the priority area:
Reassess Current Initiatives Related to Emergency Rooms

Strategies to attain	the goal:
not all-inclusive, ea that the product of with preparing an e	on is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are ach represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to rain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
■ Annual Perfo	rmance Indicators to measure goal success
	As Determined by the Lead Staff Assigned to the Objective
Description of Co	ollecting and Measuring Changes in Performance Indicator:
prepared by the	to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved:	Yes
Proposed Change	es:
Reason Not Achie	eved:
Priority: Im	prove Access to Care for Targeted Populations
Goal of the priority	
Review Populations	s Served in Inpatient Facilities and Community Mental Health Centers

trategies to atta	ain the goal:
not all-inclusive that the produc with preparing a	dation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report a , each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted to fit the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to estrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
-Annual Per	formance Indicators to measure goal success
Indicator:	As Determined by the Lead Staff Assigned to the Objective
Description of	Collecting and Measuring Changes in Performance Indicator:
prepared by t	ent to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved:	Yes
Proposed Cha	nges:
Reason Not A	chieved:

Goal of the priority area:

Update Definition of Core Community Mental Health Centers Services
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Reason Not Achieved.

Priority: Enhance Efficiency of Clinical Service Delivery
Goal of the priority area:
Continue Provision of Peer Support Services
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
A skelen of the Mark
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Reason Not Achieved.

Priority: Enhance Efficiency of Clinical Service Delivery
Goal of the priority area:
Identify and Address Barriers to Treatment Throughout Course of Care
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:

Dulaniku — Falanca Efficienza of Clinical Comica Delivery
Priority: Enhance Efficiency of Clinical Service Delivery Goal of the priority area:
Maximize Capacity of the Electronic Medical Record in CMHCs and Inpatient Facilities
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness
Goal of the priority area:
Develop Treatment Tracks
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: N/A
Proposed Changes:

Reason Not Achieved:
Priority: Enhance Treatment Effectiveness
Goal of the priority area:
Enhance, Expand, and Develop Group-Specific Services
Ennance, Expand, and Develop Group-specific services
Chartenian to attain the goal.
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted
that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged
with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to
identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis
prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical
feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: N/A
Proposed Changes:

Reason Not Achieved:
Priority: Enhance Treatment Effectiveness Goal of the priority area:
Enhance/Develop Supervisory Tools for Continuous Assessment of Clnicians' Skills
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:

Reason No	Achieved:
Priority: Goal of the pr Evaluate Cap	Enhance Treatment Effectiveness ority area: city to Adjust Service Provision Based on Client Needs Throughout Treatment
not all-inclus that the prod with preparir	tain the goal: Indation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are receive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted count of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.

Indicator: As Determined by the Lead Staff Assigned to the Objective

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved: Yes

Proposed Changes:		
Reason Not Achieved:		

Goal of the priority area:

Evaluate Mechanisms and Timeframes to Respond to Requests for Services and Admissions

Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.

Annual Performance Indicators to measure goal success

Indicator: As Determined by the Lead Staff Assigned to the Objective

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved: Yes		
Proposed Changes:		
Reason Not Achieved:		
Priority: Enhance Treatment Effectiveness		

Goal of the priority area:

Expand Focus on Recovery

Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: Continuous.

Annual Performance Indicators to measure goal success

Indicator: As Determined by the Lead Staff Assigned to the Objective

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.

Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Enhance Treatment Effectiveness Goal of the priority area:
Expand Patient-Endorsed Treatment Expectations and Plans of Care
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:

prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: N/A
Proposed Changes:
Reason Not Achieved:
Priority: Enhance Treatment Effectiveness
Goal of the priority area:
Explore Evidence-Based Suicide Prevention Programming in Coordination with Partners
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.

Annual Performance Indicators to measure goal success

Indicator: As Determined by the Lead Staff Assigned to the Objective

Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Enhance Treatment Effectiveness
Goal of the priority area:
Increase Family Inclusion and Family Therapy from the Outset of Treatment as Appropriate
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Penort. While the recommendations stated in this report a

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: To Be Determined.

Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Enhance Treatment Effectiveness
Goal of the priority area:
Increase Training for Clinicians in Evidence-Based Practices for Adults and Children
Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to

dentify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.
Annual Performance Indicators to measure goal success Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
riority: Enhance Treatment Effectiveness
oal of the priority area:
Maintain Partnership with Law Enforcement for Crisis Intervention Training/Client Safety
trategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years. *Annual Performance Indicators to measure goal success As Determined by the Lead Staff Assigned to the Objective Indicator: Description of Collecting and Measuring Changes in Performance Indicator: The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan. Achieved: Yes **Proposed Changes:** Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Survey Clients to Evaluate SCDMH's Delivery of Services from a Cultural Perspective

Strategies to attain the goal:
This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are not all-inclusive, each represents an opportunity to further refine the system of care, and to positively impact the continuum. It should be noted that the product of the efforts of the Committee were limited in scope. In establishing these recommendations, the Committee was not charged with preparing an extensive impact analysis for each. Implementation of this recommendation should be preceded by such analyses so as to identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 1 Year.
Annual Performance Indicators to measure goal success
Indicator: As Determined by the Lead Staff Assigned to the Objective
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be set forth as a component of the impact analysis prepared by the Lead Staff assigned to the objective. It will be incumbent upon the analysis to define the data source from whence critical feedback will be ascertained in order to determine the objective's compliance to the original intent within the overall Strategic Plan.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Priority: Budget Preservation

Maintain or Increase Funding Levels

Goal of the priority area:

Strategies to attain the goal:
This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. The intent is to prevent the further degradation of funding for the South Carolina Department of Mental Health so that it will be able to continue to address the demand for mental health services across the State of South Carolina. Timeframe: Continuous.
Annual Performance Indicators to measure goal success
Indicator: Maintain or Increase Funding Levels
Description of Collecting and Measuring Changes in Performance Indicator:
The requirement to collect and measure changes in the performance indicator will be established at the business unit level and will be monitored by the Deputy Director of Administration, as well as by the Senior Management Team of the Department.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:

Priority: Recruitment and Retention

Goal of the priority area:

Emphasize Recruitment and Retention
Strategies to attain the goal:
This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. This recommendation will be incorporated into the effort set forth towards the goal recommended in the Agency Long-term Planning Committee Report. Timeframe: Continuous.
Annual Performance Indicators to measure goal success Indicator: See Also Control Expenditures and/or Increase Efficiency of Operations
Description of Collecting and Measuring Changes in Performance Indicator:
Cross-reference this goal with that set forth in Control Expenditures and/or Increase Efficiency of Operations Achieved: Yes
Proposed Changes:
Reason Not Achieved:

Priority: Accreditation	
Goal of the priority area:	
Maintain Accreditation of All CMHCs and Inpatient Facilities	
Strategies to attain the goal:	
This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. The intent is to maintain the high-quality level types of services provided by the South Carolina Department of Mental Health as evidenced by the standards set forth by the accrediting with which the Department is affiliated, and by which all of its Community Mental Health Centers and Inpatient Facilities are accredited. T Continuous.	bodies
Annual Performance Indicators to measure goal success	
Indicator: Maintain Accreditation of All CMHCs and Inpatient Facilities	
maisator. Waintam 7 iso santation of 7 in still 100 and inpatient 1 asimiss	
Description of Collecting and Measuring Changes in Performance Indicator:	
The requirement to collect and measure changes in the performance indicator will be established at the business unit level and will be monitored by the Deputy Director of Community Mental Health Services and the Deputy Director for Inpatient Services, as well as by the Senior Management Team of the Department.	Э
Achieved: Yes	
Proposed Changes:	
Reason Not Achieved:	

Priority: Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders
Goal of the priority area:
Address Issues and Concerns Raised by Community Forum Participants
Strategies to attain the goal:
This recommendation is contained within the Action Items from the 25 Community Forums. Many of the items contained within said report are actionable items on which the Division of Community Mental Health Services and the respective Community Mental Health Center are already engaged. As many of the Action Items are contained within the over-arching priorities previously set forth, each Action Item has not been delineated here, but can be referenced within the body of the report, attached in Step 2: Identify the unmet service needs and critical gaps within the current system. Timeframe: Based on Complexity of Issue to be Addressed.
Annual Performance Indicators to measure goal success
Indicator: As Delineated within the Action Items from the 25 Community Forums
Description of Collecting and Measuring Changes in Performance Indicator:
See Action Items from the 25 Community Forums. Expected outcomes have been set forth for each Action Items.
Achieved: Yes
Proposed Changes:
Reason Not Achieved:
Reason Not Achieved.

Footnotes:			

Table 3 A/B (URS Tables 5A/5B) - Profile of Clients by Type of Funding Support

Table 3A

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

		Tota				can Indi ska Nat	ian or		Asian		Black	c or Afric merican	can	Hawai	iian or (fic Islan	Other		White			able 5b ar			han On eported		Race N	Not Ava	ilable
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avai
Medicaid (only Medicaid)	14,625	14,585		29,210	31	34	0	27	29	0	6,265	7,249	0	1	1	0	7,532	6,241	0	0	0	0	235	318	0	534	713	
Non- Medicaid Sources (only)	20,085	15,546	160	35,791	61	46	0	85	59	0	5,931	5,169	32	6	5	0	13,377	9,748	96	0	0	0	80	70	0	545	449	32
People Served by Both Medicaid and Non- Medicaid Sources	6,843	6,041	0	12,884	27	25	0	18	21	0	3,097	3,234	0	0	0	0	3,496	2,537	0	0	0	0	57	71	0	148	153	0
Medicaid Status Not Available	450	964	2	1,416	1	3	0	2	8	0	160	409	1	0	1	0	274	516	0	0	0	0	2	2	0	11	25	1
Total Served	42,003	37,136	162	79,301	120	108	0	132	117	0	15,453	16,061	33	7	7	0	24,679	19,042	96	0	0	0	374	461	0	1,238	1,340	33

Data Based on Medicaid Services

Data Based on Medical Eligibility, not Medicaid Paid Services

People Served By Both' includes people with any Medicaid

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Medicaid status unavailable has decreased from last fiscal year from 5171 to 1416.

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 3A. Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

	Not I	Hispanic or L	atino	Hi	spanic or Lat	ino	Hispanic or	Latino Origi	n Unknown		To	otal	
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total
Medicaid Only	10,785	10,149	0	429	483	0	3,411	3,953	0	14,625	14,585	0	29,210
Non-Medicaid Only	15,350	11,753	0	513	340	0	4,222	3,453	160	20,085	15,546	160	35,791
People Served by Both Medicaid and Non-Medicaid Sources	5,198	4,345	0	162	147	0	1,483	1,549	0	6,843	6,041	0	12,884
Medicaid Status Unknown	282	422	0	4	20	0	164	522	2	450	964	2	1,416
Total Served	31,615	26,669	0	1,108	990	0	9,280	9,477	162	42,003	37,136	162	79,301

Comments on E	Data (for Age):
---------------	-----------------

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (und	duplicated) count of clients:	(1) Medicaid Only. (2) Non-Medicaid Onl	y, (3) Both Medicaid and Other Sources funded their treatment,	and (4) Medicaid Status Unknown.

footnote:			

Table 4 (URS Table 7) - Profile of Mental Health Service Expenditures and Sources of Funding

Start Year: 2014 End Year: 2014

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
Substance Abuse Prevention and Treatment	\$	\$	\$	\$	\$	\$	\$
2. Primary Prevention	\$	\$	\$	\$	\$	\$	\$
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. State Hospital	\$	\$	\$53,200,000	\$0	\$50,100,000	\$0	\$2,000,000
6. Other 24 Hour Care	\$	\$	\$	\$	\$	\$	\$
7. Ambulatory/Community Non-24 Hour Care	\$	\$6,700,000	\$75,300,000	\$3,600,000	\$59,800,000	\$3,500,000	\$8,200,000
8. Administration (Excluding Program and Provider Level)	\$	\$0	\$3,200,000	\$0	\$10,600,000	\$0	\$0
9. Total	\$	\$6,700,000	\$131,700,000	\$3,600,000	\$120,500,000	\$3,500,000	\$10,200,000

Please indicate the expenditures are actual or estimated.

jo Actual jo Estimated

Please identify which of the information in Table 4a is estimated rather than actual:

The above-referenced amounts represent those Allocations and Revenues for the Department as forecasted for FY2014 on September 30, 2013. Forecasts for the fiscal year are updated monthly based on an analysis of prior monthly activity within the fiscal year and any trending patterns that arise. Final actual amounts are not available until after the end of the fiscal year.

prior monthly activity within the fiscal year and any frending patterns e fiscal year.

Identify the date by when all estimates can be replaced with actual expenditures: 09/15/2014

Footnotes:

Table 5 - MHBG Expenditures By Service

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

Service	Unduplicated Individuals	Units	Expenditures
Prevention (Including Promotion)			\$
Screening, Brief Intervention and Referral to Treatment			\$
Brief Motivational Interviews			\$
Screening and Brief Intervention for Tobacco Cessation			\$
Parent Training			\$
Facilitated Referrals			\$
Relapse Prevention/Wellness Recovery Support			\$
Warm Line			\$
Engagement Services			\$
Assessment			\$
Specialized Evaluations (Psychological and Neurological)			\$
Service Planning (including crisis planning)			\$
Consumer/Family Education			\$
Outreach			\$
Outpatient Services			\$
Individual evidenced based therapies			\$
Group therapy			\$
Family therapy			\$
Multi-family therapy			\$
Consultation to Caregivers			\$
Medication Services			\$
Medication management	24/2046		\$

	Į	
Pharmacotherapy (including MAT)		\$
Laboratory services		\$
Community Support (Rehabilitative)		\$
Parent/Caregiver Support		\$
Skill building (social, daily living, cognitive)		\$
Case management		\$
Continuing Care		\$
Behavior management		\$
Supported employment		\$
Permanent supported housing		\$
Recovery housing		\$
Therapeutic mentoring		\$
Traditional healing services		\$
Recovery Supports		\$
Recovery Supports Peer Support		\$
Peer Support		\$
Peer Support Recovery Support Coaching		\$
Peer Support Recovery Support Coaching Recovery Support Center Services		\$
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care		\$
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative)		\$ \$ \$
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative) Personal care		\$ \$ \$ \$
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative) Personal care Homemaker		\$ \$ \$ \$ \$
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative) Personal care Homemaker Respite		\$ \$ \$ \$ \$ \$ \$ \$ \$
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative) Personal care Homemaker Respite Supported Education		\$ \$ \$ \$ \$ \$ \$ \$ \$
Peer Support Recovery Support Coaching Recovery Support Center Services Supports for Self Directed Care Other Supports (Habilitative) Personal care Homemaker Respite Supported Education Transportation		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Trained behavioral health interpreters		\$
Interactive communication technology devices		\$
Intensive Support Services		\$
Substance abuse intensive outpatient (IOP)		\$
Partial hospital		\$
Assertive Community Treatment		\$
Intensive home based services		\$
Multi-systemic therapy		\$
Intensive Case Management		\$
Out-of-Home Residential Services		\$
Crisis residential/stabilization		\$
Adult Substance Abuse Residential		\$
Adult Mental Health Residential		\$
Youth Substance Abuse Residential Services		\$
Children's Residential Mental Health Services		\$
Therapeutic foster care		\$
Acute Intensive Services		\$
Mobile crisis		\$
Peer based crisis services		\$
Urgent care		\$
23 hr. observation bed		\$
Medically Monitored Intensive Inpatient		\$
24/7 crisis hotline services		\$
Other (please list)		\$

				e	

See Exhibit 1 in Attachments.

EXHIBIT 1

FY2013 July 1, 2012 to June 30, 2013

T	able 5 - MHBG Expenditures By Servic	ce
FY2013 B	lock Grant Expenditures By Funct	ional Area
Functional Area	Description	Expenditures
J120_C000	General Administration	1,142,892.35
J120_C001	Deaf Services	203,615.56
J120_C002	Physician Services	225,603.75
J120_CA01	Outpatient Services	1,743,745.09
J120_CA02	Crisis Stabilization	87,496.34
J120_CA03	Crisis Intervention	8,883.36
J120_CA04	Employment Services	121,187.84
J120_CB01	Outpatient Services	633,484.74
J120_CB02	Crisis Stabilization	(4,881.26)
J120_CC01	School Based Services	354,990.97
J120_CC02	Summer/Day Camps	7,949.63
J120_CD01	Psychosocial Recovery	193,416.93
J120_CE01	Assertive Community	117,214.82
J120_CF01	Mental Health Court	1,440.00
J120_CG01	Outstationed Behavior	89,253.26
J120_CH01	Family Services	191,864.10
J120_CJ01	BabyNet	393.46
J120_CK01	Multi-Systemic Therapy	114,462.15
J120_CM01	Community Housing	795,663.85
J120_CN01	Day Treatment Adult	172,634.06
J120_CR01	Medical Management	30,323.83
J120_CS01	Residential C&A	52,246.83
J120_CS03	Group Care Residential	45,422.08
J120_G004	Special Projects	238,174.39
J120_GK01	Multi-Systemic Therapy	129,198.25
Total		6,696,676.38

Note

The South Carolina Department of Mental Health has two disparate systems that together comprised the reporting mechanism for departmental activity in community mental health

services: a human resource/financial management system (SCEIS) and a clinical information/billing system (CIS).

SCEIS provides the Department with the ability to categorize expenditures into activity groups (functional areas) based on the personnel assigned to said activity group (salary and benefits expenses) and other operational expenses charged thereto.

CIS provides the Department with the ability to track specific services rendered including the number of units billed by the type of service, the number of persons receiving said units and services, and other client level data.

However, to date, there does not exist a crosswalk, or linking characteristic, to attribute the expense within a functional area to the specific services being rendered (i.e. activity recorded in SCEIS to activity recorded in CIS). The Department is able to uniquely identify its funding sources and uniquely identify its services rendered, but the funding sources are blended, and therefore unidentifiable, at the point at which the array of services is rendered. This, effectively, distorts any ability to track a specific funding source to a specific service rendered.

Therefore, in lieu of providing the data requested in Table 5 in the format and to the detail it is requested, the Department is providing a response based on financial management data categorized into functional areas. These functional areas approximate the categories identified in Table 5, but summarize certain services into general descriptions.

To note, there is effort afoot to determine the primary key (link) between SCEIS and CIS in order to track the source of funds to the specific service rendered, but the complexity of the determinants has thus far complicated any resolution. However, it is anticipated that this linkage will be established by the first part of calendar year 2014.

#####

Table 6 - Primary Prevention Expenditures Checklist

Start Year:	
End Year:	

Strategy	IOM Target	MHBG Block Grant	Other Federal	State	Local	Other
Information Dissemination	Universal	\$	\$	\$	\$	\$
Information Dissemination	Selective	\$	\$	\$	\$	\$
Information Dissemination	Indicated	\$	\$	\$	\$	\$
Information Dissemination	Unspecified	\$	\$	\$	\$	\$
Information Dissemination	Total	\$	\$	\$	\$	\$
Education	Universal	\$	\$	\$	\$	\$
Education	Selective	\$	\$	\$	\$	\$
Education	Indicated	\$	\$	\$	\$	\$
Education	Unspecified	\$	\$	\$	\$	\$
Education	Total	\$	\$	\$	\$	\$
Alternatives	Universal	\$	\$	\$	\$	\$
Alternatives	Selective	\$	\$	\$	\$	\$
Alternatives	Indicated	\$	\$	\$	\$	\$
Alternatives	Unspecified	\$	\$	\$	\$	\$
Alternatives	Total	\$	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$	\$	\$	\$	\$
Problem Identification and Referral	Selective	\$	\$	\$	\$	\$
Problem Identification and Referral	Indicated	\$	\$	\$	\$	\$
Problem Identification and Referral	Unspecified	\$	\$	\$	\$	\$
Problem Identification and Referral	Total	\$	\$	\$	\$	\$

Community-Based Process	Universal	\$ \$	\$ \$	\$
Community-Based Process	Selective	\$ \$	\$ \$	\$
Community-Based Process	Indicated	\$ \$	\$ \$	\$
Community-Based Process	Unspecified	\$ \$	\$ \$	\$
Community-Based Process	Total	\$ \$	\$ \$	\$
Environmental	Universal	\$ \$	\$ \$	\$
Environmental	Selective	\$ \$	\$ \$	\$
Environmental	Indicated	\$ \$	\$ \$	\$
Environmental	Unspecified	\$ \$	\$ \$	\$
Environmental	Total	\$ \$	\$ \$	\$
Section 1926 Tobacco	Universal	\$ \$	\$ \$	\$
Section 1926 Tobacco	Selective	\$ \$	\$ \$	\$
Section 1926 Tobacco	Indicated	\$ \$	\$ \$	\$
Section 1926 Tobacco	Unspecified	\$ \$	\$ \$	\$
Section 1926 Tobacco	Total	\$ \$	\$ \$	\$
Other	Universal	\$ \$	\$ \$	\$
Other	Selective	\$ \$	\$ \$	\$
Other	Indicated	\$ \$	\$ \$	\$
Other	Unspecified	\$ \$	\$ \$	\$
Other	Total	\$ \$	\$ \$	\$
Footnotes:				

Table 7 (URS Table 8) - Profile Of Community Mental Health Block Grant Expenditures For Non-Direct Service Activities

Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities

Service	Estimated Total Block Grant			
MHA Technical Assistance Activities	\$			
MHA Planning Council Activities	\$			
MHA Administration	\$62,401			
MHA Data Collection/Reporting	\$			
MHA Activities Other Than Those Above	\$			
Total Non-Direct Services	\$62,401			
Comments on Data:				
footnote:				

III: State Agency Expenditure Reports

Table 8 (URS Table 10) - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2010 Expenditure Period End Date: 9/30/2012

Entity Number	I- SATS ID (for SABG)	Area Served (Statewide or Sub- State Planning Area)	Provider/Program/Agency Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults with serious mental illness	CMHS Block Grant - G. Children with serious emotional disturbance
1		Statewide	Aiken MHC	1135 Gregg Hwy	Aiken	sc	29801						\$85,802.59	\$52,332.64
2		Statewide	Anderson MHC	200 McGee Rd.	Anderson	SC	29625						\$135,317.23	\$181,212.98
3		Statewide	Beckman MHC	1547 Parkway, Suite 100	Greenwood	SC	29646						\$193,342.33	\$336,517.81
4		Statewide	Berkeley MHC	403 Stoney Landing Rd.	Moncks Corner	SC	29464						\$96,705.59	\$44,835.11
5		Statewide	Catawba MHC	225 E Main St.	Rock Hill	SC	29730						\$228,551.25	\$170,008.45
6		Statewide	Charleston MHC	2100 Charlie Hall Blvd.	Charleston	SC	29414						\$126,993.12	\$155,732.11
7		Statewide	Coastal MHC	1050 Ribaut Rd.	Beaufort	SC	29902						\$225,248.59	\$242,694.50
8		Statewide	Columbia MHC	2715 Colonial Dr.	Columbia	SC	29203						\$258,708.44	\$120,023.38
22		Sub-State Planning Area	Dee Norton RFP	1061 King St.	Charleston	SC	29403						\$0.00	\$12,866.00
20		Statewide	Federation of Families RFP	810 Dutch Square Blvd.	Columbia	SC	29210						\$0.00	\$57,800.00
9		Statewide	Greenville MHC	124 Mallard St.	Greenville	SC	29601						\$98,631.37	\$98,631.37
10		Statewide	Lexington MHC	301 Palmetto Park Blvd.	Lexington	SC	29072						\$225,633.66	\$43,228.30
19		Sub-State Planning Area	MHA Greenville	301 University Ridge	Greenville	SC	29601						\$46,757.00	\$0.00
23		Statewide	NAMI	P.O. Box 1267	Columbia	SC	29202						\$56,000.00	\$0.00
11		Statewide	Orangeburg MHC	2319 St. Matthews Rd.	Orangeburg	SC	29116						\$80,517.69	\$271,425.69
12		Statewide	Pee Dee MHC	125 E Chevez St.	Florence	SC	29506						\$107,599.40	\$107,599.40
13		Statewide	Piedmont MHC	20 Powerhorn Rd.	Simpsonville	SC	29681						\$165,031.98	\$276,079.53
18		Statewide	Projects and Grants (32)	2414 Bull St.	Columbia	sc	29202						\$1,000.00	\$126,000.00
14		Statewide	Santee MHC	215 N. Magnolia St.	Sumter	SC	29151						\$269,191.94	\$144,431.67
24		Statewide	SHARE	427 Meeting St.	West Columbia	SC	29169						\$53,547.00	\$0.00
15		Statewide	Spartanburg MHC	250 Dewey Dr.	Spartanburg	SC	29303						\$132,362.92	\$132,362.92
16		Statewide	Tri-County MHC	1035 Cheraw Hwy.	Bennettsville	SC	29512						\$117,135.63	\$117,135.63
17		Statewide	Waccamaw MHC	164 Waccamaw Med. Prk. Dr.	Conway	SC	29526						\$122,840.01	\$168,735.77

21	Sub-State Planning Area	Work-in-Progress	1413 Calhoun St.	Columbia	SC	29201						\$41,733.00	\$0.00
Total							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,868,650.74	\$2,859,653.26

Footnotes:			

III: State Agency Expenditure Reports

Table 9 - Maintenance of Effort for State Expenditures on Mental Health Services

	Total Expenditures for SMH	IA.
Period	Expenditures	<u>B1(2011) + B2(2012)</u> 2
(A)	(B)	(C)
SFY 2011 (1)	\$63,182,404	
SFY 2012 (2)	\$63,834,842	\$63,508,623
SFY 2013 (3)	\$66,940,745	

FY 2011	Yes	X	No
SFY 2012	Yes	X	No
SFY 2013	Yes	X	No
SFY 2013 mated expenditure			

III: State Agency Expenditure Reports

Table 10 - Report on Set-aside for Children's Mental Health Services

	State Expenditures for Mental Health Services	
Actual SFY 2008	Actual SFY 2012	Estimated/Actual SFY 2013
\$26,040,177	\$13,715,209	\$13,007,388

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

footnote:

The South Carolina Department of Mental Health acknowledges that the threshold chosen by SAMHSA as the benchmark for Set-Aside for Children's Mental Health Services was the state fiscal year immediately preceding a severe recessionary period in the United States and that said year being a high-water mark for the Department, it may require many years before such state expenditures reach SFY2008 levels, again.

Table 11 (URS Table 1) - Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. CMHS will provide this data to States based on the standardized methodology developed and published in the Federal Register and the State level estimates for both adults with SMI and children with SED.

	current Report Year	Inree Years Forward
Adults with Serious Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		
Note: This Table will be completed for the States by CMHS.		
footnote:		

Table 12 (URS Table 12) - State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

Population Served

1. Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

		Populati	ons Covered:	Included i	n Data	
		State Hospitals	Community Programs	State Hospitals	Community Programs	
1. Ag	ed 0 to 3	(€ Yes	(€) Yes	€ Yes	 ∀es	
2. Ag	ed 4 to 17	⊝ Yes	€ Yes	€ Yes	Yes	
3. Ad	ults Aged 18 and over	⑤ Yes	€ Yes	€ Yes	⊚ Yes	
4. Foi	rensics	(Yes	⊘ Yes	(€ Yes	⊚ Yes	
Comr	nents on Data: Do all of the adults and serious emotional distur	children served through the state	e mental health agency mee	t the Federal definitions of s	erious mental illness a	
	serious erriotional distui		is Mental Illness			
		9	is Emotional Disturbances			
2.a.	If no, please indicate the serious emotional distur	e percentage of persons served for bance?	or the reporting period who	met the federal definitions o	f serious mental illness	
2.a.1.	Percent of adults meeting	ng Federal definition of SMI:		91.9 %		
2.a.2.	Percentage of children/a	adolescents meeting Federal defi	nition of SED:	90.3 %		
3.	Co-Occurring Mental He	ealth and Substance Abuse:				
3.a.	What percentage of pers	sons served by the SMHA for the	reporting period have a dua	l diagnosis of mental illness	and substance abuse?	
3.a.1.	Percentage of adults ser	eved by the SMHA who also have	a diagnosis of substance abu	use problem:	25.3 %	
3.a.2.	Percentage of children/a	adolescents served by the SMHA	who also have a diagnosis of	substance abuse problem:	3.1 %	
3.b.	, , ,	sons served for the reporting per sis of mental illness and substanc		Finitions of adults with SMI a	nd children/adolescent	
3.b.1.	Percentage of adults me	eeting Federal definition of SMI w	ho also have a diagnosis of	substance abuse problem:	23.4 %	
3.b.2.	Percentage of children/a	adolescents meeting the Federal	definition of SED who also h	ave a diagnosis of substance	2.8 %	

4. State Mental Health Agency Responsibilities

the number of persons with co-occurring

abuse problem:

disorders.

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

3.b.3. Please describe how you calculate and count Three diagnosis variables were examined for co-occurring substance abuse/use disorders in

addition to mental health disorders.

6.c. 6.d. 6.e.	Summary Information on Data Submitted by SMHA: Year being reported: Person Responsible for Submission: Contact Phone Number: Contact Address: E-mail:	7/1/2012 12:00:00 AM to 6/30/2013 12:00 AM to 6/30/2013 12:00 AM to 6/30/2013 AM to	AM			
6.b. 6.c. 6.d. 6.e. 6.f.	Year being reported: Person Responsible for Submission: Contact Phone Number: Contact Address:	Ellen M. Sparks 803-898-1839 2414 Bull Street Columbia, SC 29202	AM			
6.c. 6.d. 6.e.	Year being reported: Person Responsible for Submission: Contact Phone Number:	Ellen M. Sparks 803-898-1839	AM			
6.c. 6.d.	Year being reported: Person Responsible for Submission:	Ellen M. Sparks	AM			
6.c.	Year being reported:		AM			
6.b.	Summary Information on Data Submitted by SMHA.					
	State Identifier:	SC				
6.a.	Report Year:	SFY 2013				
6.	Summary Administrative Data					
5.e.	Plans for Unduplication: If you are not currently abl system, please describe your plans to get unduplica	·			ental health	
5.d.	Duplicated: Between Child and Adult Agencies	la de consider conduction (C. P. C.	-11		and the control of	€
5.c.	Duplicated: within community programs					€
5.b.	Duplicated: across state hospital and community pro	ograms				<u>e</u>
5.a.	<u>Unduplicated:</u> counted once even if they were serve community mental health agencies responsible for community mental health agencies		ams a	ind if they we	ere served in	6
_	Are the data reporting in the tables?					
5.	Data Reporting: Please describe the extent to which different parts of your mental health system. Please across your entire mental health system.					
4.b.9	Other		⊜	Yes		
4.b.7 4.b.8	Performance monitoring		6			
4.b.6 4.b.7	Input in contract development		6	Yes		
4.b.6	Resolving mental health consumer complaints		6	Yes		
4.b.5	Coordination with state health and Medicaid agence	ries	9	Yes		
4.b.4	Setting Standards for mental health services		6	Yes		
4.b.2 If yes, 4.b.3	Does the State Mental Health Agency have any resp through Medicaid Managed Care? please check the responsibilities the SMHA has: Direct contractual responsibility and oversight of th	·		Yes		
4.b.1	Does the State have a Medicaid Managed Care initia			Yes	€ Yes	5
	b. Managed Care (Mental Health Managed Care)				progra	ta for these ms reported 5 Tables?
	7. Other	<u> </u>				
	6. Sanctions	é				
	5. Licensing	6				
	Resolving Consumer Complaints	6				
	2. Setting Standards3. Quality Improvement/Program Compliance	€				
	2 Catting Ctandards					

Table 13 A/B (URS Tables 2A/2B)-Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 13A

Table 13.		To	otal			ican Ir Iska N	ndian or ative		Asiaı	n		ack or Afi America				aiian or Islander		White		data fo	iic * us or tabl t avail	se only if le 2b are lable		Than (Report	One Race ted	Race	Not A	vailable
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	4,778	8,606	2	13,386	9	17	0	6	10	0	2,007	3,922	1	0	1	0	2,291	3,793	1	0	0	0	146	300	0	319	563	0
13-17 years	5,379	6,542	13	11,934	19	21	0	11	13	0	2,029	2,976	4	1	1	0	2,897	3,106	4	0	0	0	121	103	0	301	322	5
18-20 years	1,422	1,411	8	2,841	1	3	0	4	4	0	518	642	1	0	1	0	829	695	6	0	0	0	30	19	0	40	47	1
21-24 years	2,027	1,731	17	3,775	1	4	0	5	8	0	690	742	3	0	2	0	1,266	920	13	0	0	0	21	12	0	44	43	1
25-44 years	12,371	9,228	66	21,665	38	29	0	36	33	0	4,136	3,742	14	1	0	0	7,811	5,220	39	0	0	0	41	18	0	308	186	13
45-64 years	13,820	8,655	41	22,516	46	33	0	58	45	0	5,140	3,595	5	5	2	0	8,365	4,811	26	0	0	0	13	8	0	193	161	10
65-74 years	1,742	779	7	2,528	4	0	0	8	2	0	717	359	3	0	0	0	990	404	2	0	0	0	2	0	0	21	14	2
75+ years	450	167	5	622	2	1	0	4	2	0	210	77	1	0	0	0	223	84	3	0	0	0	0	1	0	11	2	1
Not Available	14	17	3	34	0	0	0	0	0	0	6	6	1	0	0	0	7	9	2	0	0	0	0	0	0	1	2	0
Total	42,003	37,136	162	79,301	120	108	0	132	117	0	15,453	16,061	33	7	7	0	24,679	19,042	96	0	0	0	374	461	0	1,238	1,340	33
Pregnant Women	0	0	0	0	0			0			0			0		•	0		•	0			0			0		

Are these numbers unduplicated?

Unduplicated

© Duplicated : between Hospitals and Community

Duplicated : Among Community Programs

Duplicated between children and adults

Other: describe

Comments on Data (for Age):

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	Data for pregnant women is not available.

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 13A.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 13B

	Not F	lispanic or l	_atino	His	panic or Lat	tino	Hispanic or L	atino Origin I	Not Available	Total				
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total	
0-12 years	3,235	5,819	0	214	363	0	1,329	2,424	2	4,778	8,606	2	13,386	
13-17 years	3,660	4,418	0	192	200	0	1,527	1,924	13	5,379	6,542	13	11,934	
18-20 years	1,067	992	0	36	38	0	319	381	8	1,422	1,411	8	2,841	
21-24 years	1,619	1,326	0	50	34	0	358	371	17	2,027	1,731	17	3,775	
25-44 years	10,065	7,212	0	272	171	0	2,034	1,845	66	12,371	9,228	66	21,665	
45-64 years	10,496	6,270	0	280	160	0	3,044	2,225	41	13,820	8,655	41	22,516	
65-74 years	1,180	518	0	49	19	0	513	242	7	1,742	779	7	2,528	
75+ years	281	101	0	15	4	0	154	62	5	450	167	5	622	
Not Available	12	13	0	0	1	0	2	3	3	14	17	3	34	
Total	31,615	26,669	0	1,108	990	0	9,280	9,477	162	42,003	37,136	162	79,301	
Pregnant Women	0			0			0			0	0	0	0	
Comments on Data (for Age):													

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	Data for pregnant women is not available.

footnote:

Table 14 (URS Table 3) - Profile Of Persons Served In The Community Mental Health Settings, State Psychiatric Hospitals And Other Settings

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Service Setting		Age 0-1	7		Age 18-	20		Age 21-	54		Age 65	+	Age	Not Ava	ailable		To	otal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	10,144	15,112	15	1,418	1,397	8	28,098	19,138	124	2,179	909	12	14	17	3	41,853	36,573	162	78,588
State Psychiatric Hospitals	135	209	0	23	56	0	423	930	0	26	48	0	1	0	0	608	1,243	0	1,851
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	32	0	0	3	0	0	0	0	0	0	0	0	0	0	0	35	0	35

Comments of	n Data	(for Ad	re).

Comments on Data (for Gender):

Comments on Data (Overall):

Data for those inpatient in the Sexual Violent Predator program is included under State Hospital.

|--|

Table 15A - Profile of Persons Served With SMI/SED by Age and Gender

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

Service Setting		Age 0-17			Age 18-20	0		Age 21-64			Age 65+		Age	Not Avai	lable		T	otal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	9,061	13,764	9	1,237	1,118	5	26,511	17,278	87	2,117	864	9	12	12	0	38,938	33,036	110	72,084
State Psychiatric Hospitals	126	183	0	21	39	0	394	662	0	21	30	0	1	0	0	563	914	0	1,477
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	30	0	0	1	0	0	0	0	0	0	0	0	0	0	0	31	0	31

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Instructions:

- 1. States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
- 2. If forensic hospitals are part of the state mental health agency system include them.
- 3. Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row.
- 4. Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted through the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services through a provider that is not licensed or contracted by the SMHA should not be counted here.
- 5. A person who is served in both community settings and inpatient settings should be included in both rows.
- 6. RTC: CMHS has a standardized definition of RTC for Children: "An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily 17 years old and younger. It has a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classified by DSM-IV codes-other than the codes for mental retardation, developmental disorders, and substance-related disorders such as drug abuse and alcoholism (unless these are co-occurring with a mental illness)."

footpote:		
TOOTHOTE.		

Table 15 B/C (URS Tables 14A/14B) - Profile of Persons With SMI/SED Served by Age, Gender, Race and Ethnicity

Table 15B

This is a developmental table similar to Table 2A. and 2B. This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. Table 2A. and 2B. included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as Tables 2A. and 2B. For 2007, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definition. Please report the data under the categories listed - "Total" are calculated automatically.

Total American Inc Alaska Na						· · · · · · · · · · · · · · · · · · ·						data fo	Hispanic use only if More Than One Race Race Not Available data for table 14b are Reported not available							vailable								
	Female	Male	Not Available		Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	4,136	7,787	1	11,924	8	17	0	6	9	0	1,763	3,617	1	0	0	0	1,964	3,377	0	0	0	0	125	262	0	270	505	0
13-17 years	4,935	6,000	8	10,943	18	19	0	10	13	0	1,848	2,756	3	1	1	0	2,686	2,824	1	0	0	0	114	91	0	258	296	4
18-20 years	1,240	1,124	5	2,369	1	2	0	4	3	0	436	507	1	0	1	0	739	555	3	0	0	0	26	14	0	34	42	1
21-64 years	26,616	17,515	87	44,218	81	57	0	96	76	0	9,463	7,380	15	6	2	0	16,394	9,627	54	0	0	0	70	34	0	506	339	18
65-74 years	1,694	727	5	2,426	4	0	0	8	1	0	704	340	1	0	0	0	957	372	2	0	0	0	2	0	0	19	14	2
75+ years	433	156	4	593	2	1	0	4	1	0	205	73	1	0	0	0	212	78	2	0	0	0	0	1	0	10	2	1
Not Available	12	12	0	24	0	0	0	0	0	0	5	5	0	0	0	0	6	7	0	0	0	0	0	0	0	1	0	0
Total	39,066	33,321	110	72,497	114	96	0	128	103	0	14,424	14,678	22	7	4	0	22,958	16,840	62	0	0	0	337	402	0	1,098	1,198	26
Commen	ts on Dat	ta (for A	Age):	•	•								,	•					,		•			•	,			
Commen	ts on Da	ta (for (Gender):																									
Commen	Comments on Data (for Race/Ethnicity):																											
Commen	Comments on Data (Overall):																											

1	State Definitions	Match tho	Federal Definitions
п	. State Definitions	iviaten ine	e Federal Definitions

jm Yes jm No	Adults with SMI, if No describe or attach state definition:	The number of adults with a SMI qualifying diagnoses.	5
	Diagnoses included in the state SMI definition:	All diagnoses that qualify as SMI	5

	n	Yes	rm	No	Children with SED, if No describe or attach state defini-
--	---	-----	----	----	---

The number of children with a SED qualifying diagnosis.

Diagnoses included in the state SED definition:

All diagnoses that qualify as SED

Table 15C

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A. Please report the data under the categories listed - "Total" are calculated automatically.

	Not H	lispanic or l	Latino Hispanic or Latino			ino	Hispanic or L	atino Origin I	Total				
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	2,798	5,225	0	190	324	0	1,148	2,238	1	4,136	7,787	1	11,92
13-17 years	3,352	4,028	0	160	179	0	1,423	1,793	8	4,935	6,000	8	10,94
18-20 years	926	796	0	33	30	0	281	298	5	1,240	1,124	5	2,36
21-64 years	20,903	13,385	0	574	335	0	5,139	3,795	87	26,616	17,515	87	44,218
65-74 years	1,148	494	0	48	19	0	498	214	5	1,694	727	5	2,420
75+ years	268	96	0	14	4	0	151	56	4	433	156	4	59:
Not Available	10	11	0	0	0	0	2	1	0	12	12	0	24
Total	29,405	24,035	0	1,019	891	0	8,642	8,395	110	39,066	33,321	110	72,49
Comments on Data (fo	or Age):											,	
Comments on Data (fo													
Comments on Data (fo	city):												
Comments on Data (O													

footnote:			

Table 16 (URS Table 6) - Profile of Client Turnover

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length o Days): Di Pati	f Stay (in scharged ents	Stay (ir	r or Less: Length of Days): at end of	For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year		
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median	
State Hospitals	633	1,371	1,370	0	0	0	0	0	0	
Children (0 to 17 years)	25	346	347	28	17	36	32	0	0	
Adults (18 yrs and over)	608	1,025	1,023	116	23	101	65	1,623	1,318	
Age Not Available	0	0	0	0	0	0	0	0	0	
Other Psychiactric Inpatient	0	0	0	0	0	0	0	0	0	
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0	
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0	
Age Not Available	0	0	0	0	0	0	0	0	0	
Residential Tx Centers	10	26	24	0	0	0	0	0	0	
Children (0 to 17 years)	9	24	22	157	162	75	66	0	0	
Adults (18 yrs and over)	1	2	2	100	100	234	234	0	0	
Age Not Available	0	0	0	0	0	0	0	0	0	
Community Programs		43,010	42,895	0	0	0	0	0	0	
Children (0 to 17 years)	11,324	16,168								
Adults (18 yrs and over)	31,684	26,722								
Age Not Available	2	5								

Comments on Data (State

Hospital):

There are no children in the State Hospital for a period longer than one year. State Hospital data includes Forensic population and the Sexually Violent Predator Program (SVP).

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment):

Comments on Data (Community Programs):	
Comments on Data (Overall):	
footnote:	

Table 17 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services During the Year

		ADULTS WITH SERIC	OUS MENTAL ILLNESS	
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co- occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20	0	0	0	0
21-64	0	0	0	0
65-74	0	0	0	0
75	0	0	0	0
Not Available	0	0	0	0
TOTAL	0	0	0	0
Gender				
Female	0	0	0	0
Male	0	0	0	0
Not Available	0	0	0	0
Race				
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
White	0	0	0	0
Hispanic [*]	0	0	0	0
More Than One Race Reported on Carolina OMB No.	0 0930-0168 Approved: 05/21/	0 2013 Expires: 05/31	0 /2016	0 Page 84

Race Not Available	0	0	0	0						
Hispanic / Latino Origin										
Hispanic / Latino origin	0	0	0	0						
Non Hispanic / Latino	0	0	0	0						
Not Available	0	0	0	0						
Do you monitor fidelity for this service?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No						
IF YES,										
What fidelity measure do you use?										
Who measures fidelity?										
How often is fidelity measured?										
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No						
Have staff been specifically trained to implement the EBP?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No						
*Hispanic is part of the total served. jm Yes jm No										
Comments on Data (overall):										
Data not reported										
Comments on Data (Family Psychoeducation):										
Comments on Data (Integrated Treatment for Co-occurring	ng Disorders):									
Comments on Data (Illness Self Management):										
Comments on Data (Medication Management):										
*Hispanic: Only use the "Hispanic" row under Race if data for F	Hispanic as a Ethnic Orig	in are not available								
footnote:										

Table 18A (URS Table 4) - Profile of Adult Clients By Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force?category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force?. Unemployed refers to persons who are looking for work but have not found employment.

Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Adults Served		18-20			21-64			65+			Not Availabl	Э		Total		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	118	81	0	3,385	2,013	0	83	44	0	0	0	0	3,586	2,138	0	5,724
Unemployed	459	437	0	13,147	8,348	0	436	179	0	0	0	0	14,042	8,964	0	23,006
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	611	678	0	7,620	5,663	0	1,405	566	0	0	0	0	9,636	6,907	0	16,543
Not Available	230	201	8	3,946	3,114	124	255	120	12	0	0	0	4,431	3,435	144	8,010
Total	1,418	1,397	8	28,098	19,138	124	2,179	909	12	0	0	0	31,695	21,444	144	53,283

How Often Does your State Measure Employment Status?

 \cite{b} At Admission \cite{b} At Discharge \cite{b} Monthly \cite{b} Quarterly \cite{b} Other, describe:

What populations are included:	Jim All clients Jim Only selected groups, describe:	
Comments on Data (for Age):		
Comments on Data (for Gender):		
Comments on Data (Overall):		
footnote:		

Table 18B (URS Table 4A) - Profile Of Adult Clients By Employment Status: By Primary Diagnosis Reported

The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (295)	775	4,160	6,047	1,016	11,998
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	3,337	12,693	6,806	3,733	26,569
Other Psychoses (297, 298)	196	1,115	738	383	2,432
All Other Diagnoses	1,294	4,612	2,771	2,311	10,988
No Dx and Deferred DX (799.9, V71.09)	122	426	181	567	1,296
Diagnosis Total	5,724	23,006	16,543	8,010	53,283

Comments on Data (for Diagnosis):

footnote:			

Table 19 (URS Table 15) - Living Situation Profile

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	22,661	1,037	494	0	35	7	23	10	204	849	25,320
18-64	41,825	113	2,667	0	107	476	517	889	158	4,045	50,797
65+	2,407	4	396	0	0	79	7	13	7	237	3,150
Not Available	1	2	0	0	0	1	0	1	0	29	34
TOTAL	66,894	1,156	3,557	0	142	563	547	913	369	5,160	79,301
Famala											
Female	36,248	528	1,707	0	67	145	132	371	159	2,646	42,003
Male	30,644	628	1,850	0	75	418	415	542	210	2,354	37,136
Not Available	2	0	0	0	0	0	0	0	0	160	162
TOTAL	66,894	1,156	3,557	0	142	563	547	913	369	5,160	79,301

American Indian/Alaska	189	2	11	0	1	1	0	3	0	21	228
Native	107				'	<u>'</u>				21	220
Asian	202	0	12	0	0	3	3	4	0	25	249
Black/African American	26,803	499	1,633	0	62	295	241	378	151	1,485	31,547
Hawaiian/Pacific Islander	13	0	0	0	0	0	0	0	0	1	14
White/Caucasian	36,705	544	1,821	0	77	256	291	513	202	3,408	43,817
Hispanic *	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	723	49	22	0	1	0	0	2	9	29	835
Race/Ethnicity Not Available	2,259	62	58	0	1	8	12	13	7	191	2,611
TOTAL	66,894	1,156	3,557	0	142	563	547	913	369	5,160	79,301

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	1,867	30	66	0	2	8	8	8	8	101	2,098
Non Hispanic or Latino Origin	49,654	824	2,655	0	119	177	391	776	324	3,364	58,284
Hispanic or Latino Origin Not	15,373	302	836	0	21	378	148	129	37	1,695	18,919

Available												
TOTAL	66,894	1,156	3,557	0	142	563	547	913	369	5,160	79,301	
Comments on Data:												
How Often Does your State Measure Living Situation? At Admission At Discharge Monthly Quarterly Other:												
*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available												
footnote	٥.	footpoto										

Table 20 (URS Table 19B) - Profile of Change in School Attendance

For Consumers in Service for at least 12 months

	T1 T2			T2		T1 to T2 Change					Impact of Services							
	"T1" Prior 12 months (more than 1 year ago)		nore than	"T2" Most Recent 12 months (this year)		If Suspended at T1 (Prior 12 Months)		If Not Suspended at T1 (Prior 12 Months)		Over the last 12 months, the number of days my child was in school have								
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	118	168	28	115	179	20	84	33	1	28	139	1	93	96	32	60	33	314
Gender																		
Female	17	58	4	19	57	3	7	9	1	11	47	0	23	23	7	20	6	79
Male	79	86	18	76	92	15	61	18	0	14	71	1	53	53	22	32	23	183
Not Available	22	24	6	20	30	2	16	6	0	3	21	0	17	20	3	8	4	52
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

	т1 т			T2		T1 to T2 Change					Impact of Services							
	"T1" 12 months prior to beginning services			"T2" Sind	e Beginning ((this year)	Services	If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)		Since starting to receive MH Services, the number of days my child was in school have						
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	102	240	20	83	261	15	57	44	1	22	215	3	89	107	29	101	36	362
Gender																		

Female	27	99	5	22	106	3	16	11	0	4	94	1	27	36	11	43	14	131
Male	62	104	8	47	119	8	34	27	1	12	91	1	49	56	15	39	15	174
Not Available	13	37	7	14	36	4	7	6	0	6	30	1	13	15	3	19	7	57
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(
Source of School Attendance Information: 1. Consumer survey (recommended items) 2. Other Survey: Please send us items 3. Mental health MIS 4. State Education Department 5. Local Schools/Education Agencies 6. Other (specify) 6																		
Measure of School Attendance: jm 1. School Attendance jm 2. Other (specify):																		
Mental hea	alth program	ns include:		€ 1.	Children with	SED only			e 2. Othe	r Children (sp	ecify)			3. Both				
Region for	which data a	are reported:		j _m 1.	The whole sta	ate			ja 2. Less	than the who	le state (pleas	se describe)						
	e Total Numb Adolescents:		ns Surveyed	or for whom	School Atter	ndance Data	Are Reporte	d?										
1. If data	is from a sur	vey, what is t	he total nur	nber of peop	le from which	the sample	was drawn?										25,27	1
2. What v	was your sam	ple size? (Ho	w many indi	viduals were	selected for t	he sample)?												
	, ,		,	eys to valid p			•											
								as not a Surve	ey, how man	y persons we	re data availa	ble for?					854	
			umber of Co	ompleted sur	veys divided	by number o	of Contacts)											
State C	Comments/N	otes:																
footnote	9:																	

Table 21 (URS Table 9) - Social Connectedness and Improved Functioning

Adult Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)	
1. Social Connectedness	2,289	3,228	71%	
2. Functioning	2,274	3,249	70%	
Child/Adolescent Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)	
3. Social Connectedness	737	845	87%	
4. Functioning	503	843	60%	
Comments on Data:				

Adult Social	Connectedness	and Function	ning Measure

Addit 500lar Connectediness and runctioning incasures	
Did you use the recommended new Social Connectedness Questions?	jm Yes jm No
	Measure used
2. Did you use the recommended new Functioning Domain Questions?	jm Yes jm No
	Measure used
3. Did you collect these as part of your MHSIP Adult Consumer Survey?	jm Yes jm No
	If No, what source did you use?
Child/Family Social Connectedness and Functioning Measures	
4. Did you use the recommended new Social Connectedness Questions?	jm Yes jm No
	Measure used
5. Did you use the recommended new Functioning Domain Questions?	jm Yes jm No
	Measure used
6. Did you collect these as part of your YSS-F Survey?	jm Yes jm No

footnote:		

If No, what source did you use?

Table 22A (URS Table 11) - Summary Profile of Client Evaluation of Care

Adults Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
Reporting Positively About Access.	2,792	3,299	2
2. Reporting Positively About Quality and Appropriateness for Adults	2,940	3,293	2
3. Reporting Positively About Outcomes.	2,247	3,262	2
4. Adults Reporting on Participation In Treatment Planning.	2,612	3,282	2
5. Adults Positively about General Satisfaction with Services.	2,918	3,293	2

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
Reporting Positively About Access.	724	848	3.31
2. Reporting Positively about General Satisfaction for Children.	732	850	3
3. Reporting Positively about Outcomes for Children.	511	843	3
4. Family Members Reporting on Participation In Treatment Planning for their Children	764	848	3
5. Family Members Reporting High Cultural Sensitivity of Staff.	802	848	3

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Comments on Data:

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used? The Yes No

1.a. If no, which version:

Original 40 Item Version jm Yes
 21-Item Version jm Yes
 State Variation of MHSIP jm Yes
 Other Consumer Survey jm Yes

1.b. If other, please attach instrument used.

1.c. Did you use any translations of the MHSIP into another language?

© 1. Spanish

^{*} Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.

Adult Survey Approach

- 2. Populations covered in survey? (Note all surveys should cover all regions of state)
 - All Consumers In State
- Sample of MH Consumers

- 2.a. If a sample was used, what sample methodology was used? in 1. Random Sample

 - 1 2. Stratified / Random Stratified Sample
 - 3. Convenience Sample
 - 4. Other Sample:
- 2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?
 - 1. Persons Currently Receiving Services
 - € 2. Persons No Longer Receiving Services
- 3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.) 📙 1. All Adult Consumers In State

 - e 2. Adults With Serious Mental Illness
 - a. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care
 - 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	€ Yes	e Yes
Mail	€ Yes	
Face-to-face	€ Yes	€ Yes
Web-Based	€ Yes	e Yes

- 4.b. Who administered the Survey? (Check all that apply)
 - 1. MH Consumers
 - e 2. Family Members
 - 3. Professional Interviewers
 - 6 4. MH Clinicians
 - 5. Non Direct Treatment Staff
 - € 6. Other, describe:
- 5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases? 🛛 👸 1. Responses are Anonymous

 - 2. Responses are Confidential

6. Sample Size and Response Rate					
6.a. How Many Surveys were Attempted (sent out or calls initiated)?	6.1	-	urvey Contacts were made? (surveys to v	•	
3,366			was your response rate? (number of Con		
		6.e.			
If you receive "blank" surveys back from consumers (surveys with no responses o	on them), did you count these surve	eys as "complet	ed" for the calculation of response rates	? Yes	Jm No
7. Who Conducted the Survey					
7.a. SMHA Conducted or contracted for the Survey (survey done at state leve	I)	j Yes	j _m No		
7.b. Local Mental Health Providers/County mental health providers conducte (survey was done at the local or regional level)	d or contracted for the survey	j Yes	jm No		
7.c. Other, describe:					
* Report Confidence Intervals at the 95% confidence level					
Note: The confidence interval is the plus-or-minus figure usually reported in newspaper you had asked the question of the entire relevant population between 43% (47-4) and 5 The confidence level tells you how sure you can be. It is expressed as a percentage and r can be 95% certain; the 99% confidence level means you can be 99% certain. Most rese. When you put the confidence level and the confidence interval together, you can say the Child / Family Consumer Surveys	51% (47+4) would have picked that a represents how often the true percent archers use the 95% confidence level.	nnswer. age of the popula	tion who would pick an answer lies within t	he confidence interval.	•
Was the MHSIP Children / Family Survey (YSS-F) Used? Yes					
1.a. If no, what survey did you use?					
If no, please attach instrument used.					
1.c. Did you use any translations of the Child MHSIP into another language?	5 1. Spanish				
	© 2. Other Language:				
Child Survey Approach 2. Populations covered in survey? (Note all surveys should cover all regions of state	e) jm All Consumers In State	ja Sample (of MH Consumers		
2.a. If a sample was used, what sample methodology was used? † 1. Ran	ndom Sample	-			
	atified / Random Stratified Sample				
	nvenience Sample				
j _m 4. Oth	ner Sample:				
2.b. Do you survey only people currently in services, or do you also Survey Pe	ersons no longer in service?	Persons Curi	rently Receiving Services		
	9	2. Persons No	Longer Receiving Services		
2a. If yes to 2, please describe how your survey persons no longer receiv	ing services.				

3. Please Describe the populations included in your sample: (e.g., all children, only children with SED, etc.)

6 1. All Child Consumers In State

6	2.	Children	With	Serious	Mental	Illness
---	----	----------	------	---------	--------	---------

€ 3. Children who were Medicaid Eligible or in Medicaid Managed Care

€ 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4.	Methodology	of collecting	data? (Check a	II that	(vlage
→.	Mictiloadiogy					

	Self-Administered	Interview
Phone	e Yes	€ Yes
Mail	e Yes	
Face-to-face	Yes Yes	 ∀es
Web-Based	e Yes	€ Yes

- e 2. Family Members
- 3. Professional Interviewers
- 6 4. MH Clinicians
- 5. Non Direct Treatment Staff
- € 6. Other, describe:

	5.	Are Responses A	Anonymous,	Confidential	and/or	Linked to	other Pati	ent Databases
--	----	-----------------	------------	--------------	--------	-----------	------------	---------------

- s? 6 1. Responses are Anonymous
 - 2. Responses are Confidential
 - § 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

6.a. How Many Surveys were Attempted (sent out or calls initiated)?

854

- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?
 - 6.c. How many surveys were completed? (survey forms returned or calls completed)
 - 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e.

If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

- ja Yes ja No
- 7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)
- jm Yes jm No

7.c. Other, describe:

m No

footnote:

Table 22B (URS Table 11A) - Consumer Evaluation of Care By Consumer Characteristics: Race/Ethnicity

Adult Consumer Survey Results:

*State used the 2 question version for Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about m No Hispanic Origin Hispanic Origin/Status

Indicators	Т	otal		n Indian or a Native	A	sian		or African erican	Native Hawaiian or White Other Pacific Islander		White			More than One Race Reported		Other / Not Available		ic Origin [*]
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	2,792	3,299	38	44	8	9	1,074	1,247	5	8	1,274	1,496	53	72	340	423	72	79
Reporting Positively About Quality and Appropriateness.	2,940	3,293	38	44	7	9	1,121	1,246	6	8	1,352	1,495	59	72	357	419	73	79
3. Reporting Positively About Outcomes.	2,247	3,262	33	44	7	9	934	1,243	4	7	943	1,478	45	72	281	409	64	78
Reporting Positively about Participation in Treatment Planning	2,612	3,282	36	44	7	9	988	1,241	5	8	1,203	1,492	52	72	321	416	65	79
5. Reporting Positively about General Satisfaction	2,918	3,293	38	44	7	9	1,114	1,246	6	8	1,340	1,495	63	71	350	420	76	79
6. Social Connectedness	2,289	3,228	33	43	6	8	926	1,228	3	7	979	1,473	45	70	297	399	60	77
7. Functioning	2,274	3,249	34	44	7	9	947	1,241	4	7	956	1,470	48	72	278	406	58	77

Child/Adolescent Family Survey Results:

*State used the 2 question version for Yes Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about jm No Hispanic Origin Hispanic Origin/Status

	Indicators	Т	otal		n Indian or a Native	А	sian		or African erican	Othe	lawaiian or Pacific ander	W	hite		han One eported		er / Not nilable	Hispani	ic Origin *
		# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
	Reporting Positively About Access.	724	848	6	6	3	4	322	357	0	0	265	327	37	43	91	111	37	42
Soi	Reporting Positively About General	732	850	6	6	OMB 1	4 No. 0930-6	313 0168 Ar	357 pproved: 0	0 5/21/20	0 13 Expire	274 s: 05/31/	³²⁷	35	43	100	113	38 Pag	42 100 of 1

South Carolina OMB No. 0930-0168 Approved: 05/21/2013 Expires: 05/31/2016

Page 100 of 115

Satisfaction																		
Reporting Positively About Outcomes.	511	843	5	6	3	4	226	355	0	0	191	325	18	43	68	110	29	41
Reporting Positively Participation in Treatment Planning for their Children.	764	848	5	6	4	4	325	357	0	0	292	325	38	43	100	113	38	40
Reporting Positively About Cultural Sensitivity of Staff.	802	848	6	6	4	4	339	357	0	0	308	327	40	43	105	111	39	42
6. Social Connectedness	737	845	6	6	4	4	310	355	0	0	284	327	35	42	98	111	38	41
7. Functioning	503	843	5	6	3	4	222	355	0	0	190	325	19	43	64	110	30	41

Commen	ts (on l	Dat	ia
--------	------	------	-----	----

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

footnote:			

Table 23 (URS Table 19A) - Profile Of Criminal Justice Or Juvenile Justice Involvement

- 1. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
- 2. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
- 3. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

		T1			T2				T1 to T2	Change				Assess	sment of the	e Impact of S	ervices		
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arre	If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses	
Total	153	1719	122	144	1748	102	52	99	2	85	1601	33	242	122	38	1382	210	1994	
Total Children/Youth (under age 18)	18	278	18	24	274	16	9	9	0	14	260	4	27	17	10	217	43	314	
Female	3	72	4	4	71	4	1	2	0	3	67	2	5	0	3	63	8	79	
Male	13	160	10	16	158	9	6	7	0	10	149	1	18	12	6	118	29	183	
Not Available	2	46	4	4	45	3	2	0	0	1	44	1	4	5	1	36	6	52	
Total Adults (age 18 and over)	135	1441	104	120	1474	86	43	90	2	71	1341	29	215	105	28	1165	167	1680	
Female	57	806	60	47	829	47	16	41	0	29	762	15	93	40	18	675	97	923	
Male	66	509	27	63	514	25	23	41	2	39	462	8	100	50	10	396	46	602	
Not Available	12	126	17	10	131	14	4	8	0	3	117	6	22	15	0	94	24	155	

For Consumers Who Began Mental Health Services during the past 12 months

	T1	Т2	T1 to T2	Change	Assessment of the Impact of Services
South Carolina	"T1" 12 months prior to beginning services	"T2" Since Beginning Services (this year) OMB No. 0930-0168	If Arrested at T1 (Prior 12 Months) Approved: 05/21/2013	(Prior 12 Months)	Since starting to receive MH Services, my encounters with the police have Page 102 of 115

	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	94	916	98	54	964	90	18	75	1	33	870	13	135	77	13	748	135	1108
Total Children/Youth (under age 18)	21	325	16	14	332	16	4	17	0	10	309	6	36	18	3	269	36	362
Female	5	121	5	5	124	2	2	3	0	3	118	0	11	7	2	97	14	131
Male	15	154	5	8	160	6	2	13	0	6	145	3	19	7	1	133	14	174
Not Available	1	50	6	1	48	8	0	1	0	1	46	3	6	4	0	39	8	57
Total Adults (age 18 and over)	73	591	82	40	632	74	14	58	1	23	561	7	99	59	10	479	99	746
Female	31	346	47	15	368	41	4	27	0	10	333	3	44	22	3	300	55	424
Male	36	193	26	22	210	23	7	28	1	13	178	2	41	31	6	143	34	255
Not Available	6	52	9	3	54	10	3	3	0	0	50	2	14	6	1	36	10	67

Time period in which services were received:

2013

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information: 6 1. Consumer survey (recommended e 2. Other Consumer Survey: Please send copy of 3. Mental health MIS questions) questions 6. Other (specify) State criminal justice agency 5. Local criminal justice agency Sources of children/youth criminal justice 1. Consumer survey (recommended 2. Other Consumer Survey: Please send copy of 3. Mental health MIS information: questions) questions 4. State criminal/juvenile justice agency 6 5. Local criminal/juvenile justice agency 6. Other (specify) Measure of adult criminal justice involvement: 1. Arrests 2. Other (specify) Measure of children/youth criminal justice 1. Arrests 2. Other (specify) involvement: Mental health programs included: 1. Adults with SMI only e 2. Other adults (specify) 3. Both (all adults) 1. Children with SED only e 2. Other Children (specify) 3. Both (all Children) 1. The whole state Region for which adult data are reported: 2. Less than the whole state (please describe) 1. The whole state Region for which children/youth data are reported: 2. Less than the whole state (please describe)

	Child/Adolescents	Adults
1. If data is from a survey, What is the total Number of people from which the sample was drawn?	25,271	53,317
2. What was your sample size? (How many individuals were selected for the sample)?		
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)		
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?	854	3,366
5. What was your response rate? (number of Completed surveys divided by number of Contacts)		
State Comments/Notes: Convenience Sample		
footnote:		

Table 24 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Age	e Adults with Serious Mental Illness				ess (SMI) Children with Serious Emotional Disturbance						
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED			
0-12 years	0	0	0	0	0	0	0	11,922			
13-17 years	0	0	0	0	0	0	0	10,943			
18-20 years	0	0	0	2,369	0	0	0	0			
21-64 years	0	0	0	44,218	0	0	0	0			
65-74 years	0	0	0	2,426	0	0	0	0			
75+ years	0	0	0	593	0	0	0	0			
Not Available	0	368	0	22	0	0	0	4			
Total Carolina	0	368 OMB No.	0 0930-0168 Appro	49,628 ved: 05/21/2013 Exp	0 pires: 05/31/2016	0	0	22,869 Page 10			

Gender	Adults with	Serious Mental I	llness (SMI)		Children with Serious Emotional Disturbance (SED)				
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED	
Female	0	0	0	29,993	0	0	0	9,073	
Male	0	0	0	19,534	0	0	0	13,787	
Not Available	0	368	0	101	0	0	0	9	

Ethnicity	Adults with	Serious Mental I	IIIness (SMI)		Children with Serious Emotional Disturbance (SED)				
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED	
American Indian / Alaska Native	0	0	0	149	0	0	0	61	
Asian	0	0	0	193	0	0	0	38	
Black / African American	0	0	0	19,136	0	0	0	9,988	
Hawaiian / Pacific Islander	0	0	0	9	0	0	0	2	
th Carolina		OMP No	0020 0160 Approx	 	 			Page 106 a	

White	0	0	0	29,005	0	0	0	10,855
Hispanic *	0	0	0	0	0	0	0	0
More than one race	0	0	0	147	0	0	0	592
Not Available	0	368	0	989	0	0	0	1,333

Hispanic/Latino Origin	Adults with	Serious Mental I	Ilness (SMI)		Children with Serious Emotional Disturbance (SED)				
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED	
Hispanic / Latino origin	0	0	0	1,057	0	0	0	853	
Non Hispanic / Latino	0	0	0	38,035	0	0	0	15,405	
Not Available	0	368	0	10,536	0	0	0	6,611	

N Receiving Supported Housing N Receiving Housing N Receiving Supported Housing N Receiving Supported Housing N Receiving Assertive Community Treatment Served N Receiving N Receiving N Receiving N Receiving N Receiving Therapeutic Foster Care Systemic Therapy N Receiving Therapy N Receiving N	Adults with	Serious Mental I	Ilness (SMI)	Children with	Serious Emo	tional Disturb	ance (SED)	
	Receiving Supported	Supported	Assertive Community	unduplicated N - Adults with SMI	Receiving Therapeutic	Receiving Multi- Systemic	Receiving Family Functional	unduplicated N - Children

Do you monitor fidelity for this service?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	
IF YES,							
What fidelity measure do you use?		Dartmouth Model					
Who measures fidelity?		Central Office					
How often is fidelity measured?		Annually					
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	
Have staff been specifically trained to implement the EBP?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	

*	Hispanic	İS	part	of	the	total
S	erved.					

jm Yes jm No

Comments on Data (overall):

Comments on Data (Supported

Housing):

We receive this data only in the aggregate so we do not have demographic information.

Comments on Data (Supported

Employment):

Comments on Data (Assertive

Community Treatment):
Data for ACT not available this year

Comments on Data (Theraputic

Foster Care):

Comments on Data (Multi-Systemic Therapy): Data for MST not available this year
Comments on Data (Family Functional Therapy):
* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available
footnote:

Table 25A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Read STATE Hos	lmissions to ANY pital within	Percent R	eadmitted
	III Tour	30 days	180 days	30 days	180 days
TOTAL	1151	28	93	2.43 %	8.08 %
Age					
0-12 years	66	0	3	0.00 %	4.55 %
13-17 years	258	2	16	0.78 %	6.20 %
18-20 years	70	0	5	0.00 %	7.14 %
21-64 years	735	25	66	3.40 %	8.98 %
65-74 years	19	1	3	5.26 %	15.79 %
75+ years	3	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	465	12	33	2.58 %	7.10 %
Male	686	16	60	2.33 %	8.75 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	2	0	0	0.00 %	0.00 %
Asian	7	0	1	0.00 %	14.29 %
Black/African American	462	17	42	3.68 %	9.09 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

I	I	ı	1		
White	643	10	47	1.56 %	7.31 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	37	1	3	2.70 %	8.11 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	21	1	1	4.76 %	4.76 %
Non Hispanic/Latino	351	14	39	3.99 %	11.11 %
Hispanic/Latino Origin Not Available	779	13	53	1.67 %	6.80 %

Are Forensic Patients Included?	m Yes	j ∏ No
---------------------------------	-------	--------

Comments on Data:

footnote:

^{*}Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Table 25B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	al number Number of Readmissions to ANY Discharges STATE Hospital within in Year		Percent R	Percent Readmitted	
	, 7 52.	30 days	180 days	30 days	180 days	
TOTAL	244	8	31	3.28 %	12.70 %	
Age						
0-12 years	0	0	0	0.00 %	0.00 %	
13-17 years	19	1	1	5.26 %	5.26 %	
18-20 years	17	0	2	0.00 %	11.76 %	
21-64 years	197	6	24	3.05 %	12.18 %	
65-74 years	8	0	2	0.00 %	25.00 %	
75+ years	3	1	2	33.33 %	66.67 %	
Not Available	0	0	0	0.00 %	0.00 %	
Gender						
Female	37	1	10	2.70 %	27.03 %	
Male	207	7	21	3.38 %	10.14 %	
Gender Not Available	0	0	0	0.00 %	0.00 %	
Race						
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %	
Asian	3	1	3	33.33 %	100.00 %	
Black/African American	162	3	17	1.85 %	10.49 %	
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %	

i			1		
White	75	4	11	5.33 %	14.67 %
Hispanic *	4	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	9	0	1	0.00 %	11.11 %
Non Hispanic/Latino	39	0	1	0.00 %	2.56 %
Hispanic/Latino Origin Not Available	196	8	29	4.08 %	14.80 %

Comments on Data:

*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not	t available
---	-------------

c -	- 4	
ŧΩ	\cap tr	note:
10	Οti	iotc.

Table 26 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

	Total number of Discharges in Year	ges Psychiatric Inpatient Care Unit		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	0	0	0	0.00 %	0.00 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	0	0	0	0.00 %	0.00 %
21-64 years	0	0	0	0.00 %	0.00 %
65-74 years	0	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	0	0	0	0.00 %	0.00 %
Male	0	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	0	0	0	0.00 %	0.00 %
Black/African American	0	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
	+				

White	0	0	0	0.00 %	0.00 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %

^{1.} Does this table include readmission from state $\mbox{\it jm}$ Yes $\mbox{\it jm}$ No psychiatric hospitals?

2. Are Forensic Patients Included? jm Yes jm No

Comments on Data:

footnote:

^{*}Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

I: State Information

State Information

State DUNS Number

Number 112674036

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia
Zip Code 29202

II. Contact Person for the Grantee of the Block Grant

First Name John H.

Last Name Magill

Agency Name South Carolina Department of Mental Health

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia
Zip Code 29202

Telephone 803-898-8319 Fax 803-898-8590

Email Address JHM03@SCDMH.ORG

III. State Expenditure Period (Most recent State exependiture period that is closed out)

From 7/1/2013
To 6/30/2014

IV. Date Submitted

 ${\tt NOTE:}\ This\ field\ will\ be\ automatically\ populated\ when\ the\ application\ is\ submitted.$

Submission Date 11/26/2014 12:02:23 PM

Revision Date 1/26/2015 1:11:01 PM

V. Contact Person Responsible for Report Submission

First Name D. Stewart
Last Name Cooner

Telephone 803-898-8632 Fax 803-898-8311

Email Address dsc18@scdmh.org

footnote:

II: Annual Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: FY2012 Agency Accountability Report

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH

Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

The intent is to measure the activities and achievements of the Department and compare said measurements to internal and external benchmarks established over time.

Strategies to attain the goal:

Given the comprehensiveness of the measurement tools, changes in results from one year to the next generally are a reasonable gauge of the effectiveness of the mental health continuum - understanding that South Carolina has an integrated system of care over which the Department has significant influence and control since it is the primary service provider for inpatient and community services.

Indicator #:	1
Indicator:	Percentage of Children in the Clinical, Subclinical and Normal Range for Total Competence, Problem, Internalizing and Externalizing
Baseline Measurement:	Total Competence, Total Problem, Internalizing, Externalizing
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	ent(if needed):
Data Source:	
South Carolina Department of Mental Health	n - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	outcomes.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome measure	sures:
None.	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Goa	al Attainment
First Year Target: 6 Achiev	ed Solution Not Achieved (if not achieved,explain why)
	anges proposed to meet target:

Indicator #:	2
Indicator:	Percentage of Children in Clinical Category Showing Improvement on CBCL
Baseline Measurement:	Percentage of Children in Clinical Category Showing Improvement on CBCL
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	nent (if needed):
Data Source:	
South Carolina Department of Mental Healt	h - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	e outcomes.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
	o mogeliros:
Report of Progress Toward Go First Year Target: Achieved Reason why target was not achieved, and ch	ved Not Achieved (if not achieved,explain why) anges proposed to meet target:
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and ch	ved Not Achieved (if not achieved,explain why) anges proposed to meet target:
Report of Progress Toward Go First Year Target: Achieved Reason why target was not achieved, and ch	Not Achieved (if not achieved,explain why) anges proposed to meet target:
Report of Progress Toward Go First Year Target: Achieve Reason why target was not achieved, and ch How first year target was achieved (optional)	Not Achieved (if not achieved,explain why) anges proposed to meet target: b:
Report of Progress Toward Go First Year Target: Achieve Reason why target was not achieved, and che How first year target was achieved (optional)	Not Achieved (if not achieved,explain why) anges proposed to meet target:
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator:	Not Achieved (if not achieved,explain why) anges proposed to meet target: 3 GAF: Adult Level of Functioning
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: 3 GAF: Adult Level of Functioning Percentage with Improved GAF Score at Discharge
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: 3 GAF: Adult Level of Functioning Percentage with Improved GAF Score at Discharge Compare to Prior Year's Results. Compare to Prior Year's Results.
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: 3 GAF: Adult Level of Functioning Percentage with Improved GAF Score at Discharge Compare to Prior Year's Results. Compare to Prior Year's Results.
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	Not Achieved (if not achieved,explain why) anges proposed to meet target: 3 GAF: Adult Level of Functioning Percentage with Improved GAF Score at Discharge Compare to Prior Year's Results. Compare to Prior Year's Results.
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	Not Achieved (if not achieved,explain why) anges proposed to meet target: 3 GAF: Adult Level of Functioning Percentage with Improved GAF Score at Discharge Compare to Prior Year's Results. Compare to Prior Year's Results. nent (if needed):
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Healt	Not Achieved (if not achieved,explain why) anges proposed to meet target: 3 GAF: Adult Level of Functioning Percentage with Improved GAF Score at Discharge Compare to Prior Year's Results. Compare to Prior Year's Results. nent (if needed):
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Healt New Data Source(if needed):	Not Achieved (if not achieved,explain why) anges proposed to meet target: 3 GAF: Adult Level of Functioning Percentage with Improved GAF Score at Discharge Compare to Prior Year's Results. Compare to Prior Year's Results. hent (if needed): h - Division of Evaluation, Training and Research (ETR).
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Healt New Data Source(if needed): Description of Data:	Not Achieved (if not achieved,explain why) anges proposed to meet target: 3 GAF: Adult Level of Functioning Percentage with Improved GAF Score at Discharge Compare to Prior Year's Results. Compare to Prior Year's Results. hent (if needed): h - Division of Evaluation, Training and Research (ETR).
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Client-level data summarized into aggregate	Not Achieved (if not achieved,explain why) anges proposed to meet target: 3 GAF: Adult Level of Functioning Percentage with Improved GAF Score at Discharge Compare to Prior Year's Results. Compare to Prior Year's Results. hent (if needed): h - Division of Evaluation, Training and Research (ETR).

	al Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved <i>(optional)</i>):
Indicator #:	4
Indicator:	SCDMH Adult Community Patients - Percent Employed
Baseline Measurement:	Percent Employed as Compared Internally and to National Average Low and National Average High
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	h - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
Program indicators data.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	isures:
None.	
New Data issues/caveats that affect outcome	e measures:
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
Report of Progress Toward Go First Year Target: Achiev	al Attainment ed Not Achieved (if not achieved,explain why)
Report of Progress Toward Go	al Attainment ved Not Achieved (if not achieved, explain why) anges proposed to meet target:
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch	al Attainment ved Not Achieved (if not achieved, explain why) anges proposed to meet target:
Report of Progress Toward Go First Year Target: Achieve Reason why target was not achieved, and ch How first year target was achieved (optional)	al Attainment ved Not Achieved (if not achieved, explain why) anges proposed to meet target:
Report of Progress Toward Go First Year Target: Achieve Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #:	al Attainment ved Not Achieved (if not achieved,explain why) anges proposed to meet target:):
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator:	al Attainment ved Not Achieved (if not achieved,explain why) anges proposed to meet target:): 5
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement:	al Attainment ved
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch	al Attainment yed
Report of Progress Toward Go First Year Target: Achieve Reason why target was not achieved, and che How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	al Attainment yed

New Data Source(if needed	<u>1):</u>
Description of Data:	
Program indicators data.	
New Description of Data:(ii	f needed)
Data issues/caveats that aff	fect outcome measures:
None.	
New Data issues/caveats th	nat affect outcome measures:
Report of Progress	s Toward Goal Attainment
First Year Target:	Achieved (if not achieved,explain why)
Reason why target was not	t achieved, and changes proposed to meet target:
How first year target was a	chieved (optional):
Indicator #:	6
Indicator:	Housing for Consumers
Baseline Measurement:	Number of Housing Units
First-year target/outcome r	measurement: Compare to Prior Year's Results.
Second-year target/outcom	ne measurement: Compare to Prior Year's Results.
New Second-year target/ou	utcome measurement (if needed):
Data Source:	
South Carolina Departmen	nt of Mental Health - Division of Community Mental Health Services.
New Data Source(if needea	1):
Description of Data:	
Program indicators data.	
New Description of Data: (ii	f needed)
Data issues/caveats that aff	fect outcome measures:
None.	
New Data issues/caveats th	nat affect outcome measures:
Report of Progress	s Toward Goal Attainment
First Year Target:	Achieved (if not achieved,explain why)
Reason why target was not	t achieved, and changes proposed to meet target:
How first year target was ac	chieved (optional):
Indicator #:	7
ndicator:	Nursing Home Life Expectancy

South Carolina

	Life Expectancy as Compared Internally and to National Average
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	ent <i>(if needed)</i> :
Data Source:	
South Carolina Department of Mental Health	h - Division of Inpatient Services (Long-Term Care).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	outcomes.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome meas	sures:
None.	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ed Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved <i>(optional)</i>	
now hist year target was achieved (optional)	
Indicator #	8
	8 Nursing Home Injury Rate from Falls
Indicator:	Nursing Home Injury Rate from Falls
Indicator: Baseline Measurement:	
Indicator: Baseline Measurement: First-year target/outcome measurement:	Nursing Home Injury Rate from Falls Injury Rate from Falls as Compared Internally and to National Average
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	Nursing Home Injury Rate from Falls Injury Rate from Falls as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results.
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem	Nursing Home Injury Rate from Falls Injury Rate from Falls as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results.
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source:	Nursing Home Injury Rate from Falls Injury Rate from Falls as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results.
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: South Carolina Department of Mental Health New Data Source(if needed):	Nursing Home Injury Rate from Falls Injury Rate from Falls as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results. sent (if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: South Carolina Department of Mental Health New Data Source(if needed):	Nursing Home Injury Rate from Falls Injury Rate from Falls as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results. sent (if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: South Carolina Department of Mental Health New Data Source(if needed):	Nursing Home Injury Rate from Falls Injury Rate from Falls as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results. sent (if needed): h - Division of Inpatient Services (Long-Term Care).
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Client-level data summarized into aggregate	Nursing Home Injury Rate from Falls Injury Rate from Falls as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results. sent (if needed): h - Division of Inpatient Services (Long-Term Care).
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Client-level data summarized into aggregate New Description of Data:(if needed)	Nursing Home Injury Rate from Falls Injury Rate from Falls as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results. Internal (If needed): In - Division of Inpatient Services (Long-Term Care).
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data:	Nursing Home Injury Rate from Falls Injury Rate from Falls as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results. Internal (If needed): In - Division of Inpatient Services (Long-Term Care).

Report of Progress Toward Goal Attainment

How first year target was achieved <i>(optior</i>	al):
Indicator #:	9
Indicator:	Adult Client Satisfaction
Baseline Measurement:	MHSIP Survey Results
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measuremer	t: Compare to Prior Year's Results.
New Second-year target/outcome measur	ement(if needed):
Data Source:	
South Carolina Department of Mental He	alth - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Compilation of survey results.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome m	leasures:
Limited by actual percentage and numbe	r of responses.
New Data issues/caveats that affect outco	me measures:
Report of Progress Toward G	Goal Attainment
First Year Target: 6 Ach	ieved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and	changes proposed to meet target:
How first year target was achieved <i>(optior</i>	al):
Indicator #:	10
Indicator:	Youth Satisfaction
Baseline Measurement:	MHSIP Survey Results
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measuremer	t: Compare to Prior Year's Results.
New Second-year target/outcome measur	ement <i>(if needed)</i> :
Data Source:	
South Carolina Department of Mental He	alth - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	

New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
Limited by actual percentage and number of	f responses.
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target:	
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)	h:
Indicator #:	11
Indicator:	Family of Youth Satisfaction
Baseline Measurement:	MHSIP Survey Results
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	uent(if needed):
Data Source:	
South Carolina Department of Mental Health	h - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Compilation of survey results.	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
Limited by actual percentage and number of	f responses.
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	
Reason why target was not achieved, and ch	
How first year target was achieved (optional)	
Indicator #:	12
Indicator:	Nursing Home Resident and Family Satisfaction
Baseline Measurement:	Level of Satisfaction Survey
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	

Data Source:	
South Carolina Department of Mental Healt	h - Division of Inpatient Services (Long-Term Care).
New Data Source(if needed):	
Description of Data:	
Compilation of survey results.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	asures:
Limited by actual percentage and number o	f responses.
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved <i>(optional,</i>):
Indicator #:	13
Indicator:	Total Operating Revenue
Baseline Measurement:	Total Operating Revenue
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	h - Division of Financial Services.
New Data Source(if needed):	
Description of Data:	
Fiscal Year Financial Report with YTD and Pri	or Year Comparisons.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	isures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	langes proposed to meet target:
How first year target was achieved <i>(optional)</i>):

Indicator:	
mulcator.	Revenue Source Trends
Baseline Measurement:	Proportion and Value of Revenue by Source
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	ent <i>(if needed)</i> :
Data Source:	
South Carolina Department of Mental Health	n - Division of Financial Services.
New Data Source(if needed):	
Description of Data:	
Fiscal Year Financial Report with YTD and Pri	or Year Comparisons.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	maneruraeu
New Data issues/caveats that affect outcome	measures.
Reason why target was not achieved, and characteristics with the second	
Indicator #:	
	15
Indicator:	Total Grant Dollars Received
Indicator: Baseline Measurement:	Total Grant Dollars Received Total Grant Dollars Received
Indicator: Baseline Measurement: First-year target/outcome measurement:	Total Grant Dollars Received Total Grant Dollars Received Compare to Prior Year's Results.
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	Total Grant Dollars Received Total Grant Dollars Received Compare to Prior Year's Results. Compare to Prior Year's Results.
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement	Total Grant Dollars Received Total Grant Dollars Received Compare to Prior Year's Results. Compare to Prior Year's Results.
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source:	Total Grant Dollars Received Total Grant Dollars Received Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health	Total Grant Dollars Received Total Grant Dollars Received Compare to Prior Year's Results. Compare to Prior Year's Results.
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source:	Total Grant Dollars Received Total Grant Dollars Received Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health	Total Grant Dollars Received Total Grant Dollars Received Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Healt! New Data Source(if needed):	Total Grant Dollars Received Total Grant Dollars Received Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: South Carolina Department of Mental Healt! New Data Source(if needed): Description of Data:	Total Grant Dollars Received Total Grant Dollars Received Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Healt! New Data Source(if needed): Description of Data: Grants portfolio.	Total Grant Dollars Received Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed): n - Division of Financial Services (Grants Administration).
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Healt! New Data Source(if needed): Description of Data: Grants portfolio. New Description of Data:(if needed)	Total Grant Dollars Received Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed): n - Division of Financial Services (Grants Administration).

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved <i>(optional,</i>):
Indicator #:	16
Indicator:	Workers' Compensation - Premiums and Claims
Baseline Measurement:	Workers' Compensation - Premiums and Claims
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	h - Division of Financial Services.
New Data Source(if needed):	
Description of Data:	
	or Vear Comparisons
Fiscal Year Financial Report with YTD and Pri	or Year Comparisons.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	
First Year Target:	
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional,):
Indicator #:	17
Indicator:	Toward Local Care (TLC): Cost Comparison
Baseline Measurement:	Pre-TLC and Active-TLC Per Person Average Cost
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	h - Division of Community Mental Health Services.
New Data Source(if needed):	

Program indicators data.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome me	easures:
None.	
New Data issues/caveats that affect outcom	ne measures:
Report of Progress Toward Go	oal Attainment
First Year Target: 👂 Achie	
Reason why target was not achieved, and c	hanges proposed to meet target:
How first year target was achieved <i>(optiona</i>	at)-
Townst year target was demoved (optional	<i>y</i> .
Indicator #:	18
Indicator:	Community vs. Inpatient Expenditures
Baseline Measurement:	Community vs. Inpatient Expenditures
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement	: Compare to Prior Year's Results.
New Second-year target/outcome measure	ment(if needed):
Data Source:	
South Carolina Department of Mental Hea	lth - Division of Financial Services.
New Data Source(if needed):	
Description of Data:	
Fiscal Year Financial Report with YTD and P	rior Year Comparisons.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	easures:
None.	
New Data issues/caveats that affect outcom	ne measures:
Report of Progress Toward Go	
First Year Target: 6 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and c	hanges proposed to meet target:
How first year target was achieved <i>(optiona</i>	il):
Indicator #:	19
Indicator:	Inpatient Bed Day Costs
Baseline Measurement:	Inpatient Bed Day Costs by Type of Bed (Psych, Nursing Home, SVPP)
First-year target/outcome measurement:	Compare to Prior Year's Results.

South Carolina Department of Mental He	ealth - Division of Inpatient Services.
New Data Source(if needed):	Salar British of Impetion 66 roots
New Data 30th Ce(II Treeded).	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome r	neasures:
None.	
New Data issues/caveats that affect outco	ome measures:
Deposit of Discussion Town	Cool Attainment
Report of Progress Toward (First Year Target: Ac	his yed
First Year Target: 6 Ac Reason why target was not achieved, and	g · · · · · · · · · · · · · · · · · · ·
The Inpatient Bed Day Costs for FY2014 a	are not currently available. Therefore, the goal attainment status indicated above is based on 013, which indicates a relatively horizontal trendline.
How first year target was achieved <i>(optio</i>	nal):
Indicator #:	20
Indicator:	Out-of-Home Child and Adolescent Placement Costs
Baseline Measurement:	Out-of-Home Child and Adolescent Placement Costs
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measureme	'
New Second-year target/outcome measu Data Source:	rement(if needed):
	ealth - Division of Community Mental Health Services.
New Data Source(if needed):	,
Description of Data:	
Internally-generated data comparisons.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome r	measures:
None.	
New Data issues/caveats that affect outco	omo mogeliros

Indicator #:	21	
Indicator:	Strategic Priorities Training	
Baseline Measurement:	Hours of Training	
First-year target/outcome measurement:	Compare to Prior Year's Results.	
Second-year target/outcome measurement:	Compare to Prior Year's Results.	
New Second-year target/outcome measurem	· ·	
Data Source:		
South Carolina Department of Mental Health	n - Division of Evaluation, Training and Research (ETR).	
New Data Source(if needed):		
Description of Data:		
Internally-generated data comparisons.		
New Description of Data: (if needed)		
Sossiphon of Buta.(II Necuca)		
Data issues/caveats that affect outcome measures	sures:	
None.		
New Data issues/caveats that affect outcome	measures:	
Report of Progress Toward Goa	al Attainment	
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and charget was not achieved.	ed Not Achieved (if not achieved,explain why)	
First Year Target: Achiev Reason why target was not achieved, and cha	ed Not Achieved (if not achieved,explain why) anges proposed to meet target:	
First Year Target: Achiev Reason why target was not achieved, and cha	ed Not Achieved (if not achieved,explain why) anges proposed to meet target:	
First Year Target: Achiev Reason why target was not achieved, and cha	ed Not Achieved (if not achieved,explain why) anges proposed to meet target:	
First Year Target: Achiev Reason why target was not achieved, and chall How first year target was achieved (optional) Indicator #:	Not Achieved (if not achieved,explain why) anges proposed to meet target:	
First Year Target: Reason why target was not achieved, and characteristics with the second s	Not Achieved (if not achieved,explain why) anges proposed to meet target:	
First Year Target: Reason why target was not achieved, and characteristics with the second s	Not Achieved (if not achieved,explain why) anges proposed to meet target: 22 Workers' Compensation Claims	
First Year Target: Reason why target was not achieved, and characters was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: 22 Workers' Compensation Claims Number of Workers' Compensation Claims	
First Year Target: Reason why target was not achieved, and characteristics was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	ed Not Achieved (If not achieved,explain why) anges proposed to meet target: 22 Workers' Compensation Claims Number of Workers' Compensation Claims Compare to Prior Year's Results. Compare to Prior Year's Results.	
First Year Target: Reason why target was not achieved, and characteristics. How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement:	ed Not Achieved (If not achieved,explain why) anges proposed to meet target: 22 Workers' Compensation Claims Number of Workers' Compensation Claims Compare to Prior Year's Results. Compare to Prior Year's Results.	
First Year Target: Reason why target was not achieved, and characteristics was achieved (optional): How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	ed Not Achieved (If not achieved,explain why) anges proposed to meet target: 22 Workers' Compensation Claims Number of Workers' Compensation Claims Compare to Prior Year's Results. Compare to Prior Year's Results.	
First Year Target: Reason why target was not achieved, and characteristics was achieved (optional): How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	nanges proposed to meet target: 22 Workers' Compensation Claims Number of Workers' Compensation Claims Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):	
First Year Target: Reason why target was not achieved, and characteristics was achieved (optional): How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health New Data Source(if needed):	nanges proposed to meet target: 22 Workers' Compensation Claims Number of Workers' Compensation Claims Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):	
First Year Target: Reason why target was not achieved, and characteristics was achieved (optional): How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health	nanges proposed to meet target: 22 Workers' Compensation Claims Number of Workers' Compensation Claims Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):	

Data issues/caveats that affect outcome mea	isures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	
Reason why target was not achieved, and ch	3
How first year target was achieved (optional,	
Trow first year target was achieved (optional)	
Indicator #:	23
Indicator:	Employee Turnover Rates
Baseline Measurement:	Employee Turnover Rates as Compared Internally and to Comparable South Carolina State Agencies
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent <i>(if needed)</i> :
Data Source:	
South Carolina Department of Mental Healt	ch – Division of Administrative Services (Human Resources).
New Data Source(if needed):	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None.	
New Data issues/caveats that affect outcome	a mageures:
New Data issues/caveats that affect outcome	a measures.
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional,):
Indicator #:	24
Indicator:	Affirmative Action
Baseline Measurement:	Percent of Goal Met
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent(if needed):

Data Source:

South Carolina Department of Mental Health	h – Division of Administrative Services (Human Resources).
New Data Source(if needed):	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	red Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved (optional)	:
ndicator #:	25
ndicator:	Community Services to Priority Populations
Baseline Measurement:	Penetration Rate: Adults Served, Community Mental Health Services
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	ent(if needed):
Data Source:	
South Carolina Department of Mental Health	h - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
Program indicators data.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved (optional)	:

Indicator:	Adult Contacts with Major Mental Illness
Baseline Measurement:	Adult Contacts with Major Mental Illness as a Percent of Total Adult Contacts
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	ent <i>(if needed)</i> :
Data Source:	
South Carolina Department of Mental Health	n - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	outcomes.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome meas	sures:
None.	
New Data issues/caveats that affect outcome	measures:
Reason why target was not achieved, and cha	anges proposed to meet target:
Reason why target was not achieved, and cha How first year target was achieved (optional):	anges proposed to meet target:
Reason why target was not achieved, and cha How first year target was achieved (optional):	anges proposed to meet target:
Reason why target was not achieved, and cha How first year target was achieved (optional): Indicator #:	anges proposed to meet target:
Reason why target was not achieved, and characterist year target was achieved (optional): Indicator #: Indicator: Baseline Measurement:	anges proposed to meet target: 27 Community Mental Health Services: Ages 0-17 Served
Reason why target was not achieved, and character and the How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	27 Community Mental Health Services: Ages 0-17 Served Penetration Rate - Ages 0-17 Served Compare to Prior Year's Results. Compare to Prior Year's Results.
Reason why target was not achieved, and character and the How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement	27 Community Mental Health Services: Ages 0-17 Served Penetration Rate - Ages 0-17 Served Compare to Prior Year's Results. Compare to Prior Year's Results.
Reason why target was not achieved, and characterist year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	27 Community Mental Health Services: Ages 0-17 Served Penetration Rate - Ages 0-17 Served Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):
Reason why target was not achieved, and character and the How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health	27 Community Mental Health Services: Ages 0-17 Served Penetration Rate - Ages 0-17 Served Compare to Prior Year's Results. Compare to Prior Year's Results.
Reason why target was not achieved, and character and the How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health	27 Community Mental Health Services: Ages 0-17 Served Penetration Rate - Ages 0-17 Served Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):
Reason why target was not achieved, and characteristics was achieved (optional): How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health New Data Source(if needed):	27 Community Mental Health Services: Ages 0-17 Served Penetration Rate - Ages 0-17 Served Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):
Reason why target was not achieved, and characteristics was achieved (optional): How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health New Data Source(if needed):	anges proposed to meet target: 27 Community Mental Health Services: Ages 0-17 Served Penetration Rate - Ages 0-17 Served Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed): n - Division of Evaluation, Training and Research (ETR).
Reason why target was not achieved, and characteristics and the How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data:	anges proposed to meet target: 27 Community Mental Health Services: Ages 0-17 Served Penetration Rate - Ages 0-17 Served Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed): 1 - Division of Evaluation, Training and Research (ETR).
Reason why target was not achieved, and characteristics and the How first year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Client-level data summarized into aggregate	anges proposed to meet target: 27 Community Mental Health Services: Ages 0-17 Served Penetration Rate - Ages 0-17 Served Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed): n - Division of Evaluation, Training and Research (ETR).
Reason why target was not achieved, and characterist year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Client-level data summarized into aggregate New Description of Data:(if needed)	anges proposed to meet target: 27 Community Mental Health Services: Ages 0-17 Served Penetration Rate - Ages 0-17 Served Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed): n - Division of Evaluation, Training and Research (ETR).

First Year Target: Achieved (if not achieved,explain why)	
Reason why target was not achieved, and changes proposed to meet target:	
How first year target was achieved (optional):	
Indicator #:	28
Indicator:	Child and Adolescent Contacts with Major Mental Illness
Baseline Measurement:	Child and Adolescent Contacts with Major Mental Illness as a Percent of Total Child and Adolescent Contacts
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	th - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	e outcomes.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None.	
New Data issues/caveats that affect outcom	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target: 6 Achie	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved (optional):
Indicator #:	29
Indicator:	Children in Out-of-Home Placements
Baseline Measurement:	Annual Average of Number of Children in Out-of-Home Placements
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	th - Division of Community Mental Health Services.
New Data Source(if needed):	

Description of Data:

Program indicators data.			
New Description of Data:(if needed)			
Data issues/caveats that affect outcome me	vasures:		
None.			
New Data issues/caveats that affect outcome measures:			
Report of Progress Toward Go	pal Attainment		
First Year Target:	eved Solution Not Achieved (if not achieved,explain why)		
Reason why target was not achieved, and c	hanges proposed to meet target:		
How first year target was achieved (optiona	1):		
Indicator #:	30		
Indicator:	Total Number of People Served in Community Mental Health Centers		
Baseline Measurement:	Total Number of People Served in Community Mental Health Centers		
First-year target/outcome measurement:	Compare to Prior Year's Results.		
Second-year target/outcome measurement:	Compare to Prior Year's Results.		
New Second-year target/outcome measure	ment(if needed):		
Data Source:			
South Carolina Department of Mental Heal	lth - Division of Evaluation, Training and Research (ETR).		
New Data Source(if needed):			
Description of Data:			
Client-level data summarized into aggregation	te outcomes.		
New Description of Data:(if needed)			
Data issues/caveats that affect outcome me	easures:		
None.			
New Data issues/caveats that affect outcom	ne measures:		
Report of Progress Toward Go	pal Attainment		
First Year Target: Achie			
Reason why target was not achieved, and c			
How first year target was achieved <i>(optiona</i>	<i>1).</i>		
Indicator #:	31		
Indicator:	Adult Psychiatric Hospital Admissions		
Baseline Measurement:	Number of Adult Psychiatric Hospital Admissions		
First-year target/outcome measurement:	Compare to Prior Year's Results.		

South Carolina Department of Mental Healt	rh - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	e outcomes.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	asures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achie	ved Sometimes Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved <i>(optional</i>):
Indicator #:	32
Indicator:	Contracts for Non-SCDMH Inpatient Beds
Baseline Measurement:	Number of Contracts for Non-SCDMH Inpatient Beds
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	h – Division of Financial Services (Procurement/Contracts).
New Data Source(if needed):	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	asures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment

Contracts for Non-SCDMH Inpatient Beds are negotiated at various points during the year; though, typically near the end of the fiscal South Carolina OMB No. 0930-0168 Approved: 05/21/2013 Expires: 05/31/2016 Page 20 of 116

How first year target was achieved (optional)	:
indicator #:	33
Indicator:	Persons Waiting in ER (Quarterly Averages) - Data from Monday Morning Snapshot
Baseline Measurement:	Number of Persons Waiting in ER (Quarterly Averages) - Data from Monday Morning Snapshot
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
South Carolina Department of Mental Health	h - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
Compilation of Externally-Sourced Data.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
Data loodoo, barbato that all out battoolilo liloa	
None.	
None.	
None.	e measures:
None. New Data issues/caveats that affect outcome	e measures: al Attainment
None. New Data issues/caveats that affect outcome Report of Progress Toward God	e measures: al Attainment ved Not Achieved (if not achieved,explain why)
None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and characters	al Attainment Ted Not Achieved (if not achieved,explain why) Tanges proposed to meet target:
None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and characters	al Attainment Ted Not Achieved (if not achieved,explain why) Tanges proposed to meet target:
None. New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Reason why target was not achieved, and characteristics. How first year target was achieved (optional)	al Attainment Ted Not Achieved (if not achieved,explain why) Tanges proposed to meet target:
None. New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Achiev	e measures: al Attainment yed Not Achieved (if not achieved,explain why) anges proposed to meet target:
None. New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Achieve Reason why target was not achieved, and characterist year target was achieved (optional) Indicator #: Indicator:	e measures: al Attainment yed Not Achieved (if not achieved,explain why) anges proposed to meet target: b: 34 Persons Visiting South Carolina ERs with a Primary Diagnosis of MH, Alcohol, or Other
None. New Data issues/caveats that affect outcome Report of Progress Toward Go. First Year Target: Reason why target was not achieved, and characteristics year target was achieved (optional) andicator #: Indicator: Baseline Measurement:	e measures: al Attainment ded
None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Reason why target was not achieved, and characterist year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	e measures: al Attainment red
None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Reason why target was not achieved, and characterist year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	e measures: al Attainment red
None. New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Achieve Reason why target was not achieved, and characteristic year target was achieved (optional) Indicator #:	e measures: al Attainment red
None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and characteristic year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	e measures: al Attainment red
None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and characteristic year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	e measures: al Attainment red

Data language / annual the state of the stat			
Data issues/caveats that affect outcome mea	sures:		
None.			
New Data issues/caveats that affect outcome measures:			
Report of Progress Toward Goal Attainment			
First Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)		
Reason why target was not achieved, and changes proposed to meet target:			
How first year target was achieved <i>(optional)</i>	·		
Indicator #:	35		
Indicator:	TLC: Funded Community Placements - Long-Term MH Clients		
Baseline Measurement:	TLC: Number of Funded Community Placements - Long-Term MH Clients		
First-year target/outcome measurement:	Compare to Prior Year's Results.		
Second-year target/outcome measurement:	Compare to Prior Year's Results.		
New Second-year target/outcome measurem	nent(if needed):		
Data Source:			
South Carolina Department of Mental Health	h - Division of Community Mental Health Services.		
New Data Source(if needed):			
Description of Data:			
Program indicators data.			
New Description of Data:(If needed)			
Data issues/caveats that affect outcome mea	sures:		
None.			
New Data issues/caveats that affect outcome	e measures:		
Donart of Dragress Toward Co.	al Attainment		
Report of Progress Toward Go. First Year Target: Achiev			
. not roan rangen			
Reason why target was not achieved, and ch	апуез ргорозей то птеет тагует.		
How first year target was achieved <i>(optional)</i>	t: 		
Indicator #:	36		
Indicator:	Long-Term Psychiatric Patients - Inpatient Bed Occupancy		
Baseline Measurement:	Number of Long-Term Psychiatric Patients - Inpatient Bed Occupancy		

Second-year target/outcome measurement: Compare to Prior Year's Results.

South Carolina Department of Mental Healt	th - Division of Inpatient Services.
New Data Source(if needed):	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target: 6 Achie	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved (optional):
Indicator #:	37
Indicator:	Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment
Baseline Measurement:	Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	th - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	e outcomes.
New Description of Data: (if needed)	
	asures:
New Description of Data: (if needed) Data issues/caveats that affect outcome mea	asures:

Indicator #:	38
Indicator:	30-Day Inpatient Readmission Rate
Baseline Measurement:	30-Day Inpatient Readmission Rate
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	ent(<i>if needed</i>):
Data Source:	
South Carolina Department of Mental Health	n - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	outcomes.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Goa	al Attainment
Report of Progress Toward Go	al Attainment ed Not Achieved (if not achieved,explain why)
Report of Progress Toward Goa First Year Target: Achiev Reason why target was not achieved, and cha	ed Not Achieved (if not achieved,explain why) anges proposed to meet target: the increase in its internal benchmark measurement, it has maintained a 30-Day Inpatient
Report of Progress Toward Goa First Year Target: Achiev Reason why target was not achieved, and cha While the Department has experienced a slig	Al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target: ght increase in its internal benchmark measurement, it has maintained a 30-Day Inpatient tional average.
Report of Progress Toward Goa First Year Target: Achiev Reason why target was not achieved, and cha While the Department has experienced a slig Readmission Rate significantly below the na	Al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target: ght increase in its internal benchmark measurement, it has maintained a 30-Day Inpatient tional average.
Report of Progress Toward Goa First Year Target: Achiev Reason why target was not achieved, and cha While the Department has experienced a slig Readmission Rate significantly below the na	Al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target: ght increase in its internal benchmark measurement, it has maintained a 30-Day Inpatient tional average.
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and cha While the Department has experienced a slig Readmission Rate significantly below the na How first year target was achieved (optional)	al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target: the increase in its internal benchmark measurement, it has maintained a 30-Day Inpatient tional average.
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and cha While the Department has experienced a slig Readmission Rate significantly below the na How first year target was achieved (optional)	Al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target: ght increase in its internal benchmark measurement, it has maintained a 30-Day Inpatient tional average.
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and cha While the Department has experienced a slig Readmission Rate significantly below the na How first year target was achieved (optional)	Al Attainment ed
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and cha While the Department has experienced a slig Readmission Rate significantly below the na How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement:	Al Attainment ed
Report of Progress Toward Goa First Year Target: Achiev Reason why target was not achieved, and cha While the Department has experienced a slig Readmission Rate significantly below the na How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Al Attainment ed
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and cha While the Department has experienced a slig Readmission Rate significantly below the na How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	Al Attainment ed
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and char While the Department has experienced a slig Readmission Rate significantly below the na How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement	Al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target: Int increase in its internal benchmark measurement, it has maintained a 30-Day Inpatient tional average. 39 Inpatient Restraint Hour Rate Inpatient Restraint Hour Rate as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and char While the Department has experienced a slig Readmission Rate significantly below the nathous How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	Al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target: Int increase in its internal benchmark measurement, it has maintained a 30-Day Inpatient tional average. 39 Inpatient Restraint Hour Rate Inpatient Restraint Hour Rate as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and char While the Department has experienced a slig Readmission Rate significantly below the nathow first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Health	Al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target: Int increase in its internal benchmark measurement, it has maintained a 30-Day Inpatient tional average. 39 Inpatient Restraint Hour Rate Inpatient Restraint Hour Rate as Compared Internally and to National Average Compare to Prior Year's Results. Compare to Prior Year's Results. ent (if needed):

Data issues/caveats that affect outcome measure	sures:	
None.		
New Data issues/caveats that affect outcome	measures:	
Report of Progress Toward Goa		
First Year Target: Achiev	g , , , , , , , , , , , , , , , , , , ,	
Reason why target was not achieved, and cha	anges proposed to meet target:	
How first year target was achieved (optional)		
Indicator #:	40	
Indicator:	Inpatient Seclusion Rate	
Baseline Measurement:	Inpatient Seclusion Rate as Compared Internally and to National Average	
First-year target/outcome measurement:	Compare to Prior Year's Results.	
Second-year target/outcome measurement:	Compare to Prior Year's Results.	
New Second-year target/outcome measurem	ent(if needed):	
Data Source:		
South Carolina Department of Mental Health	n - Division of Inpatient Services.	
New Data Source(if needed):		
Description of Data:		
Internally-generated data comparisons.		
New Description of Data: (if needed)		
Data issues/caveats that affect outcome mea	sures:	
None.		
New Data issues/caveats that affect outcome	measures:	
Report of Progress Toward Go	al Attainment	
First Year Target: Achiev		
Reason why target was not achieved, and cha	anges proposed to meet target:	
How first year target was achieved (optional)		
(4)		
la dia da a //		
Indicator #:	41 Paudiatria Innatiant: Creater than 00 Dayl anoth of Stay	
Indicator: Baseline Measurement:	Psychiatric Inpatient: Greater than 90-Day Length of Stay Psychiatric Inpatient: Percentage of Patients with Greater than 90 Day Length of Stay	
	Psychiatric Inpatient: Percentage of Patients with Greater than 90-Day Length of Stay	
First-year target/outcome measurement: Second-year target/outcome measurement:	Compare to Prior Year's Results. Compare to Prior Year's Results.	
New Second-year target/outcome measurem	•	

OMB No. 0930-0168 Approved: 05/21/2013 Expires: 05/31/2016

South Carolina Department of Mental Healt	h - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	outcomes.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)	
Indicator #:	42
Indicator:	Forensic Program Admissions
Baseline Measurement:	Number of Admissions by Pre-Trial Evaluation and Psychosocial Rehabilitation Program
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	•
Data Source:	
South Carolina Department of Mental Healt	h - Division of Inpatient Services.
New Data Source <i>(if needed)</i> :	<u>'</u>
Tow Buta codi co(ii iicaca).	
Description of Data:	
Client-level data summarized into aggregate	e outcomes.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	
Reason why target was not achieved, and ch	9
	longitudinally by this method. The information is still available, but monitored utilizing
How first year target was achieved <i>(optional)</i>	,

Indicator #:	43
Indicator:	Participating Hospitals - Telepsychiatry
Baseline Measurement:	Number of Participating Hospitals - Telepsychiatry
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	nent (if needed):
Data Source:	
South Carolina Department of Mental Health	h – Office of Medical Director (Telepsychiatry Consultation Program).
New Data Source(if needed):	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	e measures:
How first year target was achieved <i>(optional)</i>	
Indicator #:	44
Indicator:	Support Processes Outcomes - Key Business and Support Processes
Baseline Measurement:	Support Processes Outcomes - Key Business and Support Processes: Finance, IT, Nutritional Services, Physical Plant, Vehicle Management, Human Resources
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	
New Second-year target/outcome measurem	Compare to Prior Year's Results.
Data Source:	
Data Source: Various.	
Various.	
Various. New Data Source (if needed):	
Various. New Data Source (if needed):	
New Data Source (if needed): Description of Data:	
Various. New Data Source (if needed): Description of Data: Internally-generated data comparisons.	nent (if needed):

Report of Progress Toward Go	al Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and changes proposed to meet target:	
How first year target was achieved (optional)):
Indicator #:	45
Indicator:	Support Processes Outcomes - Legal and Regulatory Compliance
Baseline Measurement:	Support Processes Outcomes - Legal and Regulatory Compliance: Accreditation, Program Integrity Audit, Program Field Review, Quality Assurance, Internal Audit, Compliance, Etc.
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	nent <i>(if needed)</i> :
Data Source:	
Various.	
New Data Source(if needed):	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data: (if needed)	
,	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
ot . ou u. got.	
Reason why target was not achieved, and ch	anges proposed to meet target:

Priority #: 2

Priority Area: FY2012-2013 Residual Planning Steps

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH

Disorder, Homeless)

Goal of the priority area:

The 14 State Priorities and their respective Priority Areas included in the FY2012-2013 CMHS Block Grant Application are still relevant to the FY2014-2015 CMHS Block Grant Application.

Strategies to attain the goal:

Many of the state priorities and priority areas by goal, strategy, and performance indicator that were included in the FY2012-2013 CMHS Block Grant Application were not intended to be endpoints to be achieved, but rather, waypoints to be reached in an evolving continuum of health care provision and refinement.

Indicator #:	1
Indicator:	Self-Directed Recovery
Baseline Measurement:	Self-Directed Recovery
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
South Carolina Department of Mental Health	h - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
	control, and flexibility in selecting services to be rendered on the client's behalf. Through seived needs and desires with services received, clients are engaged and recovery is
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)	,
Thew in st year tanget was demoved (optional)	•
Indicator #:	2
	Prevention and Promotion
Indicator:	
	Prevention and Promotion
Baseline Measurement:	Prevention and Promotion Compare to Prior Year's Results.
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	
Baseline Measurement: First-year target/outcome measurement:	Compare to Prior Year's Results. Compare to Prior Year's Results.
Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem	Compare to Prior Year's Results. Compare to Prior Year's Results.
Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source:	Compare to Prior Year's Results. Compare to Prior Year's Results.

It is the intent to facilitate the promotion of positive mental health to reduce the impact of mental illnesses on American communities.

New Description of Data: (if needed)	
Data issues/caveats that affect outcome me	easures:
None.	
New Data issues/caveats that affect outcon	ne measures:
Report of Progress Toward G	oal Attainment
First Year Target: 6 Achi	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and c	changes proposed to meet target:
How first year target was achieved <i>(optiona</i>	al):
Indicator #:	3
Indicator:	Collaboration
Baseline Measurement:	Collaboration
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement	Compare to Prior Year's Results.
New Second-year target/outcome measure	ment (if needed):
Data Source:	
South Carolina Department of Mental Hea	lth - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
co-occurring disorders, physical health, en disparities, older adults, and employing ar	ike-minded organizations to evaluate opportunities for enhancing services for such efforts as apployment, peer workforce, homelessness, returning veterans, youth in transition, reducing and deploying technology. Through its myriad of partnerships, the South Carolina Department resources, gaps, and solutions of the mental health continuum of care.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	easures:
None.	
New Data issues/caveats that affect outcon	ne measures:
Report of Progress Toward G	oal Attainment
Port of Frogress roward of	
First Year Target 📙 Achi	
That real ranget.	nanges proposed to meet target:
First Year Target: Reason why target was not achieved, and check the company of	

South Carolina

Baseline Measurement: Integrating Primary Care and Behavioral Health Care First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Community Mental Health Services. New Data Source (if needed): Description of Data: The intent is to place mental health and substance abuse services in primary care settings, and place primary care services in mental health and substance abuse settings. The South Carolina Department of Mental Health has experimented in the past with these concepts and currently has a grant to explore these partnerships in the present. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None. New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved, explain why) Ð Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): 5 Indicator #: Indicator: Strengthen Agency Position as State Mental Health Authority Baseline Measurement: Strengthen Agency Position as State Mental Health Authority First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Community Mental Health Services. New Data Source (if needed): Description of Data: The intent is to emphasive and exercise the primary role the South Carolina Department of Mental Health plays in the delivery of mental health services within the mental health continuum of care. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None. New Data issues/caveats that affect outcome measures:

First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved <i>(optional)</i> :	
Indicator #:	6
Indicator:	Control Expenditures and/or Increase Efficiency of Operations
Baseline Measurement:	Control Expenditures and/or Increase Efficiency of Operations
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	h - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
	onal environment of the South Carolina Department of Mental Health in order to identify se of maximizing the return on investment of limited resources.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	isures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ved Sometimes Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional):
Indicator #:	7
Indicator:	Expand Funding/Revenue Opportunities
Baseline Measurement:	Expand Funding/Revenue Opportunities
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent <i>(if needed)</i> :
Data Source:	
South Carolina Department of Mental Healt	h - Division of Community Mental Health Services.

New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None. New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal A First Year Target: Achieved Reason why target was not achieved, and changes How first year target was achieved (optional): Indicator #: 8 Indicator: Improve	sures: ttainment Not Achieved (if not achieved,explain why)
None. New Data issues/caveats that affect outcome measurements are selected from the progress Toward Goal Ariest Year Target: Achieved Reason why target was not achieved, and changes How first year target was achieved (optional): Indicator #: 8	sures: ttainment Not Achieved (if not achieved,explain why) s proposed to meet target:
Report of Progress Toward Goal A First Year Target: Achieved Reason why target was not achieved, and changes How first year target was achieved (optional):	Not Achieved (if not achieved,explain why) s proposed to meet target:
Report of Progress Toward Goal A: First Year Target: Achieved Reason why target was not achieved, and changes How first year target was achieved (optional): Indicator #:	Not Achieved (if not achieved,explain why) s proposed to meet target:
First Year Target: Achieved Reason why target was not achieved, and changes How first year target was achieved (optional): Indicator #: 8	Not Achieved (if not achieved,explain why) s proposed to meet target:
Reason why target was not achieved, and changes How first year target was achieved (optional): Indicator #: 8	s proposed to meet target:
How first year target was achieved (optional): Indicator #: 8	
Indicator #: 8	prove Access to Care for Targeted Populations
	prove Access to Care for Targeted Populations
Indicator: Imp	prove Access to Care for Targeted Populations
	· · · · · · · · · · · · · · · · · · ·
Baseline Measurement: Imp	prove Access to Care for Targeted Populations
First-year target/outcome measurement: Com	npare to Prior Year's Results.
Second-year target/outcome measurement: Com	npare to Prior Year's Results.
New Second-year target/outcome measurement(ii	f needed):
Data Source:	
South Carolina Department of Mental Health - Div	vision of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
	e for clients and potential clients of the South Carolina Department of Mental Health ding gaps in access, with the purpose of maximizing the use of limited resources so prevalence rate of mental illness in the State.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome measures:	:
None.	
New Data issues/caveats that affect outcome meas	sures:
Report of Progress Toward Goal A	ttainment
First Year Target: Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and changes	s proposed to meet target:
How first year target was achieved (optional):	

The intent is to evaluate the current revenue and funding streams of the South Carolina Department of Mental Health in order to

Enhance Efficiency of Clinical Service Delivery

Indicator #:
Indicator:

Baseline Measurement: **Enhance Efficiency of Clinical Service Delivery** First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Community Mental Health Services. New Data Source (if needed): Description of Data: The intent is to evaluate the current clinical service delivery model of the South Carolina Department of Mental Health in order to identify areas of increased efficiency with the purpose of maximizing the use of limited resources. This may be achieved through enhancement of the Department's internally-developed electronic medical record, addressing barriers to treatment, or deployment of other evidenced efficiencies. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None. New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment Achieved Not Achieved (if not achieved, explain why) First Year Target: Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): Indicator #: 10 Indicator: **Enhance Treatment Effectiveness** Baseline Measurement: **Enhance Treatment Effectiveness** First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Community Mental Health Services. New Data Source (if needed): Description of Data: The intent is to evaluate the current treatment effectivenes of the South Carolina Department of Mental Health in order to refine treatment services with the purpose of supporting the recovery of people with mental illnesses. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None.

Report of Progress Toward Go	pal Attainment
First Year Target:	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved (optional,	<i>I)</i> :
Indicator #:	11
Indicator:	Budget Preservation
Baseline Measurement:	Budget Preservation
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	ment(if needed):
Data Source:	
South Carolina Department of Mental Healt	th - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
The intent is to prevent the further degrada to continue to address the demand for men	ation of funding for the South Carolina Department of Mental Health so that it will be able ntal health services across the State of South Carolina.
The intent is to prevent the further degrada	
The intent is to prevent the further degrada to continue to address the demand for men	ntal health services across the State of South Carolina.
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed)	ntal health services across the State of South Carolina.
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed) Data issues/caveats that affect outcome mea	asures:
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed) Data issues/caveats that affect outcome mea None. New Data issues/caveats that affect outcome	asures: e measures:
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed) Data issues/caveats that affect outcome mea None. New Data issues/caveats that affect outcome Report of Progress Toward Go	asures: e measures: pal Attainment
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed) Data issues/caveats that affect outcome mea None. New Data issues/caveats that affect outcome	asures: e measures: pal Attainment
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed) Data issues/caveats that affect outcome mea None. New Data issues/caveats that affect outcome Report of Progress Toward Go	asures: e measures: pal Attainment eved Not Achieved (if not achieved,explain why)
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed) Data issues/caveats that affect outcome mea None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achieve	asures: Dal Attainment Eved Not Achieved (if not achieved,explain why) Thanges proposed to meet target:
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed) Data issues/caveats that affect outcome mea None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Reason why target was not achieved, and che How first year target was achieved (optional)	asures: Dal Attainment Eved Not Achieved (if not achieved,explain why) hanges proposed to meet target: 1):
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed) Data issues/caveats that affect outcome mea None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achieve Reason why target was not achieved, and che How first year target was achieved (optional). Indicator #:	asures: e measures: Dal Attainment eved Not Achieved (if not achieved,explain why) nanges proposed to meet target: 12
The intent is to prevent the further degrada to continue to address the demand for men. New Description of Data: (if needed) Data issues/caveats that affect outcome mea. None. New Data issues/caveats that affect outcome. Report of Progress Toward Go. First Year Target: Reason why target was not achieved, and ch. How first year target was achieved (optional). Indicator #: Indicator:	asures: Dal Attainment Eved Not Achieved (if not achieved,explain why) nanges proposed to meet target: 12 Recruitment and Retention
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed) Data issues/caveats that affect outcome mea None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Reason why target was not achieved, and che How first year target was achieved (optional). Indicator #: Indicator: Baseline Measurement:	asures: e measures: Dal Attainment eved Not Achieved (if not achieved,explain why) nanges proposed to meet target: 12 Recruitment and Retention Recruitment and Retention
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed) Data issues/caveats that affect outcome mea None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and che How first year target was achieved (optional). Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	ntal health services across the State of South Carolina. asures: e measures: pal Attainment eved Not Achieved (if not achieved,explain why) nanges proposed to meet target: 12 Recruitment and Retention Recruitment and Retention Compare to Prior Year's Results.
The intent is to prevent the further degrada to continue to address the demand for men New Description of Data: (if needed) Data issues/caveats that affect outcome mea None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Reason why target was not achieved, and che How first year target was achieved (optional). Indicator #: Indicator: Baseline Measurement:	asures: e measures: Not Achieved (if not achieved,explain why) nanges proposed to meet target: 12 Recruitment and Retention Recruitment and Retention Compare to Prior Year's Results. Compare to Prior Year's Results.

New Data Source (if needed):

Description of Data:	
	e shortage of clinical staff across the provider spectrum of the South Carolina Department of Mental Health ificant disparities in compensation between the public and private sectors.
New Description of Data:(if	needed)
Data issues/caveats that affe	ect outcome measures:
None.	
New Data issues/caveats tha	at affect outcome measures:
Report of Progress	Toward Goal Attainment
First Year Target:	
Reason why target was not a	achieved, and changes proposed to meet target:
How first year target was acl	hieved (optional):
Indicator #:	13
Indicator:	Accreditation
Baseline Measurement:	Accreditation
First-year target/outcome m	
Second-year target/outcome	
New Second-year target/out	tcome measurement (if needed):
Data Source:	
South Carolina Department	t of Mental Health - Division of Community Mental Health Services.
New Data Source(if needed)):
Description of Data:	
evidenced by the standards	ne high-quality level and types of services provided by the South Carolina Department of Mental Health as set forth by the accrediting bodies with which the Department is affiliated, and by which all of its Centers and Inpatient Facilities are accredited.
New Description of Data:(if	needed)
Data issues/caveats that affe	ect outcome measures:
None.	
New Data issues/caveats tha	at affect outcome measures:
Report of Progress	Toward Goal Attainment
First Year Target:	
	achieved, and changes proposed to most target.
Reason why target was not a	achieved, and changes proposed to meet target.

Indicator #:

Indicator: Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders Baseline Measurement: Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Community Mental Health Services. New Data Source (if needed): Description of Data: The intent is to ensure that the issues and concerns raised by participants in feedback processes, such as the Community Forums, are reviewed, and, when appropriate, acted upon in order to affect positive change, and ensure a dynamic environment, for behavioral health services in the State of South Carolina. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None. New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment Achieved Not Achieved (if not achieved, explain why) First Year Target: Reason why target was not achieved, and changes proposed to meet target:

Priority #: 3

Priority Area: FY2013 Forum Summary Action Plans

How first year target was achieved (optional):

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH

Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Facilitated by State Director John H. Magill, the Department has held 18 of 25 community forums statewide during FY2013. The Forums occur at each of the Department's 17 community mental health centers, four hospitals, and four nursing homes. Thus far, a total of 1,100 participants have attended the Forums. Elected officials, state agency representatives, doctors, clinicians, clergy, teachers, police, judges, social workers, parents, advocates, federal, state, and city officials and others are invited to participate in open discussion. Local voices are heard and action plans are formed to address issues that are raised.

Strategies to attain the goal:

The Department's administration management and center liaisons monitor the progress of the action plans. Due to the success of the FY2011 Forums, it was decided that each facility will hold similar forums yearly to monitor program progress, assess needs, and keep stakeholders in the community informed and involved.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders

Baseline Measurement: Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders

First-year target/outcome measurement: Each facility will hold similar forums yearly to monitor program progress, assess needs, and

keep stakeholders in the community informed and involved.

Each facility will hold similar forums yearly to monitor program progress, assess needs, and Second-year target/outcome measurement:

keep stakeholders in the community informed and involved.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

It is the intent of the Department to ensure that community involvement is an integral component of its strategic plan. Based on feedback-to-date, the Department will address issues related to community education (law enforcement, clergy, etc.), military assistance, school-based programs, minority populations, emergency room avoidance and assistance, and crisis stabilization. (See Planning Steps for action plans).

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

Achieved Not Achieved (if not achieved, explain why) First Year Target:

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #:

Priority Area: **FIN Group Summary**

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH

Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

The FIN Group has been tasked with redesigning and realigning the Community Mental Health System to increase access, service capacity, and earlier treatment of South Carolina citizens with mental illness.

Strategies to attain the goal:

All SCDMH Community Mental Health Centers and Mental Health Clinics will implement the same access requirements and, with more flexible admission criteria, non-SPMI clients will be increasingly treated, often through brief therapy as appropriate.

Annual Performance Indicators to measure goal success:

Indicator #:

Indicator: Productivity of Clinicians Baseline Measurement: Productivity of Clinicians

First-year target/outcome measurement: Baseline Benchmarks Established

Data Source:	
South Carolina Department of M	ental Health - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
	umber of service hours that are being provided by clinicians. The number of services provided has a dget. The number of service hours provided was reviewed by each Community Mental Health Center.
New Description of Data:(if needs	ed)
Data issues/caveats that affect ou	tcome measures:
None.	
New Data issues/caveats that affe	ct outcome measures:
Report of Progress Tov	vard Goal Attainment
First Year Target:	Achieved (if not achieved,explain why)
Reason why target was not achiev	ved, and changes proposed to meet target:
How first year target was achieved	d (optional):
Indicator #:	2
Indicator: Baseline Measurement:	Access to Care Access to Care
First-year target/outcome measur	
, ,	surement: Baseline Benchmarks Established.
New Second-year target/outcome	
Data Source:	
South Carolina Department of M	ental Health - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
_	ent, urgent and routine appointments. As of November 1, 2012, all centers will have the capacity to see urgent appointments within two working days and routine appointments within seven working days.
New Description of Data:(if neede	ed)
Data issues/caveats that affect ou	tcome measures:
None.	

How first year target was achieved (optional)): 		
Indicator #:	3		
Indicator:	Provider Caseloads		
Baseline Measurement:	Provider Caseloads Provider Caseloads		
rst-year target/outcome measurement: Baseline Benchmarks Established. econd-year target/outcome measurement: Baseline Benchmarks Established.			
New Second-year target/outcome measurer			
Data Source:	nent(ii needed).		
	th - Division of Community Mental Health Services.		
	Division of community Mental Health Services.		
New Data Source (if needed):			
Description of Data:			
Caseloads are being attached to levels of ca	are. Clinicians can go below the cap, but they cannot exceed the cap.		
Level 4 – Children and adults, caseload cap Level 3 – Adults – 80; Children – 60. Level 2 – 120 Level 1 – 200; to be served by RNs. Among the other strategies to maximize on 180 days.	is 35. current clinician resources is a review of the needs of clients who have not been seen within		
New Description of Data:(if needed)			
Data issues/caveats that affect outcome mea	asures:		
None.			
New Data issues/caveats that affect outcom	e measures:		
Report of Progress Toward Go	nal Attainment		
First Year Target:			
Reason why target was not achieved, and ch			
How first year target was achieved (optional			
Ten met jeur talget mas aumerea (epinema)	,		
Indicator #:	4		
Indicator:	Staffing and Staff Retention		
Baseline Measurement:	Staffing and Staff Retention		
First-year target/outcome measurement:	Baseline Benchmarks Established.		
Second-year target/outcome measurement:	Baseline Benchmarks Established.		
New Second-year target/outcome measurer	nent(if needed):		
Data Source:			
South Carolina Danartment of Montal Heal	th - Division of Community Mental Health Services.		

Description of Data:	
In order to comply with the levels of care ar right level of care within the prescribed acce	nd caseload caps protocols, staffing must be addressed to ensure that clients receive the ess timeframes.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target:	ved Solution Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved <i>(optional</i>):
Indicator #:	5
Indicator:	Levels of Care
Baseline Measurement:	Levels of Care
First-year target/outcome measurement:	Baseline Benchmarks Established.
Second-year target/outcome measurement:	Baseline Benchmarks Established.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	th - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
Five levels of care have been identified. FIN	is currently drafting a level of care standard that includes caseload size caps.
Level 4 – Individuals who are ACT-like team Level 3 – These are people who are doing p	current clients or new to the center. These persons are seen at a center on a daily basis. participants. These individuals will be seen a minimum of once a week. retty well and will benefit from therapy. These people would be seen a minimum of once a
month. Level 2 – People who are pretty stable and every two months.	doing well and don't have many needs. These people would be seen a minimum of once
Level 1 – These are people who are doing w	ell, and only need medication management. These people could be seen every 3-4 months.
Caseloads are being attached to each of the	ese levels. Clinicians can go below the cap, but they cannot exceed the cap.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None.	

First Year Target: 6 Ach	nieved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and	changes proposed to meet target:
How first year target was achieved (option	nal):
Indicator #:	6
Indicator:	Clinical Supervision
Baseline Measurement:	Clinical Supervision
First-year target/outcome measurement:	Baseline Benchmarks Established.
Second-year target/outcome measuremen	nt: Baseline Benchmarks Established.
New Second-year target/outcome measur	rement (if needed):
Data Source:	
South Carolina Department of Mental He	alth - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
A draft policy is currently being reviewed supervision.	to implement across the system. Skill level development is a key component to effective clinical
New Description of Data: (if needed)	
Data issues/caveats that affect outcome m	neasures:
None.	
New Data issues/caveats that affect outco	me measures:
Donard of Duagness Tour	
Report of Progress Toward G	Alak Aalahaad (16 mak aalahaad aan laba ada)
That roal ranget.	nieved Not Achieved (if not achieved,explain why)
	changes proposed to meet target:
Reason why target was not achieved, and	

Priority #: 5

Priority Area: FY2014 Budget Requests

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH

Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

The budget requests establish the funding priorities for the Department and effectively define the monetary strategic initiatives relevant to the Strategic Plan.

Strategies to attain the goal:

The FY2014 Budget Requests focus on three areas: maintaining the current capacity of the mental health system; addressing the areas in which the Department is experiencing increased demand; and capitalizing on promising technologies that relieve certain strains on the system. These requests are particularly relevant for inclusion in the FY2014-2015 CMHS Block Grant Application because the approval of said requests will bring about the

culmination of a three-year endeavor to undergird the eroding funding experienced since FY2008.

Indicator #:	1
Indicator:	Sustainabililty of Mental Health Services
Baseline Measurement:	Sustainabililty of Mental Health Services
First-year target/outcome measurement:	Provision of Appropriations.
Second-year target/outcome measurement:	Provision of Appropriations.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
South Carolina Department of Mental Heal	th.
New Data Source(if needed):	
Description of Data:	
	it patients at current levels. In order to do that, SCDMH must replace non-recurring funds be ending – with State recurring appropriations by FY 2015.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	asures:
None.	
	e measures:
New Data issues/caveats that affect outcom	
New Data issues/caveats that affect outcom Report of Progress Toward Go	al Attainment
New Data issues/caveats that affect outcom	al Attainment
New Data issues/caveats that affect outcom Report of Progress Toward Go	ved Not Achieved (if not achieved,explain why)
New Data issues/caveats that affect outcom Report of Progress Toward Go First Year Target: Achie	val Attainment ved Not Achieved (if not achieved,explain why) nanges proposed to meet target:
New Data issues/caveats that affect outcom Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch	val Attainment ved Not Achieved (if not achieved,explain why) nanges proposed to meet target:
New Data issues/caveats that affect outcom Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional	val Attainment ved Not Achieved (if not achieved,explain why) nanges proposed to meet target:
New Data issues/caveats that affect outcom Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch	ved Not Achieved (if not achieved,explain why) nanges proposed to meet target:):
New Data issues/caveats that affect outcom Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional	pal Attainment ved Not Achieved (if not achieved,explain why) panges proposed to meet target:):
New Data issues/caveats that affect outcom Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional Indicator #: Indicator:	Pal Attainment Ved Not Achieved (if not achieved,explain why) Inanges proposed to meet target: 2 Sexually Violent Predator Program
New Data issues/caveats that affect outcom Report of Progress Toward Go First Year Target: Achie Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement:	Pal Attainment Ved Not Achieved (if not achieved,explain why) Panages proposed to meet target: 1): 2 Sexually Violent Predator Program Sexually Violent Predator Program
New Data issues/caveats that affect outcom Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Provision of Appropriations. Not Achieved (if not achieved,explain why) Not Achieved (if not achieved,explain why) Not Achieved (if not achieved,explain why) Provision why) Not Achieved (if not achieved,explain why) Provision why) Sexually Violent Predator Program Provision of Appropriations.
New Data issues/caveats that affect outcom Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	Provision of Appropriations. Not Achieved (if not achieved,explain why) Not Achieved (if not achieved,explain why) Not Achieved (if not achieved,explain why) Provision why) Not Achieved (if not achieved,explain why) Provision why) Sexually Violent Predator Program Provision of Appropriations.
New Data issues/caveats that affect outcom Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch How first year target was achieved (optional Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement:	Pal Attainment Wed Not Achieved (if not achieved,explain why) Panages proposed to meet target: 2 Sexually Violent Predator Program Sexually Violent Predator Program Provision of Appropriations. Provision of Appropriations. Prent (if needed):

Last year, the agency was appropriated funds to fully fund the operational costs the State's Sexually Violent Predator Treatment Program, ending the recent practice of having to subsidize the cost of operating the program with funds intended for the treatment of persons with mental illness. The census of the program is steadily increasing, and the additional amount requested represents the increased personnel and operating costs anticipated to treat the expanding population

Data issues/caveats that affect outcome n	neasures:
None.	
New Data issues/caveats that affect outco	me measures:
Report of Progress Toward G	Soal Attainment
	nieved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and	changes proposed to meet target:
How first year target was achieved <i>(optior</i>	
Indicator #:	3
Indicator:	Forensic Inpatient Services
Baseline Measurement:	Forensic Inpatient Services
First-year target/outcome measurement:	Provision of Appropriations.
Second-year target/outcome measuremer	nt: Provision of Appropriations.
New Second-year target/outcome measur	rement (if needed):
Data Source:	
South Carolina Department of Mental He	alth.
New Data Source(if needed):	
Description of Data:	
adjudication by a Court of General Sessic committed to SCDMH following a finding	program is the Department's secure hospital for adult patients committed following ons as being incapable of standing trial due to a mental illness [S.C. Code Ann. §44-23-430] or of Not Guilty by Reason of Insanity [S.C. Code Ann. §17-24-40]. Due to increased numbers of lty timely admitting individuals committed by the criminal courts, resulting in a growing
New Description of Data: (if needed)	
Data issues/caveats that affect outcome m	Jeasures.
None.	icasui cs.
New Data issues/caveats that affect outco	oma magguras:
THE PARTY DATA 1550C5/CAVEATS THAT ATTECT OUTCO	THE THOUSENESS.
Report of Progress Toward G	Goal Attainment
	nieved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and	changes proposed to meet target:
How first year target was achieved <i>(optior</i>	nal):
,	
Indicator #:	4
Indicator:	Telepsychiatry Consultation Program

First-year target/outcome measurement:	Provision of Appropriations.
Second-year target/outcome measurement:	Provision of Appropriations.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	th.
New Data Source(if needed):	
Description of Data:	
received continuing grant funding for the p funding for the program will end. Last year in appropriated funds. SCDHHS continues t	model of cost-effectiveness and efficiency in the future delivery of healthcare, SCDMH has program from The Duke Endowment. However, it has been understood that eventually grant SCDMH instituted user fees for the participating hospitals and the agency received \$500,000 of financially support the program, as well. The requested funds are necessary to ensure the the expected reduction or elimination of further grant funding.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None.	
New Data issues/caveats that affect outcome	o modelikos:
vew bata 133de3/eaveat3 that affect outcome	e measures.
How first year target was achieved (optional):
Indicator #:	5
Indicator:	Capital Funding Requests
Baseline Measurement:	Capital Funding Requests
First-year target/outcome measurement:	Provision of Appropriations.
Second-year target/outcome measurement:	Provision of Appropriations.
New Second-year target/outcome measuren	
- -	nent <i>(if needed)</i> :
	nent <i>(if needed)</i> :
, , ,	
Data Source: South Carolina Department of Mental Healt	
Data Source: South Carolina Department of Mental Healt New Data Source(if needed):	
Data Source: South Carolina Department of Mental Healt New Data Source (if needed): Description of Data:	
Data Source: South Carolina Department of Mental Healt New Data Source (if needed): Description of Data:	th.
Data Source: South Carolina Department of Mental Healt New Data Source (if needed): Description of Data: The Department has requested certain functions New Description of Data: (if needed)	th. Is to ensure the efficient and effective operation of its physical plant.
Data Source: South Carolina Department of Mental Healt New Data Source (if needed): Description of Data: The Department has requested certain func	th. Is to ensure the efficient and effective operation of its physical plant.

First Year Target: 6 Achie	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	
The South Carolina General Assembly appr	opriated limited additional requested funds to be used for this purpose.
How first year target was achieved (optional):
Indicator #:	6
Indicator:	One-Time Funding Requests
Baseline Measurement:	One-Time Funding Requests
First-year target/outcome measurement:	Provision of Appropriations.
Second-year target/outcome measurement:	Provision of Appropriations.
New Second-year target/outcome measurer	nent <i>(if needed)</i> :
Data Source:	
South Carolina Department of Mental Heal	th.
New Data Source(if needed):	
Description of Data:	
The Department has requested certain func	s to ensure the efficient and effective operation of its service delivery system.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	asures:
None.	
New Data issues/caveats that affect outcom	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved (optional);
, , , , , , , , , , , , , , , , , , ,	

III: Expenditure Reports

MHBG Table 2 (URS Table 7) - State Agency Expenditure Report

Start Year: 2013 End Year: 2014

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
Substance Abuse Prevention and Treatment	\$	\$	\$	\$	\$	\$	\$
2. Primary Prevention	\$	\$	\$	\$	\$	\$	\$
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. State Hospital	\$	\$	\$71,300,000	\$1,200,000	\$34,900,000	\$0	\$4,900,000
6. Other 24 Hour Care	\$	\$	\$	\$	\$	\$	\$
7. Ambulatory/Community Non-24 Hour Care	\$	\$6,000,000	\$83,500,000	\$6,600,000	\$43,000,000	\$3,600,000	\$9,100,000
8. Administration (Excluding Program and Provider Level)	\$	\$0	\$4,500,000	\$0	\$10,100,000	\$0	\$100,000
9. Total	\$	\$6,000,000	\$159,300,000	\$7,800,000	\$88,000,000	\$3,600,000	\$14,100,000

Please indicate the expenditures are <u>actual</u> or <u>estimated</u>.

ja Actual ja Estimated

Footnotes:

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)	05/04/0040		\$0

<u></u>	1	
Education programs for youth groups (Education)		\$0
Community Service Activities (Alternatives)		\$0
Student Assistance Programs (Problem Identification and Referral)		\$0
Employee Assistance programs (Problem Identification and Referral)		\$0
Community Team Building (Community Based Process)		\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)		\$0
Engagement Services		\$0
Assessment		\$0
Specialized Evaluations (Psychological and Neurological)		\$0
Service Planning (including crisis planning)		\$0
Consumer/Family Education		\$0
Outreach		\$0
Outpatient Services		\$0
Evidenced-based Therapies		\$0
Group Therapy		\$0
Family Therapy		\$0
Multi-family Therapy		\$0
Consultation to Caregivers		\$0
Medication Services		\$0
Medication Management		\$0
Pharmacotherapy (including MAT)		\$0
Laboratory services		\$0
Community Support (Rehabilitative)		\$0
Parent/Caregiver Support		\$0
Skill Building (social, daily living, cognitive)		\$0
Case Management		\$0

Behavior Management		\$0
Supported Employment		\$0
Permanent Supported Housing		\$0
Recovery Housing		\$0
Therapeutic Mentoring		\$0
Traditional Healing Services		\$0
Recovery Supports		\$0
Peer Support		\$0
Recovery Support Coaching		\$0
Recovery Support Center Services		\$0
Supports for Self-directed Care		\$0
Other Supports (Habilitative)		\$0
Personal Care		\$0
Homemaker		\$0
Respite		\$0
Supported Education		\$0
Transportation		\$0
Assisted Living Services		\$0
Recreational Services		\$0
Trained Behavioral Health Interpreters		\$0
Interactive Communication Technology Devices		\$0
Intensive Support Services		\$0
Substance Abuse Intensive Outpatient (IOP)		\$0
Partial Hospital		\$0
Assertive Community Treatment		\$0
Intensive Home-based Services		\$0
Multi-systemic Therapy		\$0

Intensive Case Management	\$0
Out-of-Home Residential Services	\$0
Children's Mental Health Residential Services	\$0
Crisis Residential/Stabilization	\$0
Clinically Managed 24 Hour Care (SA)	\$0
Clinically Managed Medium Intensity Care (SA)	\$0
Adult Mental Health Residential	\$0
Youth Substance Abuse Residential Services	\$0
Therapeutic Foster Care	\$0
Acute Intensive Services	\$0
Mobile Crisis	\$0
Peer-based Crisis Services	\$0
Urgent Care	\$0
23-hour Observation Bed	\$0
Medically Monitored Intensive Inpatient (SA)	\$0
24/7 Crisis Hotline Services	\$0
Other (please list)	\$0

footnote:			

III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services				
Actual SFY 2008	Actual SFY 2013	Estimated/Actual SFY 2014		
\$26,040,177	\$13,007,388	\$12,046,862		

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

footnote:

From FY2013 to FY2014, state fund expenditures for children's services increased by 7.37%. In fact, the state fund contributions to the Children's Set Aside have increased for the past 2 years. And yet, this pattern is not reflected in MHBG Table 4 – Set-aside for Children's Mental Health Services. There is, however, a reasonable explanation for that which appears to be counter intuitive: children's services are not funded solely with state funds.

Other funds also support children's services. It is the fluctuation of these funds that contributes to inconsistencies in the amount reported for State Expenditures for Mental Health Services for children's services. Also, not all funding sources are eligible for inclusion in the formula established to calculate the threshold for Children's Set Aside. Therefore, it is relevant to note that because there are many more funding sources supporting children's services, and because each Community Mental Health Center has the autonomy to determine which funding source will be used to pay for expenditures, the level of expenditure as calculated by the Children's Set Aside may not accurately reflect the State's overall commitment to children's services.

Consequently, even though the change in the amounts in MHBG Table 4 reflect a decrease of 7.39% from FY2013 to FY2014, in actuality, the total of all funds expended for children's services decreased by only 3.78% when considered across the funding spectrum. This minimal decrease in total expenditure level should be placed in context - of the funding increases received by the Department since FY2013 only a small portion of the funds (27.6%) were appropriated for the replenishment of prior reductions (\$93,216,181 from FY2008 to FY2012).

And while total expenditures for children's services decreased only slightly, the Department experienced a concurrent increase in the number of children served – the number of children served by the Department increased 2.5%. This is the direct result of the Department's increase in the efficiency of its service delivery through the use of technology, staff deployments, and entity funding partnerships, among other innovative solutions, that have allowed it to maintain a relative level of expenditures while increasing the number of children served.

In summary, the Department has increased not only the number of children served from FY2013 to FY2014 in the absolute, but also the return on investment (efficiency) of each dollar expended for children's services.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH 2015 MHBG BEHAVIORAL HEALTH REPORT COLUMBIA, SOUTH CAROLINA

FIVE PERCENT SET ASIDE

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH 2015 MHBG BEHAVIORAL HEALTH REPORT COLUMBIA, SOUTH CAROLINA

MEMORANDUM

TO: Asha Stanly, MSW, LICSW, Public Health Advisor

CMHS/DSCSD

FROM: Stewart Cooner, Director of Special Programs

Division of Administrative Services

DATE: December 1, 2014

SUBJECT: Update: MHBG Five Percent Set Aside – First Episode Psychosis

On September 17, 2014, the South Carolina Department of Mental Health issued the attached Request for Funding (RFF) for MHBG Five Percent Set Aside to its 17 Community Mental Health Centers (CMHC) in order to solicit proposals for the requested services. Responses were due October 8, 2014.

On or before October 8, 2014, nine responses were received from CMHCs across the State of South Carolina. The following CMHCs submitted proposals for use of the MHBG Five Percent Set Aside: Lexington County Community Mental Health Center; Berkeley Community Mental Health Center; Piedmont Center for Mental Health Services; Coastal Empire Community Mental Health Center; Beckman Center for Mental Health Services; Aiken Barnwell Mental Health Center; Anderson-Oconee-Pickens Mental Health Center; Pee Dee Mental Health Center; and, Charleston Dorchester Mental Health Center. The proposal budgets ranged from \$193,398 with in-kind contributions of \$97,500 to \$48,045 with in-kind contributions of \$2,500.

On November 13, 2014, the RFF Selection Committee – five members representing administration, finance, community mental health services program management, and community mental health services clinical services – met to discuss the proposals. Based on said meeting, additional questions were submitted to the responding CMHCs in order to clarify the proposals. The date by which the CMHCs were to respond was November 20, 2014.

The RFF Selection Committee will meet for a second, and final, discussion on December 1, 2014 at which time the RFF Selection Committee will award the MHBG Five Percent Set Aside, equal to \$350,000, to the highest scoring proposals based on the following criteria.

- The degree to which the proposed services meet the estimated need addressing the greatest need.
- The degree to which the proposed services efficiently utilize the requested amount of funding as measured by the quantity and quality of the expected outcomes of the proposed service(s) and the degree to which said expected outcomes meet the intent of the Request for Funding offering the greatest return on investment.

Many of the proposals have a 60-day implementation period as the services being rendered are expansions of existing programs and the timeframe for implementation is primarily based on the time to recruit additional staff. An additional report will be submitted upon implementation of the programs.

DSC

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH COMMUNITY MENTAL HEALTH CENTERS COLUMBIA, SOUTH CAROLINA

MEMORANDUM

TO: Center Directors, Community Mental Health Centers

FROM: Geoff Mason, Deputy Director

Division of Community Mental Health Services

DATE: September 17, 2014

SUBJECT: Request for Funding (RFF) for MHBG Five Percent Set Aside

This notification is to encourage all community mental health centers (CMHC) to submit a proposal for funding in FY2015 for services related to the treatment of First Episode Psychosis (FEP). This funding is made available as part of a new requirement of the Mental Health Block Grant: Five Percent Set-Aside to support "evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders." This RFF satisfies this expectation from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The attached Request for Funding for MHBG Five Percent Set-Aside outlines the guidelines for submission of a proposal. The proposal is to be submitted <u>no later than 4:00PM on Wednesday, October 8, 2014.</u> The proposal should be submitted electronically to Stewart Cooner, <u>dsc18@scdmh.org</u>.

Any questions should be directed to Stewart Cooner at 803-898-8632.

Your leadership and programmatic partnerships within the CMHC and the broader community are essential to broadening community mental health treatment for individuals in need of services related to FEP. Thank you for your commitment to providing quality services and programs to meet the needs of your catchment area.

GJM/dsc

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH COMMUNITY MENTAL HEALTH CENTERS COLUMBIA, SOUTH CAROLINA

REQUEST FOR FUNDING (RFF)

Federal Community Mental Health Services Block Grant

The South Carolina Department of Mental Health annually receives Federal Mental Health Block Grant (MHBG) funds (CFDA 93.958) from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). The source of funds for this RFF is wholly the Community Mental Health Services Block Grant as provided for under CFDA 93.958.

In accordance with CFDA 93.958, Objectives (050), the intent of the Block Grants for Community Mental Health Services is,

"to provide financial assistance to States and Territories to enable them to carry out the State's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress in implementing a comprehensive community based mental health system; and provide technical assistance to States and the Mental Health Planning Council that will assist the States in planning and implementing a comprehensive community based mental health system."

These funds will be recurring contingent upon federal appropriations and the term of this RFF, and any guidance provided during the Mental Health Block Grant Application process, or thereafter, that does not contradict the requirements set forth in this RFF.

Note that funds awarded under this RFF are restricted from certain uses according to CFDA 93.958. For administrative purposes, sections of CFDA 93.958 are provided hereinafter; however, the sections provided below should not be considered as superseding any current, or future, language cited in CFDA 93.958 or other related documents.

CFDA 93.958 states, in part, under Uses and Use Restrictions (070) that:

"Funds may be used at the discretion of the State to achieve the described objectives except for certain requirements. State plans must meet prescribed criteria. Services under the plan will be provided only through appropriate, qualified community programs (which may include community mental health centers, child mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs and mental-health primary consumer- directed programs). Services under the plan will be provided through community mental health centers only if the centers meet prescribed criteria. Up to 5 percent of grant, funds may be used for administering the funds. Funds may not be used to provide inpatient services; to make cash payments to intended recipients of health services; to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment; to satisfy any requirement for the expenditure of nonfederal funds as a condition for the receipt of Federal funds; or to provide financial assistance to any entity other than a public or nonprofit private entity."

Program Overview from SAMHSA

In its Fiscal Year 2014 appropriation, the United States Congress allocated additional funds to SAMHSA to support "evidence-based programs that address the needs of individuals with early serious mental

illness, including psychotic disorders." States are required to set-aside five percent of their MHBG allocation to support this activity.

The Congressional language "notes that the majority of individuals with severe mental illness experience their first symptoms during adolescence or early adulthood." The language also notes that "[d]espite the existence of effective treatments, there are often long delays – years and sometimes decades – between the first onset of symptoms and when people receive help." While the Congressional language is broad enough to allow the use of the Five Percent Set-Aside for any evidence-based program addressing any type of serious mental illness, a specific "promising model" is mentioned: First Episode Psychosis (FEP).

This set aside funding is dedicated to treatment for those "with early serious mental illness" and not for primary prevention or preventive intervention for those at high risk of serious mental illness. States with other investments for young people at high risk of serious mental illness are encouraged to coordinate those programs with programs supported by the MHBG Five Percent Set-Aside. This coordination will help ensure high risk individuals are swiftly identified and engaged in evidence-based services should their prodromal symptoms – any symptoms that signal the impending onset of a disease – develop into diagnosable serious mental illnesses.

States are encouraged to fund programs to meet the needs of persons with early psychotic disorders, specifically first episode psychosis, but are not required or limited to addressing such disorders. States may address these needs either through enhancing existing program activities or development of new activities.

Due to the timing of the allocation distribution, states are allowed to dedicate the first year to planning, training, and/or infrastructure development while targeting program implementation to the second year of the plan. Such planning must include information on assessed need for such services within the proposed target population and provide an explanation for why this population was chosen, planned activities, and budget.

This initiative will also include an initiative for data collection related to demonstrating program effectiveness. Congressional language indicating that the consequences of delayed treatment can include "loss of family and social supports, disruption of employment, substance abuse, increased hospitalizations, and reduced prospects for long-term recovery" will help guide evaluation efforts. Similarly, Congressional language describing the FEP model as helping to "reduce symptoms, reduce relapse rates, and prevent deterioration of cognitive functioning in individuals with psychotic illness" will guide efforts to evaluate this set aside funding's impact.

FY2015 Funding

The MHBG Final Allotment for the State of South Carolina for FY2015 is \$6,671,692. The Five Percent Set-Aside is \$333,585. The South Carolina Department of Mental Health (SCDMH, Department) has set aside \$350,000 to fund this effort.

Approach to Meeting MHBG Five Percent Set-Aside

As noted above, States may address the needs of persons with early psychotic disorders, specifically first episode psychosis, either through enhancing existing program activities or development of new activities. SCDMH's approach is to enhance existing program activities.

After several discussions with SAMHSA, and based on its guidance, the Department has specifically cited Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) as the treatment modalities it will deploy utilizing the Five Percent Set-Aside. These treatment modalities have been identified as appropriate and effective for persons experiencing FEP. It has also been found that maximum

effectiveness is attainable when the two modalities are deployed together. MI serves as the engagement modality and CBT serves as the therapy modality. A description of each treatment modality, as presented in the original proposal, is provided below for ease of reference.

Motivational Interviewing (MI): From the practitioner perspective, "MI is a person-centered counseling style for addressing the common problem about ambivalence about change." From the technical perspective, "MI is a collaborative, goal style of communication with particular attention to the language of change. It is designed to strengthen personal motivation and commitment to a specific goal by eliciting and exploring the person's own reason for change within an atmosphere of acceptance and compassion." This evidence-based practice is very effective with adolescents and young adults.

<u>Cognitive Behavioral Therapy (CBT):</u> CBT is a form of psychotherapy that is present-focused, time limited and problem-solving oriented. Clients learn to "identify distorted thinking, modify thoughts, relate to others in different ways and change behaviors..." CBT is based on the cognitive model: the way we perceive situations influences how we feel emotionally. This evidence-based practice is useful with targeted populations.

In addition to each modality's individual benefits, the combination of the two also lends itself to ease of linkage with other program activities such as Dialectical Behavioral Therapy (DBT), Certified Peer Support Specialists (CPSS), Telemedicine, Mental Health Courts, Supported Apartments for Youth-in-Transition, Care Coordination for Youth and Families, and Individual Placement & Supported Employment (IPS). These value-added linkages enhance the total effectiveness of this approach – deploying a combined model of MI and CBT – and provide a return-on-investment that extends beyond the deployment of MI and CBT individually.

Targeting Funding to the FEP Population

The Department utilizes masters-level clinicians to provide the proffered treatment modalities: MI and CBT. These masters-level clinicians are integrated into a behavioral health team that supports the delivery of overall treatment services. It is with these master-level clinicians that the Department proposes to serve the estimated need in the State of South Carolina of persons experiencing FEP.

Target Population

Given that FEP typically occurs while a person is between the ages of 16-25, the Department will expand the target population to ages 15-30 under the program(s) funded by the Five Percent Set-Aside in order to capture as many persons most likely to experience FEP. However, when appropriate, it will serve other persons experiencing FEP, even if said persons fall outside of the prescribed age range.

Prevalence and Unmet Need

Based on the 2013 Population Estimate for the State of South Carolina as reported by the United States Census Bureau, there are approximately 1,289,207 persons aged 15-34 (these are the age breakouts available from said resource). According to the Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings, Figure 2.2 Serious Mental Illness in the Past Year among Adults Aged 18 or Older, by Age and Gender: 2012, the prevalence of serious mental illness (SMI) for persons 18 or Older is 4.1% (this is the age breakout available from said resource). Extrapolating upon two data points that are not exactly concurrent, the Department estimates the prevalence of SMI in persons aged 15-34 in South Carolina is approximately 52,857 persons. On average, the Department serves approximately 27,372 persons aged 15-30 with SMI. The difference between those needing service (approximately 52,857) and those being served (approximately 27,372) is a gap (unmet need) of approximately 25,485.

Incidence and Unmet Need

Added to the prevalent unmet need is the rate of incidence. Based on FEP incidence rates presented by Humensky, Dixon, and Essok (2013) of 20 to 30 cases per 10,000 population, there are approximately 2,578 to 3,867 incident cases of FEP annually in South Carolina for persons aged 15-34. Likewise, based on derived incidence rates calculated from McGrath, Saha, Chant, et. al. (2008), there are approximately 1,510 incident cases of FEP annually in South Carolina for adolescents and young adults. Comparing the incident cases above to the number of persons aged 30 and below with diagnoses of schizophrenia and other psychotic disorders — who, incidentally, have also never been seen by a provider prior to seeking services from SCDMH — a total of 391 — there is a unmet need in incidence between approximately 1,119 and 3,476. Note that the 'need' assumes that those individuals have only foregone treatment because access to treatment was limited and not because of any other factors (e.g. lack of desire to seek treatment services, stigma, etc.). The total unmet need (prevalence and incidence) illustrates that this is an underserved population.

Identification of the Target Population

From a practice standpoint, each responding CMHC must ensure that funding is targeted to the FEP population by ensuring that said individuals are properly identified at intake and thereinafter routed to the designated clinician(s). This approach will provide accountability for all Five Percent Set-Aside expenditures.

To wit, SCDMH has the capability to quickly and routinely discern if a person asking for services is between the ages of 15-30 and is likely experiencing an FEP through the use of its screening form, the C-20, and its intake form, the Initial Clinical Assessment (ICA). When a person calls to inquire about services, most of SCDMH's CMHCs have intake teams that receive the requests for service. These designated teams then conduct a screening using the C-20. If it seems as though the individual would benefit from services of the CMHC based on the information gathered from the C-20, the individual is then given an "intake" appointment. If the request is considered emergent, that appointment is offered the same day as the request. If the request is considered urgent, the intake appoint is offered within 2 working days. If the request is considered to be routine, the intake appointment is offered within 7 working days.

Once the intake is conducted, the intake clinician will have made a provisional diagnosis based on the history given by the client and any available collateral sources, to include records from previous providers, family members, teachers, etc. Based on all of the gathered information, the intake clinician should be able to determine if the need for services is the result of an FEP. If so, the intake clinician will then route the individual to the specified clinician who has been designated to work with the target population of those young adults experiencing an FEP. This intake and routing process ensures that the clinicians funded by the Five Percent Set-Aside are only offering services to the intended population.

Therefore, each responding CMHC must target services to persons aged 15-30 who upon intake and further investigation are deemed to be experiencing an FEP and whose diagnosis is on the psychosis spectrum, including appropriate serious mental illnesses that warrant psychosis interventions best addressed by MI and CBT.

Award

The Department will award the Five Percent Set-Aside funds in an RFF process for the purpose of deploying masters-level clinicians to deliver the treatment modalities of MI and CBT to persons experiencing FEP who are aged 15-30 years. This award approach provides an opportunity for each of the Department's 17 CMHCs to respond with a proposal, including a statement of need based on demand, and ensures that the funds are allocated to the communities with the greatest need and to the CMHCs offering the greatest return on investment.

The RFF will, at minimum, but not be limited to, fund seven (7) masters-level clinicians – a minimum total investment of \$350,000 to satisfy the required Five Percent Set-Aside of \$333,585 – who have been trained in and who have demonstrated proficiency in the identified treatment modalities of MI and CBT. These seven (7), or more, masters-level clinicians will be deployed to enhance existing program activities and will be readily identifiable by an appropriate number of positions whose funding is directly attributed to the CMHS Block Grant and whose position description (job description) defines the role as one established to provide MI and CBT to persons experiencing FEP, primarily of the age range 15-30. Note that said clinicians will deploy a person-centered planning approach, so that the clinicians may be able, and may need, to provide other modalities, as well, based on the client's individual needs.

Each masters-level clinician will be expected to carry a caseload of approximately 30 persons. SCDMH's experience with young adults who are newly diagnosed with SMI is that they often resist the diagnosis and the engagement in services. Consequently, clinicians must be mobile enough to, literally, meet the young adults where they are in order to engage them. In addition, many times the families and support systems of the newly diagnosed young adults need substantial education and support to help themselves and the client. Both efforts require a significant amount of staff time. Providing services in such a dynamic environment necessitates a caseload of approximately 30 persons.

The Five Percent Set-Aside will not be used to supplant existing positions. While current employees may assume the proffered roles, Federal funds may not be used to replace state, or other funds.

SCDMH will absorb the cost of any training, so that the Five Percent Set-Aside funds can be maximized by funding as many positions as possible. Any ancillary expenses will also be the responsibility of the responding CMHC, so that the Five Percent Set-Aside will only be used to fund salaries and fringe benefits.

Upon award of the Five Percent Set-Aside to one, or more, of the CMHCs, the Department will utilize its ability to track client-level data via its electronic medical records to provide aggregated outputs (counts) and outcomes (results) to SAMHSA to demonstrate the effective and efficient use of the Five Percent Set-Aside funds.

Proposal Guidelines

- A) Proposals must <u>not exceed four (4) pages in length including budget.</u> Submit the proposal electronically to Stewart Cooner, dsc18@scdmh.org.
- B) Proposals should include the following:
 - a. Identify the contact person for the proposal.
 - b. Describe the program model and justify the need for the proposed position(s) as supported by data substantiating the lack of services, or the need for services.
 - c. Identify operational/resource needs to create, or expand, the current program of services with a projected timeline of full operation of the proposed position(s).
 - d. Identify expected aggregated outputs (counts) and outcomes (results) to demonstrate the effective and efficient use of the Five Percent Set-Aside funds.
 - e. Provide position(s) budget and demonstrate the methodology by which position(s) will be readily identifiable as funded by the Five Percent Set-Aside funds.
 - f. Provide a position description (job description) under which the position(s) will operate that defines the role as one established to provide MI and CBT to persons experiencing FEP, primarily of the age range 15-30.
- C) Proposals should commit to provide quarterly reports and other ad hoc data as requested. Quarterly reports should include:
 - a. Actual aggregated outputs (counts) and outcomes (results) to demonstrate the effective and efficient use of the Five Percent Set-Aside funds.

- b. Actual expenditures associated with the position(s) designated as participating in this program and funded by the Five Percent Set-Aside funds.
- c. A description of the methodology by which position(s) are identifiable as funded by the Five Percent Set-Aside funds.

Proposals are to be submitted to Stewart Cooner, Director of Special Programs via email at dsc18@scdmh.org no later than 4:00PM on Wednesday, October 8, 2014. Confirmation of receipt of proposal will be provided via email.

Review/Selection

The SCDMH Division of Community Mental Health Services in collaboration with the SCDMH Division of Administrative Services will comprise a Review Committee that will review all proposals and rate each according to the guidelines provided above, including determinations of greatest need. Proposals will be awarded to the limit of available funding. Each responding CMHC will be notified via email of the disposition of its proposal. Those CMHCs selected for funding will also receive written notification indicating the award amount. [End]

Revision Request – January 23, 2015

1. Did the state use the set aside for their assessed targeted population? Describe below.

Yes. On December 11, 2014, the Central Office of the South Carolina Department of Mental Health (Department) awarded funds totaling \$350,000 to three (3) of its Community Mental Health Centers (CMHC) through a Request for Proposal (RFP) process that prescribed the criteria by which the funds would be used, as referenced above. Each response to the RFP addressed the targeted population of persons aged 15-30. The Department determined that this age range would capture as many persons most likely to experience First Episode Psychosis (FEP). Through a comprehensive intake process, each of the CMHCs receiving this award will identify individuals in said age range who are experiencing FEP and direct them to a specific clinician who will provide the identified treatments, and who will be specifically identified with and funded by this RFP. This approach will allow the Department to report aggregated financial and clinical outcomes idiosyncratic to this program. However, it was noted that when appropriate, the Department would serve other persons experiencing FEP, even if said persons fall outside of the prescribed age range.

2. Did the state identify the diagnostic group they targeted? Describe below.

Yes. Each CMHC must target services to persons aged 15-30 who upon intake and further investigation are deemed to be experiencing an FEP and whose diagnosis is on the psychosis spectrum, including appropriate serious mental illnesses that warrant psychosis interventions best addressed by MI and CBT.

3. Did the state implement evidence-based programs using the set-aside? Describe below.

Yes. The Department has specifically cited Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) as the treatment modalities it will deploy utilizing the Five Percent Set-Aside. These treatment modalities have been identified as appropriate and effective for persons experiencing FEP. It has also been found that maximum effectiveness is attainable when the two modalities are deployed together. MI serves as the engagement modality and CBT serves as the therapy modality. A description of each treatment modality, as presented in the original proposal, is provided below for ease of reference.

Motivational Interviewing (MI): From the practitioner perspective, "MI is a person-centered counseling style for addressing the common problem about ambivalence about change." From the technical perspective, "MI is a collaborative, goal style of communication with particular attention to the language of change. It is designed to strengthen personal motivation and commitment to a specific goal by eliciting and exploring the person's own reason for change within an atmosphere of acceptance and compassion." This evidence-based practice is very effective with adolescents and young adults.

<u>Cognitive Behavioral Therapy (CBT)</u>: CBT is a form of psychotherapy that is present-focused, time limited and problem-solving oriented. Clients learn to "identify distorted thinking, modify thoughts, relate to others in different ways and change behaviors..." CBT is based on the cognitive model: the way we perceive situations influences how we feel emotionally. This evidence-based practice is useful with targeted populations.

In addition to each modality's individual benefits, the combination of the two also lends itself to ease of linkage with other program activities such as Dialectical Behavioral Therapy (DBT), Certified Peer Support Specialists (CPSS), Telemedicine, Mental Health Courts, Supported Apartments for Youth-in-Transition, Care Coordination for Youth and Families, and Individual Placement & Supported Employment (IPS). These value-added linkages enhance the total effectiveness of this approach – deploying a combined model of MI and CBT – and provide a return-on-investment that extends beyond the deployment of MI and CBT individually.

4. Did the state expand use of EBP's to any additional populations (other than its targeted population)? Describe below.

MI and CBT are currently deployed across the Department's community mental health system. The Department did not expand the use of either modality as both were fully implemented at the time of award.

5. Did the state identify alternative use of the funds other than EBP's (i.e. staff development, regional plan, etc.)? Describe below.

No. The Department cited in the RFP specific instructions related to the use of the awarded funds, as quoted below.

"The Five Percent Set-Aside will not be used to supplant existing positions. While current employees may assume the proffered roles, Federal funds may not be used to replace state, or other funds.

SCDMH will absorb the cost of any training, so that the Five Percent Set-Aside funds can be maximized by funding as many positions as possible. Any ancillary expenses will also be the responsibility of the responding CMHC, so that the Five Percent Set-Aside will only be used to fund salaries and fringe benefits."

6. Did the state complete the planned activities described in the plan? Describe below.

Yes. The planned activities described in the plan principally addressed the award of the Five Percent Set Aside funds and the implementation of their use. The funds have been awarded and the implementation is in progress.

7. Did the state use the 5% and was there any additional funding used? Request an updated budget and describe below.

Yes. According to the prescribed criteria from SAMHSA, the Department was expected to allocate \$333,585 for use toward FEP. The Department actually allocated \$350,000 of Mental Health Block Grant funds to the Five Percent Set Aside program and awarded the entire amount. However, due to the protracted approval process for the Department's proposal of how it intended to use the Five Percent Set Aside funds and the necessity to use the RFP process in order to equalize the opportunity for all of the Department's seventeen (17) CMHCs to have a fair chance at being awarded, the first year of use of said funds will only be a partial year.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH 2015 MHBG BEHAVIORAL HEALTH REPORT COLUMBIA, SOUTH CAROLINA

STATE BEHAVIORAL HEALTH ADVISORY COUNCIL

November 19, 2014

Ms. Virginia Simmons, Grants Management Officer Office of Financial Resources, Division of Grants Management Substance Abuse and Mental Health Services Administration I Choke Cherry Road, Room 7-1109 Rockville, Maryland 20857

Dear Ms. Simmons:

On behalf of the South Carolina Mental Health State Planning Council, I am pleased to report the activity of the State Planning Council for Fiscal Year 2014. Our State Planning Council includes representation from consumers, family members, consumer groups, community mental health centers, inpatient facilities, and a number of state agencies. It reflects a cross-cultural sample of the diversity of the greater population. The complete list of State Planning Council members is provided in the FY2014-2015 CMHS Block Grant Application.

The State Planning Council met five times in FY2014. Beginning in 2012, the State Planning Council changed its meeting frequency from quarterly to bi-monthly. We acknowledge and appreciate the focus that the State Director of Mental Health shares during each of our meetings.

Throughout the year, State Planning Council members have advocated for mental health services for adults with serious mental illness and for children and adolescents with serious emotional disorders. We have worked to learn about existing mental health services and to monitor, review and evaluate services via bi-monthly updates from the SCDMH Divisions of Administrative Services, Community Mental Health Services, and Inpatient Services, respectively.

In 2012, the State Planning Council reconvened its sub-committee structure and established a meeting schedule. At present, the sub-committees meet for approximately one hour prior to the general meeting of the State Planning Council. The sub-committee chairs then report on the activities of their respective groups. The subcommittees are Adult/Recovery, Legislative, and Child/Adolescent. They are comprised not only of State Planning Council members but also of subject-matter experts as both standing participants and invited guests.

In 2013, the State Planning Council began an informal evaluation of its overall structure. As a product of its evaluation and the resultant insights, the State Planning Council instituted the use of a State Planning Council Application, State Planning Council Member Description, and State Planning Council Invitation Letter. Also as a result of its evaluation, the State Planning Council established a Bylaws Review Committee to review said document and ensure that it and the State Planning Council were acting in concert. One deliverable from the Bylaws Review Committee was the recommended dissolution of the Adult/Recovery, Legislative, and Child/Adolescent sub-committees and the recommended establishment of the Mental Health Block Grant Review, Advocacy, and Outcomes Measurement sub-committees which better align the actions of the State Planning Council with its stated purpose in the Bylaws. As is evident across the years, the State Planning Council is constantly evaluating itself and evolving to ensure that it is functioning in a capacity that best serves the needs of the mental health continuum in South Carolina.

Therefore, it is with pleasure that the South Carolina Mental Health State Planning Council endorses the State Plan as it exists and reports on its own activities to support said plan. The South Carolina Mental Health State Planning Council and the South Carolina Department of Mental Health will continue to act in partnership to support the recovery of people with mental illness.

Sincerely,

Debbie Nieri, Chairperson

South Carolina Mental Health State Planning Council

MHBG Table 5 (URS Table 8) - Profile Of Community Mental Health Block Grant Expenditures For Non-Direct Service Activities

This table is used to describe the use of CMHS BG funds for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority

Service	Estimated Total Block Grant
MHA Technical Assistance Activities	\$
MHA Planning Council Activities	\$
MHA Administration	\$62,401
MHA Data Collection/Reporting	\$
MHA Activities Other Than Those Above	\$
Total Non-Direct Services	\$62,401
Comments on Data:	
Footnotes:	

MHBG Table 6 (URS Table 10) - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Entity Number	I- SATS ID (for SABG)	Area Served (Statewide or Sub- State Planning Area)	Provider/Program/Agency Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults with serious mental illness	CMHS Block Grant - G. Children with serious emotional disturbance
1		Statewide	Aiken MHC	1135 Gregg Hwy	Aiken	sc	29801						\$85,802.59	\$52,332.64
2		Statewide	Anderson MHC	200 McGee Rd.	Anderson	sc	29625						\$135,317.23	\$181,212.98
3		Statewide	Beckman MHC	1547 Parkway, Suite 100	Greenwood	sc	29646						\$193,342.33	\$336,517.81
1		Statewide	Berkeley MHC	403 Stoney Landing Rd.	Moncks Corner	SC	29464						\$96,705.59	\$44,835.11
5		Statewide	Catawba MHC	225 E Main St.	Rock Hill	SC	29730						\$228,551.25	\$170,008.45
ó		Statewide	Charleston MHC	2100 Charlie Hall Blvd.	Charleston	SC	29414						\$126,993.12	\$155,732.11
7		Statewide	Coastal MHC	1050 Ribaut Rd.	Beaufort	SC	29902						\$225,248.59	\$242,694.50
3		Statewide	Columbia MHC	2715 Colonial Dr.	Columbia	SC	29203						\$258,708.44	\$120,023.38
22		Sub-State Planning Area	Dee Norton RFP	1061 King St.	Charleston	SC	29403						\$0.00	\$12,866.00
20		Statewide	Federation of Families RFP	810 Dutch Square Blvd.	Columbia	SC	29210						\$0.00	\$57,800.00
)		Statewide	Greenville MHC	124 Mallard St.	Greenville	SC	29601						\$98,631.37	\$98,631.37
10		Statewide	Lexington MHC	301 Palmetto Park Blvd.	Lexington	SC	29072						\$225,633.66	\$43,228.30
19		Sub-State Planning Area	MHA Greenville	301 University Ridge	Greenville	SC	29601						\$46,757.00	\$0.00
23		Statewide	NAMI	P.O. Box 1267	Columbia	sc	29202						\$56,000.00	\$0.00
11		Statewide	Orangeburg MHC	2319 St. Matthews Rd.	Orangeburg	SC	29116						\$80,517.69	\$271,425.69
2		Statewide	Pee Dee MHC	125 E Chevez St.	Florence	sc	29506						\$107,599.40	\$107,599.40
3		Statewide	Piedmont MHC	20 Powerhorn Rd.	Simpsonville	SC	29681						\$165,031.98	\$276,079.53
18		Statewide	Projects and Grants (32)	2414 Bull St.	Columbia	SC	29202						\$1,000.00	\$126,000.00
14		Statewide	Santee MHC	215 N. Magnolia St.	Sumter	SC	29151						\$269,191.94	\$144,431.67
24		Statewide	SHARE	427 Meeting St.	West Columbia	SC	29169						\$53,547.00	\$0.00
15		Statewide	Spartanburg MHC	250 Dewey Dr.	Spartanburg	SC	29303						\$132,362.92	\$132,362.92
6		Statewide	Tri-County MHC	1035 Cheraw Hwy.	Bennettsville	SC	29512						\$117,135.63	\$117,135.63
7		Statewide	Waccamaw MHC	164 Waccamaw Med. Prk. Dr.	Conway	SC	29526						\$122,840.01	\$168,735.77

21	Sub-State Planning Area	Work-in-Progress	1413 Calhoun St.	Columbia	SC	29201						\$41,733.00	\$0.00
Total							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,868,650.74	\$2,859,653.26

Footnotes:			

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA											
Period	Expenditures	B1(2012) + B2(2013)									
(A)	(B)	(C)									
SFY 2012 (1)	\$63,834,842										
SFY 2013 (2)	\$66,940,745	\$65,387,794									
SFY 2014 (3)	\$69,027,628										

Are	the expenditure a	mounts reported in Co	olumn B "acti	ual" expenditures	s for the State fisca	I years involved?

SFY 2012	Yes	Χ	No	
SFY 2013	Yes	Χ	No	
SFY 2014	Yes	Χ	No	

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

footnote:	

MHBG Table 8A & 8B (URS Table 5A and 5B) - Profile of Clients by Type of Funding Support

Table 8A

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Medicaid (only Medicaid) Female Mal	Ava	ail	Female 49	Male	Not Avail	Female		Not	Female									а	vailable							
(only 15,149 14,38 Medicaid)	,384 4	29,537	49					Avail	Terriale	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
				30	0	31	32	0	6,382	7,143	0	0	1	0	7,725	6,059	0	0	0	0	278	356	0	684	763	4
Non- Medicaid Sources (only) 19,894 15,94	.944 8	35,846	57	51	0	82	64	0	5,856	5,304	1	6	3	0	13,160	9,897	4	0	0	0	85	68	0	648	557	3
People Served by Both Medicaid and Non- Medicaid Sources 6,45	453 3	3 13,598	24	15	0	20	23	0	3,307	3,469	0	1	0	0	3,548	2,674	2	0	0	0	61	58	0	181	214	1
Medicaid Status Not Available	032 0	1,883	1	3	0	5	8	0	351	502	0	0	0	0	478	497	0	0	0	0	3	3	0	13	19	0
Total Served 43,036 37,8	,813 15	5 80,864	131	99	0	138	127	0	15,896	16,418	1	7	4	0	24,911	19,127	6	0	0	0	427	485	0	1,526	1,553	8

Comments on Data (for Race):

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Table 8B

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

	Not Hispanic or Latino			Hi	Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total	
Medicaid Only	11,317	10,317	0	483	499	0	3,349	3,568	4	15,149	14,384	4	29,537	
Non-Medicaid Only	15,287	12,082	0	604	426	0	4,003	3,436	8	19,894	15,944	8	35,846	
People Served by Both Medicaid and Non-Medicaid Sources	5,447	4,704	0	181	168	0	1,514	1,581	3	7,142	6,453	3	13,598	
Medicaid Status Unknown	588	470	0	17	29	0	246	533	0	851	1,032	0	1,883	
Total Served	32,639	27,573	0	1,285	1,122	0	9,112	9,118	15	43,036	37,813	15	80,864	

\sim	omments on	Data	for [thnic	1+11	١.
U	OHIIIIeHUS OH	Data	(IOI E	UIIIII	ILY.).

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

Footnotes:			

MHBG Table 9 (URS Table 1) - Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. CMHS will provide this data to States based on the standardized methodology developed and published in the Federal Register and the State level estimates for both adults with SMI and children with SED.

	Current Report Teal	Tillee Teals Fol Walu
Adults with Serious Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		
Note: This Table will be completed for the States by CMHS.		
Footnotes:		

MHBG Table 10 (URS Table 12) - State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

Population Served

1. Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	in the data provided in the tables. (Check all that apply.)											
	Populations Covered: Included in Data											
		State Hospitals	Community Programs	State Hospitals	Community Programs							
1. Ag	ed 0 to 3	⑤ Yes	€ Yes	€ Yes	€ Yes							
2. Ag	ed 4 to 17	⊝ Yes	€ Yes	€ Yes	⊜ Yes							
3. Adı	ults Aged 18 and over	 ∀es	⊚ Yes	⊚ Yes	⊚ Yes							
4. For	ensics	 ∀es		⊚ Yes	⊚ Yes							
Comn	nents on Data:											
2.	Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?											
2.a.	If no, please indicate the percent serious emotional disturbance?	Serious	Mental Illness Emotional Disturbances the reporting period who r	met the federal definitions o	f serious mental illness and							
.a.1.	Percent of adults meeting Federa	al definition of SMI:		92.2 %								
.a.2.	Percentage of children/adolesce	nts meeting Federal defini	tion of SED:	90.2 %								
	Co-Occurring Mental Health and	Substance Abuse:										
l.a. l.a.1.	What percentage of persons served by the Percentage of adults served by the Percentage	-		_	and substance abuse? 25.6 %							
.a.2.	Percentage of children/adolescer	nts served by the SMHA wh	ho also have a diagnosis of	substance abuse problem:	2.8 %							
s.b.	b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse?											
.b.1.	Percentage of adults meeting Fe	deral definition of SMI wh	o also have a diagnosis of	substance abuse problem:	23.7 %							
3.b.2.	b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:											

4. State Mental Health Agency Responsibilities

3.b.3. Please describe how you calculate and count the number of persons with co-occurring

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

disorders.

	State Medicaid Operating Agency	ė				
	2. Setting Standards	<u>e</u>				
	3. Quality Improvement/Program Compliance	6				
	4. Resolving Consumer Complaints	6				
	5. Licensing	€				
	6. Sanctions	©				
	7. Other					
	b. Managed Care (Mental Health Managed Care)				prog	Data for these grams reported JRS Tables?
4.b.1	Does the State have a Medicaid Managed Care initiative	ve?	€	Yes	€	Yes
4.b.2 If yes, 4.b.3	Does the State Mental Health Agency have any respon through Medicaid Managed Care? please check the responsibilities the SMHA has: Direct contractual responsibility and oversight of the I	·	6	Yes		
4.b.4	Setting Standards for mental health services		€	Yes		
4.b.5	Coordination with state health and Medicaid agencies	S	6	Yes		
4.b.6	Resolving mental health consumer complaints			Yes		
4.b.7	Input in contract development		6	Yes		
4.b.8	Performance monitoring			Yes		
4.b.9	Other		9			
5.	Data Reporting: Please describe the extent to which y different parts of your mental health system. Please reacross your entire mental health system.					
	Are the data reporting in the tables?					
5.a. 5.b.	<u>Unduplicated:</u> counted once even if they were served community mental health agencies responsible for diff Duplicated: across state hospital and community progr	ferent geographic or programmatic areas.	ims a	and if they we	re served in	6
5.c.	Duplicated: within community programs					€
5.d.	Duplicated: Between Child and Adult Agencies					6
5.e.	Plans for Unduplication: If you are not currently able t system, please describe your plans to get unduplicated	·		•	ental health	
6.	Summary Administrative Data					
6.a.	Report Year:	SFY2014				
6.b.	State Identifier:	SC				
	Summary Information on Data Submitted by SMHA:	7/4/0040 40 00 00 AAA - //00/0044 40 00 00 0				
6.c.	Year being reported:	7/1/2013 12:00:00 AM to 6/30/2014 12:00:00 A	IVÍ			
6.d.	Person Responsible for Submission: Contact Phone Number:	Sarah Osborne 803-898-1413				
6.e. 6.f.	Contact Phone Number: Contact Address:	2414 Bull Street Columbia, SC 29202				
6.g.	E-mail:	SAO41@scdmh.org				
a.						

Footnotes:

MHBG Table 11 A and MHBG Table 11 B (URS Tables 2A and 2B) - Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 11A

гаріе гі		To	otal			ican Ir Iska N	ndian or ative		Asia	n		ack or Af America				aiian or Islander		White		data fo	nic [*] us or Tab t avail	se only if le 2b are lable		Than (Report	One Race ted	Race	Not Av	vailable
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	5,002	8,557	2	13,561	18	19	0	3	15	0	2,067	3,902	0	0	0	0	2,324	3,686	1	0	0	0	181	304	0	409	631	1
13-17 years	5,802	6,535	3	12,340	22	12	0	14	13	0	2,238	3,025	1	1	1	0	3,012	2,986	0	0	0	0	137	110	0	378	388	2
18-20 years	1,402	1,394	0	2,796	3	3	0	3	5	0	514	609	0	0	0	0	806	695	0	0	0	0	19	22	0	57	60	С
21-24 years	2,034	1,831	0	3,865	8	2	0	11	9	0	709	808	0	0	0	0	1,216	947	0	0	0	0	29	13	0	61	52	(
25-44 years	12,471	9,635	1	22,107	30	30	0	42	39	0	4,201	3,941	0	2	2	0	7,785	5,375	1	0	0	0	47	23	0	364	225	C
45-64 years	14,031	8,824	3	22,858	43	32	0	57	44	0	5,219	3,654	0	4	1	0	8,471	4,904	3	0	0	0	12	12	0	225	177	C
65-74 years	1,855	865	0	2,720	5	0	0	5	0	0	743	400	0	0	0	0	1,078	448	0	0	0	0	2	0	0	22	17	C
75+ years	438	167	1	606	2	1	0	3	2	0	204	76	0	0	0	0	219	84	1	0	0	0	0	1	0	10	3	C
Not Available	1	5	5	11	0	0	0	0	0	0	1	3	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	5
Total	43,036	37,813	15	80,864	131	99	0	138	127	0	15,896	16,418	1	7	4	0	24,911	19,127	6	0	0	0	427	485	0	1,526	1,553	8
Pregnant Women	0	0	0	0	0			0			0		•	0			0		•	0			0			0		

Are these numbers unduplicated?

Unduplicated

© Duplicated : between Hospitals and Community

Duplicated : Among Community Programs

Duplicated between children and adults

Cther: describe

Comments on Data (for Age):

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 11A.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 11B

1,423 7,536 6,509		248 220 32 69 349	Male 373 224 41 36 236	Not Available 0 0 0 0 0	1,325 1,583 323 359 2,010	2,312 1,749 368 372	Not Available 2 3 0 0	5,002 5,802 1,402 2,034	Male 8,557 6,535 1,394 1,831	Not Available 2 3 0	12,340 2,796
4,562 985 1,423 7,536	0 0 0	220 32 69 349	224	0 0	1,583 323 359	1,749 368 372	0	5,802	6,535	3	2,796
985 1,423 7,536	0 0	32 69 349	41	0	323	368	0	1,402	1,394	0	
1,423 7,536	0	69 349	36	0	359	372	0				2,796 3,865
7,536	0	349						2,034	1,831	0	3,865
			236	0	2,010	1 963	4				
6,509	0					1,003	1	12,471	9,635	1	22,107
		300	189	0	2,867	2,126	3	14,031	8,824	3	22,858
578	0	53	19	0	505	268	0	1,855	865	0	2,720
105	0	14	4	0	139	58	1	438	167	1	606
3	0	0	0	0	1	2	5	1	5	5	11
27,573	0	1,285	1,122	0	9,112	9,118	15	43,036	37,813	15	80,864
'		0		1	0			0	0	0	0
									•		
I											
2	7,573	7,573 0									

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	
Footnotes:	

MHBG Table 12 (URS Table 3) - Profile Of Persons Served In The Community Mental Health Settings, State Psychiatric Hospitals And Other Settings

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Service Setting		Age 0-1	7		Age 18-	20		Age 21-	64		Age 65	+	Age Not Available			Total							
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total				
Community Mental Health Programs	10,779	15,062	5	1,394	1,378	0	28,383	19,751	4	2,278	992	1	1	5	5	42,835	37,188	15	80,038				
State Psychiatric Hospitals	154	230	0	33	63	0	573	1,043	1	24	53	0	0	0	0	784	1,389	1	2,174				
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Residential Treatment Centers	0	26	0	0	4	0	0	0	0	0	0	0	0	0	0	0	30	0	30				

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Data for those inpatient in the Sexual Violent Predator and forensic programs are included under State Hospital.

Footnotes:			

MHBG Tables 13 A, B, C (URS Tables 14A/14B) - Profile of Persons With SMI/SED Served by Age, Gender and Race/Ethnicity

Table 13A,B

This is a developmental table similar to Table 2A. and 2B. This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. Table 2A. and 2B. included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as Tables 2A. and 2B. For 2007, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definition. Please report the data under the categories listed - "Total" are calculated automatically.

		Т	otal			ican Ir iska N	ndian or ative		Asia	n		ck or A Americ				raiian or : Islander		White	е	data	for Ta	se only if ble 14b ailable		Than (Report	One Race ted	Race	Not A	vailable
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	4,282	7,766	2	12,050	17	19	0	3	13	0	1,792	3,587	0	0	0	0	1,989	3,312	1	0	0	0	147	267	0	334	568	1
13-17 years	5,357	5,946	3	11,306	20	12	0	14	13	0	2,043	2,780	1	0	1	0	2,809	2,692	0	0	0	0	130	97	0	341	351	2
18-20 years	1,227	1,094	0	2,321	3	2	0	3	5	0	428	474	0	0	0	0	727	543	0	0	0	0	18	19	0	48	51	0
21-64 years	26,995	18,162	3	45,160	78	51	0	107	85	0	9,657	7,682	0	6	3	0	16,467	9,892	3	0	0	0	78	41	0	602	408	0
65-74 years	1,810	810	0	2,620	5	0	0	5	0	0	729	380	0	0	0	0	1,047	414	0	0	0	0	2	0	0	22	16	0
75+ years	426	149	1	576	2	1	0	3	2	0	200	72	0	0	0	0	213	70	1	0	0	0	0	1	0	8	3	0
Not Available	1	1	0	2	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	40,098	33,928	9	74,035	125	85	0	135	118	0	14,850	14,976	1	6	4	0	23,252	16,923	5	0	0	0	375	425	0	1,355	1,397	3
Comment	s on Dat	ta (for A	Age):		,													•						•				
Comment	s on Da	ta (for (Gender):																									
Comment	s on Dat	ta (for F	Race/Ethn	icity):																								
Comment	s on Dat	ta (Ove	rall):																									

Jm	Yes	jm	No	Adults with SMI, if No describe or attach state definition:	The number of adults w
				Diagnoses included in the state SMI definition:	All diagnoses that quali

The number of adults with a SMI qualifying diagnoses.	5
	6
All III	
All diagnoses that qualify as SMI	5

<u> </u>	Yes	m	No	Children with SED, if No describe or attach state definiti	ior

The number of children with a SED qualifying diagnosis.

Diagnoses included in the state SED definition:

All diagnoses that qualify as SED

Table 13C

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A. Please report the data under the categories listed - "Total" are calculated automatically.

	Not H	lispanic or l	atino	Hispanic or Latino Hispanic or Latino Origin Not Available Total			Hispanic or Latino Origin Not Available		tal				
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	2,927	5,284	0	203	340	0	1,152	2,142	2	4,282	7,766	2	12,05
13-17 years	3,696	4,152	0	202	198	0	1,459	1,596	3	5,357	5,946	3	11,30
18-20 years	926	789	0	28	34	0	273	271	0	1,227	1,094	0	2,32
21-64 years	21,368	14,019	0	681	417	0	4,946	3,726	3	26,995	18,162	3	45,16
65-74 years	1,265	553	0	52	19	0	493	238	0	1,810	810	0	2,62
75+ years	274	94	0	13	4	0	139	51	1	426	149	1	57
Not Available	0	0	0	0	0	0	1	1	0	1	1	0	
Total	30,456	24,891	0	1,179	1,012	0	8,463	8,025	9	40,098	33,928	9	74,03
Comments on Data (f	or Age):					ı							
Comments on Data (f	or Gender):												
Comments on Data (f	or Race/Ethni	city):											
Comments on Data (C	verall):												

Footnotes:			

MHBG Table 14 (URS Table 6) - Profile of Client Turnover

Profile of Service Utilization	Total Served at Admission Beginning of During the Year year (unduplicated) (duplicated		Discharges During the year (duplicated)	Length o Days): Di Pati	f Stay (in scharged ents	for 1 Yea Average I Stay (ir Residents	s in Facility r or Less: Length of h Days): at end of ear	For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year		
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median	
State Hospitals	617	1,746	1,722	0	0	0	0	0	0	
Children (0 to 17 years)	20	396	389	26	16	31	18	0	0	
Adults (18 yrs and over)	597	1,350	1,333	119	21	107	63	1,777	1,433	
Age Not Available	0	0	0	0	0	0	0	0	0	
Other Psychiactric Inpatient	0	0	0	0	0	0	0	0	0	
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0	
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0	
Age Not Available	0	0	0	0	0	0	0	0	0	
Residential Tx Centers	11	20	24	0	0	0	0	0	0	
Children (0 to 17 years)	8	19	20	125	112	93	83	0	0	
Adults (18 yrs and over)	3	1	4	130	140	0	0	0	0	
Age Not Available	0	0	0	0	0	0	0	0	0	
Community Programs	44,714	43,012	0	0	0	0	0	0	0	
Children (0 to 17 years)	11,853	16,485								
Adults (18 yrs and over)	32,861	26,509								
Age Not Available	0	18								

Comments on Data (State Hospital):

There are no children in the State Hospital for a period longer than one year. State Hospital data includes Forensic population and the Sexually Violent Predator Program (SVP). Increase in State Hospital admissions due to increase in number of beds.

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment):

There are no children in residential treatment for a period longer than one year.

Comments on Data (Community Programs):		
Comments on Data (Overall):		
Footnotes:		

MHBG Table 15 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services During the Year

This table provides a profile of adults with serious mental illness receiving specific evidence-based practices in the reporting year. The reporting year should be the latest state fiscal year for which data are available.

ADULTS WITH SERIOUS MENTAL ILLNESS

	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co- occurring Disorders (MH/SA)	Receiving Illness Self Management and Recovery	Receiving Medication Management
Age				
18-20	0	0	0	0
21-64	0	0	0	0
65-74	0	0	0	0
75+	0	0	0	0
Not Available	0	0	0	0
TOTAL	0	0	0	0
Gender				
Female	0	0	0	0
Male	0	0	0	0
Not Available	0	0	0	0
Race				
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
White	0	0	0	0

Hispanic .	0	0	0	0
More Than One Race	0	0	0	0
Unknown	0	0	0	0
Hispanic / Latino Origin				
Hispanic / Latino origin	0	0	0	0
Non Hispanic / Latino	0	0	0	0
Not Available	0	0	0	0
Do you monitor fidelity for this service?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No
IF YES,				
What fidelity measure do you use?				
Who measures fidelity?				
How often is fidelity measured?				
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No
Have staff been specifically trained to implement the EBP?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No
*Hispanic is part of the total served. jm Yes jm No				
Comments on Data (overall):				
This table is not reported.				
Comments on Data (Family Psychoeducation):				
Comments on Data (Integrated Treatment for Co-occurrir	ng Disorders):			
Comments on Data (Illness Self Management and Recove	ry):			
Comments on Data (Medication Management):				
*Hispanic: Only use the "Hispanic" row under Race if data for F	Hispanic as a Ethnic Orig	nin are not available		

Footnotes:

MHBG Table 16A (URS Table 4) - Profile of Adult Clients By Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force"). Unemployed refers to persons who are looking for work but have not found employment.

Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Adults Served		18-20			21-64			65+		Ag	e Not Availa	ble		Tota	al	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	109	65	0	3,316	2,027	0	102	35	0	0	0	0	3,527	2,127	0	5,654
Unemployed	408	367	0	12,780	8,454	0	459	182	0	0	2	0	13,647	9,005	0	22,652
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	678	737	0	7,833	5,733	0	1,262	555	0	0	1	0	9,773	7,026	0	16,799
Not Available	199	209	0	4,454	3,537	0	455	220	0	0	2	0	5,108	3,968	0	9,076
Total	1,394	1,378	0	28,383	19,751	0	2,278	992	0	0	5	0	32,055	22,126	0	54,181

How Often Does your State Measure Employment Status?

When there is a change.

What populations are included: jm All clients jm Only selected grou	ıps, describe:	
Comments on Data (for Age):		
Comments on Data (for Gender):		
Comments on Data (Overall):		
Footnotes:		

MHBG Table 16B (URS Table 4A) - Profile of Adult Clients By Employment Status: By Primary Diagnosis Reported

The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (295)	716	4,168	5,263	1,965	12,112
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	3,309	12,391	7,426	3,899	27,025
Other Psychoses (297, 298)	173	1,067	723	457	2,420
All Other Diagnoses	1,335	4,640	3,132	2,463	11,570
No Dx and Deferred DX (799.9, V71.09)	121	386	255	292	1,054
Diagnosis Total	5,654	22,652	16,799	9,076	54,181

Comments on Data (for Diagnosis):

Footno	otes:		

MHBG Table 17 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period

All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	22,981	1,115	536	0	26	51	19	16	184	969	25,897
18-64	43,344	63	2,655	0	4	653	653	928	157	3,169	51,626
65+	2,604	1	411	0	0	92	12	5	10	191	3,326
Not Available	12	1	0	0	0	0	0	0	0	2	15
TOTAL	68,941	1,180	3,602	0	30	796	684	949	351	4,331	80,864
Female											
	37,515	577	1,715	0	0	238	140	379	178	2,294	43,036
Male	31,414	603	1,886	0	30	558	544	570	173	2,035	37,813
Not Available	12	0	1	0	0	0	0	0	0	2	15
TOTAL	68,941	1,180	3,602	0	30	796	684	949	351	4,331	80,864
th Carolina			OMB No.	0930-0168 Ap	proved: 05/21/20	1 13 Expires: 05/31/	/2016			Page	90 of 116

American Indian/Alaska Native	197	3	10	0	0	2	0	2	0	16	230
Asian	218	0	12	0	0	6	4	3	0	21	264
Black/African American	27,663	488	1,681	0	7	397	271	374	145	1,286	32,312
Hawaiian/Pacific Islander	11	0	0	0	0	0	0	0	0	0	11
White/Caucasian	37,366	556	1,790	0	21	376	401	541	191	2,796	44,038
Hispanic *	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	780	62	22	0	1	2	1	8	6	30	912
Race/Ethnicity Not Available	2,706	71	87	0	1	13	7	21	9	182	3,097
TOTAL	68,941	1,180	3,602	0	30	796	684	949	351	4,331	80,864

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	2,130	26	72	0	0	13	9	7	8	120	2,385
Non Hispanic or Latino Origin	51,871	834	2,682	0	16	327	453	830	289	2,701	60,003
Hispanic											

or Latino Origin Not Available	14,940	320	848	0	14	456	222	112	54	1,510	18,476
TOTAL	68,941	1,180	3,602	0	30	796	684	949	351	4,331	80,864

Comments on Data:	Services are provided across the system in jails and correctional facilities which may account for increased numbers of people with this living arrangement.
How Often Does your State Measure Living Situation?	At Admission At Discharge Monthly Quarterly Other: Describe When changed

^{*}Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available

Footnotes:			

MHBG Table 18 (URS Table 19B) - Profile of Change in School Attendance

- 1. This is a developmental measure. To assist in the development process, we are asking states to report information on the school attendance outcomes of mental health consumers with their December 2007 MHBG submission.
- 2. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.
- 3. If your SMHA has data on School Attendance from alternative sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in the Attendance from T1 to T2, please use all these columns.
- 4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
- 5. Please tell us anything else that would help us to understand your indicator (e. g., list survey or MIS questions; describe linking methodology and data sources; specifiy time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

		T1			T2		T1 to T2 Change				Impact of Services							
	"T1" Prior 12 months (more than 1 year ago) "T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 If Not Suspended at T1 (Prior 12 Months)				Over the last 12 months, the number of days my child was in school have										
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	113	294	30	123	288	26	84	29	0	38	253	3	93	149	32	104	59	437
Gender	Sender																	
Female	26	105	11	30	103	9	20	6	0	10	95	0	25	41	13	39	24	142
Male	67	151	13	73	145	13	48	19	0	24	125	2	54	85	13	50	29	231
Not Available	20	38	6	20	40	4	16	4	0	4	33	1	14	23	6	15	6	64
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

		T1	Т2	T1 to T2	? Change	Impact of Services
		"T1" 12 months prior to beginning services	"T2" Since Beginning Services (this year)	If Suspended at T1 (Prior 12 Months)	If Not Suspended at T1 (Prior 12 Months)	Since starting to receive MH Services, the number of days my child was in school have
So	uth Caro	lina	OMB No. (0930-0168 Approved: 05/21/20	013 Expires: 05/31/2016	Page 93 of 116

	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	91	366	39	87	378	31	45	42	4	39	326	1	86	152	48	151	59	496
Gender																		
Female	20	148	21	22	151	16	7	13	0	14	133	1	31	59	10	64	25	189
Male	59	159	10	53	168	7	32	25	2	19	140	0	41	71	23	68	25	228
Not Available	12	59	8	12	59	8	6	4	2	6	53	0	14	22	15	19	9	79
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Source of	School Atten	dance Inform	ation:	9	Consumer sur State Educati		nended items)	_		ase send us ite		9	3. Mental 6. Other (s	health MI:	S		
Measure o	of School Atte	endance:		jm 1.5	School Atten	dance			jm 2. Othe	er (specify):								
Mental he	alth program	ns include:		€ 1.0	Children with	SED only			© 2. Othe	er Children (sp	pecify)		6	3. Both				
Region for which data are reported: 1. The whole state 2. Less than the whole state (please describe)																		
	e Total Numl Adolescents:	ber of Person	s Surveyed	or for whom	School Atten	dance Data	Are Reported	1 ?										
1. If data	is from a sur	vey, what is t	he total nur	nber of peopl	e from which	the sample	was drawn?											
	-		•	viduals were														
3. How many survey contacts were made? (surveys to valid phone numbers or addresses)																		

- 4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?
- 5. What was your response rate? (number of Completed surveys divided by number of Contacts) State Comments/Notes:

Footnotes:	

MHBG Table 19 (URS Table 9) - Social Connectedness and Improved Functioning

Adult Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness	2,656	3,948	67%
2. Functioning	2,869	4,194	68%
Child/Adolescent Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness	1,385	1,598	87%
4. Functioning	1,052	1,675	63%
Comments on Data:			

Adult Social	Connectedness	and Functioning	Maggiras
Adult Social	Connectedness	and Functioning	ivieasures

Addit Social Connectedness and Functioning Measures	
Did you use the recommended new Social Connectedness Questions?	jm Yes jm No
	Measure used
2. Did you use the recommended new Functioning Domain Questions?	jm Yes jm No
	Measure used
3. Did you collect these as part of your MHSIP Adult Consumer Survey?	jm Yes jm No
	If No, what source did you use?

6. Did you collect these as part of your YSS-F Survey?

Child/Family Social Connectedness and Functioning Measures 4. Did you use the recommended new Social Connectedness Questions? jm Yes jm No Measure used 5. Did you use the recommended new Functioning Domain Questions? jm Yes jm No Measure used

jm Yes jm No If No, what source did you use?

Footnotes:

MHBG Table 20A (URS Table 11) - Summary Profile of Client Evaluation of Care

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
Reporting Positively About Access.	3,613	4,254	1.44
2. Reporting Positively About Quality and Appropriateness for Adults	3,770	4,248	1
3. Reporting Positively About Outcomes.	2,869	4,206	1
4. Adults Reporting on Participation In Treatment Planning.	3,346	4,236	1
5. Adults Positively about General Satisfaction with Services.	3,773	4,250	1

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
Reporting Positively About Access.	1,458	1,680	2
2. Reporting Positively about General Satisfaction for Children.	1,427	1,685	2
3. Reporting Positively about Outcomes for Children.	1,046	1,675	2
Family Members Reporting on Participation In Treatment Planning for their Children	1,491	1,681	2
5. Family Members Reporting High Cultural Sensitivity of Staff.	1,578	1,681	2

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Comments on Data: See General Notes.

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used?

1.a. If no, which version:

Original 40 Item Version jm Yes
 21-Item Version jm Yes
 State Variation of MHSIP jm Yes
 Other Consumer Survey jm Yes

1.b. If other, please attach instrument used.

^{*} Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.

1.c. Did you use any translations of the MHSIP into another language?

6 1. Spanish

2. Other Language:

Adult Survey Approach

- 2. Populations covered in survey? (Note all surveys should cover all regions of state)
- 1. All Consumers In State 2. Sample of MH Consumers

- 2.a. If a sample was used, what sample methodology was used?
 - 1. Random Sample
 - 2. Stratified / Random Stratified Sample
 - 3. Convenience Sample
 - 4. Other Sample:
- 2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?
- 5 1. Persons Currently Receiving Services
- € 2. Persons No Longer Receiving Services
- 3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.) 📙 1. All Adult Consumers In State

 - e 2. Adults With Serious Mental Illness
 - € 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care
 - 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	€ Yes	e Yes
Mail	e Yes	
Face-to-face	€ Yes	e Yes
Web-Based	e Yes	e Yes

- 4.b. Who administered the Survey? (Check all that apply)
- € 1. MH Consumers
- e 2. Family Members
- 3. Professional Interviewers
- 6 4. MH Clinicians
- 5. Non Direct Treatment Staff
- € 6. Other, describe:
- 5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases? 🛛 👸 1. Responses are Anonymous

	© 2. Responses are Confidential
	§ 3. Responses are Matched to Client Databases
6. Sample Size and Response Rate	
6.a. How Many Surveys were Attempted (sent out or calls initiated)?	6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?6.c. How many surveys were completed? (survey forms returned or calls completed)
4,279	6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)
If you receive "blank" surveys back from consumers (surveys with no responses on the	6.e. nem), did you count these surveys as "completed" for the calculation of response rates?
7. Who Conducted the Survey	
7.a. SMHA Conducted or contracted for the Survey (survey done at state level)	j _m Yes j _m No
 Local Mental Health Providers/County mental health providers conducted or (survey was done at the local or regional level) 	r contracted for the survey jm Yes jm No
7.c. Other, describe:	
* Report Confidence Intervals at the 95% confidence level	
can be 95% certain; the 99% confidence level means you can be 99% certain. Most research	esents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you
Used?	urvey did you use?
If no, please attach instrument used.	artoy and you doe.
1.c. Did you use any translations of the Child MHSIP into another language?	₱ 1. Spanish
	© 2. Other Language:
Child Survey Approach	
2. Populations covered in survey? (Note all surveys should cover all regions of state)	力 1. All Consumers In State 力 2. Sample of MH Consumers
2.a. If a sample was used, what sample methodology was used? jm 1. Randor	m Sample
j _™ 2. Stratifie	ed / Random Stratified Sample
j _™ 3. Conver	nience Sample
j _m 4. Other S	Sample:
2.b. Do you survey only people currently in services, or do you also Survey Perso	ns no longer in service? 👂 1. Persons Currently Receiving Services
	e 2. Persons No Longer Receiving Services
2a. If yes to 2, please describe how your survey persons no longer receiving	services.

3. Please Describe the populations included in your sample: (e.g.	g., all children, only	children with SED, etc.)	6 1. All Child	ld Consumers In State
			e 2. Children	en with Serious Emotional Disturbances
			e 3. Children	en who were Medicaid Eligible or in Medicaid Managed Care
			e 4. Other, d	describe (for example, if you survey anyone served in the last 3 months, describe that here):
4. Methodology of collecting data? (Check all that apply)		Self-Administered	Interview	
	Phone	€ Yes	e Yes	
	Mail	e Yes		
	Face-to-face	€ Yes	⊚ Yes	
	Web-Based	e Yes	e Yes	
4.b. Who administered the Survey? (Check all that apply)		umers	_	
	e 2. Family Me	embers		
	a. Profession	nal Interviewers		
	6 4. MH Clinic	ians		
	5. Non Direc	t Treatment Staff		
	6. Other, de	scribe:		
5. Are Responses Anonymous, Confidential and/or Linked to ot	her Patient Databas		e Anonymous	
		a 2. Responses are	e Confidential	
		e 3. Responses are	e Matched to Clier	ent Databases
6. Sample Size and Response Rate				
6.a. How Many Surveys were Attempted (sent out or calls	initiated)?		6.b. How ma	nany survey Contacts were made? (surveys to valid phone numbers or addresses)?
1,702			6.c. Ho	How many surveys were completed? (survey forms returned or calls completed) What was your response rate? (number of Completed surveys divided by number of Contacts
If you receive "blank" surveys back from consumers (surveys v	vith no responses o	n them), did you count thes	6.e. e surveys as "com	mpleted" for the calculation of response rates?
7. Who Conducted the Survey				
7.a. SMHA Conducted or contracted for the Survey (survey	, done at state leve	1)	res Yes	s j _m No
7.b. Local Mental Health Providers/County mental health (survey was done at the local or regional level)			,	
7.c. Other, describe:				

Footnotes:			

MHBG Table 20B (URS Table 11A) - Consumer Evaluation of Care By Consumer Characteristics: Race/Ethnicity

Adult Consumer Survey Results:

*State used the 2 question version for Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about m No Hispanic Origin Hispanic Origin/Status

Indicators	Т	otal		n Indian or a Native	A	sian		Black or African American		awaiian or Pacific Inder	White		More than One Race Reported		Other / Not Available		Hispanic Origin [*]	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	3,613	4,254	39	52	9	12	1,263	1,452	9	12	1,738	2,045	52	66	503	615	0	0
Reporting Positively About Quality and Appropriateness.	3,770	4,248	44	51	9	12	1,306	1,451	7	12	1,809	2,042	54	66	541	614	0	0
3. Reporting Positively About Outcomes.	2,869	4,206	33	51	7	12	1,096	1,443	4	12	1,297	2,027	43	65	389	596	0	0
Reporting Positively about Participation in Treatment Planning	3,346	4,236	40	51	11	12	1,158	1,444	8	12	1,621	2,037	49	66	459	614	0	0
5. Reporting Positively about General Satisfaction	3,773	4,250	42	52	10	12	1,289	1,450	8	12	1,845	2,044	56	66	523	614	0	0
6. Social Connectedness	2,656	3,948	25	51	8	11	1,023	1,365	6	12	1,165	1,866	41	66	388	577	0	0
7. Functioning	2,869	4,194	27	51	8	12	1,099	1,441	5	12	1,289	2,020	42	65	399	593	0	0

Child/Adolescent Family Survey Results:

*State used the 2 question version for Yes Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about jm No Hispanic Origin Hispanic Origin/Status

	Indicators	Total		Total American Indian or Alaska Native		Asian			Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		ic Origin •
		# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
	Reporting Positively About Access.	1,458	1,680	9	10	3	4	455	510	1	1	636	739	73	88	281	328	0	0
Sou	Reporting Positively About General	1.427	1.685	10	11		4 No 0930-	451 0168 Ar	510 pproved: 0	5/21/20	13 Expire	621 s: 05/31/	741 (2016	68	88	272	330	Pac	ne 101 of 1

South Carolina OMB No. 0930-0168 Approved: 05/21/2013 Expires: 05/31/2016

Page 101 of 116

Satisfaction																		
Reporting Positively About Outcomes.	1,046	1,675	6	11	4	4	334	510	1	1	441	735	56	88	204	326	0	0
Reporting Positively Participation in Treatment Planning for their Children.	1,491	1,681	8	11	4	4	457	509	1	1	657	740	74	87	290	329	0	0
Reporting Positively About Cultural Sensitivity of Staff.	1,578	1,681	11	11	4	4	487	510	1	1	689	740	81	88	305	327	0	0
6. Social Connectedness	1,385	1,598	7	11	3	4	455	507	0	1	633	735	73	88	214	252	0	0
7. Functioning	1,052	1,675	6	11	4	4	340	510	1	1	439	735	56	88	206	326	0	0

Commen	ts (on l	Dat	ia
--------	------	------	-----	----

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Footnotes:			

MHBG Table 21 (URS Table 19A) - Profile Of Criminal Justice Or Juvenile Justice Involvement

- 1. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
- 2. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
- 3. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

		T1			T2				T1 to T2	Change			Assessment of the Impact of Services					
		or 12 mont an 1 year a	•	"T2" Mo	st Recent 1 (this year)		If Arres	If Arrested at T1 (Prior 12 If Not Arrested at T1 (Prior 12 Months) (Prior 12 Months)					Over the last 12 months, my encounters with the police have					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	159	2274	121	128	2293	133	59	96	4	66	2162	46	215	144	41	1901	253	2554
Total Children/Youth (under age 18)	12	399	26	16	393	28	5	7	0	11	378	10	29	19	9	342	38	437
Female	5	127	10	8	121	13	2	3	0	6	116	5	7	9	3	110	13	142
Male	5	215	11	7	213	11	3	2	0	4	207	4	16	9	4	187	15	231
Not Available	2	57	5	1	59	4	0	2	0	1	55	1	6	1	2	45	10	64
Total Adults (age 18 and over)	147	1875	95	112	1900	105	54	89	4	55	1784	36	186	125	32	1559	215	2117
Female	84	1037	44	49	1067	49	28	53	3	19	1001	17	93	47	16	898	111	1165
Male	47	642	27	56	623	37	22	24	1	33	595	14	78	63	14	498	63	716
Not Available	16	196	24	7	210	19	4	12	0	3	188	5	15	15	2	163	41	236

For Consumers Who Began Mental Health Services during the past 12 months

	Т1	T2	T1 to T2	Change	Assessment of the Impact of Services	
	"T1" 12 months prior to	"T2" Since Beginning Services	If Arrested at T1 (Prior 12	If Not Arrested at T1	Since starting to receive MH Services, my encounters with the police	
South Carolina	beginning services	(this year) OMB No. 0930-0168	Months) Approved: 05/21/2013	(Prior 12 Months) Expires: 05/31/2016	Page 103 of 116	6

	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	110	1151	135	64	1219	113	29	78	3	31	1104	16	147	75	30	964	180	1396
Total Children/Youth (under age 18)	24	443	29	9	466	21	6	18	0	3	434	6	46	15	10	369	56	496
Female	5	168	16	2	175	12	1	4	0	1	165	2	17	1	4	142	25	189
Male	15	207	6	6	218	4	4	11	0	2	203	2	24	8	5	175	16	228
Not Available	4	68	7	1	73	5	1	3	0	0	66	2	5	6	1	52	15	79
Total Adults (age 18 and over)	86	708	106	55	753	92	23	60	3	28	670	10	101	60	20	595	124	900
Female	32	439	41	14	463	35	4	25	3	9	425	5	39	25	11	386	51	512
Male	46	209	42	32	228	37	14	32	0	17	190	2	55	29	5	166	42	297
Not Available	8	60	23	9	62	20	5	3	0	2	55	3	7	6	4	43	31	91

Time period in which services were received:

FY 2014

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information: 6 1. Consumer survey (recommended e 2. Other Consumer Survey: Please send copy of 3. Mental health MIS questions) questions 6. Other (specify) State criminal justice agency 5. Local criminal justice agency Sources of children/youth criminal justice 1. Consumer survey (recommended 2. Other Consumer Survey: Please send copy of 3. Mental health MIS information: questions) questions 4. State criminal/juvenile justice agency 6 5. Local criminal/juvenile justice agency 6. Other (specify) Measure of adult criminal justice involvement: 1. Arrests 2. Other (specify) Measure of children/youth criminal justice 1. Arrests 2. Other (specify) involvement: Mental health programs included: 1. Adults with SMI only e 2. Other adults (specify) 3. Both (all adults) 1. Children with SED only e 2. Other Children (specify) 3. Both (all Children) 1. The whole state Region for which adult data are reported: 2. Less than the whole state (please describe) 1. The whole state Region for which children/youth data are reported: 2. Less than the whole state (please describe)

Child/Adolescents Adults

- 1. If data is from a survey, What is the total Number of people from which the sample was drawn?
- 2. What was your sample size? (How many individuals were selected for the sample)?
- 3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)
- 4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?
- 5. What was your response rate? (number of Completed surveys divided by number of Contacts)

State Comments/Notes:

Footnotes:		

MHBG Table 22 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Age	Adults with	Serious Mental	Illness (SMI)		Children with	Serious Emo	tional Disturb	ance (SED)
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicate N - Children with SED
0-12 years	0	0	0	0	0	0	0	12,050
13-17 years	0	0	0	0	0	0	0	11,306
18-20 years	0	0	0	0	0	0	0	0
21-64 years	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0
Not Available	0	339	0	50,677	0	0	0	2
Total Carolina	0	339 OMB No.	0 .0930-0168 Appro	50,677 ved: 05/21/2013 Exp	0 ires: 05/31/2016	0	0	23,358 Page 10

Gender	Adults with	Serious Mental I	Ilness (SMI)		Children with Serious Emotional Disturbance (SED)				
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED	
Female	0	0	0	0	0	0	0	9,640	
Male	0	0	0	0	0	0	0	13,713	
Not Available	0	339	0	50,677	0	0	0	5	

Ethnicity	Adults with	Serious Mental I	IIIness (SMI)		Children with Serious Emotional Disturbance (SED)				
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED	
American Indian / Alaska Native	0	0	0	0	0	0	0	68	
Asian	0	0	0	0	0	0	0	43	
Black / African American	0	0	0	0	0	0	0	10,205	
Hawaiian / Pacific Islander	0	0	0	0	0	0	0	1	
h Caralina		OMD No	0000 0400 Anne	 	 			Dog 107	

White	0	0	0	0	0	0	0	10,803
Hispanic *	0	0	0	0	0	0	0	0
More than one race	0	0	0	0	0	0	0	641
Not Available	0	339	0	50,677	0	0	0	1,597

Hispanic/Latino Origin	Adults with	Serious Mental I	Ilness (SMI)		Children with Serious Emotional Disturbance (SED)				
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED	
Hispanic / Latino origin	0	0	0	0	0	0	0	943	
Non Hispanic / Latino	0	0	0	0	0	0	0	16,059	
Not Available	0	339	0	50,677	0	0	0	6,356	

Supported Employment Assertive N - Adults Therapeutic Multi- Family N - Ch	Fotal unduplicated N - Children with SED

Do you monitor fidelity for this service?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	
IF YES,							
What fidelity measure do you use?		Dartmouth Model					
Who measures fidelity?		Central Office					
How often is fidelity measured?		Annually					
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	
Have staff been specifically trained to implement the EBP?	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	jm Yes jm No	

*	Hispanic i	S	part	of	the	total
SI	erved					

jm Yes jm No

Comments on Data (overall):

Comments on Data (Supported Housing):

Comments on Data (Supported

Employment):

We receive this data only in the aggregate so we do not have demographic information.

Comments on Data (Assertive

Community Treatment):
Data for ACT not available this year

Comments on Data (Theraputic

Foster Care):

Comments on Data (Multi-Systemic Therapy): Data for MST not available this year
Comments on Data (Family Functional Therapy):
* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available
Footnotes:

MHBG Table 23A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		or of Readmissions to ANY Percent R TATE Hospital within	
		30 days	180 days	30 days	180 days
TOTAL	1285	38	156	2.96 %	12.14 %
Age					
0-12 years	77	1	6	1.30 %	7.79 %
13-17 years	251	2	17	0.80 %	6.77 %
18-20 years	79	1	4	1.27 %	5.06 %
21-64 years	858	34	124	3.96 %	14.45 %
65-74 years	17	0	4	0.00 %	23.53 %
75+ years	3	0	1	0.00 %	33.33 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	558	14	66	2.51 %	11.83 %
Male	725	24	90	3.31 %	12.41 %
Gender Not Available	2	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	1	0	0	0.00 %	0.00 %
Asian	7	0	0	0.00 %	0.00 %
Black/African American	429	12	58	2.80 %	13.52 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	811	25	95	3.08 %	11.71 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	37	1	3	2.70 %	8.11 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	23	0	2	0.00 %	8.70 %
Non Hispanic/Latino	526	26	94	4.94 %	17.87 %
Hispanic/Latino Origin Not Available	736	12	60	1.63 %	8.15 %

Are Forensic Patients Included? Yes jm No

Comments on Data:

Increase in available beds may account for an increase in the 180 day readmission rate.

*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Footnotes:

MHBG Table 23B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number Number of Readmissions to ANY of Discharges STATE Hospital within in Year		Percent Readmitted		
	III I Cai	30 days	180 days	30 days	180 days
TOTAL	240	7	32	2.92 %	13.33 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	19	0	2	0.00 %	10.53 %
18-20 years	15	0	1	0.00 %	6.67 %
21-64 years	195	5	26	2.56 %	13.33 %
65-74 years	8	2	3	25.00 %	37.50 %
75+ years	3	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	32	1	6	3.13 %	18.75 %
Male	208	6	26	2.88 %	12.50 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	2	0	0	0.00 %	0.00 %
Black/African American	134	4	20	2.99 %	14.93 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	100	3	12	3.00 %	12.00 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	4	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	6	0	0	0.00 %	0.00 %
Non Hispanic/Latino	18	1	2	5.56 %	11.11 %
Hispanic/Latino Origin Not Available	216	6	30	2.78 %	13.89 %

Comments on Data:

Footnotes:

MHBG Table 24 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within		Percent R	eadmitted
		30 days	180 days	30 days	180 days
TOTAL	0	0	0	0.00 %	0.00 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	0	0	0	0.00 %	0.00 %
21-64 years	0	0	0	0.00 %	0.00 %
65-74 years	0	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	0	0	0	0.00 %	0.00 %
Male	0	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	0	0	0	0.00 %	0.00 %
Black/African American	0	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	0	0	0	0.00 %	0.00 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %

^{1.} Does this table include readmission from state $\mbox{\it jm}$ Yes $\mbox{\it jm}$ No psychiatric hospitals?

2. Are Forensic Patients Included? jm Yes jm No

Comments on Data:

Footnotes:

^{*}Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

South Carolina

UNIFORM APPLICATION FY 2016 BEHAVIORAL HEALTH REPORT

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016 (generated on 11/22/2016 6.50.11 AM)

Center for Mental Health Services
Division of State and Community Systems Development

I: State Information

State Information

State DUNS Number

Number 112674036

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia
Zip Code 29202

II. Contact Person for the Grantee of the Block Grant

First Name John H.

Last Name Magill

Agency Name South Carolina Department of Mental Health

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia
Zip Code 29202

Telephone 803-898-8319 Fax 803-898-8590

Email Address

III. State Expenditure Period (Most recent State exependiture period that is closed out)

From 7/1/2014

To 6/30/2015

IV. Date Submitted

 ${\tt NOTE:}\ This\ field\ will\ be\ automatically\ populated\ when\ the\ application\ is\ submitted.$

Submission Date 12/1/2015 12:15:32 PM

Revision Date

V. Contact Person Responsible for Report Submission

First Name D. Stewart

Last Name Cooner, MHA

Telephone 803-898-8632

Fax 803-898-8311

Email Address douglas.cooner@scdmh.org

Footnotes:			

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 1 of 107

II: Annual Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #:

Priority Area: FY2012 Agency Accountability Report

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH

Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

The intent is to measure the activities and achievements of the Department and compare said measurements to internal and external benchmarks established over time.

Strategies to attain the goal:

Given the comprehensiveness of the measurement tools, changes in results from one year to the next generally are a reasonable gauge of the effectiveness of the mental health continuum - understanding that South Carolina has an integrated system of care over which the Department has significant influence and control since it is the primary service provider for inpatient and community services

Indicator #:	1
indicator:	Percentage of Children in the Clinical, Subclinical and Normal Range for Total Competence Problem, Internalizing and Externalizing
Baseline Measurement:	Total Competence, Total Problem, Internalizing, Externalizing
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement	: Compare to Prior Year's Results.
New Second-year target/outcome measure	ment (if needed):
Data Source:	
South Carolina Department of Mental Hea	lth - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggrega	te outcomes.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome me	easures:
None.	
New Data issues/caveats that affect outcon	ne measures:
Report of Progress Toward Go	oal Attainment
First Year Target: 6 Achi	
Reason why target was not achieved, and c	hanges proposed to meet target:
How first year target was achieved (optional	al):

South Carolina Page 2 of 107 Approved: 05/21/2013 Expires: 05/31/2016

, , , , , , , , , , , , , , , , , , ,	nal):
This clinical indicator is no longer in use.	
Indicator #:	2
Indicator:	Percentage of Children in Clinical Category Showing Improvement on CBCL
Baseline Measurement:	Percentage of Children in Clinical Category Showing Improvement on CBCL
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem Data Source:	nent(<i>if needed</i>):
South Carolina Department of Mental Healt	h - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	e outcomes.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	isures:
None.	
	e measures.
	e measures:
New Data issues/caveats that affect outcome	
None. New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achiev	al Attainment
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: B Achiev Reason why target was not achieved, and ch	al Attainment ved Not Achieved (if not achieved, explain why) langes proposed to meet target:
New Data issues/caveats that affect outcome Report of Progress Toward Go	al Attainment ved Not Achieved (if not achieved, explain why) langes proposed to meet target:):
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target:	al Attainment ved
New Data issues/caveats that affect outcome Report of Progress Toward Go. First Year Target:	al Attainment ved
New Data issues/caveats that affect outcome Report of Progress Toward Go. First Year Target:	al Attainment ved
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target:	al Attainment ved
New Data issues/caveats that affect outcome Report of Progress Toward Go. First Year Target:	al Attainment ved
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target:	al Attainment ved
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target:	al Attainment ved
New Data issues/caveats that affect outcome Report of Progress Toward Go. First Year Target:	al Attainment ved
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target:	al Attainment ved
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target:	al Attainment ved

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 3 of 107

Description of Data:	
Client-level data summarized into aggregat	e outcomes.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome me	asures:
None.	
New Data issues/caveats that affect outcom	ne measures:
Report of Progress Toward Go	pal Attainment
First Year Target: 6 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and check the How first year target was achieved (optional)	
Second Year Target: 6 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	nanges proposed to meet target:
How second year target was achieved <i>(optic</i>	onal):
This clinical indicator is no longer in use.	
Indicator #:	4
Indicator:	SCDMH Adult Community Patients - Percent Employed
Baseline Measurement:	Percent Employed as Compared Internally and to National Average Low and National Average High
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurer Data Source:	nent(if needed):
South Carolina Department of Mental Heal	th - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
Program indicators data.	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	asures.
None.	
New Data issues/caveats that affect outcom	ue measures:
Report of Progress Toward Go	pal Attainment
First Year Target: 6 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and check the How first year target was achieved (optional)	
Second Year Target: Achie	eved Not Achieved (if not achieved,explain why)

Indicator #:	5
Indicator:	IPS Employment Program - Consumers Employed Competitively
Baseline Measurement:	Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurer Data Source:	ment(if needed):
South Carolina Department of Mental Heal	th - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
Program indicators data.	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	asures:
None.	
New Data issues/caveats that affect outcom	ne measures:
Report of Progress Toward Go	pal Attainment
First Year Target: 6 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cl	hanges proposed to meet target:
How first year target was achieved (optiona	<i>I)</i> :
Second Year Target: 6 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cl	hanges proposed to meet target:
How second year target was achieved <i>(optio</i>	onal):
Indicator #:	6
Indicator:	Housing for Consumers
Baseline Measurement:	Number of Housing Units
First-year target/outcome measurement:	Compare to Prior Year's Results.
	Compare to Prior Year's Results.
Second-year target/outcome measurement:	
Second-year target/outcome measurement: New Second-year target/outcome measurer Data Source:	ment(<i>if needed</i>):

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 5 of 107

Program indicators data.		
New Description of Data:(if i	needed)	
Data issues/caveats that affe	ect outcome measures:	
None.		
New Data issues/caveats tha	at affect outcome measures:	
Report of Progress	Toward Goal Attainment	
First Year Target:	Achieved (if not achieved,explain why)	
Reason why target was not a	achieved, and changes proposed to meet target:	
How first year target was ach	hieved (optional):	
Second Year Target:	Achieved (if not achieved,explain why)	
Reason why target was not a	achieved, and changes proposed to meet target:	
How second year target was	achieved (optional):	
Indicator #:	7	
Indicator:	Nursing Home Life Expectancy	
Baseline Measurement:	Life Expectancy as Compared Internally and to National Average	
First year target/outcome m		
First-year target/outcome me	easurement: Compare to Prior Year's Results.	
Second-year target/outcome		
Second-year target/outcome		
Second-year target/outcome	e measurement: Compare to Prior Year's Results.	
Second-year target/outcome New Second-year target/out Data Source:	e measurement: Compare to Prior Year's Results.	
Second-year target/outcome New Second-year target/out Data Source:	e measurement: Compare to Prior Year's Results. tcome measurement (if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care).	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department	e measurement: Compare to Prior Year's Results. tcome measurement (if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care).	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed):	e measurement: Compare to Prior Year's Results. tcome measurement (if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care).	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: Client-level data summarize	e measurement: Compare to Prior Year's Results. tcome measurement (if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care).	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data:	e measurement: Compare to Prior Year's Results. tcome measurement (if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care).	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: Client-level data summarize New Description of Data:(if needed):	e measurement: Compare to Prior Year's Results. tcome measurement(if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care). b: ed into aggregate outcomes. needed)	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: Client-level data summarize	e measurement: Compare to Prior Year's Results. tcome measurement(if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care). b: ed into aggregate outcomes. needed)	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: Client-level data summarize New Description of Data:(if needed):	e measurement: Compare to Prior Year's Results. tcome measurement (if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care). ed into aggregate outcomes. needed) ect outcome measures:	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: Client-level data summarize New Description of Data:(if it Data issues/caveats that affe None. New Data issues/caveats tha	e measurement: Compare to Prior Year's Results. tcome measurement (if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care). ed into aggregate outcomes. needed) ect outcome measures:	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: Client-level data summarize New Description of Data:(if needed): Data issues/caveats that affe None. New Data issues/caveats that Report of Progress	e measurement: Compare to Prior Year's Results. toome measurement (if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care). ed into aggregate outcomes. needed) ect outcome measures: Toward Goal Attainment	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: Client-level data summarize New Description of Data:(if needed): Data issues/caveats that affe None. New Data issues/caveats that Report of Progress First Year Target:	e measurement: Compare to Prior Year's Results. tcome measurement (if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care). ed into aggregate outcomes. needed) ect outcome measures: Toward Goal Attainment B Achieved Not Achieved (if not achieved,explain why)	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: Client-level data summarize New Description of Data:(if needed): Data issues/caveats that affe None. New Data issues/caveats that Report of Progress First Year Target:	e measurement: Compare to Prior Year's Results. tcome measurement (if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care). ed into aggregate outcomes. needed) ect outcome measures: Toward Goal Attainment B Achieved Not Achieved (if not achieved,explain why) achieved, and changes proposed to meet target:	
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: Client-level data summarize New Description of Data:(if i Data issues/caveats that affe None. New Data issues/caveats tha Report of Progress First Year Target: Reason why target was not a	e measurement: Compare to Prior Year's Results. tcome measurement (if needed): t of Mental Health - Division of Inpatient Services (Long-Term Care). ed into aggregate outcomes. needed) ect outcome measures: Toward Goal Attainment B Achieved Not Achieved (if not achieved,explain why) achieved, and changes proposed to meet target:	

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 6 of 107

Indicator #:	8				
Indicator:	Nursing Home Injury Rate from Falls				
Baseline Measurement:	Injury Rate from Falls as Compared Internally and to National Average				
First-year target/outcome measurement:	Compare to Prior Year's Results.				
Second-year target/outcome measurement:	d-year target/outcome measurement: Compare to Prior Year's Results.				
New Second-year target/outcome measurem	ent(if needed):				
Data Source:					
South Carolina Department of Mental Healt	h - Division of Inpatient Services (Long-Term Care).				
New Data Source(if needed):					
Description of Data:					
Client-level data summarized into aggregate	outcomes.				
New Description of Data: (if needed)					
Data issues/caveats that affect outcome mea	sures:				
None.					
New Data issues/caveats that affect outcome	measures:				
Report of Progress Toward Go	al Attainment				
First Year Target: 6 Achiev	red Not Achieved (if not achieved,explain why)				
Reason why target was not achieved, and ch	anges proposed to meet target:				
How first year target was achieved (optional)	:				
econd Year Target: 6 Achieved 6 Not Achieved (if not achieved,explain why)					
Reason why target was not achieved, and ch	anges proposed to meet target:				
How second year target was achieved (option	nal):				
This clinical indicator is no longer in use.					
Indicator #:	9				
Indicator:	Adult Client Satisfaction				
Baseline Measurement:	MHSIP Survey Results				
First-year target/outcome measurement:	st-year target/outcome measurement: Compare to Prior Year's Results.				
Second-year target/outcome measurement:	Compare to Prior Year's Results.				
New Second-year target/outcome measurem	ent(if needed):				
Data Source:					
South Carolina Department of Mental Healt	h - Division of Evaluation, Training and Research (ETR).				
New Data Source(if needed):					
Description of Data:					
Compilation of survey results.					

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:	
Limited by actual percentage and number of responses.	
New Data issues/caveats that affect outcome measures:	
Report of Progress Toward Goal Attainment	
First Year Target: 6 Achieved 6 Not Achieved 6 Not Achieved 6 Not Achieved 6 Not Achieved 7 Not)
Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional):	
Second Year Target: 6 Achieved 6 Not Achieved 6 Not Achieved 6 Not Achieved 6 Not Achieved 7 Not)
Reason why target was not achieved, and changes proposed to meet target:	
How second year target was achieved (optional):	
Indicator #: 10	
Indicator: Youth Satisfaction	
Baseline Measurement: MHSIP Survey Results	
First-year target/outcome measurement: Compare to Prior Year's Results.	
Second-year target/outcome measurement: Compare to Prior Year's Results.	
New Second-year target/outcome measurement (if needed): Data Source:	
South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).	
New Data Source(if needed):	
Description of Data:	
Compilation of survey results.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome measures:	
Limited by actual percentage and number of responses.	
New Data issues/caveats that affect outcome measures:	
Report of Progress Toward Goal Attainment	
First Year Target:	ı
Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional):	
Second Year Target: 6 Achieved 6 Not Achieved (if not achieved,explain why,)
Reason why target was not achieved, and changes proposed to meet target:	
How second year target was achieved (optional):	

Indicator #: 11

Indicator:	Family of Youth Satisfaction
Baseline Measurement:	MHSIP Survey Results
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	nent (if needed):
Data Source:	
South Carolina Department of Mental Healt	h - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Compilation of survey results.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
Limited by actual percentage and number o	f responses.
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch How first year target was achieved <i>(optional,</i>	
Second Year Target: 5 Achiev	
Reason why target was not achieved, and ch	
How second year target was achieved <i>(option</i>	nal):
Indicator #:	12
Indicator:	Nursing Home Resident and Family Satisfaction
Baseline Measurement:	Level of Satisfaction Survey
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem Data Source:	nent (if needed):
South Carolina Department of Mental Healt	h - Division of Inpatient Services (Long-Term Care).
New Data Source(if needed):	
Description of Data:	
Compilation of survey results.	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
	f responses.

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 9 of 107

Report of Progress Toward	Goal Attainment		
First Year Target: 6 A	chieved	€	Not Achieved (if not achieved, explain why)
Reason why target was not achieved, ar	d changes proposed to meet	target:	
How first year target was achieved (opti	onal):		
Second Year Target: 6 A	chieved	€	Not Achieved (if not achieved,explain why)
Reason why target was not achieved, ar	d changes proposed to meet	target:	
How second year target was achieved (a	ptional):		
Indicator #:	13		
Indicator:	Total Operating Revenu	ie	
Baseline Measurement:	Total Operating Revenu	ie	
First-year target/outcome measurement	Compare to Prior Year's	Result	S.
Second-year target/outcome measurem	ent: Compare to Prior Year's	Result	S.
New Second-year target/outcome meas Data Source:	urement <i>(if needed)</i> :		
South Carolina Department of Mental I	lealth - Division of Financial S	ervices	
Now Data Source (if peeded)			
New Data Source(if needed):			
Description of Data:			
Fiscal Year Financial Report with YTD an	d Prior Year Comparisons.		
New Description of Data: (if needed)			
Data issues/caveats that affect outcome	measures.		
None.	Thousards.		
New Data issues/caveats that affect out	come measures:		
Report of Progress Toward	Goal Attainment		
	chieved	ê	Not Achieved (if not achieved,explain why)
Reason why target was not achieved, ar	d changes proposed to meet	target:	
How first year target was achieved (opti	onal):		
Second Year Target: 6 A	chieved	€	Not Achieved (if not achieved,explain why)
Reason why target was not achieved, ar	d changes proposed to meet	target:	
How second year target was achieved (a	ptional):		
Indicator #:	14		
Indicator:	Revenue Source Trends		
Baseline Measurement:	Proportion and Value o	f Rever	nue by Source
First-year target/outcome measurement	: Compare to Prior Year's	Result	S

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 10 of 107

South Carolina Department of Mental Health - Division of Financial Services. Sow Data Source (if needed): Sescription of Data: Fiscal Year Financial Report with YTD and Prior Year Comparisons. Sow Description of Data (if needed) And Issues/caveats that affect outcome measures None. See Data issues/caveats that affect outcome measures: See Data issues/caveats that affect outcome measures is a construction of the See Data issues/Caveats that affect outcome measurement: See Data Source: See Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). See Data Source: See Data See Data See Data See Data See See See See See See See See See Se	Data Source: South Carolina Department of Montal Health - Division of Financial Services. New Data Source(if needed): Description of Data: Fiscal Year Financial Report with YTD and Prior Year Comparisons. New Description of Data: Fiscal Year Financial Report with YTD and Prior Year Comparisons. New Description of Data: New Description of Data: New Data issues/caveats that affect outcome measures. None. New Data issues/caveats that affect outcome measures. Report of Progress Toward Goal Attainment First Year Target: By Achieved By Achieved Not Achieved (if not achieved explain why) Reason why larget was not achieved (aptional): Second Year Target: By Achieved Coptional): Not Achieved (if not achieved explain why) Reason why larget was not achieved, and changes proposed to meet target: How second year target was achieved (aptional): Indicator 8: 15 Indicator 8: 15 Indicator 8: 15 Indicator 9: 15 Indicator 15 Indi	Second-year target/outcome measurement: Compare to Prior Year's Results.	
South Carolina Department of Mental Health - Division of Financial Services. Item Data Source/(If needed): Sescription of Data: Fiscal Year Financial Report with YTD and Prior Year Comparisons. Item Description of Data (If needed) and Issues/caveats that affect outcome measures: None. Item Data Issues/caveats that affect outcome measures: None. Item Data Issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment in Year Target: By Achieved By Achieved By Not Achieved (If not achieved applain why) account Year Target: By Achieved By Achieved By Not Achieved (If not achieved applain why) account Year Target: By Achieved By Not Achieved (If not achieved applain why) account Year Target: By Achieved By Not Achieved (If not achieved applain why) account Year Target: By Achieved By Not Achieved (If not achieved applain why) account Year Target: By Achieved By Not Achieved (If not achieved applain why) account Year Target was not achieved, and changes proposed to meet target: Item Second Year Target was achieved (optional): Total Grant Dollars Received Compare to Prior Year's Results. Conductors By Target Youtcome measurement: Compare to Prior Year's Results. Conductors By Target Youtcome measurement: Compare to Prior Year's Results. Conductors By Target Youtcome measurement: Compare to Prior Year's Results. Conductors By Target Youtcome measurement: Compare to Prior Year's Results. Conductors By Target Youtcome measurement: Compare to Prior Year's Results. Conductors By Target Youtcome measurement: Compare to Prior Year's Results. Conductors By Target Youtcome measurement: Compare to Prior Year's Results. Conductors By Target Youtcome measurement: Compare to Prior Year's Results. Conductors By Target Year's By Targ	South Carolina Department of Mental Health - Division of Financial Services. New Data Source(if needed) Description of Data: Fiscal Year Financial Report with YTD and Prior Year Comparisons. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None. New Data issues/caveats that affect outcome measures: None. Now Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: B Achieved @ Not Achieved (if not achieved explain why) Reason why target was not achieved, and changes proposed to meet target: How issigned that affect outcome is achieved (optional): Indicator is: 15 Indicator is: 15 Indicator is: 15 Indicator: Total Grant Dollars Received First year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: First year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Second Year Target: New Second-year target/outcome measurement(if needed):		
less Data Source (if needed): International Report with YTD and Prior Year Comparisons.	Description of Data: Fiscal Year Financial Report with YTD and Prior Year Comparisons. New Description of Data (If needed) Data issues/caveats that affect outcome measures: None. New Data Issues/caveats that affect outcome measures: None. New Data Issues/caveats that affect outcome measures: None. Report of Progress Toward Goal Attainment First Year Target: Achieved Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): Second Year Target: By Achieved Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): Total Grant Dollars Received First year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target/outcome measurement: Compare to Prior Year's Results. Second year target year year year year year	Data Source:	
Fiscal Year Financial Report with YTD and Prior Year Comparisons. Idea Description of Data: (If needed) Idea Issues/Caveats that affect outcome measures: Nono. Idea Data issues/Caveats that affect outcome measures: Report of Progress Toward Goal Attainment Irist Year Target: B	Description of Data: Fiscal Year Financial Report with YTD and Prior Year Comparisons. Now Description of Data: (If needed) Data issues/caveats that affect outcome measures: None. Now Data issues/caveats that affect outcome measures: None. Now Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: D Achieved C Not Achieved (If not achieved explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): Second Year Target: D Achieved C Not Achieved (If not achieved explain why) Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): Indicator: 15 Indicator: Total Grant Dollars Received First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement: Compare to Prior Year's Results. New Data Source (If needed): Description of Data: Grants portfollo New Data Source (If needed) Data issues/caveats that affect outcome measuress: None.	South Carolina Department of Mental Health - Division of Financial Services.	
Fiscal Year Financial Report with YTD and Prior Year Comparisons. Lew Description of Data: (If needed) Lata issues/caveats that affect outcome measures: None. Lew Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment List Year Target: Lea Achieved Lea Achieved Lea Achieved Lea Achieved Lea Not Achieved (If not achieved.caplain why) Lea	Fiscal Year Financial Report with YTD and Prior Year Comparisons. New Description of Data (if needed) Data issues/caveats that affect outcome measures: None. New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Achieved Not Achieved (if not achieved applain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (applainal): Second Year Target: Achieved Not Achieved (if not achieved applain why) Reason why target was achieved (applainal): Indicator: Total Grant Dollars Received Bascline Measurement: Total Grant Dollars Received First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement (if needed): Data Source: South Carollina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source(if needed): Description of Data: Grants portfolio. New Doscription of Data: (if needed) Data issues/caveats that affect outcome measures: None.	New Data Source (if needed):	
tew Description of Data: (If needed) lata issues/caveats that affect outcome measures: None. lev Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment list Year Target:	New Description of Data (if needed) Data issues/caveats that affect outcome measures: None. New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: □ Achieved □ Not Achieved (if not achieved, capitaln why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): Second Year Target: □ Achieved □ Not Achieved (if not achieved explain why) Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): Indicator ≠: 15 Indicator ≠: 15 Indicator ≠: Total Grant Dollars Received Baseline Measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. Second Year target/outcome measurement	Description of Data:	
None. None. None. None. None Data Issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment Irist Year Target:	Data issues/caveats that affect outcome measures: None. New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:	Fiscal Year Financial Report with YTD and Prior Year Comparisons.	
None. Report of Progress Toward Goal Attainment Inst Year Target:	None. New Data Issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:	New Description of Data:(if needed)	
Report of Progress Toward Goal Attainment irist Year Target: Achieved Not Achieved (if not achieved.explain why) eason why target was not achieved, and changes proposed to meet target: low first year target was achieved (optional): econd Year Target: Achieved Not Achieved (if not achieved.explain why) eason why target was achieved, and changes proposed to meet target: low second year target was achieved, and changes proposed to meet target: low second year target was achieved (optional): Indicator #: 15 Indicator: Total Grant Dollars Received aseline Measurement: Compare to Prior Year's Results. econd-year target/outcome measurement: Compare to Prior Year's Results. leve Second-year target/outcome measurement (if needed): lata Source: South Carollina Department of Mental Health - Division of Financial Services (Grants Administration). leve Data Source(if needed): leve Second-year target/outcome measurement (if needed): leve Second-year target/outcome (if needed): leve Second-year target/outcome (if needed): leve Second-year target/outcome (if needed): leve Second-year t	Report of Progress Toward Goal Attainment First Year Target:	Data issues/caveats that affect outcome measures:	
Report of Progress Toward Goal Attainment Irist Year Target:	Report of Progress Toward Goal Attainment First Year Target:	None.	
Inst Year Target: B	First Year Target: B Achieved	New Data issues/caveats that affect outcome measures:	
Inst Year Target: B	First Year Target: B Achieved	Report of Progress Toward Goal Attainment	
tow first year target was achieved (optional): econd Year Target: b Achieved c Not Achieved (if not achieved explain why) eason why target was not achieved, and changes proposed to meet target: iow second year target was achieved (optional): dicator #: 15 dicator: Total Grant Dollars Received asseline Measurement: Total Grant Dollars Received irst-year target/outcome measurement: Compare to Prior Year's Results. econd-year target/outcome measurement: Compare to Prior Year's Results. lew Second-year target/outcome measurement (if needed): lata Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). lew Data Source(if needed): lew Data Source(if needed): lew Data Source(if needed): lew Data Source (if needed): lew Data Source (if needed):	How first year target was achieved (optional): Second Year Target: B Achieved Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): How second year target was achieved (optional): Indicator #: 15 Indicator: Total Grant Dollars Received Baseline Measurement: Total Grant Dollars Received First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement(If needed): Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source(If needed): Description of Data: Grants portfolio. New Description of Data: Grants portfolio. New Description of Data: New Second-year target/outcome measurement(If needed): Data Source(If needed): Description of Data: Grants portfolio. New Description of Data: New Description of Data: Grants portfolio.		
eason why target was not achieved, and changes proposed to meet target: low second year target was achieved (optional): 15	Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): Indicator #: 15 Indicator: Total Grant Dollars Received Baseline Measurement: Total Grant Dollars Received First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement: If needed): Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source(If needed): Description of Data: Grants portfolio. New Description of Data: Achieved (If not achieved, explain why) Not Achieved (If not achieved, explain why) Not Achieved (If not achieved, explain why) Achieved (If not achieved, explain why) Not Achieved (If not achieved): Not Achieved (If not achieved, explain why) Not Achieved (If not achieved. Not Achieved (If not achieved.) Not Achieved (If not achieved.)	Reason why target was not achieved, and changes proposed to meet target:	
eason why target was not achieved, and changes proposed to meet target: low second year target was achieved (optional): dicator #: 15 ndicator: Total Grant Dollars Received aseline Measurement: Total Grant Dollars Received lirst-year target/outcome measurement: Compare to Prior Year's Results. econd-year target/outcome measurement: Compare to Prior Year's Results. lew Second-year target/outcome measurement (If needed): lata Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). lew Data Source(if needed): lescription of Data: Grants portfolio. lew Description of Data:(If needed) lata issues/caveats that affect outcome measures: None.	Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): Indicator #: 15 Indicator: Total Grant Dollars Received Baseline Measurement: Total Grant Dollars Received First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (If needed): Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source(If needed): Description of Data: Grants portfolio. New Description of Data:(If needed) Data issues/caveats that affect outcome measures: None.	How first year target was achieved (optional):	
low second year target was achieved (optional): Indicator #: 15 Indicator: Total Grant Dollars Received asseline Measurement: Total Grant Dollars Received irst-year target/outcome measurement: Compare to Prior Year's Results. dev Second-year target/outcome measurement: (if needed): lata Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). dev Data Source(if needed): description of Data: Grants portfolio. dev Description of Data:(If needed) lata issues/caveats that affect outcome measures: None.	How second year target was achieved (optional): Indicator #: 15 Indicator: Total Grant Dollars Received Baseline Measurement: Total Grant Dollars Received First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source(If needed): Description of Data: Grants portfolio. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None.	Second Year Target: 6 Achieved 6 Not Achieved (if not achieved,explain why)	
Indicator: Total Grant Dollars Received asseline Measurement: Total Grant Dollars Received asseline Measurement: Compare to Prior Year's Results. econd-year target/outcome measurement: Compare to Prior Year's Results. lew Second-year target/outcome measurement (If needed): lata Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). lew Data Source (If needed): lew Description of Data: Grants portfolio. lew Description of Data: (If needed) sata issues/caveats that affect outcome measures: None.	Indicator #: 15 Indicator: Total Grant Dollars Received Baseline Measurement: Total Grant Dollars Received First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (If needed): Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source(If needed): Description of Data: Grants portfolio. New Description of Data:(If needed) Data issues/caveats that affect outcome measures: None.	Reason why target was not achieved, and changes proposed to meet target:	
Total Grant Dollars Received aseline Measurement: Total Grant Dollars Received irst-year target/outcome measurement: Compare to Prior Year's Results. econd-year target/outcome measurement: Compare to Prior Year's Results. lew Second-year target/outcome measurement (if needed): leata Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). lew Data Source(if needed): lescription of Data: Grants portfolio. lew Description of Data:(if needed) leata issues/caveats that affect outcome measures: None.	Indicator: Total Grant Dollars Received Baseline Measurement: Total Grant Dollars Received First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (If needed): Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source(If needed): Description of Data: Grants portfolio. New Description of Data:(If needed) Data issues/caveats that affect outcome measures: None.	How second year target was achieved <i>(optional)</i> :	
Total Grant Dollars Received aseline Measurement: Total Grant Dollars Received irst-year target/outcome measurement: Compare to Prior Year's Results. econd-year target/outcome measurement: Compare to Prior Year's Results. lew Second-year target/outcome measurement (if needed): leata Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). lew Data Source(if needed): lescription of Data: Grants portfolio. lew Description of Data:(if needed) leata issues/caveats that affect outcome measures: None.	Indicator: Total Grant Dollars Received Baseline Measurement: Total Grant Dollars Received First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (If needed): Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source(If needed): Description of Data: Grants portfolio. New Description of Data:(If needed) Data issues/caveats that affect outcome measures: None.		
aseline Measurement: Total Grant Dollars Received irst-year target/outcome measurement: Compare to Prior Year's Results. econd-year target/outcome measurement: Compare to Prior Year's Results. lew Second-year target/outcome measurement (If needed): lata Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). lew Data Source (If needed): description of Data: Grants portfolio. lew Description of Data: (If needed) lata issues/caveats that affect outcome measures: None.	Baseline Measurement: Total Grant Dollars Received First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source(if needed): Description of Data: Grants portfolio. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None.	Indicator #: 15	
irst-year target/outcome measurement: Compare to Prior Year's Results. econd-year target/outcome measurement: Compare to Prior Year's Results. lew Second-year target/outcome measurement (if needed): leata Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). lew Data Source (if needed): lescription of Data: Grants portfolio. lew Description of Data: (if needed) leata issues/caveats that affect outcome measures: None.	First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source(if needed): Description of Data: Grants portfolio. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None.	Indicator: Total Grant Dollars Received	
econd-year target/outcome measurement: Compare to Prior Year's Results. lew Second-year target/outcome measurement (if needed): leata Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). lew Data Source (if needed): lescription of Data: Grants portfolio. lew Description of Data: (if needed) leata issues/caveats that affect outcome measures: None.	Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source (if needed): Description of Data: Grants portfolio. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None.	Baseline Measurement: Total Grant Dollars Received	
lew Second-year target/outcome measurement (if needed): leata Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). lew Data Source (if needed): lescription of Data: Grants portfolio. lew Description of Data: (if needed) leata issues/caveats that affect outcome measures: None.	New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source (if needed): Description of Data: Grants portfolio. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None.	First-year target/outcome measurement: Compare to Prior Year's Results.	
South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). Ilew Data Source (If needed): Ilescription of Data: Grants portfolio. Ilew Description of Data: (If needed) Ilea Description of Data: (If needed) Ilea Description of Data: (If needed) Ilea Description of Data: (If needed)	Data Source: South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source(if needed): Description of Data: Grants portfolio. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None.	Second-year target/outcome measurement: Compare to Prior Year's Results.	
South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). Ilew Data Source (if needed): Ilescription of Data: Grants portfolio. Ilew Description of Data: (if needed) Ileata issues/caveats that affect outcome measures: None.	South Carolina Department of Mental Health - Division of Financial Services (Grants Administration). New Data Source (if needed): Description of Data: Grants portfolio. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None.	New Second-year target/outcome measurement <i>(if needed)</i> : Data Source:	
Description of Data: Grants portfolio. Dew Description of Data: (if needed) Data issues/caveats that affect outcome measures: None.	Description of Data: Grants portfolio. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None.	South Carolina Department of Mental Health - Division of Financial Services (Grants Administration).	
Grants portfolio. Iew Description of Data: (if needed) Pata issues/caveats that affect outcome measures: None.	Grants portfolio. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None.	New Data Source(if needed):	
lew Description of Data: (if needed) vata issues/caveats that affect outcome measures: None.	New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None.	Description of Data:	
vata issues/caveats that affect outcome measures: None.	Data issues/caveats that affect outcome measures: None.	Grants portfolio.	
None.	None.	New Description of Data: (if needed)	
		Data issues/caveats that affect outcome measures:	
lew Data issues/caveats that affect outcome measures	New Data issues/caveats that affect outcome measures:	None.	
iow pata issues/caveats that affect outcome measures.		New Data issues/caveats that affect outcome measures:	

Report of Progress Toward Goal Attainment

First Year Target:	red 🧧 Not A	Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:	
How first year target was achieved (optional	:	
Second Year Target: 6 Achie	red e Not A	Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:	
How second year target was achieved <i>(optic</i>	nal):	
Indicator #:	16	
Indicator:	Workers' Compensation - Premiums	and Claims
Baseline Measurement:	Workers' Compensation - Premiums	and Claims
First-year target/outcome measurement:	Compare to Prior Year's Results.	
Second-year target/outcome measurement:	Compare to Prior Year's Results.	
New Second-year target/outcome measurer Data Source:	ent <i>(if needed)</i> :	
South Carolina Department of Mental Healt	n - Division of Financial Services.	
New Data Source(if needed):		
Description of Data:		
Fiscal Year Financial Report with YTD and Pr	or Year Comparisons.	
New Description of Data: (if needed)		
Data issues/caveats that affect outcome mea	sures:	
None.		
New Data issues/caveats that affect outcom	measures:	
Report of Progress Toward Go		
First Year Target: 6 Achie	red 🖹 Not A	Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch		
How first year target was achieved (optional		taking di /f not asking di gullain utu)
Second Year Target:		Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:	
How second year target was achieved (option	nal):	
Indicator #:	17	
Indicator:	Toward Local Care (TLC): Cost Compa	ırison
Baseline Measurement:	Pre-TLC and Active-TLC Per Person Av	erage Cost
First-year target/outcome measurement:	Compare to Prior Year's Results.	
Second-year target/outcome measurement:	Compare to Prior Year's Results.	
New Second-year target/outcome measuren	ent(if needed):	
Data Source:		

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 12 of 107

Description of Data:	
Program indicators data.	
•	
New Description of Data: (if needed)	
Data issues/caveats that affect outcom	ne measures:
None.	
New Data issues/caveats that affect ou	utcome measures:
Report of Progress Toward	d Goal Attainment
	Achieved (if not achieved,explain why)
Reason why target was not achieved, a	and changes proposed to meet target:
How first year target was achieved (op	otional):
Second Year Target: 6	Achieved (if not achieved,explain why)
Reason why target was not achieved, a	and changes proposed to meet target:
How second year target was achieved	(optional):
This financial indicator is not updated	d on an annual basis.
Indicator #:	18
Indicator:	Community vs. Inpatient Expenditures
Baseline Measurement:	Community vs. Inpatient Expenditures
First year target/outcome measuremen	nt: Compare to Prior Year's Results.
riist-year target/outcome measuremer	
Second-year target/outcome measure	
First-year target/outcome measurement Second-year target/outcome measurent New Second-year target/outcome measurent Data Source:	
Second-year target/outcome measurer New Second-year target/outcome measurer Data Source:	asurement(<i>if needed</i>):
Second-year target/outcome measurer New Second-year target/outcome mea Data Source: South Carolina Department of Mental	
Second-year target/outcome measurer New Second-year target/outcome mea Data Source:	asurement(<i>if needed</i>):
Second-year target/outcome measurer New Second-year target/outcome mea Data Source: South Carolina Department of Mental	asurement(<i>if needed</i>):
Second-year target/outcome measurer New Second-year target/outcome mea Data Source: South Carolina Department of Mental New Data Source(if needed):	asurement (if needed): I Health - Division of Financial Services.
Second-year target/outcome measurer New Second-year target/outcome measurer Data Source: South Carolina Department of Mental New Data Source(if needed): Description of Data:	asurement (if needed): I Health - Division of Financial Services.
Second-year target/outcome measurer New Second-year target/outcome measurer Data Source: South Carolina Department of Mental New Data Source(if needed): Description of Data: Fiscal Year Financial Report with YTD a	asurement (if needed): I Health - Division of Financial Services. and Prior Year Comparisons.
Second-year target/outcome measurer New Second-year target/outcome measurer Data Source: South Carolina Department of Mental New Data Source(if needed): Description of Data: Fiscal Year Financial Report with YTD a	asurement (if needed): I Health - Division of Financial Services. and Prior Year Comparisons.

Reason why target was not achieved, and changes proposed to meet target:

ow second year target was achieved (option adicator #: aseline Measurement: asseline Measurement: econd-year target/outcome measurement: ew Second-year target/outcome measurement ata Source:	Inpatient Bed Day Costs Inpatient Bed Day Costs be Compare to Prior Year's R Compare to Prior Year's R ent(if needed):	Result	
aseline Measurement: irst-year target/outcome measurement: econd-year target/outcome measurement: ew Second-year target/outcome measurem ata Source:	Inpatient Bed Day Costs Inpatient Bed Day Costs be Compare to Prior Year's R Compare to Prior Year's R ment (if needed):	Result	s.
aseline Measurement: irst-year target/outcome measurement: econd-year target/outcome measurement: ew Second-year target/outcome measurem ata Source:	Inpatient Bed Day Costs Inpatient Bed Day Costs be Compare to Prior Year's R Compare to Prior Year's R ment (if needed):	Result	s.
aseline Measurement: rst-year target/outcome measurement: econd-year target/outcome measurement: ew Second-year target/outcome measurem ata Source:	Inpatient Bed Day Costs be Compare to Prior Year's R Compare to Prior Year's R ment (if needed):	Result	s.
rst-year target/outcome measurement: econd-year target/outcome measurement: lew Second-year target/outcome measurem ata Source:	Compare to Prior Year's R Compare to Prior Year's R nent (if needed):	Result	s.
econd-year target/outcome measurement: lew Second-year target/outcome measurem ata Source:	Compare to Prior Year's Rent(<i>if needed</i>):		
lew Second-year target/outcome measurem ata Source:	ent <i>(if needed)</i> :	≀esult	S.
ata Source:			
South Carolina Department of Mental Health	h - Division of Inpatient Ser		
	<u>'</u>	vices	š.
ew Data Source(if needed):			
escription of Data:			
Internally-generated data comparisons.			
ew Description of Data:(if needed)			
ata issues/caveats that affect outcome mea	sures:		
None.			
ew Data issues/caveats that affect outcome	e measures:		
Report of Progress Toward Go	al Attainment		
irst Year Target: 6 Achiev		ê	Not Achieved (if not achieved,explain why)
eason why target was not achieved, and chance in the Inpatient Bed Day Costs for FY2014 are not current trending from FY2011 to FY2013, which ow first year target was achieved (optional)	ot currently available. There ch indicates a relatively hor	efore	the goal attainment status indicated above is based on the
econd Year Target: 6 Achiev	ved	ê	Not Achieved (if not achieved,explain why)
eason why target was not achieved, and cha	anges proposed to meet ta	arget	
ow second year target was achieved (option	nal):		
ndicator #:	20		
ndicator:	Out-of-Home Child and A	Adole	scent Placement Costs
aseline Measurement:	Out-of-Home Child and A	Adole	scent Placement Costs
rst-year target/outcome measurement:	Compare to Prior Year's R	Result	s.
econd-year target/outcome measurement:	Compare to Prior Year's R	Result	s.
ew Second-year target/outcome measurem	nent(if needed):		

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 14 of 107

South Carolina Department of Mental Health - Division of Community Mental Health Services.

Description of Data:		
Internally-generated data co	omparisons.	
New Description of Data:(if r	needed)	
Data issues/caveats that affect	ect outcome measures:	
None.		
New Data issues/caveats that	t affect outcome measures:	
Report of Progress	Toward Goal Attainment	
First Year Target:	Achieved	
Reason why target was not a How first year target was ach	achieved, and changes proposed to meet target: nieved (optional):	
Second Year Target:		
Reason why target was not a	achieved, and changes proposed to meet target:	
How second year target was	achieved (optional):	
This financial indicator is no		
ndicator: Baseline Measurement: First-year target/outcome me Second-year target/outcome		
New Second-year target/outo Data Source:	tcome measurement (if needed):	
South Carolina Department	of Mental Health - Division of Evaluation, Training and Research (ETR).	
New Data Source(if needed):	:	
Description of Data:		
Internally-generated data co	omparisons.	
New Description of Data:(if r	needed)	
Data issues/caveats that affec	ect outcome measures:	
None.		
New Data issues/caveats that	t affect outcome measures:	
	Toward Goal Attainment	

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 15 of 107

How second year target was achieved (option	nal):
Indicator #:	22
Indicator:	Workers' Compensation Claims
Baseline Measurement:	Number of Workers' Compensation Claims
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem Data Source:	nent (if needed):
South Carolina Department of Mental Health	h – Division of Administrative Services (Human Resources).
New Data Source(if needed):	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome meas	sures:
None.	
Now Data issues /savests that affect and	a maggures;
New Data issues/caveats that affect outcome	e measures.
Report of Progress Toward Go	al Attainment
Report of Progress Toward Goa	al Attainment ed Not Achieved (if not achieved,explain why)
Report of Progress Toward Goa First Year Target:	al Attainment red
Report of Progress Toward Goa First Year Target:	al Attainment yed Not Achieved (if not achieved, explain why) anges proposed to meet target:
Report of Progress Toward Goa First Year Target:	al Attainment yed Not Achieved (if not achieved,explain why) anges proposed to meet target: yed Not Achieved (if not achieved,explain why)
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and char How first year target was achieved (optional) Second Year Target: Reason why target was not achieved, and characteristics.	al Attainment red
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and charles the How first year target was achieved (optional) Second Year Target: Reason why target was not achieved, and charles	al Attainment red
Report of Progress Toward Goa First Year Target: Reason why target was not achieved, and char How first year target was achieved (optional) Second Year Target: Reason why target was not achieved, and char how second year target was achieved (optional)	al Attainment red
Report of Progress Toward Goa First Year Target:	al Attainment red
Report of Progress Toward Goa First Year Target: Achiev Reason why target was not achieved, and cha How first year target was achieved (optional) Second Year Target: Achiev Reason why target was not achieved, and cha How second year target was achieved (optional) Indicator #: Indicator:	al Attainment yed
Report of Progress Toward Goa First Year Target: Achiev Reason why target was not achieved, and cha How first year target was achieved (optional) Second Year Target: Achiev Reason why target was not achieved, and cha How second year target was achieved (optional) Indicator #: Indicator: Baseline Measurement:	al Attainment red
Report of Progress Toward Goa First Year Target:	al Attainment yed
Report of Progress Toward Goa First Year Target:	al Attainment red

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 16 of 107

Description of Data:		
Internally-generated data co	omparisons.	
New Description of Data: (if r	needed)	
Data issues /ssuests that offs	ot outcomes messauros	
Data issues/caveats that affec	outcome measures:	
None.		
New Data issues/caveats that	: affect outcome measu	ıres:
Report of Progress	Toward Goal Att	tainment
First Year Target:	Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not a	chieved, and changes p	proposed to meet target:
How first year target was ach		·
Second Year Target:	6 Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not a	chieved, and changes p	proposed to meet target:
How second year target was	achieved (optional):	
Indicator #:	24	
Indicator:	Affirm	native Action
Baseline Measurement:	Percei	ent of Goal Met
First-year target/outcome me	easurement: Comp	pare to Prior Year's Results.
Second-year target/outcome	measurement: Comp	pare to Prior Year's Results.
New Second-year target/out	come measurement <i>(if r</i>	needed):
Data Source:		
South Carolina Department	of Mental Health – Divis	ision of Administrative Services (Human Resources).
New Data Source(if needed):		
Description of Data:		
Internally-generated data co	mparisons.	
New Description of Data: (if r	needed)	
Data issues/caveats that affec	ct outcome measures:	
None.		
New Data issues/caveats that	t affect outcome measu	ILDS.
necvo Data issues/cavedts [fidt	arrect outcome measu	ii 05.
Report of Progress ⁻	Toward Goal Att	tainment
First Year Target:	Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not a How first year target was ach		proposed to meet target:
Second Year Target:	♠ Achieved	Not Achieved (if not achieved,explain why)
Peason why target was not a		

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 17 of 107

Indicator #:	25
Indicator:	Community Services to Priority Populations
Baseline Measurement:	Penetration Rate: Adults Served, Community Mental Health Services
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuremental Source:	ent <i>(if needed)</i> :
South Carolina Department of Mental Health	n - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
Program indicators data.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome meas	sures:
None.	
New Data issues/caveats that affect outcome	measures:
	ar / ttali ililoit
First Year Target:	Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Target: Achiev Reason why target was not achieved, and cha	Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Target:	Not Achieved (if not achieved,explain why) anges proposed to meet target: ed Not Achieved (if not achieved,explain why)
First Year Target:	Not Achieved (if not achieved,explain why) anges proposed to meet target: ed Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Target: Achiev Reason why target was not achieved, and characteristics the properties of t	Not Achieved (if not achieved,explain why) anges proposed to meet target: ed Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Target:	Not Achieved (if not achieved,explain why) anges proposed to meet target: ed Not Achieved (if not achieved,explain why) anges proposed to meet target: nal):
First Year Target: Achieved Reason why target was not achieved, and character than the first year target was achieved (optional): Second Year Target: Achieved Reason why target was not achieved, and character than the first year target was achieved (optional): How second year target was achieved (optional): Indicator:	Not Achieved (if not achieved,explain why) anges proposed to meet target: ed Not Achieved (if not achieved,explain why) anges proposed to meet target: anal):
First Year Target: Achieved Reason why target was not achieved, and character How first year target was achieved (optional): Second Year Target: Achieved Reason why target was not achieved, and character How second year target was achieved (optional): Indicator #: Indicator: Baseline Measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: ed Not Achieved (if not achieved,explain why) anges proposed to meet target: nal): 26 Adult Contacts with Major Mental Illness
First Year Target: Achieved Reason why target was not achieved, and character than the first year target was achieved (optional): Second Year Target: Achieved Reason why target was not achieved, and character than the first year target was achieved (optional): How second year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: ed Not Achieved (if not achieved,explain why) anges proposed to meet target: nal): 26 Adult Contacts with Major Mental Illness Adult Contacts with Major Mental Illness as a Percent of Total Adult Contacts
First Year Target:	Not Achieved (if not achieved,explain why) anges proposed to meet target: ed Not Achieved (if not achieved,explain why) anges proposed to meet target: nal): 26 Adult Contacts with Major Mental Illness Adult Contacts with Major Mental Illness as a Percent of Total Adult Contacts Compare to Prior Year's Results. Compare to Prior Year's Results.
First Year Target: Achiev Reason why target was not achieved, and charles the How first year target was achieved (optional): Second Year Target: Achiev Reason why target was not achieved, and charles the How second year target was achieved (optional): How second year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	Not Achieved (if not achieved,explain why) anges proposed to meet target: ed Not Achieved (if not achieved,explain why) anges proposed to meet target: nal): 26 Adult Contacts with Major Mental Illness Adult Contacts with Major Mental Illness as a Percent of Total Adult Contacts Compare to Prior Year's Results. Compare to Prior Year's Results.
First Year Target:	anges proposed to meet target: ed
Reason why target was not achieved, and challed How first year target was achieved (optional): Second Year Target: Achieved Reason why target was not achieved, and challed How second year target was achieved (optional): Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	anges proposed to meet target: ed

New Description of Data: (if needed)

Data issues/caveats that affect	outcome measures:
None.	
New Data issues/caveats that a	ffect outcome measures:
Report of Progress To	oward Goal Attainment
First Year Target:	
Reason why target was not ach	nieved, and changes proposed to meet target:
How first year target was achiev	ved (optional):
Second Year Target:	Achieved (if not achieved,explain why)
Reason why target was not ach	nieved, and changes proposed to meet target:
How second year target was acl	hieved (optional):
Indicator #:	27
ndicator:	Community Mental Health Services: Ages 0-17 Served
Baseline Measurement:	Penetration Rate - Ages 0-17 Served
First-year target/outcome meas	surement: Compare to Prior Year's Results.
Second-year target/outcome m	neasurement: Compare to Prior Year's Results.
New Second-year target/outco	me measurement(if needed):
Data Source:	
South Carolina Department of	f Mental Health - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized in	nto aggregate outcomes.
New Description of Data:(if nee	eded)
Data issues/caveats that affect of	outcome measures:
None.	
New Data issues/caveats that a	ffect outcome measures:
	oward Goal Attainment
First Year Target:	Achieved (if not achieved,explain why)
Reason why target was not ach How first year target was achiev	nieved, and changes proposed to meet target: ved <i>(optional)</i> :
Second Year Target:	
Reason why target was not ach	nieved, and changes proposed to meet target:

Indicator #: 28

indicator:	Child and Adolescent Contacts with Major Mental Illness
Baseline Measurement:	Child and Adolescent Contacts with Major Mental Illness as a Percent of Total Child and Adolescent Contacts
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem Data Source:	nent(if needed):
South Carolina Department of Mental Healt	h - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	e outcomes.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	e measures:
Reason why target was not achieved, and ch	
Indicator #:	29
Indicator:	Children in Out-of-Home Placements
Baseline Measurement:	Annual Average of Number of Children in Out-of-Home Placements
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem Data Source:	nent(<i>if needed</i>):
South Carolina Department of Mental Healt	h - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
•	
Program indicators data.	
Program indicators data. New Description of Data: (if needed)	
-	sures:

| None.

Report of Progress Toward G	Soal Attainment
First Year Target: 6 Act	nieved
Reason why target was not achieved, and	changes proposed to meet target:
How first year target was achieved (option	nal):
Second Year Target: 6 Act	nieved (if not achieved,explain why)
Reason why target was not achieved, and	changes proposed to meet target:
How second year target was achieved (op	tional):
Indicator #:	30
Indicator:	Total Number of People Served in Community Mental Health Centers
Baseline Measurement:	Total Number of People Served in Community Mental Health Centers
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measuremer	nt: Compare to Prior Year's Results.
New Second-year target/outcome measur	rement(if needed):
Data Source:	
South Carolina Department of Mental He	alth - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggreg	ate outcomes.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome m	neasures:
None.	
New Data issues/caveats that affect outco	me measures:
Report of Progress Toward G	Goal Attainment
First Year Target: 6 Ach	nieved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and	changes proposed to meet target:
How first year target was achieved (option	nal):
Second Year Target: 6 Act	nieved
Reason why target was not achieved, and	changes proposed to meet target:
	tional):
How second year target was achieved <i>(op</i>	
How second year target was achieved (op Indicator #: Indicator:	31 Adult Psychiatric Hospital Admissions

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 21 of 107

Compare to Prior Year's Results.

First-year target/outcome measurement:

Second-year target/outcome measurement	: Compare to Prior Year's Results.
New Second-year target/outcome measure Data Source:	ment(if needed):
	Ith - Division of Evaluation, Training and Research (ETR).
Vew Data Source(if needed):	
vew buta source(ii hecaea).	
Description of Data:	
Client-level data summarized into aggrega	te outcomes.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome me	easures:
None.	
New Data issues/caveats that affect outcon	ne measures:
Report of Progress Toward G	
First Year Target: 6 Achi	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and c	
How first year target was achieved (optional	
Second Year Target: 6 Achi	
Reason why target was not achieved, and c	nanges proposed to meet target:
How second year target was achieved <i>(opti</i>	onal):
Indicator #:	32
Indicator:	Contracts for Non-SCDMH Inpatient Beds
Baseline Measurement:	Number of Contracts for Non-SCDMH Inpatient Beds
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement	: Compare to Prior Year's Results.
New Second-year target/outcome measure	ment(if needed):
Data Source:	
South Carolina Department of Mental Hea	Ith – Division of Financial Services (Procurement/Contracts).
New Data Source(if needed):	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	easures:
None.	
New Data issues/caveats that affect outcon	ne measures:

First Year Target:	
Contracts for Non-SCDMH In	nieved, and changes proposed to meet target: atient Beds are negotiated at various points during the year; though, typically near the end of the fiscal there were 11 contracts in place, but this does not include contracts that could be in process.
How first year target was ac	
Second Year Target:	
Reason why target was not	nieved, and changes proposed to meet target:
How second year target was	chieved (optional):
Indicator #:	33
Indicator:	Persons Waiting in ER (Quarterly Averages) - Data from Monday Morning Snapshot
Baseline Measurement:	Number of Persons Waiting in ER (Quarterly Averages) - Data from Monday Morning Snapshot
First-year target/outcome m	surement: Compare to Prior Year's Results.
Second-year target/outcome	neasurement: Compare to Prior Year's Results.
New Second-year target/ou Data Source:	ome measurement(if needed):
South Carolina Department	f Mental Health - Division of Community Mental Health Services.
New Data Source(if needed)	
Description of Data:	
Compilation of Externally-S	rced Data.
New Description of Data: (if	eded)
Data issues/caveats that affe	outcome measures:
None.	
New Data issues/caveats that	iffect outcome measures:
Report of Progress	oward Goal Attainment
First Year Target:	Achieved (if not achieved,explain why)
Reason why target was not a	nieved, and changes proposed to meet target: ved (optional):
Second Year Target:	
Reason why target was not a	nieved, and changes proposed to meet target:
How second year target was	chieved (optional):
Indicator #:	34
Indicator:	Persons Visiting South Carolina ERs with a Primary Diagnosis of MH, Alcohol, or Other Drug Abuse
Baseline Measurement:	Number of Persons Visiting South Carolina ERs with a Primary Diagnosis of MH, Alcohol, or Other Drug Abuse

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 23 of 107

Compare to Prior Year's Results.

First-year target/outcome measurement:

Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	nent (if needed):
Data Source:	
South Carolina Department of Mental Health	h - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
Compilation of Externally-Sourced Data.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved (optional)) :
Second Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How second year target was achieved (option	nal):
Indicator #:	35
indicator:	TLC: Funded Community Placements - Long-Term MH Clients
Baseline Measurement:	TLC: Number of Funded Community Placements - Long-Term MH Clients
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
	h - Division of Community Mental Health Services.
South Carolina Department of Mental Healtl	h - Division of Community Mental Health Services.
South Carolina Department of Mental Health New Data Source(if needed):	h - Division of Community Mental Health Services.
South Carolina Department of Mental Health New Data Source(if needed):	h - Division of Community Mental Health Services.
South Carolina Department of Mental Health New Data Source (if needed): Description of Data: Program indicators data.	h - Division of Community Mental Health Services.
South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Program indicators data. New Description of Data:(if needed)	
New Data Source(if needed): Description of Data:	

First Year Target: 6 Achi	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and c	changes proposed to meet target:
How first year target was achieved (optional	al):
Second Year Target: 6 Achi	eved
Reason why target was not achieved, and c	changes proposed to meet target:
How second year target was achieved (opti	onal):
Indicator #:	36
Indicator: Baseline Measurement:	Long-Term Psychiatric Patients - Inpatient Bed Occupancy Number of Long-Term Psychiatric Patients - Inpatient Bed Occupancy
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement	
New Second-year target/outcome measure Data Source:	тет(п пеецеа).
South Carolina Department of Mental Hea	Ith - Division of Inpatient Services.
New Data Source(if needed):	
New Bata Source(II Incoded).	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	easures:
None.	
New Data issues/caveats that affect outcon	ne measures:
Report of Progress Toward G	oal Attainment
First Year Target: 6 Achi	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and c	
How first year target was achieved (optional	
Second Year Target: 6 Achi	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and c	hanges proposed to meet target:
How second year target was achieved (opti	onal):
Indicator #:	37
Indicator:	Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment
Baseline Measurement:	Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement	: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):
South Carolina Approved: 05/2

Data Source:	
South Carolina Department of Ment	al Health - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into ag	igregate outcomes.
	gi egato cationinos.
New Description of Data: (if needed)	
Data issues/caveats that affect outco	me measures:
None.	
New Data issues/caveats that affect o	outcome measures:
Report of Progress Towar	rd Goal Attainment
First Year Target: 6	Achieved (if not achieved,explain why)
Reason why target was not achieved,	and changes proposed to meet target:
How first year target was achieved (o	ptional):
Second Year Target: 6	Achieved (if not achieved,explain why)
Reason why target was not achieved,	and changes proposed to meet target:
How second year target was achieved	d (optional):
Indicator #:	38
Indicator:	30-Day Inpatient Readmission Rate
Baseline Measurement:	30-Day Inpatient Readmission Rate
First-year target/outcome measureme	ent: Compare to Prior Year's Results.
Second-year target/outcome measure	ement: Compare to Prior Year's Results.
New Second-year target/outcome me	easurement (if needed):
Data Source:	
South Carolina Department of Ment	al Health - Division of Evaluation, Training and Research (ETR).
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into ag	gregate outcomes.
New Description of Data: (if needed)	
Data issues/caveats that affect outco	me measures:
None.	
New Data issues/caveats that affect o	outcome measures:

6 Achieved Not Achieved (if not achieved, explain why) First Year Target:

While the Department has experienced a slig Readmission Rate significantly below the nat	tional average.
How first year target was achieved (optional,):
Second Year Target: 6 Achie	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	langes proposed to meet target:
How second year target was achieved <i>(optio</i>	nal):
Indicator #:	39
Indicator:	Inpatient Restraint Hour Rate
Baseline Measurement:	Inpatient Restraint Hour Rate as Compared Internally and to National Average
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	h - Division of Inpatient Services.
New Data Source(if needed):	
Description of Data	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	asures:
None.	
New Data issues/caveats that affect outcome	o modelitoe.
New Data issues/caveats that affect outcome	s measures.
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achie	
Reason why target was not achieved, and ch	langes proposed to meet target:
How first year target was achieved (optional,):
Second Year Target: 6 Achie	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved <i>(optio</i>	nal):
, J	
Indicator #:	40
Indicator:	Inpatient Seclusion Rate
Baseline Measurement:	Inpatient Seclusion Rate as Compared Internally and to National Average
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren Data Source:	nent <i>(if needed)</i> :
South Carolina Department of Mental Healt	th - Division of Innationt Services

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 27 of 107

New Data Source(if needed):		
Description of Data:		
Internally-generated data co	mparisons.	
New Description of Data: (if r	needed)	
Data issues/caveats that affe	ct outcome measures:	
None.		
New Data issues/caveats that	affect outcome measures:	
Report of Progress	Toward Goal Attainmen	.t
First Year Target:	6 Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not a How first year target was ach	chieved, and changes proposed to ieved (optional):	meet target:
Second Year Target:	Achieved	Not Achieved (if not achieved, explain why)
	chieved, and changes proposed to	
How second year target was		-
Tiew second year target was	acineved (optional).	
Indicator #:	41	
Indicator:	Psychiatric Inpati	ient: Greater than 90-Day Length of Stay
Baseline Measurement:	Psychiatric Inpati	ient: Percentage of Patients with Greater than 90-Day Length of Stay
First-year target/outcome me	easurement: Compare to Prior	Year's Results.
Second-year target/outcome	measurement: Compare to Prior	Year's Results.
New Second-year target/out Data Source:	come measurement (if needed):	
South Carolina Department	of Mental Health - Division of Evalu	uation, Training and Research (ETR).
New Data Source(if needed):		
Description of Data:		
Client-level data summarized	d into aggregate outcomes.	
New Description of Data: (if r	needed)	
Data issues/caveats that affe	ct outcome measures:	
None.		
New Data issues/caveats that	affect outcome measures:	
Report of Progress	Toward Goal Attainmen	
First Year Target:	Achieved	Not Achieved (if not achieved,explain why)
-	chieved, and changes proposed to	
How first year target was ach		
Second Year Target:	Achieved	Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved (option	nal):
Indicator #:	42
Indicator:	Forensic Program Admissions
Baseline Measurement:	Number of Admissions by Pre-Trial Evaluation and Psychosocial Rehabilitation Program
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem Data Source:	ent <i>(if needed)</i> :
South Carolina Department of Mental Healt	h - Division of Inpatient Services.
New Data Source(if needed):	
Description of Data:	
Client-level data summarized into aggregate	outcomes.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: 5 Achiev	
Reason why target was not achieved, and ch	
	ongitudinally by this method. The information is still available, but monitored utilizing
How first year target was achieved (optional)	:
Second Year Target: 6 Achiev	red Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved <i>(option</i>	nal):
	longitudinally by this method. The information is still available, but monitored utilizing
Indicator #:	43
Indicator:	Participating Hospitals - Telepsychiatry
Baseline Measurement:	Number of Participating Hospitals - Telepsychiatry
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem Data Source:	ent <i>(if needed)</i> :
	h – Office of Medical Director (Telepsychiatry Consultation Program).

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 29 of 107

Description of Data:	
Internally-generated data comparisons.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome meas	sures:
None.	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Goa	al Attainment
First Year Target: 6 Achiev	ed Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	
Second Year Target: 😝 Achiev	ed Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How second year target was achieved <i>(optior</i>	nal):
Indicator #:	44
Indicator:	Support Processes Outcomes - Key Business and Support Processes
Baseline Measurement:	Support Processes Outcomes - Key Business and Support Processes: Finance, IT, Nutritiona Services, Physical Plant, Vehicle Management, Human Resources
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem Data Source:	ent(<i>if needed</i>):
Various.	
New Data Source(if needed):	
Description of Data:	
Internally-generated data comparisons.	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome meas	sures:
None.	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Goa	al Attainment
	ed Not Achieved (if not achieved,explain why)

Second Year Target: South Carolina

Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): This operational indicator is no longer used to evaluate performance, but, rather as information only. 45 Indicator #: Indicator: Support Processes Outcomes - Legal and Regulatory Compliance Baseline Measurement: Support Processes Outcomes - Legal and Regulatory Compliance: Accreditation, Program Integrity Audit, Program Field Review, Quality Assurance, Internal Audit, Compliance, Etc. First-year target/outcome measurement: Compare to Prior Year's Results. Second-year target/outcome measurement: Compare to Prior Year's Results. New Second-year target/outcome measurement (if needed): Data Source: Various. New Data Source (if needed): Description of Data: Internally-generated data comparisons. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None. New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment Not Achieved (if not achieved, explain why) Achieved First Year Target: Б Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): Not Achieved (if not achieved, explain why) Second Year Target: Achieved Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): This operational indicator is no longer used to evaluate performance, but, rather as information only.

Priority #: 2

Priority Area: FY2012-2013 Residual Planning Steps

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH

Disorder, Homeless)

Goal of the priority area:

The 14 State Priorities and their respective Priority Areas included in the FY2012-2013 CMHS Block Grant Application are still relevant to the FY2014-2015 CMHS Block Grant Application.

Strategies to attain the goal:

Many of the state priorities and priority areas by goal, strategy, and performance indicator that were included in the FY2012-2013 CMHS Block Grant Application were not intended to be endpoints to be achieved, but rather, waypoints to be reached in an evolving continuum of health care provision and refinement.

Indicator #:	1
Indicator:	Self-Directed Recovery
Baseline Measurement:	Self-Directed Recovery
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuremental Data Source:	ent <i>(if needed)</i> :
South Carolina Department of Mental Health	n - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
	control, and flexibility in selecting services to be rendered on the client's behalf. Through eived needs and desires with services received, clients are engaged and recovery is
New Description of Data:(if needed)	
Data issues/caveats that affect outcome meas	sures:
None.	
	measures:
New Data issues/caveats that affect outcome	
New Data issues/caveats that affect outcome Report of Progress Toward Goa	al Attainment
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target:	al Attainment ed Not Achieved (if not achieved, explain why)
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target:	al Attainment ed Not Achieved (if not achieved, explain why) anges proposed to meet target:
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target:	al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target:
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target:	al Attainment ed
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target:	Al Attainment ed
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target:	Al Attainment ed
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target:	Al Attainment ed
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target:	Al Attainment ed
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target:	Al Attainment ed
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target:	Al Attainment ed
New Data issues/caveats that affect outcome Report of Progress Toward Goa	al Attainment ed

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 32 of 107

New Data Source(if needed):

Description of Data:	
This will occur by creating comm	omotion of positive mental health to reduce the impact of mental illnesses on American communities unities where individuals, families, schools, faith-based organizations, and workplaces take action to educe the likelihood of mental illness.
New Description of Data: (if needs	d)
Data issues/caveats that affect ou	tcome measures:
None.	
New Data issues/caveats that affe	ct outcome measures:
Report of Progress Tow	vard Goal Attainment
First Year Target:	Achieved (if not achieved,explain why)
Reason why target was not achiev	red, and changes proposed to meet target: d (optional):
Second Year Target:	Achieved
Reason why target was not achiev	red, and changes proposed to meet target:
How second year target was achie	ved (optional):
Indicator #:	3
Indicator:	Collaboration
Baseline Measurement:	Collaboration
First-year target/outcome measur	ement: Compare to Prior Year's Results.
Second-year target/outcome mea	surement: Compare to Prior Year's Results.
New Second-year target/outcome Data Source:	measurement(if needed):
South Carolina Department of M	ental Health - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
co-occurring disorders, physical disparities, older adults, and emp	among like-minded organizations to evaluate opportunities for enhancing services for such efforts nealth, employment, peer workforce, homelessness, returning veterans, youth in transition, reducing oloying and deploying technology. Through its myriad of partnerships, the South Carolina Departme e needs, resources, gaps, and solutions of the mental health continuum of care.
New Description of Data:(if neede	d)
Data issues/caveats that affect ou	tcome measures:
None.	
New Data issues/caveats that affe	at autagma magguragi

Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved <i>(option</i>	nal):
Indicator #:	4
Indicator:	Integrating Primary Care and Behavioral Health Care
Baseline Measurement:	Integrating Primary Care and Behavioral Health Care
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem Data Source:	nent(<i>if needed</i>):
South Carolina Department of Mental Healt	h - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
·	stance abuse services in primary care settings, and place primary care services in mental buth Carolina Department of Mental Health has experimented in the past with these re these partnerships in the present.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	isures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	
Reason why target was not achieved, and ch	
How first year target was achieved (optional)	
Second Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved <i>(optio</i>	nal)·
socoma jour target was acmieved (option	,
Indicator #:	5
Indicator:	Strengthen Agency Position as State Mental Health Authority
Baseline Measurement:	Strengthen Agency Position as State Mental Health Authority
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem	nent(if needed):

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 34 of 107

South Carolina Department of Mental Health - Division of Community Mental Health Services.

Description of Data:	
The intent is to emphasive an	nd exercise the primary role the South Carolina Department of Mental Health plays in the delivery of mental ental health continuum of care.
New Description of Data:(if no	eeded)
Data issues/caveats that affec	t outcome measures:
None.	
New Data issues/caveats that	affect outcome measures:
Report of Progress T	oward Goal Attainment
First Year Target:	Achieved (if not achieved,explain why)
Reason why target was not ac	chieved, and changes proposed to meet target:
How first year target was achi	eved (optional):
Second Year Target:	Achieved (if not achieved,explain why)
Reason why target was not ac	chieved, and changes proposed to meet target:
How second year target was a	achieved (optional):
Indicator #:	6
Indicator:	Control Expenditures and/or Increase Efficiency of Operations
Baseline Measurement:	Control Expenditures and/or Increase Efficiency of Operations
First-year target/outcome mea	asurement: Compare to Prior Year's Results.
Second-year target/outcome i	measurement: Compare to Prior Year's Results.
New Second-year target/outc	ome measurement (if needed):
Data Source:	
South Carolina Department of	of Mental Health - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
	current operational environment of the South Carolina Department of Mental Health in order to identify with the purpose of maximizing the return on investment of limited resources.
New Description of Data: (if ne	eeded)
Data issues/caveats that affec	t outcome measures:
None.	

6 Achieved Not Achieved (if not achieved,explain why) First Year Target:

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved <i>(optio</i>	nal):
now second year target was achieved (optio	nai).
Indicator #:	7
Indicator:	Expand Funding/Revenue Opportunities
Baseline Measurement:	Expand Funding/Revenue Opportunities
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren Data Source:	nent (if needed):
South Carolina Department of Mental Healt	h - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
The intent is to evaluate the current revenu	e and funding streams of the South Carolina Department of Mental Health in order to with the purpose of maximizing the use of limited resources to achieve the greatest benefit
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achie	
Reason why target was not achieved, and ch	
How first year target was achieved (optional)):
Second Year Target: 6 Achie	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved <i>(optio</i>	nal):
Indicator #:	8
Indicator:	Improve Access to Care for Targeted Populations
Baseline Measurement:	Improve Access to Care for Targeted Populations
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren Data Source:	nent (if needed):
	h - Division of Community Mental Health Services.

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 36 of 107

in order to identify areas of need, and co	ess to care for clients and potential clients of the South Carolina Department of Mental Health orresponding gaps in access, with the purpose of maximizing the use of limited resources so pact the prevalence rate of mental illness in the State.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome r	measures:
None.	
New Data issues/caveats that affect outco	ome measures:
Report of Progress Toward (Goal Attainment
First Year Target: 6 Ac	hieved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and How first year target was achieved <i>(optio</i>)	
Second Year Target: 😝 🗛	hieved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and	d changes proposed to meet target:
How second year target was achieved <i>(op</i>	ations ().
Town cooling your tail got mad admict ca (or	
Indicator #:	9
Indicator:	Enhance Efficiency of Clinical Service Delivery
Baseline Measurement:	Enhance Efficiency of Clinical Service Delivery
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measureme	nt: Compare to Prior Year's Results.
New Second-year target/outcome measu	rement(if needed):
Data Source:	
South Carolina Department of Mental He	ealth - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
identify areas of increased efficiency with	cal service delivery model of the South Carolina Department of Mental Health in order to h the purpose of maximizing the use of limited resources. This may be achieved through nally-developed electronic medical record, addressing barriers to treatment, or deployment of
New Description of Data:(if needed)	
New Description of Data:(<i>if needed</i>) Data issues/caveats that affect outcome r	measures:

Report of Progress Toward Goal Attainment

First Year Target: **6** Achieved Not Achieved (if not achieved, explain why)

eason why target was not achieved, and characteristics and second year target was achieved (option and cator #: Indicator:	
ndicator #:	nal):
ndicator:	10
	Enhance Treatment Effectiveness
aseline Measurement:	Enhance Treatment Effectiveness
irst-year target/outcome measurement:	Compare to Prior Year's Results.
econd-year target/outcome measurement:	Compare to Prior Year's Results.
lew Second-year target/outcome measurem lata Source:	nent(if needed):
South Carolina Department of Mental Healt	h - Division of Community Mental Health Services.
lew Data Source(if needed):	
escription of Data:	
	ont effectivenes of the South Carolina Department of Mental Health in order to refine orting the recovery of people with mental illnesses.
lew Description of Data:(if needed)	
ata issues/caveats that affect outcome mea	sures:
None.	
lew Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
irst Year Target: 6 Achiev	
eason why target was not achieved, and ch	anges proposed to meet target:
low first year target was achieved (optional)	
econd Year Target: 6 Achiev	red Not Achieved (if not achieved,explain why)
eason why target was not achieved, and ch	anges proposed to meet target:
low second year target was achieved (option	nal):
ndicator #:	11
ndicator:	Budget Preservation
aseline Measurement:	Budget Preservation
irst-year target/outcome measurement:	Compare to Prior Year's Results.
econd-year target/outcome measurement:	Compare to Prior Year's Results.

South Carolina Department of Mental Health - Division of Community Mental Health Services.

Description of Data:	
·	her degradation of funding for the South Carolina Department of Mental Health so that it will be abl and for mental health services across the State of South Carolina.
New Description of Data: (if need	'ed)
Data issues/caveats that affect ou	utcome measures:
None.	
New Data issues/caveats that affo	ect outcome measures:
Report of Progress Tov	ward Goal Attainment
First Year Target:	
Reason why target was not achie How first year target was achieve	eved, and changes proposed to meet target: ed (optional):
Second Year Target:	
Reason why target was not achie	eved, and changes proposed to meet target:
How second year target was achi	eved (optional):
Indicator #:	12
Indicator:	Recruitment and Retention
Baseline Measurement:	Recruitment and Retention
First-year target/outcome measu	rement: Compare to Prior Year's Results.
Second-year target/outcome mea	asurement: Compare to Prior Year's Results.
New Second-year target/outcom Data Source:	e measurement (if needed):
South Carolina Department of N	Mental Health - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
	rtage of clinical staff across the provider spectrum of the South Carolina Department of Mental Health t disparities in compensation between the public and private sectors.
New Description of Data: (if need	'ed)
Data issues/caveats that affect ou	utcome measures:
None.	
	ect outcome measures:

Reason why target was not achieved, and changes proposed to meet target:

Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved (option	nal):
Indicator #:	13
ndicator:	Accreditation
Baseline Measurement:	Accreditation
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measurem Data Source:	nent (if needed):
South Carolina Department of Mental Healt	h - Division of Community Mental Health Services.
New Data Source(if needed):	
Description of Data:	
	vel and types of services provided by the South Carolina Department of Mental Health as accrediting bodies with which the Department is affiliated, and by which all of its tient Facilities are accredited.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	isures:
None.	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	√ed
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional,):
Second Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved (option	nal):
Indicator #:	14
indicator:	Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders
Baseline Measurement:	Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders
First-year target/outcome measurement:	Compare to Prior Year's Results.
Second-year target/outcome measurement:	Compare to Prior Year's Results.
New Second-year target/outcome measuren	nent(if needed):
Data Source:	

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 40 of 107

Description of Data:		
	opriate, acted upon in order to a	I by participants in feedback processes, such as the Community Forums, are affect positive change, and ensure a dynamic environment, for behavioral
New Description of Data:(if	fneeded)	
Data issues/caveats that aff	ect outcome measures:	
None.		
New Data issues/caveats th	at affect outcome measures:	
Report of Progress	Toward Goal Attainm	nent
	Achieved	Not Achieved (if not achieved, explain why)
First Year Target:		
First Year Target: Reason why target was not How first year target was ac	achieved, and changes propose chieved (optional):	ed to meet target:
Reason why target was not		ed to meet target: Not Achieved (if not achieved,explain why)

Priority #: 3

Priority Area: FY2013 Forum Summary Action Plans

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH

Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Facilitated by State Director John H. Magill, the Department has held 18 of 25 community forums statewide during FY2013. The Forums occur at each of the Department's 17 community mental health centers, four hospitals, and four nursing homes. Thus far, a total of 1,100 participants have attended the Forums. Elected officials, state agency representatives, doctors, clinicians, clergy, teachers, police, judges, social workers, parents, advocates, federal, state, and city officials and others are invited to participate in open discussion. Local voices are heard and action plans are formed to address issues that are raised.

Strategies to attain the goal:

The Department's administration management and center liaisons monitor the progress of the action plans. Due to the success of the FY2011 Forums, it was decided that each facility will hold similar forums yearly to monitor program progress, assess needs, and keep stakeholders in the community informed and involved.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders

Baseline Measurement: Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders

First-year target/outcome measurement: Each facility will hold similar forums yearly to monitor program progress, assess needs, and

keep stakeholders in the community informed and involved.

Second-year target/outcome measurement: Each facility will hold similar forums yearly to monitor program progress, assess needs, and

keep stakeholders in the community informed and involved.

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 41 of 107

South Carolina Departmen	t of Mental Health - Division o	of Community Mental Health Services.
New Data Source(if needed,):	
Description of Data:		
feedback-to-date, the Depa	artment will address issues rel	nity involvement is an integral component of its strategic plan. Based on lated to community education (law enforcement, clergy, etc.), military assistance, cy room avoidance and assistance, and crisis stabilization. (See Planning Steps
New Description of Data: (if	needed)	
Data issues/caveats that affe	ect outcome measures:	
None.		
New Data issues/caveats tha	at affect outcome measures:	
Report of Progress	Toward Goal Attain	ment
First Year Target:	6 Achieved	Not Achieved (if not achieved, explain why)
Reason why target was not	achieved, and changes propo	osed to meet target:
How first year target was ac	hieved (optional):	
Second Year Target:	Achieved	Not Achieved (if not achieved, explain why)
Reason why target was not	achieved, and changes propo	osed to meet target:
iteason willy target was not		

Priority #: 4

Priority Area: FIN Group Summary

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH

Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

The FIN Group has been tasked with redesigning and realigning the Community Mental Health System to increase access, service capacity, and earlier treatment of South Carolina citizens with mental illness.

Strategies to attain the goal:

All SCDMH Community Mental Health Centers and Mental Health Clinics will implement the same access requirements and, with more flexible admission criteria, non-SPMI clients will be increasingly treated, often through brief therapy as appropriate.

Annual Performance Indicators to measure goal success

Indicator #:

Indicator: Productivity of Clinicians

Baseline Measurement: Productivity of Clinicians

First-year target/outcome measurement: Baseline Benchmarks Established.

Second-year target/outcome measurement: Baseline Benchmarks Established.

New Second-year target/outcome measurement (if needed):

South Carolina Department	of Mental Health - Division of Community Mental Health Services.
New Data Source(if needed)	
Description of Data:	
•	the number of service hours that are being provided by clinicians. The number of services provided has a 's budget. The number of service hours provided was reviewed by each Community Mental Health Center.
New Description of Data:(if	needed)
Data issues/caveats that affe	ct outcome measures:
None.	
New Data issues/caveats tha	t affect outcome measures:
Report of Progress	Toward Goal Attainment
First Year Target:	
Reason why target was not a	achieved, and changes proposed to meet target:
How first year target was ach	nieved (optional):
Second Year Target:	Achieved (if not achieved,explain why)
Reason why target was not a	nchieved, and changes proposed to meet target:
How second year target was	achieved (optional):
Indicator #:	2
Indicator:	Access to Care
Baseline Measurement:	Access to Care
First-year target/outcome m	easurement: Baseline Benchmarks Established.
Second-year target/outcome	e measurement: Baseline Benchmarks Established.
New Second-year target/out	come measurement(if needed):
Data Source:	
South Carolina Department	of Mental Health - Division of Community Mental Health Services.
New Data Source(if needed)	
Description of Data:	
	mergent, urgent and routine appointments. As of November 1, 2012, all centers will have the capacity to see offer urgent appointments within two working days and routine appointments within seven working days.
New Description of Data: (if I	needed)
Data issues/caveats that affe	ct outcome measures:
None.	

Report of Progress Toward Goal Attainment

	6 Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not ach	nieved, and changes proposed to	meet target:
How first year target was achiev	ved (optional):	
Second Year Target:	Achieved	Not Achieved (if not achieved, explain why)
Reason why target was not ach	nieved, and changes proposed to	meet target:
How second year target was ac	:hieved (optional):	
Indicator #:	3	
Indicator:	Provider Caseload	ds
Baseline Measurement:	Provider Caseload	ds
First-year target/outcome meas	surement: Baseline Benchma	arks Established.
Second-year target/outcome m	neasurement: Baseline Benchma	arks Established.
New Second-year target/outco	me measurement(if needed):	
Data Source:		
South Carolina Department of	f Mental Health - Division of Com	imunity Mental Health Services.
New Data Source(if needed):		
Description of Data:		
Caseloads are being attached	to levels of care. Clinicians can g	jo below the cap, but they cannot exceed the cap.
Level 5 – No caseload. Level 4 – Children and adults, o	caseload can is 35	
Level 3 – Adults – 80; Children		
Level 2 – 120		
Level 1 – 200; to be served by R	RNs.	
Among the other strategies to 180 days.) maximize on current clinician re	esources is a review of the needs of clients who have not been seen with
New Description of Data:(if nee	eded)	
Data issues/caveats that affect	outcome measures:	
Data issues/caveats that affect None.	outcome measures:	
None. New Data issues/caveats that a	affect outcome measures:	†
None. New Data issues/caveats that a Report of Progress To	oward Goal Attainmen	
None. New Data issues/caveats that a Report of Progress To First Year Target:	oward Goal Attainmen Achieved	Not Achieved (if not achieved,explain why)
None. New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach	oward Goal Attainmen Achieved hieved, and changes proposed to	Not Achieved (if not achieved,explain why)
None. New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achieved.	oward Goal Attainmen Achieved hieved, and changes proposed to	Not Achieved (if not achieved,explain why)
None. New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achieved Second Year Target:	oward Goal Attainmen Achieved Achieved Achieved Achieved Achieved Achieved	Not Achieved (if not achieved,explain why) meet target: Not Achieved (if not achieved,explain why)
None. New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achieved Second Year Target:	oward Goal Attainmen Achieved Achieved, and changes proposed to eved (optional): Achieved Achieved Achieved	Not Achieved (if not achieved,explain why) meet target: Not Achieved (if not achieved,explain why)

Indicator:

Baseline Measurement: Staffing and Staff Retention Baseline Benchmarks Established. First-year target/outcome measurement: Second-year target/outcome measurement: Baseline Benchmarks Established. New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Community Mental Health Services. New Data Source (if needed): Description of Data: In order to comply with the levels of care and caseload caps protocols, staffing must be addressed to ensure that clients receive the right level of care within the prescribed access timeframes. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None. New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment Achieved Not Achieved (if not achieved, explain why) First Year Target: Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): Achieved Not Achieved (if not achieved, explain why) Second Year Target: Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): Indicator #: Indicator: Levels of Care Baseline Measurement: Levels of Care First-year target/outcome measurement: Baseline Benchmarks Established. Second-year target/outcome measurement: Baseline Benchmarks Established. New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health - Division of Community Mental Health Services. New Data Source (if needed): Description of Data: Five levels of care have been identified. FIN is currently drafting a level of care standard that includes caseload size caps. Level 5 - Individuals who are in crisis, either current clients or new to the center. These persons are seen at a center on a daily basis. Level 4 - Individuals who are ACT-like team participants. These individuals will be seen a minimum of once a week.

Level 3 - These are people who are doing pretty well and will benefit from therapy. These people would be seen a minimum of once a

month.

Level 2 - People who are pretty stable and doing well and don't have many needs. These people would be seen a minimum of once

New Description of Data: (if i	needed)
New Bescription of Buta.(// /	incoded)
Data issues/caveats that affe	ct outcome measures:
None.	
New Data issues/caveats tha	t affect outcome measures:
D	T 10 1411 1
	Toward Goal Attainment Not Achieved (if not achieved,explain why)
First Year Target:	
Reason why target was not a How first year target was ach	achieved, and changes proposed to meet target:
Second Year Target:	hachieved, and changes proposed to meet target:
How second year target was	achieved (optional):
Indicator #:	6
Indicator:	Clinical Supervision
Baseline Measurement:	Clinical Supervision
Second-year target/outcome	e measurement: Baseline Benchmarks Established.
Second-year target/outcome New Second-year target/out	
Second-year target/outcome New Second-year target/out Data Source:	e measurement: Baseline Benchmarks Established. come measurement (if needed):
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department	e measurement: Baseline Benchmarks Established. scome measurement (if needed): of Mental Health - Division of Community Mental Health Services.
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department	e measurement: Baseline Benchmarks Established. scome measurement (if needed): of Mental Health - Division of Community Mental Health Services.
Data Source:	e measurement: Baseline Benchmarks Established. scome measurement (if needed): of Mental Health - Division of Community Mental Health Services.
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: A draft policy is currently be	e measurement: Baseline Benchmarks Established. scome measurement (if needed): of Mental Health - Division of Community Mental Health Services.
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data:	e measurement: Baseline Benchmarks Established. come measurement (if needed): of Mental Health - Division of Community Mental Health Services.
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: A draft policy is currently be supervision.	e measurement: Baseline Benchmarks Established. come measurement (if needed): of Mental Health - Division of Community Mental Health Services. : eing reviewed to implement across the system. Skill level development is a key component to effective clinic
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: A draft policy is currently be supervision. New Description of Data:(if i	e measurement: Baseline Benchmarks Established. come measurement (if needed): of Mental Health - Division of Community Mental Health Services. eing reviewed to implement across the system. Skill level development is a key component to effective clinic meeded)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: A draft policy is currently be supervision. New Description of Data:(if i	e measurement: Baseline Benchmarks Established. come measurement (if needed): of Mental Health - Division of Community Mental Health Services. eing reviewed to implement across the system. Skill level development is a key component to effective clinic meeded)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: A draft policy is currently be supervision. New Description of Data:(if i	e measurement: Baseline Benchmarks Established. come measurement (if needed): of Mental Health - Division of Community Mental Health Services. eling reviewed to implement across the system. Skill level development is a key component to effective clinic meeded) act outcome measures:
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: A draft policy is currently be supervision. New Description of Data:(if i	e measurement: Baseline Benchmarks Established. come measurement (if needed): of Mental Health - Division of Community Mental Health Services. eling reviewed to implement across the system. Skill level development is a key component to effective clinic meeded) act outcome measures:
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: A draft policy is currently be supervision. New Description of Data:(if i	e measurement: Baseline Benchmarks Established. come measurement (if needed): of Mental Health - Division of Community Mental Health Services. eling reviewed to implement across the system. Skill level development is a key component to effective clinic meeded) act outcome measures:
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: A draft policy is currently be supervision. New Description of Data:(if needed): Data issues/caveats that affe None. New Data issues/caveats that Report of Progress	e measurement: Baseline Benchmarks Established. come measurement (if needed): of Mental Health - Division of Community Mental Health Services. eing reviewed to implement across the system. Skill level development is a key component to effective clinic meeded) ect outcome measures:
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: A draft policy is currently be supervision. New Description of Data:(if needed): Data issues/caveats that affe None. New Data issues/caveats that Report of Progress First Year Target:	e measurement: Baseline Benchmarks Established. come measurement (if needed): of Mental Health - Division of Community Mental Health Services. eing reviewed to implement across the system. Skill level development is a key component to effective clinic needed) ect outcome measures: t affect outcome measures: Toward Goal Attainment
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed): Description of Data: A draft policy is currently be supervision. New Description of Data:(if needed): Data issues/caveats that affe None. New Data issues/caveats that Report of Progress First Year Target:	e measurement: Baseline Benchmarks Established. come measurement (if needed): of Mental Health - Division of Community Mental Health Services. eing reviewed to implement across the system. Skill level development is a key component to effective clinic meeded) control outcome measures: t affect outcome measures: Toward Goal Attainment B Achieved Not Achieved (if not achieved,explain why) achieved, and changes proposed to meet target:

Approved: 05/21/2013 Expires: 05/31/2016 South Carolina

How second year target was achieved (optional):	

Priority #:

Priority Area: FY2014 Budget Requests

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH

Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

The budget requests establish the funding priorities for the Department and effectively define the monetary strategic initiatives relevant to the Strategic Plan.

Strategies to attain the goal:

The FY2014 Budget Requests focus on three areas: maintaining the current capacity of the mental health system; addressing the areas in which the Department is experiencing increased demand; and capitalizing on promising technologies that relieve certain strains on the system. These requests are particularly relevant for inclusion in the FY2014-2015 CMHS Block Grant Application because the approval of said requests will bring about the culmination of a three-year endeavor to undergird the eroding funding experienced since FY2008.

Annual Performance Indicators to measu	re goal success
Indicator #:	1
Indicator:	Sustainability of Mental Health Services
Baseline Measurement:	Sustainabililty of Mental Health Services
First-year target/outcome measurement:	Provision of Appropriations.
Second-year target/outcome measurement:	Provision of Appropriations.
New Second-year target/outcome measurem	ent(if needed):
Data Source:	
South Carolina Department of Mental Healt	i.
New Data Source(if needed):	
Description of Data:	
	t patients at current levels. In order to do that, SCDMH must replace non-recurring funds be ending – with State recurring appropriations by FY 2015.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None.	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	ed Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	inges proposed to meet target:
How first year target was achieved (optional)	
Second Year Target: 6 Achiev	ed Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	inges proposed to meet target:
Carolina	ppproved: 05/21/2013 Expires: 05/31/2016 Page

Page 47 of 107 South Carolina

Indicator #:	2
Indicator:	Sexually Violent Predator Program
Baseline Measurement:	Sexually Violent Predator Program
First-year target/outcome measurement:	Provision of Appropriations.
Second-year target/outcome measuremer	nt: Provision of Appropriations.
New Second-year target/outcome measur	rement (if needed):
Data Source:	
South Carolina Department of Mental He	ealth.
New Data Source(if needed):	
Description of Data:	
Program, ending the recent practice of h persons with mental illness. The census of	unds to fully fund the operational costs the State's Sexually Violent Predator Treatment aving to subsidize the cost of operating the program with funds intended for the treatment of the program is steadily increasing, and the additional amount requested represents the anticipated to treat the expanding population
New Description of Data:(if needed)	
Data issues/caveats that affect outcome n	and sturies.
Bata 1000000 bat bats that all bot batcomo n	leasures.
None.	
None. New Data issues/caveats that affect outco Report of Progress Toward C First Year Target: B Act	ome measures: Goal Attainment nieved Not Achieved (if not achieved,explain why)
None. New Data issues/caveats that affect outco Report of Progress Toward C First Year Target:	Soal Attainment nieved Not Achieved (if not achieved,explain why) changes proposed to meet target:
None. New Data issues/caveats that affect outcomes. Report of Progress Toward Comparison of Pr	Soal Attainment nieved Not Achieved (if not achieved,explain why) changes proposed to meet target:
None. New Data issues/caveats that affect outcomes. Report of Progress Toward Comparison of Pr	Soal Attainment nieved Not Achieved (if not achieved,explain why) changes proposed to meet target: nal): nieved Not Achieved (if not achieved,explain why)
None. New Data issues/caveats that affect outcomes. Report of Progress Toward Comments for the progress Toward Comments of the progress of t	Soal Attainment nieved Not Achieved (if not achieved,explain why) changes proposed to meet target: nal): nieved Not Achieved (if not achieved,explain why) changes proposed to meet target:
None. New Data issues/caveats that affect outcomes. Report of Progress Toward Control of Progress To	Soal Attainment nieved Not Achieved (if not achieved,explain why) changes proposed to meet target: nal): nieved Not Achieved (if not achieved,explain why) changes proposed to meet target:
None. New Data issues/caveats that affect outcomes. Report of Progress Toward Control of Progress To	Soal Attainment nieved
None. New Data issues/caveats that affect outcomes. Report of Progress Toward Comments of Progress of Progress Toward Comments of Progress of Progress of Progress Toward Comments of Progress of Pr	Soal Attainment nieved
None. New Data issues/caveats that affect outcomes. Report of Progress Toward Comments and Progress Toward Comments and Progress Toward Comments. Reason why target: Beason why target was not achieved, and How first year target was achieved (option Second Year Target: Beason why target was not achieved, and How second year target was achieved (option Second Year Target: Beason why target was not achieved (option Second Year Target was not achieved, and How second Year Target was not achieved, and How second Year Target was achieved (option Second Year Target was not achieved, and How second Year Target was achieved (option Year Target was achieved (option Year Target Was achieved (option Year Target Was achieved Year Target Was achieved (option Year Target Was achieved Year Target Was	Soal Attainment nieved Not Achieved (if not achieved,explain why) changes proposed to meet target: nal): nieved Not Achieved (if not achieved,explain why) changes proposed to meet target: tional): 3 Forensic Inpatient Services Forensic Inpatient Services
None. New Data issues/caveats that affect outcomes. Report of Progress Toward Company for the progress Toward Company for th	Soal Attainment nieved
None. New Data issues/caveats that affect outcomes. Report of Progress Toward Comments and Progress Toward Comments and Progress Toward Comments. Reason why target was not achieved, and How first year target was achieved (option Reason why target was not achieved, and Progress Toward Comments. Reason why target was not achieved, and Progress Toward Comments achieved (option Reason why target was not achieved, and Progress Toward Comments. Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement.	Soal Attainment nieved Not Achieved (if not achieved,explain why) changes proposed to meet target: nal): nieved Not Achieved (if not achieved,explain why) changes proposed to meet target: tional): 3 Forensic Inpatient Services Forensic Inpatient Services Provision of Appropriations. nt: Provision of Appropriations.
None. New Data issues/caveats that affect outcomes. Report of Progress Toward Comments for the Action of Progress for th	Soal Attainment nieved Not Achieved (if not achieved,explain why) changes proposed to meet target: nal): nieved Not Achieved (if not achieved,explain why) changes proposed to meet target: tional): 3 Forensic Inpatient Services Forensic Inpatient Services Provision of Appropriations. nt: Provision of Appropriations.

Description of Data:

Another legislatively mandated inpatient program is the Department's secure hospital for adult patients committed following adjudication by a Court of General Sessions as being incapable of standing trial due to a mental illness [S.C. Code Ann. §44-23-430] or committed to SCDMH following a finding of Not Guilty by Reason of Insanity [S.C. Code Ann. §17-24-40]. Due to increased numbers of commitments, the agency has had difficulty timely admitting individuals committed by the criminal courts, resulting in a growing waiting list.

Data issues/caveats that affect outcome me	astiles.
None.	
New Data issues/caveats that affect outcom	no monsures:
New Data issues/caveats that affect outcom	te measures.
Report of Progress Toward Go	pal Attainment
First Year Target: 6 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cl	hanges proposed to meet target:
How first year target was achieved (optiona	<i>I)</i> :
Second Year Target: 6 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cl	hanges proposed to meet target:
How second year target was achieved (option	onal):
Indicator #:	4
Indicator:	Telepsychiatry Consultation Program
Baseline Measurement:	Telepsychiatry Consultation Program
First-year target/outcome measurement:	Provision of Appropriations.
Second-year target/outcome measurement:	Provision of Appropriations.
New Second-year target/outcome measurer	ment(if needed):
Data Source:	
South Carolina Department of Mental Heal	th.
New Data Source(if needed):	
Description of Data:	
received continuing grant funding for the program will end. Last year in appropriated funds. SCDHHS continues	model of cost-effectiveness and efficiency in the future delivery of healthcare, SCDMH has program from The Duke Endowment. However, it has been understood that eventually grant SCDMH instituted user fees for the participating hospitals and the agency received \$500,000 to financially support the program, as well. The requested funds are necessary to ensure the the expected reduction or elimination of further grant funding.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	asures:
None.	

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 49 of 107

6 Achieved

First Year Target:

Not Achieved (if not achieved, explain why)

Second Year Target: 6 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and c	hanges proposed to meet target:
How second year target was achieved (opti	onal):
Indicator #.	-
Indicator #:	5 Continui Formation Democrate
Indicator:	Capital Funding Requests
aseline Measurement: Capital Funding Requests rst-year target/outcome measurement: Provision of Appropriations.	
Second-year target/outcome measurement	
New Second-year target/outcome measure	
Data Source:	ment(n needed).
South Carolina Department of Mental Hea	lth.
New Data Source(if needed):	
Description of Data:	
The Department has requested certain fun	ds to ensure the efficient and effective operation of its physical plant.
New Description of Data: (if needed)	
Data issues/caveats that affect outcome me	easures:
None.	
New Data issues/caveats that affect outcon	ne measures:
Report of Progress Toward Go	oal Attainment
First Year Target: 6 Achie	eved
Reason why target was not achieved, and c	hanges proposed to meet target: opriated limited additional requested funds to be used for this purpose.
How first year target was achieved (optional	
Second Year Target: 😝 Achi	eved
Reason why target was not achieved, and c	hanges proposed to meet target:
How second year target was achieved <i>(opti</i>	
Indicator #:	6
Indicator:	One-Time Funding Requests
Baseline Measurement:	One-Time Funding Requests
First-year target/outcome measurement:	Provision of Appropriations.
Second-year target/outcome measurement	: Provision of Appropriations.
New Second-year target/outcome measure Data Source:	ment(if needed):
	Ith.

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 50 of 107

Description of Data:		
The Department has reque	ested certain funds to ensure th	ne efficient and effective operation of its service delivery system.
New Description of Data: (ii	f needed)	
Data issues/caveats that aff	fect outcome measures:	
None.		
New Data issues/caveats th	nat affect outcome measures:	
Report of Progress	Toward Goal Attain	ment
First Year Target:	Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not How first year target was a	achieved, and changes propos	sed to meet target:
Second Year Target:	Achieved	Not Achieved (if not achieved, explain why)

Footnotes:

Prior to FY2014, Priority #1 was based on "Category 7 - Results" of the Agency Accountability Report.

Beginning with FY2014, the South Carolina Department of Administration, Executive Budget Office, instituted a format change to the Agency Accountability Report Planning Documents. The format change included a Performance Measurement Template that replaced Category 7 – Results in the Agency Accountability Report.

While completing the new Performance Measurement Template, the South Carolina Department of Mental Health (Department) revised its performance measures. The Department refined the type of performance indicators and reduced the number of performance indicators. While the Department has submitted results in the 2016 MHBG Behavioral Health Report for the 45 indicators as presented in the FY2014-2015 Uniform Application, it should be noted that Performance Indicators for subsequent Uniform Applications will reflect the revisions cited above.

South Carolina Approved: 05/21/2013 Expires: 05/31/2016

Page 51 of 107

MHBG Table 2 (URS Table 7) - State Agency Expenditure Report

Start Year: 2014 End Year: 2015

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	\$	\$	\$	\$	\$	\$	\$
2. Primary Prevention	\$	\$	\$	\$	\$	\$	\$
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. State Hospital	\$	\$	\$	\$	\$	\$	\$
6. Other 24 Hour Care	\$	\$	\$	\$	\$	\$	\$
7. Ambulatory/Community Non- 24 Hour Care	\$	\$	\$	\$	\$	\$	\$
8. Administration (Excluding Program and Provider Level)	\$	\$	\$	\$	\$	\$	\$
9. Total	\$	\$	\$	\$	\$	\$	\$

Please indicate the expenditures are <u>actual</u> or <u>estimated</u>.

jm Actual j	🦳 Estimated
-------------	-------------

Footnotes:

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education) Approved: 05/21/2013, Expires: 05/31/2016			\$0

South Carolina Approved: 05/21/2013 Expires: 05/31/2016

Education programs for youth groups (Education)		\$0
Community Service Activities (Alternatives)		\$0
Student Assistance Programs (Problem Identification and Referral)		\$0
Employee Assistance programs (Problem Identification and Referral)		\$0
Community Team Building (Community Based Process)		\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)		\$0
Engagement Services		\$0
Assessment		\$0
Specialized Evaluations (Psychological and Neurological)		\$0
Service Planning (including crisis planning)		\$0
Consumer/Family Education		\$0
Outreach		\$0
Outpatient Services		\$0
Evidenced-based Therapies		\$0
Group Therapy		\$0
Family Therapy		\$0
Multi-family Therapy		\$0
Consultation to Caregivers		\$0
Medication Services		\$0
Medication Management		\$0
Pharmacotherapy (including MAT)		\$0
Laboratory services		\$0
Community Support (Rehabilitative)		\$0
Parent/Caregiver Support		\$0
Skill Building (social, daily living, cognitive)		\$0
Case Management		\$0
ath Carolina Approved: 05/21/2013 Expires: 05/31/2016		Page 54 of

Behavior Management		\$0
Supported Employment		\$0
Permanent Supported Housing		\$0
Recovery Housing		\$0
Therapeutic Mentoring		\$0
Traditional Healing Services		\$0
Recovery Supports		\$0
Peer Support		\$0
Recovery Support Coaching		\$0
Recovery Support Center Services		\$0
Supports for Self-directed Care		\$0
Other Supports (Habilitative)		\$0
Personal Care		\$0
Homemaker		\$0
Respite		\$0
Supported Education		\$0
Transportation		\$0
Assisted Living Services		\$0
Recreational Services		\$0
Trained Behavioral Health Interpreters		\$0
Interactive Communication Technology Devices		\$0
Intensive Support Services		\$0
Substance Abuse Intensive Outpatient (IOP)		\$0
Partial Hospital		\$0
Assertive Community Treatment		\$0
Intensive Home-based Services		\$0
Multi-systemic Therapy Approved: 05/24/2012, Expired: 05/24/2016		\$0

Intensive Case Management		\$0
Out-of-Home Residential Services		\$0
Children's Mental Health Residential Services		\$0
Crisis Residential/Stabilization		\$0
Clinically Managed 24 Hour Care (SA)		\$0
Clinically Managed Medium Intensity Care (SA)		\$0
Adult Mental Health Residential		\$0
Youth Substance Abuse Residential Services		\$0
Therapeutic Foster Care		\$0
Acute Intensive Services		\$0
Mobile Crisis		\$0
Peer-based Crisis Services		\$0
Urgent Care		\$0
23-hour Observation Bed		\$0
Medically Monitored Intensive Inpatient (SA)		\$0
24/7 Crisis Hotline Services		\$0
Other (please list)		\$0
Total		\$0

Footnotes:			

MHBG Table 4 - Set-aside for Children's Mental Health Services

	State Expenditures for Mental Health Services	
Actual SFY 2008	Actual SFY 2014	Estimated/Actual SFY 2015
\$26,040,177	\$12,046,862	\$14,119,869

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

Page 57 of 107

MHBG Table 5 (URS Table 8) - Profile Of Mental Health Block Grant Expenditures For Non-Direct Service Activities

This table is used to describe the use of CMHS BG funds for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority

Service		Estimated Total Block Grant
MHA Technical Assistar	nce Activities	\$
MHA Planning Council	Activities	\$
MHA Administration		\$
MHA Data Collection/F	Reporting	\$
MHA Activities Other T	han Those Above	\$
Total Non-Direct Serv	ices	\$
Comments on Data:	No expenditures this fiscal year in this area of the Block Gran	t.
Footnotes:		

MHBG Table 6 (URS Table 10) - Statewide Entity Inventory

Expenditure Period Start Date: Expenditure Period End Date:

Entity Number	I-BHS ID (for SABG)	Area Served (Statewide or Sub-	Provider/Program/Agency Name	Street Address	City	State	Zip	SAPT Block Grant - A.	SAPT Block Grant - B. Prevention (other than	SAPT Block Grant - C. Pregnant	SAPT Block Grant - D. Primary	SAPT Block Grant - E. Early Intervention	CMHS Block Grant - F. Adults with serious	CMHS Blo Grant - G Children with serio
	эмва)	State Planning Area)						Block Grant Funds	primary prevention) and Treatment Services	Women and Women with Dependent Children	Prevention	Services for HIV	mental illness	emotion disturban
		Statewide	Aiken MHC	1135 Gregg Hwy	Aiken	SC	29801						\$85,803.00	\$52,333.00
		Statewide	Anderson MHC	200 McGee Rd.	Anderson	SC	29625						\$135,317.00	\$181,213.0
		Statewide	Beckman MHC	1547 Parkway, Suite 100	Greenwood	SC	29646						\$193,342.00	\$336,518.0
		Statewide	Berkeley MHC	403 Stoney Landing Rd.	Moncks Corner	SC	29464						\$96,706.00	\$44,835.00
		Statewide	Catawba MHC	225 E Main St.	Rock Hill	SC	29730						\$228,551.00	\$170,008.0
		Statewide	Charleston MHC	2100 Charlie Hall Blvd.	Charleston	SC	29414						\$252,401.00	\$126,993.0
		Statewide	Coastal MHC	1050 Ribaut Rd.	Beaufort	SC	29902						\$276,549.00	\$242,694.0
		Statewide	Columbia MHC	2715 Colonial Dr.	Columbia	SC	29203						\$358,708.00	\$120,023.0
2		Sub-State Planning Area	Dee Norton RFP	1061 King St.	Charleston	SC	29403						\$0.00	\$34,704.00
0		Statewide	Federation of Families RFP	810 Dutch Square Blvd.	Columbia	SC	29210						\$23,132.00	\$23,132.00
		Statewide	Greenville MHC	124 Mallard St.	Greenville	SC	29601						\$98,631.00	\$98,631.00
0		Statewide	Lexington MHC	301 Palmetto Park Blvd.	Lexington	SC	29072						\$326,906.00	\$43,228.00
9		Sub-State Planning Area	MHA Greenville	301 University Ridge	Greenville	SC	29601						\$47,000.00	\$0.00
6		Sub-State Planning Area	MHA-SC	1823 Gadsden Street	Columbia	SC	29201						\$0.00	\$30,000.00
5		Statewide	MHA-SC PC Travel	1823 Gadsden Street	Columbia	SC	29201						\$500.00	\$500.00
3		Statewide	NAMI	P.O. Box 1267	Columbia	SC	29202						\$57,100.00	\$42,900.00
1		Statewide	Orangeburg MHC	2319 St. Matthews Rd.	Orangeburg	SC	29116						\$80,518.00	\$321,426.0
2		Statewide	Pee Dee MHC	125 E Chevez St.	Florence	SC	29506						\$230,919.00	\$107,599.0
3		Statewide	Piedmont MHC	20 Powerhorn Rd.	Simpsonville	SC	29681						\$180,062.00	\$276,080.0
8		Statewide	Projects and Grants (32)	2414 Bull St.	Columbia	SC	29202						\$14,890.00	\$140,890.0
4		Statewide	Santee MHC	215 N. Magnolia St.	Sumter	SC	29151						\$269,192.00	\$144,432.0
4		Statewide	SC SHARE	427 Meeting St.	West Columbia	SC	29169						\$47,032.00	\$0.00
5		Statewide	Spartanburg MHC	250 Dewey Dr.	Spartanburg	SC	29303						\$418,065.00	\$141,381.0

South Carolina Approved: 05/21/2013 Expires: 05/31/2016

16	Statewide	Tri-County MHC	Cheraw Hwy.	Bennettsville	SC	29512						\$117,136.00	\$117,136.00
17	Statewide	Waccamaw MHC	164 Waccamaw Med. Prk. Dr.	Conway	SC	29526						\$122,840.00	\$168,736.00
21	Sub-State Planning Area	Work-in-Progress	1413 Calhoun St.	Columbia	SC	29201						\$45,000.00	\$0.00
Total							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,706,300.00	\$2,965,392.00

Footnotes:			

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

	Total Expenditures for SMH	1A
Period	Expenditures	B1(2013) + B2(2014)
(A)	(B)	(C)
SFY 2013 (1)	\$66,940,745	
SFY 2014 (2)	\$69,027,628	\$67,984,187
SFY 2015 (3)	\$69,870,114	

SFY 2013	Yes	Χ	No	
SFY 2014	Yes	Χ	No	
SFY 2015	Yes	Χ	No	

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

Footnotes:			

MHBG Table 8A & 8B (URS Table 5A and 5B) - Profile of Clients by Type of Funding and Support

Table 8A

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

		Tot		j	Americ		ian or		Asian		Black	or Afric	can	Native Other F	Hawaii	an or		White		Hispanic for URS	* use only table 5b a		More T	han On eported		Race N	lot Ava	ilable
																					available							
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
Medicaid (only Medicaid)	18,879	17,432	74	36,385	63	49	0	40	40	0	7,967	8,636	36	1	2	0	9,531	7,283	28	0	0	0	301	347	0	976	1,075	10
Non- Medicaid Sources (only)	17,984	14,555	53	32,592	48	63	0	74	51	0	4,995	4,699	12	4	3	0	12,138	9,119	36	0	0	0	51	53	0	674	567	5
People Served by Both Medicaid and Non- Medicaid Sources	7,322	5,996	7	13,325	18	14	0	25	20	0	3,257	3,036	4	0	1	0	3,823	2,726	2	0	0	0	27	35	0	172	164	1
Medicaid Status Not Available	269	704	1	974	0	4	0	3	3	0	101	348	0	0	0	0	156	321	1	0	0	0	1	0	0	8	28	0
Total Served	44,454	38,687	135	83,276	129	130	0	142	114	0	16,320	16,719	52	5	6	0	25,648	19,449	67	0	0	0	380	435	0	1,830	1,834	16

Data Based on Medicaid Services

Data Based on Medical Eligibility, not Medicaid Paid Services

People Served By Both' includes people with any Medicaid

Comments on Data (for Race):

Comments on Data (for Gender):

Comments on Data (Overall):

See General Notes.

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 5A.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

	Not	Not Hispanic or Latino			spanic or Lat	ino	Hispanic or	Latino Origi	n Unknown		Total			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total	
Medicaid Only	14,163	12,663	49	591	607	4	4,125	4,162	21	18,879	17,432	74	36,385	
Non-Medicaid Only	13,767	10,930	32	508	423	0	3,709	3,202	21	17,984	14,555	53	32,592	
People Served by Both Medicaid and Non-Medicaid Sources	1,672	1,521	2	179	147	0	5,471	4,328	5	7,322	5,996	7	13,325	
Medicaid Status Unknown	136	159	0	8	23	0	125	522	1	269	704	1	974	
Total Served	29,738	25,273	83	1,286	1,200	4	13,430	12,214	48	44,454	38,687	135	83,276	

Comments on Data (for Ethnicity):

People of Hispanic or Latino ethnicity may be of any race, therefore, can be included in the other races in Table 5A.

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

Footnotes:			

MHBG Table 9 (URS Table 1) - Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. CMHS will provide this data to States based on the standardized methodology developed and published in the Federal Register and the State level estimates for both adults with SMI and children with SED.

	odironi koport rodi	Till de Tears Fei Wara
Adults with Serious Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		
Note: This Table will be completed for the States by CMHS.		
Footnotes:		

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 64 of 107

MHBG Table 10 (URS Table 12) - State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

Population Served

1. Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	·		1137					
			Population	ns Covered:	Included	in Data		
			State Hospitals	Community Programs	State Hospitals	Community Programs		
1. Ag	ed 0 to 3		₽ Yes	∂ Yes	₽ Yes	₱ Yes		
2. Ag	ed 4 to 17		₽ Yes	₽ Yes	(€ Yes	l5 Yes		
3. Ad	ults Aged 18 and over		♭ Yes	♭ Yes	♭ Yes	♭ Yes		
4. For	rensics		♭ Yes	♭ Yes	b Yes	♭ Yes		
Comr	nents on Data:					See General Notes.		
2.	Do all of the adults a serious emotional dis		served through the state i	mental health agency mee	t the Federal definitions of	serious mental illness and		
			€ Serious	Mental Illness				
2.a.	If no, please indicate serious emotional dis			Emotional Disturbances the reporting period who i	met the federal definitions o	of serious mental illness a		
2.a.1.	Percent of adults med	eting Federa	al definition of SMI:		93.2 %			
2.a.2.	Percentage of childre	n/adolescei	nts meeting Federal definit	tion of SED:	91.2 %			
3.	Co-Occurring Mental	Health and	Substance Abuse:					
3.a.	What percentage of p	persons serv	red by the SMHA for the re	porting period have a dua	I diagnosis of mental illness	and substance abuse?		
3.a.1.	.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem: 20.4 %							
3.a.2.	Percentage of childre	n/adolescer	nts served by the SMHA wh	no also have a diagnosis of	substance abuse problem:	3.0 %		
3.b.			ved for the reporting periontal illness and substance		initions of adults with SMI a	and children/adolescents		
3.b.1.	Percentage of adults	meeting Fe	deral definition of SMI who	o also have a diagnosis of	substance abuse problem:	18.8 %		
3.b.2.	b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:							

4. State Mental Health Agency Responsibilities

disorders.

the number of persons with co-occurring

3.b.3. Please describe how you calculate and count By diagnosis codes.

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 65 of 107

	1. State Medicaid Operating Agency	€				
	2. Setting Standards	É				
	3. Quality Improvement/Program Compliance	Ь				
	4. Resolving Consumer Complaints	Ð				
	5. Licensing	ê				
	6. Sanctions	ê				
	7. Other					
	b. Managed Care (Mental Health Managed Care)				progra	ata for these ams reported S Tables?
4.b.1	Does the State have a Medicaid Managed Care initiative?		ē	Yes	€ Ye	S
	Does the State Mental Health Agency have any responsibilition through Medicaid Managed Care? please check the responsibilities the SMHA has:	·	€	Yes		
4.b.3	Direct contractual responsibility and oversight of the MCOs of	or BHOs	ē	Yes		
4.b.4	Setting Standards for mental health services		ē	Yes		
4.b.5	Coordination with state health and Medicaid agencies		b	Yes		
4.b.6	Resolving mental health consumer complaints		Б	Yes		
4.b.7	Input in contract development		Б	Yes		
4.b.8	Performance monitoring		Б	Yes		
4.b.9	Other					
5.	Data Reporting: Please describe the extent to which your inf different parts of your mental health system. Please respond across your entire mental health system.					
	Are the data reporting in the tables?					
5.a. 5.b.	<u>Unduplicated:</u> counted once even if they were served in both community mental health agencies responsible for different puplicated: across state hospital and community programs		ms a	nd if they were serv	ved in	6
5.c.	Duplicated: within community programs					€
5.d.	Duplicated: Between Child and Adult Agencies					€
5.e.	Plans for Unduplication: If you are not currently able to prov system, please describe your plans to get unduplicated clien				iealth	
6.	Summary Administrative Data					

6.	Summary Administrative Data	
6.a.	Report Year:	FY2015
6.b.	State Identifier:	SC
	Summary Information on Data Submitted by SMHA:	
6.c.	Year being reported:	7/1/2014 12:00:00 AM to 6/30/2015 12:00:00 AM
6.d.	Person Responsible for Submission:	Sarah A. Osborne
6.e.	Contact Phone Number:	(803) 898-8507
6.f.	Contact Address:	2414 Bull Street Columbia, SC 29202
6.g.	E-mail:	sarah.osborne@scdmh.org
Foot	notes:	

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 66 of 107

MHBG Table 11 A and MHBG Table 11 B (URS Tables 2A and 2B) - Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 11A

		To	otal			ican Ir Iska N	ndian or ative		Asiaı	n		ick or Afi America				vaiian or Elslander		White		data fo	nic * us or Tab t avail	le 2b are		Than C Report	One Race ed	Race	Not Av	/ailable
	Female	Male	Not Available	Total	Female		Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female		Not Available	Female	Male	Not Available
0-12 years	5,127	8,620	32	13,779	16	16	0	6	12	0	2,122	3,944	18	0	1	0	2,385	3,674	8	0	0	0	139	242	0	459	731	6
13-17 years	6,124	6,682	36	12,842	16	15	0	19	13	0	2,264	3,074	18	1	1	0	3,186	2,986	13	0	0	0	141	133	0	497	460	Ę
18-20 years	1,571	1,512	6	3,089	2	8	0	6	2	0	536	638	0	0	1	0	942	767	5	0	0	0	21	13	0	64	83	
21-24 years	2,089	1,873	10	3,972	2	3	0	3	5	0	747	809	3	0	0	0	1,232	976	6	0	0	0	18	14	0	87	66	
25-44 years	12,780	9,833	33	22,646	40	42	0	40	33	0	4,330	4,048	11	0	2	0	7,917	5,425	21	0	0	0	46	19	0	407	264	-
45-64 years	14,269	9,037	14	23,320	44	43	0	58	44	0	5,305	3,704	2	4	1	0	8,567	5,026	11	0	0	0	13	14	0	278	205	
65-74 years	2,027	960	1	2,988	7	0	0	8	4	0	802	423	0	0	0	0	1,178	513	1	0	0	0	2	0	0	30	20	(
75+ years	465	166	2	633	2	3	0	2	1	0	213	79	0	0	0	0	240	80	2	0	0	0	0	0	0	8	3	(
Not Available	2	4	1	7	0	0	0	0	0	0	1	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	2	1
Total	44,454	38,687	135	83,276	129	130	0	142	114	0	16,320	16,719	52	5	6	0	25,648	19,449	67	0	0	0	380	435	0	1,830	1,834	16
Pregnant Women	0	0	0	0	0			0			0			0			0			0			0			0		

Are these numbers unduplicated?

b Unduplicated

© Duplicated : between Hospitals and Community

© Duplicated : Among Community Programs

Duplicated between children and adults

€ Other : describe

Comments on Data (for Age):

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 67 of 107

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	No selection for Spanish American or Other race selection therefore was included in the Race Not Available category. If race is unknown it was included in the count for Race Not Availble.
Comments on Data (Overall):	

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 11A.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 11B

	Not F	lispanic or l	atino	His	panic or Lat	tino	Hispanic or L	atino Origin I	Not Available		To	otal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	3,592	6,011	23	240	382	2	1,295	2,227	7	5,127	8,620	32	13,779
13-17 years	4,230	4,685	23	249	253	2	1,645	1,744	11	6,124	6,682	36	12,842
18-20 years	1,152	1,058	3	37	48	0	382	406	3	1,571	1,512	6	3,089
21-24 years	1,602	1,401	5	52	42	0	435	430	5	2,089	1,873	10	3,972
25-44 years	10,238	7,594	24	335	241	0	2,207	1,998	9	12,780	9,833	33	22,646
45-64 years	11,016	6,592	6	302	203	0	2,951	2,242	8	14,269	9,037	14	23,320
65-74 years	1,424	634	1	56	26	0	547	300	0	2,027	960	1	2,988
75+ years	283	104	1	15	5	0	167	57	1	465	166	2	633
Not Available	0	1	0	0	0	0	2	3	1	2	4	1	7
Total	33,537	28,080	86	1,286	1,200	4	9,631	9,407	45	44,454	38,687	135	83,276
Pregnant Women	0			0			0			0	0	0	0
Comments on Data (for Age)	:											•	

Page 68 of 107

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	People of Hispanic or Latino ethnicity may be of any race, therefore, can be included in the other races in Table 2A.
Comments on Data (Overall):	

Footnotes:			

MHBG Table 12 (URS Table 3) - Profile Of Persons Served In The Community Mental Health Settings, State Psychiatric Hospitals And Other Settings

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Service Setting		Age 0-1	7		Age 18-	20		Age 21-	64		Age 65	+	Age	Not Ava	ailable		To	otal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	11,226	15,263	68	1,565	1,494	6	28,993	20,226	57	2,472	1,075	3	2	4	1	44,258	38,062	135	82,455
State Psychiatric Hospitals	180	261	1	30	51	0	561	1,028	2	28	56	0	0	0	0	799	1,396	3	2,198
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	32	0	0	2	0	0	0	0	0	0	0	0	0	0	0	34	0	34

Comments or	n Data	(for A	(ae	١:

Comments on Data (for Gender):

Comments on Data (Overall):

Data for those inpatient in the Sexual Violent Predator and forensic programs are included under State Hospital.

Footnotes:			

MHBG Tables 13 A, B, C (URS Tables 14A/14B) - Profile of Persons With SMI/SED Served by Age, Gender and Race/Ethnicity

Table 13A,B

South Carolina

This is a developmental table similar to Table 2A. and 2B. This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. Table 2A. and 2B. included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as Tables 2A. and 2B. For 2007, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definition. Please report the data under the categories listed - "Total" are calculated automatically.

		Т	otal			ican Ir iska N	ndian or ative		Asia	n		ck or A Americ				vaiian or Elslander		White	e	data	for Ta	se only if ble 14b ailable		Than (Report	One Race ted	Race	Not A	vailable
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	4,442	7,928	21	12,391	16	16	0	6	10	0	1,826	3,656	11	0	1	0	2,077	3,351	6	0	0	0	117	225	0	400	669	4
13-17 years	5,714	6,078	27	11,819	16	15	0	19	13	0	2,092	2,814	14	1	1	0	2,989	2,704	10	0	0	0	132	121	0	465	410	3
18-20 years	1,418	1,229	5	2,652	2	5	0	6	2	0	469	508	0	0	1	0	866	632	5	0	0	0	18	10	0	57	71	0
21-64 years	27,542	18,404	45	45,991	82	79	0	97	77	0	9,823	7,693	11	4	3	0	16,725	10,030	32	0	0	0	71	45	0	740	477	2
65-74 years	1,978	875	0	2,853	7	0	0	8	3	0	778	386	0	0	0	0	1,153	468	0	0	0	0	2	0	0	30	18	0
75+ years	444	148	1	593	2	3	0	2	0	0	207	74	0	0	0	0	227	69	1	0	0	0	0	0	0	6	2	0
Not Available	2	1	0	3	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Total	41,540	34,663	99	76,302	125	118	0	138	105	0	15,196	15,131	36	5	6	0	24,038	17,255	54	0	0	0	340	401	0	1,698	1,647	9
Commen	ts on Da	ta (for A	Age):																					•				
Commen	ts on Da	ta (for (Gender):																									
Comment	ts on Da	ta (for F	Race/Ethn	icity):																								
Commen	ts on Da	ta (Ove	rall):																									

1. State Definitions Mat	ch the Federal Definitions		
jn Yes jn No	Adults with SMI, if No describe or attach state definition:	The number of adults with a SMI qualifying diagnoses.	Ę
	Discussion in all and in the state CNAI definition	All diagnoses that qualify as SMI	Ę

Diagnoses included in the state SMI definition:

 j_{TO} Yes j_{TO} No Children with SED, if No describe or attach state definition:

The number of children with a SED qualifying diagnosis.

Diagnoses included in the state SED definition:

All diagnoses that qualify as SED

Table 13C

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A. Please report the data under the categories listed - "Total" are calculated automatically.

	Not H	lispanic or I	Latino	His	panic or Lat	ino	Hispanic or L	atino Origin I	Not Available		То	tal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	3,077	5,504	14	203	352	2	1,162	2,072	5	4,442	7,928	21	12,391
13-17 years	3,955	4,270	17	231	228	0	1,528	1,580	10	5,714	6,078	27	11,819
18-20 years	1,041	861	3	35	42	0	342	326	2	1,418	1,229	5	2,652
21-64 years	21,692	14,203	27	664	437	0	5,186	3,764	18	27,542	18,404	45	45,991
65-74 years	1,396	602	0	55	23	0	527	250	0	1,978	875	0	2,853
75+ years	268	95	0	14	4	0	162	49	1	444	148	1	593
Not Available	0	1	0	0	0	0	2	0	0	2	1	0	3
Total	31,429	25,536	61	1,202	1,086	2	8,909	8,041	36	41,540	34,663	99	76,302
Comments on Data (for	r Age):												
Comments on Data (fo	r Gender):												
Comments on Data (for	r Race/Ethni	city):	People of H	ispanic or L	atino ethnio	city may be	of any race, th	erefore, can l	pe included in	the other ra	aces in Table	e 14A.	
Comments on Data (Ov	verall):												

Fc	ootnotes:				

MHBG Table 14 (URS Table 6) - Profile of Client Turnover

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length o Days): Di Pati	f Stay (in scharged ents	for 1 Yea Average I Stay (ir Residents	s in Facility r or Less: Length of n Days): at end of ear	For Clients More Tha Average I Stay (ir Residents ye	in 1 Year: Length of I Days): at end of
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospitals	655	1,715	1,708	0	0	0	0	0	0
Children (0 to 17 years)	25	468	468	23	13	17	6	0	0
Adults (18 yrs and over)	630	1,247	1,240	117	20	113	75	18,472	1,538
Age Not Available	0	0	0	0	0	0	0	0	0
Other Psychiactric Inpatient	0	0	0	0	0	0	0	0	0
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Residential Tx Centers	8	27	23	0	0	0	0	0	0
Children (0 to 17 years)	8	26	22	123	145	110	110	0	0
Adults (18 yrs and over)	0	1	1	109	109	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Community Programs	45,856	44,478	0	0	0	0	0	0	0
Children (0 to 17 years)	12,051	16,983							
Adults (18 yrs and over)	33,804	27,488							
Age Not Available	1	7							

Comments on Data (State Hospital):

There are no children in the State Hospital for a period longer than one year. State Hospital data includes Forensic population and the Sexually Violent Predator Program (SVP). Increase in State Hospital admissions due to increase in number of beds.

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment):

There are no children in residential treatment for a period longer than one year.

Comments on Data (Overall): See General Notes.	
Footnotes:	

Comments on Data (Community Programs):

Page 75 of 107

MHBG Table 15 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services During the Year

This table provides a profile of adults with serious mental illness receiving specific evidence-based practices in the reporting year. The reporting year should be the latest state fiscal year for which data are available.

ADULTS WITH SERIOUS MENTAL ILLNESS

		i	
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

Hispanic	0	0	0	0						
More Than One Race	0	0	0	0						
Unknown	0	0	0	0						
Hispanic / Latino Origin										
Hispanic / Latino origin	0	0	0	0						
Non Hispanic / Latino	0	0	0	0						
Not Available	0	0	0	0						
Do you monitor fidelity for this service?	jn Yes jn No	jn Yes jn No	jn Yes jn No	jn Yes jn No						
IF YES,										
What fidelity measure do you use?										
Who measures fidelity?										
How often is fidelity measured?										
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	jn Yes jn No	jn Yes jn No	jn Yes jn No	jn Yes jn No						
Have staff been specifically trained to implement the EBP?	jn Yes jn No	jn Yes jn No	jn Yes jn No	jn Yes jn No						
*Hispanic is part of the total served. jn Yes jn No	•			,						
Comments on Data (overall):										
This table is not reported.										
Comments on Data (Family Psychoeducation):										
Comments on Data (Integrated Treatment for Co-occurring	ng Disorders):									
Comments on Data (Illness Self Management and Recovery):										
Comments on Data (Medication Management):										
*Hispanic: Only use the "Hispanic" row under Race if data for I	Illian and a Fit I C :	do								

*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Footnotes:

MHBG Table 16A (URS Table 4) - Profile of Adult Clients By Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force"). Unemployed refers to persons who are looking for work but have not found employment.

Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Adults Served		18-20			21-64			65+		Ag	e Not Availa	ble		Tota	al	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	17	5	0	824	503	0	83	43	0	0	0	0	924	551	0	1,475
Unemployed	22	16	0	2,597	2,293	0	677	306	0	0	0	0	3,296	2,615	0	5,911
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	120	120	1	2,652	1,896	1	317	114	0	0	0	0	3,089	2,130	2	5,221
Not Available	1,406	1,353	5	22,920	15,534	56	1,395	612	3	0	0	0	25,721	17,499	64	43,284
Total	1,565	1,494	6	28,993	20,226	57	2,472	1,075	3	0	0	0	33,030	22,795	66	55,891

How Often Does your State Measure Employment Status?

♠ At Admission ♠ At Discharge ♠ Monthly ♠ Quarterly ♠ Other, describe:

When a change occurs.

What populations are included: j_{\cap} All clients j_{\cap} Only selected ground	oups, describe:	
Comments on Data (for Age): "Age Not Available" is not included due to not being able to determine	e if they are 18 or older.	
Comments on Data (for Gender):		
Comments on Data (Overall): See General Notes		
Footnotes:		

MHBG Table 16B (URS Table 4A) - Profile of Adult Clients By Employment Status: By Primary Diagnosis Reported

The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (295)	382	3,130	1,759	6,989	12,260
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	862	2,055	2,474	24,500	29,891
Other Psychoses (297, 298)	59	269	276	1,731	2,335
All Other Diagnoses	166	449	696	9,126	10,437
No Dx and Deferred DX (799.9, V71.09)	6	8	16	938	968
Diagnosis Total	1,475	5,911	5,221	43,284	55,891

Comments on Data (for Diagnosis):

Footnotes	S:			

[&]quot;Age Not Available" is not included due to not being able to determine if they are 18 or older.

MHBG Table 17 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	324	124	59	0	32	145	5	3	12	25,917	26,621
18-64	6,423	6	1,047	0	2	826	28	90	40	44,565	53,027
65+	1,152	1	268	0	0	68	2	3	5	2,122	3,621
Not Available	0	0	0	0	0	0	0	0	0	7	7
TOTAL	7,899	131	1,374	0	34	1,039	35	96	57	72,611	83,276
	ī		Γ				·	·		<u> </u>	
Female	4,501	57	552	0	0	324	6	41	15	38,958	44,454
Male	3,398	73	822	0	34	715	29	55	42	33,519	38,687
Not Available	0	1	0	0	0	0	0	0	0	134	135
TOTAL	7,899	131	1,374	0	34	1,039	35	96	57	72,611	83,276
th Carolina				Approved: 05	5/21/2013 Expire:	s: 05/31/2016				Page	81 of 107

American Indian/Alaska Native	15	0	5	0	0	2	0	0	0	237	259
Asian	37	0	5	0	0	2	0	1	0	211	256
Black/African American	4,294	58	789	0	13	511	15	44	27	27,340	33,091
Hawaiian/Pacific Islander	1	0	0	0	0	0	0	0	0	10	11
White/Caucasian	3,438	56	558	0	19	485	19	49	29	40,511	45,164
Hispanic *	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	5	6	2	0	1	6	0	0	0	795	815
Race/Ethnicity Not Available	109	11	15	0	1	33	1	2	1	3,507	3,680
TOTAL	7,899	131	1,374	0	34	1,039	35	96	57	72,611	83,276

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	240	2	31	0	0	25	3	0	2	2,187	2,490
Non Hispanic or Latino Origin	5,210	95	935	0	14	488	26	81	48	54,806	61,703
Hispanic											

or Latino Origin Not Available	2,449	34	408	0	20	526	6	15	7	15,618	19,083
TOTAL	7,899	131	1,374	0	34	1,039	35	96	57	72,611	83,276

Comments on Data:	See General Notes.
How Often Does your State Measure Living Situation?	 At Admission

Footr	notes:			

^{*}Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available

MHBG Table 18 (URS Table 19B) - Profile of Change in School Attendance

- 1. This is a developmental measure. To assist in the development process, we are asking states to report information on the school attendance outcomes of mental health consumers with their December 2007 MHBG submission.
- 2. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.
- 3. If your SMHA has data on School Attendance from alternative sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in the Attendance from T1 to T2, please use all these columns.
- 4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
- 5. Please tell us anything else that would help us to understand your indicator (e. g., list survey or MIS questions; describe linking methodology and data sources; specifiy time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

	T1 T2						T1 to T2 Change					Impact of Services						
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most	Recent 12 mo year)	onths (this	If Suspe	nded at T1 (P Months)	rior 12	If Not Sus	pended at T1 Months)	(Prior 12	Over the	last 12 m		number of cool have	lays my chil	d was in
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	169	419	41	189	410	30	122	45	2	60	352	7	152	225	42	136	74	629
Gender																		
Female	40	167	10	48	162	7	26	14	0	21	143	3	60	73	13	51	20	217
Male	100	212	21	112	207	14	75	24	1	33	177	2	79	123	18	73	40	333
Not Available	29	40	10	29	41	9	21	7	1	6	32	2	13	29	11	12	14	79
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

		T1	Т2	T1 to T2	Change	Impact of Services			
		"T1" 12 months prior to beginning services	"T2" Since Beginning Services (this year)	If Suspended at T1 (Prior 12 Months)	If Not Suspended at T1 (Prior 12 Months)	Since starting to receive MH Services, the number of days my child was in school have			
So	uth Caro	l I I I I I I I I I I I I I I I I I I I		Approved: 05/21/2013 Expire	s: 05/31/2016	Page 84 of 107			

	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	147	470	47	144	480	40	89	56	2	49	414	7	111	244	48	162	99	664
Gender																		
Female	37	190	12	37	189	13	22	15	0	15	171	4	30	84	22	64	39	239
Male	90	227	24	88	232	21	56	32	2	30	194	3	65	128	21	85	42	341
Not Available	20	53	11	19	59	6	11	9	0	4	49	0	16	32	5	13	18	84
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Source of School Attendance Information: 6 1. Consumer survey (recommended items) © 2. Other Survey: Please send us items © 3. Mental health MIS © 5. Local Schools/Education Agencies © 6. Other (specify) 6 Measure of School Attendance: 1. School Attendance 1. School Atten																		
Mental he	alth program	ns include:		J	Children with				jn 2. Other (specify): © 2. Other Children (specify) © 3. Both									
Region fo	r which data a	are reported:		jn 1.	The whole sta	nte			jn 2. Less	than the who	le state (pleas	se describe)						
Child/ 1. If data 2. What a 3. How n 4. How n 5. What a	Region for which data are reported: jn 1. The whole state jn 2. Less than the whole state (please describe) What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported? Child/Adolescents: I. If data is from a survey, what is the total number of people from which the sample was drawn? What was your sample size? (How many individuals were selected for the sample)? B. How many survey contacts were made? (surveys to valid phone numbers or addresses) How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for? What was your response rate? (number of Completed surveys divided by number of Contacts) State Comments/Notes:																	

Footnotes:

MHBG Table 19 (URS Table 9) - Social Connectedness and Improved Functioning

Adult Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness	3,278	4,836	68%
2. Functioning	3,243	4,780	68%
Child/Adolescent Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness	1,288	1,503	86%
4. Functioning	946	1,516	62%
Comments on Data:			

Adult Social	Connectedness	and Function	ning Measure

1. Did you use the recommended new Social Connectedness Questions?	jn Yes jn No
	Measure used
2. Did you use the recommended new Functioning Domain Questions?	jn Yes jn No
	Measure used
3. Did you collect these as part of your MHSIP Adult Consumer Survey?	jn Yes jn No
	If No, what source did you use?
Child/Family Social Connectedness and Functioning Measures	
4. Did you use the recommended new Social Connectedness Questions?	jn Yes jn No
	Measure used
5. Did you use the recommended new Functioning Domain Questions?	jn Yes jn No
	Measure used
6. Did you collect these as part of your YSS-F Survey?	jn Yes jn No
	If No, what source did you use?
	ii No, what source did you use:

Footnotes:			

MHBG Table 20A (URS Table 11) - Summary Profile of Client Evaluation of Care

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
Reporting Positively About Access.	4,261	4,999	
2. Reporting Positively About Quality and Appropriateness for Adults	4,362	4,912	
3. Reporting Positively About Outcomes.	3,247	4,770	
4. Adults Reporting on Participation In Treatment Planning.	3,823	4,852	
5. Adults Positively about General Satisfaction with Services.	4,553	5,121	

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
Reporting Positively About Access.	1,296	1,489	
2. Reporting Positively about General Satisfaction for Children.	1,311	1,548	
3. Reporting Positively about Outcomes for Children.	925	1,518	
4. Family Members Reporting on Participation In Treatment Planning for their Children	1,383	1,537	
5. Family Members Reporting High Cultural Sensitivity of Staff.	1,424	1,521	

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Comments on Data:

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used? $$\mathfrak{f}_{\Omega}$$ Yes $$\mathfrak{f}_{\Omega}$$ No

1.a. If no, which version:

Original 40 Item Version jm Yes
 21-Item Version jm Yes
 State Variation of MHSIP jm Yes
 Other Consumer Survey jm Yes

1.b. If other, please attach instrument used.

1.c. Did you use any translations of the MHSIP into another language?

▶ 1 Spanish

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 87 of 107

^{*} Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.

Adult Survey Approach

- 2. Populations covered in survey? (Note all surveys should cover all regions of state) jn 1. All Consumers In State jn 2. Sample of MH Consumers

- 2.a. If a sample was used, what sample methodology was used? in 1. Random Sample

 - j₁∩ 2. Stratified / Random Stratified Sample
 - †∩ 3. Convenience Sample
 - 4. Other Sample:
- 2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service? 6 1. Persons Currently Receiving Services

 - € 2. Persons No Longer Receiving Services
- 3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.) 👸 1. All Adult Consumers In State

 - € 2. Adults With Serious Mental Illness
 - a. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care
 - 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	€ Yes	€ Yes
Mail	€ Yes	
Face-to-face	l o Yes	€ Yes
Web-Based	€ Yes	€ Yes

- 4.b. Who administered the Survey? (Check all that apply) 🔋 1. MH Consumers

 - € 2. Family Members
 - 3. Professional Interviewers
 - 6 4. MH Clinicians
 - 5. Non Direct Treatment Staff
 - € 6. Other, describe:
- 5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases? 🛛 👸 1. Responses are Anonymous

 - **6** 2. Responses are Confidential

6.	Sample Size and Response Rate					
	6.a. How Many Surveys were Attempted (sent out or calls initiated)?	6.b.		_	urvey Contacts were made? (surveys to valid phone numbers or addresses)? nany surveys were completed? (survey forms returned or calls completed)	
	5,221				vas your response rate? (number of Completed surveys divided by number of Contacts)	
	If you receive "blank" surveys back from consumers (surveys with no responses on the	em), did you count these surveys	6.e. as "cor	npleted	ed" for the calculation of response rates? $\mathfrak{f}_{\mathbb{N}}$ Yes $\mathfrak{f}_{\mathbb{N}}$ No	
7.	Who Conducted the Survey					
	7.a. SMHA Conducted or contracted for the Survey (survey done at state level)		j₁∩ Yes		j _∩ No	
	7.b. Local Mental Health Providers/County mental health providers conducted or (survey was done at the local or regional level)	contracted for the survey	j₁∩ Yes		j _∩ No	
	7.c. Other, describe:					
	* Report Confidence Intervals at the 95% confidence level					
	you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that ansv ents how often the true percentage rs use the 95% confidence level.	er. of the p	opulatio	se a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that tion who would pick an answer lies within the confidence interval. The 95% confidence level means appulation is between 43% and 51%. (From www.surveysystem.com)	
	/ Family Consumer Surveys Was the MHSIP Children / Family Survey (YSS-F) A Yes					
1.	Used?	vey did you use?				
	If no, please attach instrument used.					
	1.c. Did you use any translations of the Child MHSIP into another language?	₱ 1. Spanish				
		2. Other Language:				
	Survey Approach Populations covered in survey? (Note all surveys should cover all regions of state)	ந் 1. All Consumers In State	j _m 2. S	Sample	e of MH Consumers	
	2.a. If a sample was used, what sample methodology was used? jm 1. Random	Sample				
	ந் 2. Stratifie	d / Random Stratified Sample				
	j _∏ 3. Conveni	ence Sample				
	jn 4. Other Sa	imple:				
	2.b. Do you survey only people currently in services, or do you also Survey Person	s no longer in service? 6 1.	Person	s Currei	ently Receiving Services	
		€ 2.	Person	s No Lo	onger Receiving Services	
	2a. If yes to 2, please describe how your survey persons no longer receiving s	ervices.				

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 89 of 107

6 1. All Child Consumers In State

3. Please Describe the populations included in your sample: (e.g., all children, only children with SED, etc.)

6	2	Children	with	Serious	Emotional	Disturbances
€	۷.	Cillidicii	VVILII	Serious	LIIIOtionai	Distuibances

- € 3. Children who were Medicaid Eligible or in Medicaid Managed Care
- € 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4.	Methodology	of collecting	data?	(Check	all that	apply)
----	-------------	---------------	-------	--------	----------	--------

	Self-Administered	Interview
Phone	€ Yes	€ Yes
Mail	€ Yes	
Face-to-face	l⊝ Yes	⊌ Yes
Web-Based	€ Yes	€ Yes

4.b.	Who administered the Survey? (Check all that apply)	Б 1.	MH Consumers
		€ 2.	Family Members
		€ 3.	Professional Interviewers
		6 4.	MH Clinicians
		6 5.	Non Direct Treatment Staff
		€ 6.	Other, describe:

- 5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases? 🏻 👸 1. Responses are Anonymous

 - **6** 2. Responses are Confidential
 - 3. Responses are Matched to Client Databases

- 6. Sample Size and Response Rate
 - 6.a. How Many Surveys were Attempted (sent out or calls initiated)?

- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?
 - 6.c. How many surveys were completed? (survey forms returned or calls completed)
 - 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?

in No

7. Who Conducted the Survey

1,576

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

m No

7.c. Other, describe:

MHBG Table 20B (URS Table 11A) - Consumer Evaluation of Care By Consumer Characteristics: Race/Ethnicity

Adult Consumer Survey Results:

*State used the 2 question version for Hispanic Origin Hispanic Origin Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators				n Indian or a Native	А	sian		American Other I		Hawaiian or White ner Pacific slander		hite More than One Race Reported			Other / Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	4,261	4,999	54	65	19	25	1,502	1,734	8	10	1,971	2,297	61	85	646	783	95	118
Reporting Positively About Quality and Appropriateness.	4,362	4,912	59	67	23	27	1,491	1,699	8	10	2,062	2,266	68	82	651	761	101	118
3. Reporting Positively About Outcomes.	3,247	4,770	45	66	17	24	1,240	1,671	9	10	1,413	2,202	53	81	470	716	73	110
Reporting Positively about Participation in Treatment Planning	3,823	4,852	47	62	20	25	1,303	1,679	6	10	1,812	2,240	61	83	574	753	90	116
5. Reporting Positively about General Satisfaction	4,553	5,121	60	68	23	26	1,566	1,767	9	10	2,124	2,351	76	88	695	811	103	120
6. Social Connectedness	3,278	4,836	41	67	16	24	1,256	1,690	7	10	1,433	2,252	50	82	475	711	77	114
7. Functioning	3,243	4,780	38	63	19	24	1,253	1,677	6	10	1,407	2,218	48	80	472	708	82	116

Child/Adolescent Family Survey Results:

*State used the 2 question version for jn Yes jn No Hispanic Origin Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

	Indicators	Total			n Indian or a Native	A	sian		or African erican	Othe	Hawaiian or r Pacific ander	W	/hite		than One Reported		r / Not ilable	Hispan	ic Origin
		# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
	Reporting Positively About Access.	1,296	1,489	20	22	4	4	481	537	5	6	559	644	73	87	154	189	101	114
So	Reporting Positively About General uth Carolina	1.311	1.548	21	22	4	4 Appro	479 oved: 05	555 5/21/2013	Expires	6 : 05/31/20	551 16	665	81	94	170	202	112 Pa	119 age 92 of 107

Satisfaction																		
Reporting Positively About Outcomes.	925	1,518	18	22	4	4	342	550	6	6	391	651	49	91	115	194	78	115
Reporting Positively Participation in Treatment Planning for their Children.	1,383	1,537	21	22	4	4	486	553	5	6	604	657	77	91	186	204	110	117
Reporting Positively About Cultural Sensitivity of Staff.	1,424	1,521	21	22	4	4	515	550	5	6	618	651	82	91	179	197	109	114
6. Social Connectedness	1,288	1,503	19	21	4	4	474	544	5	6	553	652	73	90	160	186	100	113
7. Functioning	946	1,516	18	22	4	4	347	548	6	6	401	652	53	91	117	193	81	115

Comments on Data: Other/Not Available is for respondents who selected "Other" on the survey or who did not select a race on the survey. Note: People of Hispanic or Latino ethnicity may be of any race, therefore, can be included in the other races in this table.

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Footnotes:	

MHBG Table 21 (URS Table 19A) - Profile Of Criminal Justice Or Juvenile Justice Involvement

- 1. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
- 2. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
- 3. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

		T1			T2				T1 to T2	Change				Assess	sment of the	e Impact of S	ervices	
		or 12 mont an 1 year a	•	"T2" Mo	st Recent 1 (this year)		If Arres	sted at T ² Month:	(Prior 12 s)		ot Arreste ior 12 M		Over the	last 12 m	onths, my e	ncounters wi	th the police	e have
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	181	2824	156	164	2841	156	67	106	8	90	2676	58	336	194	64	2307	260	3161
Total Children/Youth (under age 18)	26	578	25	37	546	46	20	6	0	16	535	27	59	40	15	461	54	629
Female	8	204	5	11	191	15	6	2	0	5	186	13	17	13	6	169	12	217
Male	12	310	11	16	297	20	8	4	0	8	292	10	31	19	7	246	30	333
Not Available	6	64	9	10	58	11	6	0	0	3	57	4	11	8	2	46	12	79
Total Adults (age 18 and over)	155	2246	131	127	2295	110	47	100	8	74	2141	31	277	154	49	1846	206	2532
Female	67	1294	59	55	1315	50	20	45	2	34	1245	15	116	64	28	1108	104	1420
Male	74	786	41	59	800	42	22	46	6	36	736	14	131	79	15	613	63	901
Not Available	14	166	31	13	180	18	5	9	0	4	160	2	30	11	6	125	39	211

For Consumers Who Began Mental Health Services during the past 12 months

	T1	Т2	T1 to T2	. Change	Assessment of the Impact of Services
	"T1" 12 months prior to beginning services	"T2" Since Beginning Services (this year)	If Arrested at T1 (Prior 12 Months)	If Not Arrested at T1 (Prior 12 Months)	Since starting to receive MH Services, my encounters with the police have
South Carolina	beginning services		05/21/2013 Expires: (Page 94 of 1

South Carolina Page 94 of 107 Approved: 05/21/2013 Expires: 05/31/2016

	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	148	1573	129	126	1600	124	51	95	2	73	1475	25	204	130	37	1289	190	1850
Total Children/Youth (under age 18)	34	596	34	42	593	29	19	15	0	23	565	8	57	47	14	479	67	664
Female	9	218	12	7	222	10	2	7	0	5	210	3	14	18	6	180	21	239
Male	19	308	14	25	305	11	12	7	0	13	291	4	31	27	6	244	33	341
Not Available	6	70	8	10	66	8	5	1	0	5	64	1	12	2	2	55	13	84
Total Adults (age 18 and over)	114	977	95	84	1007	95	32	80	2	50	910	17	147	83	23	810	123	1186
Female	45	593	55	29	610	54	9	36	0	18	566	9	56	27	12	523	75	693
Male	57	287	27	43	302	26	18	37	2	25	259	3	66	48	9	215	33	371
Not Available	12	97	13	12	95	15	5	7	0	7	85	5	25	8	2	72	15	122

Time period in which services were received:

FY 2015

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information: **b** 1. Consumer survey (recommended e 2. Other Consumer Survey: Please send copy of 3. Mental health MIS questions) questions 6. Other (specify) 4. State criminal justice agency € 5. Local criminal justice agency Sources of children/youth criminal justice 1. Consumer survey (recommended e 2. Other Consumer Survey: Please send copy of 3. Mental health MIS information: questions) questions € 4. State criminal/juvenile justice agency € 5. Local criminal/juvenile justice agency 6. Other (specify) jn 2. Other (specify) Measure of adult criminal justice involvement: 1. Arrests Measure of children/youth criminal justice in 1. Arrests 2. Other (specify) Mental health programs included: 6 1. Adults with SMI only 2. Other adults (specify) 3. Both (all adults) 6 1. Children with SED only e 2. Other Children (specify) 3. Both (all Children) Region for which adult data are reported: 1. The whole state 2. Less than the whole state (please describe) j₁ 1. The whole state Region for which children/youth data are reported: 2. Less than the whole state (please describe)

Child/Adolescents Adults

- 1. If data is from a survey, What is the total Number of people from which the sample was drawn?
- 2. What was your sample size? (How many individuals were selected for the sample)?
- 3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)
- 4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?
- 5. What was your response rate? (number of Completed surveys divided by number of Contacts)

State Comments/Notes:

Footnotes:			

MHBG Table 22 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Age	Adults with	Serious Mental	Illness (SMI)		Serious Emo	s Emotional Disturbance (SED)		
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicate N - Childre with SED
0-12 years					0	0	0	12,391
13-17 years					0	0	0	11,819
18-20 years	0	0	0	2,652	0	0	0	0
21-64 years	0	0	0	45,991				
65-74 years	0	0	0	2,853				
75+ years	0	0	0	593				
Not Available	0	339	0	3	0	0	0	0
Total	0	339	0	52,092	0	0	0	24,210

Gender	Adults with	Serious Mental I	llness (SMI)		Children with Serious Emotional Disturbance (SED)					
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED		
Female	0	0	0	31,384	0	0	0	10,156		
Male	0	0	0	20,657	0	0	0	14,006		
Not Available	0	339	0	51	0	0	0	48		

Race/Ethnicity	Adults with	Serious Mental	IIIness (SMI)		Children with Serious Emotional Disturbance (SED)					
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED		
American Indian / Alaska Native	0	0	0	180	0	0	0	63		
Asian	0	0	0	195	0	0	0	48		
Black / African American	0	0	0	19,950	0	0	0	10,413		
Hawaiian / Pacific Islander	0	0	0	8	0	0	0	3		
 				0040	(22.4.2			D 00 -		

South Carolina Approved: 05/21/2013 Expires: 05/31/2016 Page 98 of 107

White	0	0	0	30,210	0	0	0	11,137
Hispanic *	0	0	0	0	0	0	0	0
More than one race	0	0	0	146	0	0	0	595
Not Available	0	339	0	1,403	0	0	0	1,951

Hispanic/Latino Origin	Adults with	Serious Mental I	Ilness (SMI)		Children with Serious Emotional Disturbance (SED)					
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi- Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED		
Hispanic / Latino origin	0	0	0	1,274	0	0	0	1,016		
Non Hispanic / Latino	0	0	0	40,189	0	0	0	16,837		
Not Available	0	339	0	10,629	0	0	0	6,357		

	tional Disturb	Serious Emo	Children with	Adults with Serious Mental Illness (SMI)					
N Receiving Supported Employment Housing N Receiving Supported Housing N Receiving Served N Receiving Served N Receiving N - Adults With SMI Served N - Receiving N - Child Served N - Receiving Therapeutic Foster Care N Receiving Receiving Multi-Systemic Therapy N - Child With SED N - Child N Receiving Receiving N - Child N Receiving Family Functional Therapy N - Child With SED	Receiving Family Functional	Receiving Multi- Systemic	Receiving Therapeutic	unduplicated N - Adults with SMI	Receiving Assertive Community	Supported	Receiving Supported		

Do you monitor fidelity for this service?	jn Yes jn No	jn Yes jn No	jn Yes jn No	jn Yes jn No	jm Yes jm No	jn Yes jn No	
IF YES,							
What fidelity measure do you use?							
Who measures fidelity?							
How often is fidelity measured?							
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	jn Yes jn No	jn Yes jn No	jn Yes jn No	jn Yes jn No	jm Yes jm No	jn Yes jn No	
Have staff been specifically trained to implement the EBP?	jn Yes jn No	jn Yes jn No	jn Yes jn No	jn Yes jn No	jm Yes jm No	jn Yes jn No	

Approved: 05/21/2013 Expires: 05/31/2016

*	Hispanic is	part	of	the	total
S	erved.				

jn Yes jn No

Comments on Data (overall):

Comments on Data (Supported Housing):

Comments on Data (Supported

Employment):

We receive this data only in the aggregate so we do not have demographic information.

Comments on Data (Assertive

Community Treatment):

Data for ACT not available this year

Comments on Data (Theraputic

Foster Care):

Comments on Data (Multi-Systemic

Therapy): Data for MST not available this year	
Comments on Data (Family Functional Therapy):	
* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available	
Footnotes:	

MHBG Table 23A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Reac STATE Hos	lmissions to ANY pital within	Percent R	eadmitted
	sa.	30 days	180 days	30 days	180 days
TOTAL	1452	51	168	3.51 %	11.57 %
Age					
0-12 years	98	5	11	5.10 %	11.22 %
13-17 years	273	2	23	0.73 %	8.42 %
18-20 years	81	2	6	2.47 %	7.41 %
21-64 years	970	40	122	4.12 %	12.58 %
65-74 years	27	2	6	7.41 %	22.22 %
75+ years	3	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	687	25	88	3.64 %	12.81 %
Male	765	26	80	3.40 %	10.46 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	4	0	0	0.00 %	0.00 %
Black/African American	468	8	51	1.71 %	10.90 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	914	38	108	4.16 %	11.82 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	66	5	9	7.58 %	13.64 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	34	3	3	8.82 %	8.82 %
Non Hispanic/Latino	723	29	99	4.01 %	13.69 %
Hispanic/Latino Origin Not Available	695	19	66	2.73 %	9.50 %

Are Forensic Patients Included? j_{\cap} Yes j_{\cap} No

Comments on Data:

Increase in available beds may account for an increase in the 30 day readmission rate.

*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

F	0	0	t	n	O	t	es	٠.

MHBG Table 23B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

Total number of Discharges in Year	Number of Reac STATE Hos	lmissions to ANY pital within	Percent R	eadmitted
, ca:	30 days	180 days	30 days	180 days
252	6	33	2.38 %	13.10 %
0	0	0	0.00 %	0.00 %
15	0	1	0.00 %	6.67 %
9	0	1	0.00 %	11.11 %
220	5	29	2.27 %	13.18 %
8	1	2	12.50 %	25.00 %
0	0	0	0.00 %	0.00 %
0	0	0	0.00 %	0.00 %
49	3	13	6.12 %	26.53 %
203	3	20	1.48 %	9.85 %
0	0	0	0.00 %	0.00 %
0	0	0	0.00 %	0.00 %
3	1	2	33.33 %	66.67 %
157	3	19	1.91 %	12.10 %
0	0	0	0.00 %	0.00 %
	0 Discharges in Year 252 0 15 9 220 8 0 0 0 0 0 0 0 0 3 157	of Discharges in Year STATE Hose 30 days 252 6 0 0 15 0 9 0 220 5 8 1 0 0 0 0 49 3 203 3 0 0 0 0 3 1 157 3	of Discharges in Year STATE Hospital within 30 days 180 days 252 6 33 0 0 0 15 0 1 9 0 1 220 5 29 8 1 2 0 0 0 0 0 0 49 3 13 203 3 20 0 0 0 0 0 0 1 2 1 1 2 1 2 3 1 2 1 1 2 1 1 2 1 1 2 1 3 1 2 1 2 3 1 2 1 3 1 2 1 1 2 4 1 2 1 2 1 3	STATE Hospital within 30 days 180 days 30 days 252 6 33 2.38 % 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

1	1	1	1		
White	87	2	11	2.30 %	12.64 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	5	0	1	0.00 %	20.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	7	0	0	0.00 %	0.00 %
Non Hispanic/Latino	17	0	2	0.00 %	11.76 %
Hispanic/Latino Origin Not Available	228	6	31	2.63 %	13.60 %

Comments on Data:

MHBG Table 24 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Reac Psychiatric Inpa Hospita	Imissions to ANY atient Care Unit Il within	Percent R	eadmitted
		30 days	180 days	30 days	180 days
TOTAL	0	0	0	0.00 %	0.00 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	0	0	0	0.00 %	0.00 %
21-64 years	0	0	0	0.00 %	0.00 %
65-74 years	0	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	0	0	0	0.00 %	0.00 %
Male	0	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	0	0	0	0.00 %	0.00 %
Black/African American	0	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	0	0	0	0.00 %	0.00 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %

^{1.} Does this table include readmission from state $\ j\cap$ Yes $\ j\cap$ No psychiatric hospitals?

2. Are Forensic Patients Included? j_{\cap} Yes j_{\cap} No

Comments on Data:

*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Footnotes:

South Carolina

UNIFORM APPLICATION FY 2017 BEHAVIORAL HEALTH REPORT

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 09/01/2016 - Expires 12/01/2016 (generated on 02/14/2017 3.56.08 PM)

Center for Mental Health Services
Division of State and Community Systems Development

I: State Information

State Information

State DUNS Number

Number 112674036

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia
Zip Code 29202

II. Contact Person for the Grantee of the Block Grant

First Name John H.

Last Name Magill

Agency Name South Carolina Department of Mental Health

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia Zip Code 29202

Telephone 803-898-8319

Fax 803-898-8590

Email Address john.magill@scdmh.org

III. State Expenditure Period (Most recent State exependiture period that is closed out)

From 7/1/2015
To 6/30/2016

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 12/1/2016 11:03:32 AM

Revision Date 2/14/2017 3:56:00 PM

V. Contact Person Responsible for Report Submission

First Name D. Stewart
Last Name Cooner

Telephone 803-898-8632 Fax 803-898-8311

Email Address stewart.cooner@scdmh.org

Footnotes:

Attachment 1 Review of 2017 MHBG Behavioral Health Report

Review - South Carolina Mental Health State Planning Council

On Monday, October 31, 2016, a Request for Comments on the 2017 MHBG Behavioral Health Report (Report) was distributed via email to all members of the South Carolina Mental Health State Planning Council (Council). Attached to the email was a draft copy of the Report. The body of the email contained a summary of the Report including information on the following sections: Priority Area and Annual Performance Indicators - Progress Report; MHBG Expenditures by Service; Set-Aside for Children's Mental Health Services; and, Maintenance of Effort for State Expenditures on Mental Health Services. Council members were provided with a 30-day review and comment period with all feedback requested by 12:00 Noon on Wednesday, November 30, 2016. The Council was notified to whom any comments should be directed.

In order to provide continual access not only to the Report, but also to the Uniform Application submitted on September 1, 2015 and the Mini-App submitted on September 1, 2016, all three (3) documents were posted on SCDMH's internet home page. The Council was notified of this fact.

On Wednesday, November 16, 2016, the Agenda for the General Meeting of the Council included items to address the following: Ten Percent Set-Aside Update; MHBG Proposed Allocation from SAMHSA; and, 2017 MHBG Behavioral Health Report. An overview of the 2017 MHBG Behavioral Health Report was provided with additional details related to the Ten Percent Set-Aside.

As of 12:00 Noon on Wednesday, November 30, 2016, no recommendations for modifications to the 2017 MHBG Behavioral Health Report have been offered by the members of the South Carolina Mental Health State Planning Council.

Public Notice - Media Alert

On Monday, October 31, 2016, a Request for Public Comment on the 2017 MHBG Behavioral Health Report (Report) was issued via SCDMH's standard procedure to provide statewide public notice by sending a 'media alert' notification to all daily and non-daily (non-daily count = 55) newspapers in the State. Members of the public were provided with a 30-day review and comment period with all feedback requested by 12:00 Noon on Wednesday, November 30, 2016. Members of the public were notified to whom any comments should be directed.

In order to provide continual access not only to the Report, but also to the Uniform Application submitted on September 1, 2015 and the Mini-App submitted on September 1, 2016, all three (3) documents were posted on SCDMH's internet home page. Members of the public were notified of this fact.

As of 12:00 Noon on Wednesday, November 30, 2016, no recommendations for modifications to the 2017 MHBG Behavioral Health Report have been offered by members of the public.

Public Notice – Social Media

On Monday, October 31, 2016, a Facebook Event announcing a Request for Public Comment on the 2017 MHBG Behavioral Health Report (Report) was established on SCDMH's Facebook page. Members of the public were provided with a 30-day review and comment period with all feedback requested by 12:00 Noon on Wednesday, November 30, 2016. Members of the public were notified to whom any comments should be directed.

In order to provide continual access not only to the Report, but also to the Uniform Application submitted on September 1, 2015 and the Mini-App submitted on September 1, 2016, all three (3) documents were posted on SCDMH's internet home page. Members of the public were notified of this fact.

As of 12:00 Noon on Wednesday, November 30, 2016, no recommendations for modifications to the 2017 MHBG Behavioral Health Report have been offered by members of the public.

Notice – Internet Home Page

In order to provide unlimited access not only to the Report, but also to the Uniform Application submitted on September 1, 2015 and the Mini-App submitted on September 1, 2016, all three (3) documents were posted on SCDMH's internet home page on Friday, October 28, 2016. Members of the public visiting SCDMH's internet website were immediately presented with a Request for Public Comment: Mental Health Block Grant Report.

Members of the public were provided with a 30-day review and comment period with all feedback requested by Wednesday, November 30, 2016. Members of the public were notified to whom any comments should be directed.

As of Wednesday, November 30, 2016, no recommendations for modifications to the 2017 MHBG Behavioral Health Report have been offered by members of the public.

Notice – Intranet Home Page

In order to provide unlimited access not only to the Report, but also to the Uniform Application submitted on September 1, 2015 and the Mini-App submitted on September 1, 2016, all three (3) documents were posted on SCDMH's intranet home page on Friday, October 28, 2016. Staff of SCDMH visiting SCDMH's intranet website were immediately presented with a Request for Public Comment: Mental Health Block Grant Report.

Staff of SCDMH was provided with a 30-day review and comment period with all feedback requested by Wednesday, November 30, 2016. Staff of SCDMH was notified to whom any comments should be directed.

As of Wednesday, November 30, 2016, no recommendations for modifications to the 2017 MHBG Behavioral Health Report have been offered by staff of SCDMH.

[End]

II: Annual Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: FY2015 Agency Accountability Report

Priority Type: MHS

Population(s): SMI, SED, Other (All Persons Served)

Goal of the priority area:

The intent is to measure the activities and achievements of the Department and compare said measurements to internal and external benchmarks, as available and appropriate, established over time.

Strategies to attain the goal:

Given the comprehensiveness of the measurement tools, changes in results from one year to the next generally are a reasonable determinant of the effectiveness of the mental health continuum - understanding that South Carolina has an integrated system of care over which SCDMH has significant influence and control since it is the primary service provider for inpatient and community services.

Indicator #:	1
Indicator:	Employees Trained Related to Strategic Goals
Baseline Measurement:	Total Number of Hours of Training (Baseline = 4,100)
First-year target/outcome measurement:	4,000
Second-year target/outcome measurement:	4,000
New Second-year target/outcome measurem	ent(if needed): 4,250
Data Source:	
SCDMH - Division of Evaluation, Training, and	d Research (ETR)
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	ation Resources
New Description of Data: (if needed)	
Data issues/caveats that affect outcome meas	sures:
None	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Goa	al Attainment
First Year Target: 6 Achiev	ed Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved (optional):	:
FY2016 Result: 4,350	

Indicator:	SCDMH Patient Total Employment
Baseline Measurement:	Percent Employed as Compared Internally and to National Average Low and National Average High (Baseline = 12%)
First-year target/outcome measurement:	12%
Second-year target/outcome measurement:	12%
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
SCDMH - Division of Community Mental Hea	Ith Services
New Data Source(if needed):	
Description of Data:	
Program Indicators Data	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
How first year target was achieved <i>(optional)</i> FY2016 Result: 11.5% - (FY2016 Result is cons	sidered to be within a reasonable variance range of first year target.)
Indicator #:	3
	3 SCDMH Patient Competitive Employment
Indicator:	
Indicator: Baseline Measurement:	SCDMH Patient Competitive Employment Percent of Consumers Employed Competitively as Compared Internally and to Traditional
Indicator: Baseline Measurement: First-year target/outcome measurement:	SCDMH Patient Competitive Employment Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%) 45%
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	SCDMH Patient Competitive Employment Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%) 45%
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem	SCDMH Patient Competitive Employment Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%) 45%
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem	SCDMH Patient Competitive Employment Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%) 45% 45% pent (if needed): 50%
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: SCDMH - Division of Community Mental Hea	SCDMH Patient Competitive Employment Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%) 45% 45% pent (if needed): 50%
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: SCDMH - Division of Community Mental Hea New Data Source(if needed):	SCDMH Patient Competitive Employment Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%) 45% 45% pent (if needed): 50%
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: SCDMH - Division of Community Mental Hea New Data Source(if needed):	SCDMH Patient Competitive Employment Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%) 45% 45% pent (if needed): 50%
New Data Source (if needed): Description of Data:	SCDMH Patient Competitive Employment Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%) 45% 45% pent (if needed): 50%
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: SCDMH - Division of Community Mental Hea New Data Source(if needed): Description of Data: Program Indicators Data	SCDMH Patient Competitive Employment Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%) 45% 45% Pent (if needed): 50% Ith Services

New Data issues/caveats that affect outcome	measures:		
Report of Progress Toward Go	al Attainment		
First Year Target: 6 Achiev	ed Not Achieved (if not achieved,explain why)		
Reason why target was not achieved, and changes proposed to meet target:			
How first year target was achieved <i>(optional)</i> FY2016 Result: 62%	:		
Indicator #:	4		
Indicator:	Life Expectancy - Skilled Nursing Facilities		
Baseline Measurement:	Life Expectancy as Compared Internally and to National Average (Baseline = 3.8)		
First-year target/outcome measurement:	5.0		
Second-year target/outcome measurement:	5.0		
New Second-year target/outcome measurem Data Source:	ent <i>(if needed)</i> :		
SCDMH - Division of Inpatient Services			
New Data Source(if needed):			
Description of Data:			
Client-Level Data Summarized Into Aggregat	e Outcomes		
New Description of Data: (if needed)			
Data issues/caveats that affect outcome mea	sures:		
None			
New Data issues/caveats that affect outcome	measures:		
Report of Progress Toward God First Year Target: B Achiev	ed Not Achieved (if not achieved,explain why)		
Reason why target was not achieved, and cha			
How first year target was achieved <i>(optional)</i> FY2016 Result: 6.0 Average			
Indicator #:	5		
Indicator:	Hospital Restraint Rate		
Baseline Measurement:	Inpatient Restraint Hours Rate as Compared Internally and to National Average (Baseline 0.17)		
First-year target/outcome measurement:	Less than 0.12 per 1,000 inpatient hours		
Second-year target/outcome measurement:	Less than 0.12 per 1,000 inpatient hours		
New Second-year target/outcome measurem	ent (if needed): Less than 0.10 per 1,000 inpatient hours		
Data Source:			

SCDMH - Division of Inpatient Services	s
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific	Information Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcom	ne measures:
None	
New Data issues/caveats that affect ou	itcome measures:
Report of Progress Toward	d Goal Attainment
First Year Target: 6	Achieved (if not achieved,explain why)
Reason why target was not achieved, a	and changes proposed to meet target:
How first year target was achieved <i>(op</i>)	tional):
FY2016 Result: 0.08	· ·
Indicator #:	6
Indicator:	Hospital Seclusion Rate
Baseline Measurement:	Inpatient Seclusion Rate as Compared Internally and to National Average (Baseline = 0.29)
First-year target/outcome measuremer	nt: Less than 0.23 per 1,000 inpatient hours
Second-year target/outcome measurer	ment: Less than 0.23 per 1,000 inpatient hours
New Second-year target/outcome mea	asurement (if needed): Less than 0.15 per 1,000 inpatient hours
Data Source:	
SCDMH - Division of Inpatient Services	S
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific	Information Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcom	ne measures:
None	
New Data issues/caveats that affect ou	itcome measures:
Report of Progress Toward	l Goal Δttainment
Report of Progress Toward First Year Target:	
riist real ranget.	
Reason why target was not achieved, a	ina changes proposed to meet target:
How first year target was achieved (op	tional):
FY2016 Result: 0.12	

Indicator:	Inpatient Discharge/Outpatient Appointment
Baseline Measurement:	Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8)
First-year target/outcome measurement:	7 or less
Second-year target/outcome measurement:	7 or less
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
SCDMH - Division of Inpatient Services SCDMH - Division of Community Mental Hea	ılth Services
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Reason why target was not achieved, and che FY2016 Result: Data Not Yet Available. How first year target was achieved (optional)	
Indicator #:	8
Indicator #: Indicator:	8 30-Day Hospital Readmission Rate
Indicator:	30-Day Hospital Readmission Rate
Indicator: Baseline Measurement:	30-Day Hospital Readmission Rate 30-Day Hospital Readmission Rate (Baseline = 5.29%) 5.0%
Indicator: Baseline Measurement: First-year target/outcome measurement:	30-Day Hospital Readmission Rate 30-Day Hospital Readmission Rate (Baseline = 5.29%) 5.0% 5.0%
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement	30-Day Hospital Readmission Rate 30-Day Hospital Readmission Rate (Baseline = 5.29%) 5.0% 5.0% hent (if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source:	30-Day Hospital Readmission Rate 30-Day Hospital Readmission Rate (Baseline = 5.29%) 5.0% 5.0% hent (if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: SCDMH - Division of Evaluation, Training, and	30-Day Hospital Readmission Rate 30-Day Hospital Readmission Rate (Baseline = 5.29%) 5.0% 5.0% hent (if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: SCDMH - Division of Evaluation, Training, and New Data Source(if needed):	30-Day Hospital Readmission Rate (Baseline = 5.29%) 5.0% 5.0% nent (if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: SCDMH - Division of Evaluation, Training, and New Data Source(if needed): Description of Data:	30-Day Hospital Readmission Rate (Baseline = 5.29%) 5.0% 5.0% nent (if needed):

None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go First Year Target: 6 Achiev Reason why target was not achieved, and ch	ved Not Achieved (if not achieved,explain why)
How first year target was achieved (optional,	<i>)</i> :
FY2016 Result: 5.97% - (FY2016 Result is con	sidered to be within a reasonable variance range of first year target.)
Indicator #:	9
Indicator:	Patient Satisfaction Rate - Adult
Baseline Measurement:	MHSIP Survey Results (Baseline = 89%)
First-year target/outcome measurement:	88%
Second-year target/outcome measurement:	88%
New Second-year target/outcome measuren Data Source:	nent(if needed):
SCDMH - Division of Evaluation, Training, ar	nd Research (ETR)
New Data Source(if needed):	
New Butta codi co(ii iiicaca).	
Description of Data:	
Compilation of Survey Results	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
Limited by Actual Percentage and Number of	of Responses
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	
First Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	langes proposed to meet target:
How first year target was achieved (optional,):
FY2016 Result: 89.0%	
Indicator #:	10
Indicator:	Patient Satisfaction Rate - Youth
Baseline Measurement:	MHSIP Survey Results (Baseline = 84%)
First-year target/outcome measurement:	85%
Second-year target/outcome measurement:	
New Second-year target/outcome measuren	
New Second-year target/outcome measurem	icht(ii necaca).

SCDMH - Division of Evaluation, Training	g, and Research (ETR)
New Data Source(if needed):	
Description of Data:	
Compilation of Survey Results	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome	measures:
Limited by Actual Percentage and Numb	per of Responses
New Data issues/caveats that affect outc	ome measures:
Report of Progress Toward	Goal Attainment
First Year Target: 6 Ac	chieved (if not achieved,explain why)
Reason why target was not achieved, and	d changes proposed to meet target:
How first year target was achieved (optic	onal):
FY2016 Result: 86.3%	
Indicator #:	11
Indicator:	Patient Satisfaction Rate - Youth Families
Baseline Measurement:	MHSIP Survey Results (Baseline = 85%)
First-year target/outcome measurement:	
Second-year target/outcome measureme	ent: 86%
New Second-year target/outcome measu	urement (if needed):
Data Source:	
SCDMH - Division of Evaluation, Training	g, and Research (ETR)
New Data Source(if needed):	
Description of Data:	
Compilation of Survey Results	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome	measures:
Limited by Actual Percentage and Numb	per of Responses
New Data issues/caveats that affect outc	ome measures:
Report of Progress Toward	Goal Attainment
-	chieved (if not achieved,explain why)
Reason why target was not achieved, and	d changes proposed to meet target:
How first year target was achieved <i>(optic</i>	onal)·
FY2016 Result: 87.5%	лиу.
FY2016 Result: 87.5%	

Indicator #:	12
Indicator:	Total Number Served
Baseline Measurement:	Total Number of Individuals Served by SCDMH Community Mental Health Services (Baseline = 80,792)
First-year target/outcome measurement:	82,811
Second-year target/outcome measurement:	82,811
New Second-year target/outcome measuren	nent(if needed): 82,000
Data Source:	
South Carolina Department of Mental Healt	h
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None	
New Data issues/caveats that affect outcome	e measures:
Reason why target was not achieved, and che How first year target was achieved (optional FY2016 Result: 82,241 - (FY2016 Result is con	
Indicator #:	13
Indicator:	
	Youth Served
Baseline Measurement:	Youth Served Percentage of Youth Population Served by SCDMH (Baseline = 27,016)
First-year target/outcome measurement:	
First-year target/outcome measurement: Second-year target/outcome measurement:	Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement	Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690
First-year target/outcome measurement: Second-year target/outcome measurement:	Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement	Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690 nent (if needed): 27,762
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measuren Data Source:	Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690 nent (if needed): 27,762
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measuren Data Source: South Carolina Department of Mental Healt	Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690 nent (if needed): 27,762
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: South Carolina Department of Mental Healt New Data Source(if needed):	Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690 nent (if needed): 27,762
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Healt New Data Source(if needed): Description of Data:	Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690 nent (if needed): 27,762

Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)	:
FY2016 Result: 27,762	
Indicator #:	14
Indicator:	Persons Visiting SC ERs with a Primary Diagnosis of MH or SA and Seen By SCDMH with the Past Three Years
Baseline Measurement:	Number of Persons Visiting SC ERs with a Primary Diagnosis of MH or SA and Seen By SCDMH with the Past Three Years (Baseline = 24%)
First-year target/outcome measurement:	Less than 25%
Second-year target/outcome measurement:	Less than 25%
New Second-year target/outcome measurem Data Source:	nent <i>(if needed)</i> :
South Carolina Department of Mental Healt	h
New Data Source(if needed):	
Description of Data:	
Compilation of Externally-Sourced Data	
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved <i>(optional)</i> FY2016 Result: 24%	h
Indicator #:	15
Indicator:	ED Patients - 24-Hour Wait
Baseline Measurement:	Number of Persons Waiting in ER Longer than 24 Hours - Data from Monday Morning Reports (Baseline = 1,733 Annually)
First-year target/outcome measurement:	1,600 Annually
Second-year target/outcome measurement:	1,600 Annually

New Second-year target/outcome measurement (if needed): Less than 1,500 Annually

Data Source:	
SCDMH - Division of Community Mental He	ealth Services
New Data Source(if needed):	
Description of Data:	
Compilation of Externally-Sourced Data	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	easures:
None	
New Data issues/caveats that affect outcom	ne measures:
Report of Progress Toward Go	oal Attainment
First Year Target: 6 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and c	hanges proposed to meet target:
How first year target was achieved <i>(optiona</i>	
FY2016 Result: 1,432 (Note the target is less	s than 1,600 annually)
Indicator #:	16
Indicator:	SCDMH Hospital Admissions
Baseline Measurement:	Number of Psychiatric Hospital Admissions (Baseline = 1,021 Annually)
First-year target/outcome measurement:	1,025 Annually
Second-year target/outcome measurement:	: 1,025 Annually
New Second-year target/outcome measure	ment(if needed): 675 Annually
Data Source:	
Avatar - Inpatient Information System	
New Data Source(if needed):	
Description of Data:	
Client-Level Data Summarized Into Aggrega	ate Outcomes
New Description of Data: (if needed)	
Data issues/caveats that affect outcome me	easures:
None	
New Data issues/caveats that affect outcom	ne measures:
Report of Progress Toward Go	oal Attainment
First Year Target: 6 Achie	
Reason why target was not achieved, and c	hanges proposed to meet target:
How first year target was achieved <i>(optiona</i>	
15W 1113t year target was acriteved (optiona	<i>''</i>

the baseline measurement "Number of Psychiatric Hospital Admissions." The first-year target under the new definition would have been 675. The second-year target will be adjusted to 675. Indicator #: 17 Indicator: Computerized Training for Employees Baseline Measurement: Number of Staff Training Programs Available by Computer (Baseline = 132) First-year target/outcome measurement: 130 Second-year target/outcome measurement: New Second-year target/outcome measurement (if needed): 205 Data Source: SCDMH - Division of Evaluation, Training, and Research (ETR) - Pathlore (SCDMH Training Database) New Data Source (if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 201 Indicator #: 18 Participating Hospitals - ED Telepsychiatry Indicator: Baseline Measurement: Number of Participating Hospitals - ED Telepsychiatry (Baseline = 21) First-year target/outcome measurement: 23 Second-year target/outcome measurement: New Second-year target/outcome measurement (if needed): 23 Data Source: SCDMH - Office of the Medical Director (Telepsychiatry Consultation Program) New Data Source (if needed): Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (if needed)

Data issues/caveats that affect outcome mea	sures:		
None			
New Data issues/caveats that affect outcome	e measures:		
Report of Progress Toward Go	al Attainment		
First Year Target: 6 Achiev	red Not Achieved (if not achieved,explain why)		
Reason why target was not achieved, and ch	anges proposed to meet target:		
How first year target was achieved (optional)):		
FY2016 Result: 25			
Indicator #:	19		
Indicator:	School-Based Services - Total Schools		
Baseline Measurement:	Number of Schools in School-Based Program (Baseline = 480)		
First-year target/outcome measurement:	490		
Second-year target/outcome measurement:	490		
New Second-year target/outcome measurem	nent(if needed): 520		
Data Source:			
SCDMH - Division of Community Mental Hea	Ilth Services		
New Data Source(if needed):			
Description of Data:			
Internally-Generated Subject-Specific Inform	nation Resources		
New Description of Data:(if needed)			
Data issues/caveats that affect outcome mea	sures:		
None			
New Data issues/caveats that affect outcome	e measures:		
Report of Progress Toward Go	al Attainment		
First Year Target: 6 Achiev			
Reason why target was not achieved, and ch	anges proposed to meet target:		
How first year target was achieved <i>(optional)</i>):		
FY2016 Result: 519			
Indicator #:	20 CMUC Appointment Timeframes		
Indicator:	CMHC Appointment Timeframes		
Baseline Measurement:	Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%)		
First-year target/outcome measurement: 90%			
econd-vear target/outcome measurement: 90%			

Data Source:	
South Carolina Department of Mental Health	
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Informa	tion Resources
New Description of Data: (if needed)	
New Description of Data.(If Heeded)	
Data issues/caveats that affect outcome measu	ires:
None	
New Data issues/caveats that affect outcome n	neasures:
Report of Progress Toward Goal	I Attainment
First Year Target: 6 Achieved	
Reason why target was not achieved, and char	
	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
How first year target was achieved <i>(optional)</i> : FY2016 Result: 94%	
112010 Nosait. 7170	
Indicator #:	21
Indicator:	CMHC Billed Hours
Baseline Measurement:	Hours of Billed Services in Community Mental Health Services (Baseline = 971,916)
First-year target/outcome measurement:	975,000
Second-year target/outcome measurement:	975,000
New Second-year target/outcome measurement	nt(if needed): 985,334
Data Source:	
South Carolina Department of Mental Health	
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Information	tion Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcome measu	ıres:
None	
New Data issues/caveats that affect outcome n	neasures:
Papart of Progress Toward Cool	Attainment
Report of Progress Toward Goal First Year Target: Achiever	
That roal range.	
Reason why target was not achieved, and char	уез ргорозей to тпеет target.
How first year target was achieved (optional):	

South Carolina Department of Mental Health New Data Source(If needed); Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(If needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:				
Baseline Measurement: Total Number of New Cases (New Cases/Readmissions) in Community Mental Health Services (Baseline = 41,791) First-year target/outcome measurement: 42,835 New Second-year target/outcome measurement: 42,835 New Second-year target/outcome measurement: 42,835 New Second-year target/outcome measurement (If needed): 42,000 Description of Data: Source (If needed): Description of Data: (If needed): Description of Data: (If needed): Description of Data: (If needed): Now Description of Data: (If needed) Data issues/caveats that affect outcome measures: None New Data Issues/caveats that affect outcome measures: None New Data Issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:				
First-year target/outcome measurement: 42.835 Second-year target/outcome measurement: 42.835 New Second-year target/outcome measurement: 42.835 New Second-year target/outcome measurement (if needed): 42.000 Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data: Internally-Generated Subject-Specific Information Resources None New Description of Data: Internally-Generated Subject-Specific Information Resources None None New Description of Data: Internally-Generated Subject-Specific Information Resources None None None None Not Achieved (If not achieved captain why) Reason why target was achieved (optional): FY2016 Result: 42.490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.) Indicator #: 23 Indicator #: 23 Indicator #: 24 Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline - 2.287 Annually) First-year target/outcome measurement: 24 260 Second-year target/outcome measurement: 2500 Second-year target/outcome measurement (If needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services				
Second-year target/outcome measurement: 42,835 New Second-year target/outcome measurement (if needed): 42,000 Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data; (if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:	Baseline Measurement:			
New Second-year target/outcome measurement (if needed): 42,000 Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None Now Data Issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FV2016 Result: 42,490 - (FV2016 Result is considered to be within a reasonable variance range of first year target.) Indicator #: 23 Indicator #: 23 Indicator: ED Patlents - Total Baseline Measurement: Number of Persons Walting in ER - Data from Monday Morning Reports (Baseline = 2,287) Annually) First-year target/outcome measurement: 2,200 New Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement: 1/16 needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	First-year target/outcome measurement:	42,835		
Data Source: South Carolina Department of Mental Health New Data Source(If needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(If needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: B Achieved Not Achieved (If not achieved.explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FV2016 Result: 42.490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.) Indicator #: 23 Indicator: ED Patients - Total Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) First-year target/outcome measurement: 2,200 New Second-year target/outcome measurement: (if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	Second-year target/outcome measurement:	42,835		
Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data: (If needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Achieved Not Achieved (If not achieved.explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 42.490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.) Indicator #: 23 Indicator: ED Patients - Total Baseline Measurement: Number of Persons Walting in ER - Data from Monday Morning Reports (Baseline = 2.287 Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement. (If needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	New Second-year target/outcome measurem	nent(if needed): 42,000		
New Data Source (If needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data: (If needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Annually) Indicator #: 23 Indicator #: 23 Indicator: ED Patients - Total Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) First-year target/outcome measurement: 2,200 New Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement (If needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	Data Source:			
Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(If needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Achieved Not Achieved (If not achieved,explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 42.490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.) Indicator #: 23 Indicator: ED Patients - Total Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2.287 Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement (Iff needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	South Carolina Department of Mental Healt	h		
Internally-Generated Subject-Specific Information Resources New Description of Data: (If needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:	New Data Source(if needed):			
New Description of Data: (If needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (If not achieved.explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 42,490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.) Indicator #: 23 Indicator: ED Patients - Total Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement (If needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	Description of Data:			
Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:	Internally-Generated Subject-Specific Inform	nation Resources		
New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:	New Description of Data: (if needed)			
None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:	Data insurantana di Ulai SC di di			
New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 42,490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.) Indicator #: 23 Indicator: ED Patients - Total Baseline Measurement: Number of Persons Walting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement (if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services		sui es:		
Report of Progress Toward Goal Attainment First Year Target:	None			
First Year Target:	New Data issues/caveats that affect outcome	e measures:		
First Year Target:				
Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 42,490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.) Indicator #: 23 Indicator: ED Patients - Total Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement (if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services				
How first year target was achieved (optional): FY2016 Result: 42,490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.) Indicator #: 23 Indicator: ED Patients - Total Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement (if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	Report of Progress Toward Go	al Attainment		
FY2016 Result: 42,490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.) Indicator #: 23 Indicator: ED Patients - Total Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement (if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services				
Indicator #: 23 Indicator: ED Patients - Total Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement (if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	First Year Target: b Achiev	ved Not Achieved (if not achieved,explain why)		
Indicator: Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement(if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	First Year Target:	ned Not Achieved (if not achieved,explain why) anges proposed to meet target:		
Indicator: Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement(if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	First Year Target:	red		
Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement(if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	First Year Target:	red		
Annually) First-year target/outcome measurement: 2,200 Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement (if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	First Year Target: Achieved, and characters was not achieved, and characters was achieved (optional) FY2016 Result: 42,490 - (FY2016 Result is con	anges proposed to meet target: b: asidered to be within a reasonable variance range of first year target.)		
Second-year target/outcome measurement: 2,200 New Second-year target/outcome measurement (if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	First Year Target: Achieved Reason why target was not achieved, and characteristics and the How first year target was achieved (optional) FY2016 Result: 42,490 - (FY2016 Result is confident to the property of the property	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: asidered to be within a reasonable variance range of first year target.)		
New Second-year target/outcome measurement (if needed): Less than 2,000 Data Source: SCDMH - Division of Community Mental Health Services	First Year Target: Achieved Reason why target was not achieved, and characteristics. How first year target was achieved (optional) FY2016 Result: 42,490 - (FY2016 Result is confident to the confidence of the	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: asidered to be within a reasonable variance range of first year target.) 23 ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287)		
Data Source: SCDMH - Division of Community Mental Health Services	First Year Target: Reason why target was not achieved, and chieved for the second sec	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: nsidered to be within a reasonable variance range of first year target.) 23 ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually)		
SCDMH - Division of Community Mental Health Services	First Year Target: Reason why target was not achieved, and characteristics. How first year target was achieved (optional) FY2016 Result: 42,490 - (FY2016 Result is confident for the confide	nanges proposed to meet target: b: nsidered to be within a reasonable variance range of first year target.) 23 ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200		
	First Year Target: Reason why target was not achieved, and characteristics and characteristics. How first year target was achieved (optional) FY2016 Result: 42,490 - (FY2016 Result is confident for the confi	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: asidered to be within a reasonable variance range of first year target.) 23 ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200 2,200		
New Data Source(if needed):	First Year Target: Reason why target was not achieved, and characteristics was achieved (optional) FY2016 Result: 42,490 - (FY2016 Result is consult in the consult is consult.) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: asidered to be within a reasonable variance range of first year target.) 23 ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200 2,200		
	First Year Target: Reason why target was not achieved, and characteristics. How first year target was achieved (optional) FY2016 Result: 42,490 - (FY2016 Result is consult in the consult is consult. Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: asidered to be within a reasonable variance range of first year target.) 23 ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200 2,200 2,200 pent (if needed): Less than 2,000		
	First Year Target: Reason why target was not achieved, and characteristics. How first year target was achieved (optional) FY2016 Result: 42,490 - (FY2016 Result is consult in the consult is consult. Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: asidered to be within a reasonable variance range of first year target.) 23 ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200 2,200 2,200 pent (if needed): Less than 2,000		

New Description of Data: (if needed)

Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	measures:
D	-L Attain and the
Report of Progress Toward Go	
First Year Target: 6 Achiev	
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)	:
FY2016 Result: 1,853 (Note the target is less	than 2,200 annually)
Indicator #	24
Indicator #:	Innationt Services Total Red Davis
Indicator: Baseline Measurement:	Inpatient Services - Total Bed Days Total Number of Inpatient Bed Days (Baseline = 528,504)
First-year target/outcome measurement:	520,000
Second-year target/outcome measurement:	520,000
New Second-year target/outcome measurem	
Data Source:	(III / 166466). 627,266
South Carolina Department of Mental Health	n
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data:(if needed)	
. , ,	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	red Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved (optional)	
FY2016 Result: 529,909	

Priority #: 2

Priority Area: Five Percent Set Aside for First Episode Psychosis

Priority Type: MHS

Population(s): SMI, SED, Other (Population Defined in Section IV, Item 5)

Goal of the priority area:

The intent is to address the needs of persons with early psychotic disorders, specifically first episode psychosis, either through enhancing existing program activities or development of new activities.

Strategies to attain the goal:

The Department has specifically cited Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) as the treatment modalities it will deploy utilizing the Five Percent Set Aside. These treatment modalities have been identified as appropriate and effective for persons experiencing First Episode Psychosis (FEP). It has also been found that maximum effectiveness is attainable when the two modalities are deployed together. MI serves as the engagement modality and CBT serves as the therapy modality.

engagement modality and CBT serves as the therapy modality.		

Indicator #: 1

Annual Performance Indicators to measure goal success:

Indicator: First Episode Psychosis Program

Baseline Measurement: Total Number of Patients Served (Baseline = 247, Partial Year)

First-year target/outcome measurement: 500

Second-year target/outcome measurement: 500

New Second-year target/outcome measurement (if needed): 260

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

SCDMH plans to work with Dr. Meera Narasimhan and her team at the University of South Carolina, School of Medicine to evaluate outcomes at the three initial sites that have begun this Program. Outcomes will include clinical and social parameters. Clinical measures of outcome will include psychopathology, hospitalization, and suicidality. Social parameters will include quality of life functioning, employability and the ability to live independently.

SCDMH will work with Dr. Narasimhan to determine those outcome measurements appropriate to demonstrate the efficacy of the Programs beyond reporting only number of patients served.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: E Achieved (If not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

FY2016 Update:

The Traditional Program

The Traditional Program served a total of 255 individuals – Charleston-Dorchester Mental Health Center (36), Pee Dee Mental Health Center (121), and Lexington County Community Mental Health Center (98). SCDMH did not meet its target because the target estimate was not appropriately calculated. As outlined in Section IV - Item 5 - Evidence-Based Practices for Early Intervention (5 Percent), "[e]ach masters-level clinician will be expected to carry a caseload of approximately 30 persons." Based on awards for 6.5 FTEs, and a conservative total annual number served by each FTE of 40, a reasonable total annual number served by all FTEs would be 260. Therefore, SCDMH is, upon agreement with SAMHSA, proposing to change its second-year target/outcome measurement to 260.

As of October 11, 2016, the South Carolina Department of Mental Health (SCDMH) had actual expenditures on the 2015 MHBG of \$341,824.30. The allotted amount was \$350,000.00. SCDMH has actual expenditures on the 2016 MHBG of \$26,521.68, thus far. The allotted amount is \$355,998.00.

The CSC Program

As noted in IV - Item 5 - Revised March 2016 included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, "[a]s has been previously noted with The Traditional Program, staffing The CSC Program in Year 1 will be one of the more significant challenges to full implementation of the program." In fact, in The CSC Program - CDMHC, also included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, the timeline for hiring all staff was July 2, 2016. SCDMH did not meet this goal.

However, as of October 12, 2016, Charleston-Dorchester Mental Health Center (CDMHC) has hired the Team Leader and identified two (2) therapists who will transition to The CSC Program in November 2016. One (1) of the two (2) identified therapists is trained in alcohol and drug treatment. CDMHC has also identified staff from the South Carolina Vocational Rehabilitation Department to serve on The CSC Program team, as well as, a Peer Support Specialist. Lastly, CDMHC is coordinating with SCDMH Care Coordination to identify a Care Coordinator to serve on The CSC Program team. As a result of the significant progress towards establishing The CSC Program team, CDMHC will soon engage NAVIGATE program trainers to implement the Evidence-Based Practice.

Also as noted in IV - Item 5 - Revised March 2016 included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, "[g]iven SCDMH's proposal to implement a new program late in the MHBG award year to meet its revised annual obligation for the Set Aside for First Episode Psychosis (FEP), which will require technical assistance, planning, implementation, and first-year phase-in, it is estimated that SCDMH will not expend the total amount budgeted for The CSC Program." SCDMH estimated correctly. SCDMH will not draw down MHBG funds associated with the difference between actual expenditures and the allocation to The CSC Program.

As of October 11, 2016, SCDMH has actual expenditures on the 2016 MHBG of \$13,451.77, thus far. The allotted amount is \$393,578.00.

How first year target was achieved (optional):

Priority #: 3

Priority Area: Comprehensive Assessment

Priority Type: MHS

Population(s): SMI, SED, Other (All Persons Served)

Goal of the priority area:

SCDMH identified certain opportunities in its operations that would lead to cost savings and increased efficiencies. Many of the identified opportunities illuminate unmet service needs and critical gaps within the current system.

Strategies to attain the goal:

The strategy is defined by the Performance Indicator and may vary depending upon the nature of the effort, but all are related to the enhancement of the overall mental health continuum.

Annual Performance Indicators to measure goal success

Indicator #:

Indicator: Expand Training Opportunities

Baseline Measurement: Increase in Productivity Due to Offline Training Resources (As Measured by Person-Hour

Cost Savings)

First-year target/outcome measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement (if needed):

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: • Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved <i>(optional)</i>	:
FY2016 Result: SCDMH currently has 201 star	ff training programs available by computer.
Indicator #:	2
Indicator:	Implement Use of Electronic Medical Record
Baseline Measurement:	Provided as Reference Information for Possible Future Emphasis for SCDMH
First-year target/outcome measurement:	Baseline
Second-year target/outcome measurement:	Compare to Prior Year's Results
New Second-year target/outcome measurem Data Source:	nent(if needed):
SCDMH - Division of Inpatient Services	
New Data Source(if needed):	
Description of Data:	
receiving inpatient services. Electronic Medic assimilate various components of a patient's overall operating efficiency, increase portab	ogically-appropriate resources for the efficient and effective provision of care for patients cal Records reduce required storage space for physical storage media (i.e. paper records), is medical record into a single access point, reduce the cost of record transference, improve ility and accessibility of health information, reduce medical errors, provide for ease of coding, and will transition the Department into compliance with Medicare and Medicaid
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved <i>(optional)</i>	<u> </u>
	Electronic Medical Record (EMR) in its Community Mental Health Centers, and is in the

Indicator #: 3

Indicator: Expand Use of Telepsychiatry

Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

First-year target/outcome measurement: Baseline

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

SCDMH partnered with the Duke Endowment, South Carolina Department of Health and Human Services, the University of South Carolina School of Medicine and the South Carolina Hospital Association to create the SCDMH telepsychiatry program to address the overcrowding of psychiatric patients in local hospital emergency departments ("ED"). It is a cutting-edge statewide service delivery model that provides remote access for EDs in rural areas of South Carolina to psychiatrists whenever psychiatric consultation services are required. And it is the first of its kind nationally, and has been widely recognized for its effectiveness. Just as with the previously mentioned program, which is still expanding, SCDMH has begun the expanded use of telepsychiatry in its Community Mental Health Centers (CMHC) and Inpatient Facilities. The CMHCs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to-Center. Center-to-Clinic Telepsychiatry connects the primary CMHC with its satellite mental health clinics. Center-to-Center Telepsychiatry connects the CMHCs to each other. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, as well. This expanded use of technology, in the form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 46 Mental Health Clinics, and 4 Inpatient Facilities to utilize a common pool of physicians to deliver services to clients and patients without the loss of productivity associated with travel time, and to deliver services to clients and patients in rural areas where physician availability may be non-existent.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: 6 Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH has currently deployed its Emergency Department Telepsychiatry Consultation Program in 25 Emergency Departments (ED) across the State of South Carolina, and is considering expansion into additional hospitals with a focus on rural EDs. SCDMH has also deployed telepsychiatry equipment to all of its Community Mental Health Centers.

Indicator #:

Indicator: Expand Use of School-Based Services

Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

First-year target/outcome measurement: Baseline

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement (if needed):

Data Source:

SCDMH - Division of Community Mental Health Services

New Data Source (if needed):

Description of Data: SCDMH school-based mental health (SBMH) services improve access to needed mental health services for children and their families. The information exchange and collaboration that develops between school teachers, school counselors and administrators and school based mental health staff improves early identification and treatment for children in need; and, for those children and families in need of services, the SBMH program services increase school attendance, reduce discipline referrals and decrease drop-out rates. These positive outcomes for the student and their families also positively correlate to a decreased risk for violence in the school and New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: SCDMH has expanded school-based services into 520 schools across the State of South Carolina. Indicator #: Indicator: Expand Use of MHP in ED Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH Baseline First-year target/outcome measurement: Second-year target/outcome measurement: Compare to Prior Year's Results New Second-year target/outcome measurement (if needed): Data Source: SCDMH - Division of Community Mental Health Services New Data Source (if needed): Description of Data: The MHP provides consultative services to patients experiencing psychiatric emergencies in the emergency department and facilitates linkage to appropriate resources. Evidence supports the assertion that MHPs placed in Emergency Departments to augment the mental health resources currently available have a direct impact on the overall treatment of patients presenting with possible mental health issues. MHPs support the determination process for appropriateness for inpatient admission, and therein the absolute number of patients admitted versus those discharged the same day, and they positively affect the overall effectiveness of navigating patients presenting with potential mental health issues through the Emergency Department process. These placements create partnerships between SCDMH and the placement hospitals and leverage the resources of all. New Description of Data: (if needed) Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

Printed: 2/14/2017 3:56 PM - South Carolina - Approved: 09/01/2016 Expires: 12/01/2016

New Data issues/caveats that affect outcome measures:

None

First Year Target: So Achieved (If not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH currently has deployed Mental Health Professionals (MHP) from multiple Community Mental Health Centers in multiple Emergency Departments. As opportunities present, SCDMH offers this partnership as an option to local hospitals.

Indicator #:

Indicator: Enhance Workforce Development

Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

First-year target/outcome measurement: Baseline

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

As summarized in a recent article, "the pool of qualified mental health professionals is not keeping pace with the population that needs their services, and in some cases, is decreasing. For example, the number of graduates from psychiatry training programs decreased by 14 percent from 2000 to 2008, and more than half of all psychiatrists are at least 55 years of age.9 In 2013, SAMSHA reported to Congress that 55 percent of U.S. counties, all rural, have no practicing psychiatrists, psychologists, or social workers.10" In addition, according to the South Carolina GME Advisory Group in response to Proviso 33.34 (E), "the demographics of the physician workforce in South Carolina do not reflect the racial composition of South Carolina's population." And, there exists a bottleneck in medical residency slots. These circumstances, exacerbated by the low salaries offered by state government, will necessitate creative solutions to recruitment, retention, and graduate medical education.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: So Achieved (If not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH has enhanced its workforce development efforts with utilization of advertising, attendance at industry-specific conferences, participation in recruitment events, coordination of employment fairs, and participation in workgroups related to the topic, such as the recently held SAMHSA Regional Workforce Development Workshop.

Indicator #:

Indicator: Increase in Community Supportive Housing

Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

First-year target/outcome measurement: Baseline

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement (if needed): Data Source: SCDMH - Division of Community Mental Health Services New Data Source (if needed): Description of Data: SCDMH has a long history of making efforts to foster more permanent supportive community housing for its patients. Appropriate housing is often the single biggest factor in determining whether a patient with serious psychiatric impairments is able to be successfully discharged or is able to remain successful in their recovery in the community. SCDMH is seeking new funds in each of the next three years to increase community supportive housing for its patients. Funds will be used for rental assistance in supported apartments and for transitioning patients into independent living. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Not Achieved (if not achieved, explain why) Achieved Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: With additional funds received in FY2015 and FY2016, SCDMH now supports 261 units throughout the state with rental assistance for clients and their families. All units are located in scattered sites and are integrated into the community. Indicator #: **Enhance Partnerships** Indicator: Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH First-year target/outcome measurement: Baseline Second-year target/outcome measurement: Compare to Prior Year's Results New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health New Data Source (if needed): Description of Data: The South Carolina Department of Mental Health has affiliations with more than 50 educational institutions in South Carolina and more than five other states. SCDMH's affiliation with the University of South Carolina includes activity therapy, clinical counseling, medical students, social work, psychology interns, psychology graduate studies, and residents and fellows in psychiatry. Residents from the MUSC Residency Training Program receive educational experiences and supervision in Psychiatry, through scheduled rotations at the Charleston Dorchester Mental Health Center (CDMHC). SCDMH also works closely with independent advocacy organizations to improve the quality of lives for the persons with mental illness, their families, and the citizens in South Carolina. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None

New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment Achieved Not Achieved (if not achieved, explain why) First Year Target: Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: SCDMH continues to seek opportunities to enhance its partnerships with other entities. Among other examples, SCDMH has worked with the University of South Carolina School of Nursing to identify opportunities for students enrolled in its programs; Catawba Community Mental Health Center will be partnering with its local Federally Qualified Health Center (FQHC) in a coordination of services; and, SCDMH has partnered with the South Carolina Telehealth Alliance to expand the role of telepsychiatry services across the State of South Carolina. Indicator #: Indicator: Develop Behavioral Health Homes Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH First-year target/outcome measurement: Baseline Second-year target/outcome measurement: Compare to Prior Year's Results New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health New Data Source (if needed): Description of Data: Health homes build a comprehensive array of services around the particular needs of a client, including coordinating and integrating behavioral health care and primary health care, and establishing linkages to community supports and resources. Rather than expecting a client to navigate a complex medical environment of dispersed and sometimes fragmented services, the behavioral health home creates a single point of contact for clients around which the sphere of services circulates. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: 5 Achieved 6 Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH is moving forward with its plan to develop Behavioral Health Homes. SCDMH has completed technical assistance with the National Academy for State Health Policy (NASHP) and is implementing its recommendations in collaboration with the South Carolina Department of Health and Human Services (Medicaid).

Indicator #: 10

Indicator: Expand Emergency Psychiatric Services

Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

First-year target/outcome measurement: Baseline

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

In addition to the Telepsychiatry ED consultation program, SCDMH, through its Community Mental Health Centers, utilizes a number of measures to divert individuals in a behavioral health crisis from community hospital emergency departments. The crisis intervention measures include entering into contracts with hospitals with community psychiatric beds to admit patients referred by Centers; funding all or part of a mental health professional's salary to provide on-site consultation to hospital emergency departments; and funding the mobile crisis program in Charleston.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH continues to focus on emergency psychiatric services. The Department purchases local/private inpatient beds; outstations Mental Health Professionals (MHP) in Emergency Departments; and, funds mobile crisis programs, including the Mobile Crisis Unit and Highway to Hope. It also has provided center crisis stabilization interventions and staff for crisis teams, co-occurring disorder teams, peer support, nurse care coordinators, case service funding for medications and other essentials, suicide prevention, intensive case management teams, jail liaisons, and support for center-to-clinic telepsychiatry.

Priority #:

Priority Area: FY2016 Budget Requests

Priority Type: MHS

Population(s): SMI, SED, Other (All Persons Served)

Goal of the priority area:

The budget requests establish the funding priorities for SCDMH and effectively define the monetary strategic initiatives relevant to the strategic direction of SCDMH.

Strategies to attain the goal:

The FY2016 Budget Requests focus on three areas: maintaining the current capacity of the mental health system; addressing the areas in which SCDMH is experiencing increasing demand; and, capitalizing on promising technologies that relieve certain strains on the mental health system. These requests are particularly relevant for inclusion in the FY2016-2017 CMHS Block Grant Application because the approval of said requests will bring about the conclusion of a multi-year endeavor to restore a portion of the funding reductions of prior fiscal years.

Annual Performance Indicators to measure goal success

Indicator #:

Indicator: Sustainability of Mental Health Services

Baseline Measurement:	\$6,400,000
First-year target/outcome measurement:	Provision of Appropriations
Second-year target/outcome measurement:	Provision of Appropriations
New Second-year target/outcome measurem Data Source:	nent(<i>if needed</i>):
South Carolina Department of Mental Healt	h
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	isures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)):
FY2016 Result: SCDMH received all, or a por	rtion, of the funds requested through the Budget Request process.
Indicator #:	2
Indicator:	Forensic Inpatient Services
Baseline Measurement:	\$3,200,000
First-year target/outcome measurement:	Provision of Appropriations
Second-year target/outcome measurement:	Provision of Appropriations
New Second-year target/outcome measurem Data Source:	nent(if needed):
South Carolina Department of Mental Healt	h
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	isures:
None	
New Data issues/caveats that affect outcome	e measures:

How first year target was achieved (optional,):
FY2016 Result: SCDMH received all, or a por	rtion, of the funds requested through the Budget Request process.
Indicator #:	3
Indicator:	School-Based Services
Baseline Measurement:	\$1,000,000
First-year target/outcome measurement:	Provision of Appropriations
Second-year target/outcome measurement:	Provision of Appropriations
New Second-year target/outcome measurem Data Source:	nent(if needed):
South Carolina Department of Mental Healt	h
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data: (if needed)	
Data issues/caveats that affect outcome mea	isures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: 6 Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional,):
FY2016 Result: SCDMH received all, or a por	rtion, of the funds requested through the Budget Request process.
	4
	4
Indicator:	Emergency Department Telepsychiatry Program Sustainability
Indicator: Baseline Measurement:	Emergency Department Telepsychiatry Program Sustainability \$500,000
Indicator: Baseline Measurement: First-year target/outcome measurement:	Emergency Department Telepsychiatry Program Sustainability \$500,000 Provision of Appropriations
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem	Emergency Department Telepsychiatry Program Sustainability \$500,000 Provision of Appropriations Provision of Appropriations
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: South Carolina Department of Mental Healt	Emergency Department Telepsychiatry Program Sustainability \$500,000 Provision of Appropriations Provision of Appropriations nent(if needed):

Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	
First Year Target: 6 Achiev	
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved <i>(optional)</i>	
FY2016 Result: SCDMH received all, or a por	tion, of the funds requested through the Budget Request process.
Indicator #:	5
Indicator:	Information Network Security Required Improvements
Baseline Measurement:	\$750,000
First-year target/outcome measurement:	Provision of Appropriations
Second-year target/outcome measurement:	Provision of Appropriations
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	h ————————————————————————————————————
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	
	nor a portion, of the funds requested through the Budget Request process.
How first year target was achieved <i>(optional)</i>):
Indicator #	6
Indicator #:	6 Increase in Community Supportive Housing

Provision of Appropriations

First-year target/outcome measurement:

South Carolina Department of Mental He	ealth
	atti
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Info	ormation Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcome m	neasures:
None	
New Data issues/caveats that affect outco	ome measures:
D	
Report of Progress Toward G	
That real ranget.	nieved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and	changes proposed to meet target:
How first year target was achieved (option	nal):
FY2016 Result: SCDMH received all, or a p	portion, of the funds requested through the Budget Request process.
Indicator #:	7
Indicator:	Capital Funding Requests
Baseline Measurement:	\$36,603,605
First-year target/outcome measurement:	Provision of Appropriations nt: Provision of Appropriations
Second-year target/outcome measuremer New Second-year target/outcome measur	
Data Source:	ement(n needed).
South Carolina Department of Mental He	ealth
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Info	ormation Resources
New Description of Data:(If needed)	
	neasures:
	neasures:
New Description of Data: (if needed) Data issues/caveats that affect outcome m None New Data issues/caveats that affect outco	

Footnotes:			

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

How first year target was achieved (optional):

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

Service	Expenditures
Healthcare Home/Physical Health	\$
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
Prevention (Including Promotion)	\$
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
Substance Abuse (Primary Prevention)	\$
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	Page 33 (

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
Engagement Services	\$
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
Outpatient Services	\$
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
Medication Services	\$
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
Community Support (Rehabilitative)	\$
Parent/Caregiver Support;	

Skill Building (social, daily living, cognitive);	
Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching:	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$
Substance Abuse Intensive Outpatient (IOP);	

Partial Hospital;	
Assertive Community Treatment;	
Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
Out-of-Home Residential Services	\$
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
Acute Intensive Services	\$
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
Other (please list)	\$
Total	\$0
Footnotes:	

III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

	State Expenditures for Mental Health Services	
Actual SFY 2008	Actual SFY 2015	Estimated/Actual SFY 2016
\$26,040,177	\$14,119,869	\$15,563,858

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

tate experience was 1771
Footnotes:

III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

	Total Expenditures for SMH	IA
Period	Expenditures	<u>B1(2014) + B2(2015)</u> 2
(A)	(B)	(C)
SFY 2014 (1)	\$69,027,628	
SFY 2015 (2)	\$69,870,114	\$69,448,871
SFY 2016 (3)	\$72,905,252	

SFY 2014	nounts reported Yes	d in Col X	umn B "a No	ıal" expenditur	es for the Sta	ate fiscal years	involved?		
SFY 2015	Yes	X	No						
SFY 2016	Yes	Χ	No	<u> </u>					
timated expenditur	es are provide	d, pleas	e indicat	vhen actual ex	penditure da	ta will be subr	nitted to SAMHS	SA:	

South Carolina

UNIFORM APPLICATION FY 2018 BEHAVIORAL HEALTH REPORT

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires (generated on 12/01/2017 8.51.41 AM)

Center for Mental Health Services
Division of State and Community Systems Development

I: State Information

State Information

State DUNS Number

Number 043980093

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia Zip Code 29202

II. Contact Person for the Grantee of the Block Grant

First Name John H.

Last Name Magill

Agency Name South Carolina Department of Mental Health

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia Zip Code 29202

Telephone 803-898-8319
Fax 803-898-8590

Email Address john.magill@scdmh.org

III. State Expenditure Period (Most recent State exependiture period that is closed out)

From 7/1/2016

To 6/30/2017

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 12/1/2017 8:51:15 AM

Revision Date

V. Contact Person Responsible for Report Submission

First Name Stewart

Last Name Cooner

Telephone 803-898-8632 Fax 803-898-2206

Email Address stewart.cooner@scdmh.org

Footnotes:

Attachment 1 Review of 2018 MHBG Behavioral Health Report

Review - South Carolina Mental Health State Planning Council

On Thursday, November 16, 2017, a Request for Comments on the 2018 MHBG Behavioral Health Report (Report) was distributed via email to all members of the South Carolina Mental Health State Planning Council (Council). Attached to the email was a draft copy of the Report. The body of the email contained a summary of the Report including information on the following sections: Priority Area and Annual Performance Indicators - Progress Report; MHBG Expenditures by Service; Set-Aside for Children's Mental Health Services; and, Maintenance of Effort for State Expenditures on Mental Health Services. Council members were provided with a 13-day review and comment period with all feedback requested by close of business on Wednesday, November 29, 2017. The Council was notified to whom any comments should be directed.

On Wednesday, November 15, 2017, the Agenda for the General Meeting of the Council included an item to address the following: 2018 MHBG Behavioral Health Report. An overview of the 2018 MHBG Behavioral Health Report was provided.

As of close of business on Wednesday, November 29, 2017, one recommendation for modification to the 2018 MHBG Behavioral Health Report had been offered by the members of the South Carolina Mental Health State Planning Council – inclusion of the Community Crisis Response and Intervention (CCRI) Program under the FY2017 Result for Priority 3. Comprehensive Assessment, Indicator 10. Expand Emergency Psychiatric Services. The modification was included.

[End]

II: Annual Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: FY2015 Agency Accountability Report

Priority Type: MHS

Population(s): SMI, SED, Other (All Persons Served)

Goal of the priority area:

The intent is to measure the activities and achievements of the Department and compare said measurements to internal and external benchmarks, as available and appropriate, established over time.

Strategies to attain the goal:

Given the comprehensiveness of the measurement tools, changes in results from one year to the next generally are a reasonable determinant of the effectiveness of the mental health continuum - understanding that South Carolina has an integrated system of care over which SCDMH has significant influence and control since it is the primary service provider for inpatient and community services.

nual Performance Indicators to measu	re goal success
Indicator #:	1
Indicator:	Employees Trained Related to Strategic Goals
Baseline Measurement:	Total Number of Hours of Training (Baseline = 4,100)
First-year target/outcome measurement:	4,000
Second-year target/outcome measurement:	4,000
New Second-year target/outcome measurem	nent(if needed): 4,250
Data Source:	
SCDMH - Division of Evaluation, Training, an	d Research (ETR)
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcome measurements	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved <i>(optional)</i> FY2016 Result: 4,350	:
Second Year Target: Achiev	ved Not Achieved (if not achieved,explain why)

How second year target was achieved (option FY2017 Result: 4,550	
Indicator #:	2
Indicator:	SCDMH Patient Total Employment
Baseline Measurement:	Percent Employed as Compared Internally and to National Average Low and National Average High (Baseline = 12%)
First-year target/outcome measurement:	12%
Second-year target/outcome measurement:	12%
New Second-year target/outcome measurem	ent(if needed):
Data Source:	
SCDMH - Division of Community Mental Hea	Ith Services
New Data Source(if needed):	
Description of Data:	
Program Indicators Data	
-	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome meas	sures:
None	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ed Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved <i>(optional)</i> FY2016 Result: 11 5% - (FY2016 Result is consi	: idered to be within a reasonable variance range of first year target.)
	_
second real ranget.	
Reason why target was not achieved, and cha	
How second year target was achieved (option	nal):
FY2017 Result: 14.0%	
Indicator #:	3
Indicator:	SCDMH Patient Competitive Employment
Baseline Measurement:	Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%)
First-year target/outcome measurement:	45%
Second-year target/outcome measurement:	45%
New Second-year target/outcome measurem	ent(if needed): 50%
Data Source:	
SCDMH - Division of Community Mental Hea	Ith Services

Description of Data:		
Program Indicators Data		
New Description of Data:(if ne	eeded)	
Data issues/caveats that affect	t outcome measures:	
None		
New Data issues/caveats that	affect outcome measures:	
Report of Progress T	oward Goal Attainm	ent
First Year Target:	Achieved	☐ Not Achieved (if not achieved,explain why)
Reason why target was not ac	chieved, and changes propose	d to meet target:
How first year target was achi FY2016 Result: 62%	eved (optional):	
Second Year Target:	Achieved	☐ Not Achieved (if not achieved,explain why)
Reason why target was not ac	chieved, and changes propose	d to meet target:
How second year target was a	nchieved (optional):	
FY2017 Result: 56%		
Indicator #:	4	
Indicator:		cy - Skilled Nursing Facilities
Baseline Measurement:	·	cy as Compared Internally and to National Average (Baseline = 3.8)
First-year target/outcome mea		
Second-year target/outcome i		
New Second-year target/outco Data Source:	ome measurement(if needed):	:
SCDMH - Division of Inpatien	nt Services	
New Data Source(if needed):		
Description of Data:		
Client-Level Data Summarized	d Into Aggregate Outcomes	
New Description of Data:(if ne	eeded)	
Data issues/caveats that affect	t outcome measures:	
None		
New Data issues/caveats that	affect outcome measures:	
Donort of Drogress T	oward Goal Attainm	ent
Report of Progress 1	Achieved	□ Not Achieved (if not achieved,explain why)

FY2016 Result: 6.0 Average	
Second Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved (option	nal):
· · · · · · · · · · · · · · · · · · ·	red with "Length of Stay." Length of Stay for C.M. Tucker Nursing Care Center is 4.5 years. Pavilion, 6.2 years, and Stone Pavilion, 3.3 years.
Indicator #:	5
indicator:	Hospital Restraint Rate
Baseline Measurement:	Inpatient Restraint Hours Rate as Compared Internally and to National Average (Baseline = 0.17)
First-year target/outcome measurement:	Less than 0.12 per 1,000 inpatient hours
Second-year target/outcome measurement:	Less than 0.12 per 1,000 inpatient hours
New Second-year target/outcome measurem	nent(if needed): Less than 0.10 per 1,000 inpatient hours
Data Source:	
SCDMH - Division of Inpatient Services	
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target:	_
Reason why target was not achieved, and ch How first year target was achieved <i>(optional)</i> FY2016 Result: 0.08	
Second Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved <i>(option</i>	nal):
FY2017 Result: 0.06	·
Indicator #:	6
Indicator:	Hospital Seclusion Rate
Baseline Measurement:	Inpatient Seclusion Rate as Compared Internally and to National Average (Baseline = 0.29)
First-year target/outcome measurement:	Less than 0.23 per 1,000 inpatient hours
Second-vear target/outcome measurement:	Less than 0.23 per 1.000 inpatient hours

New Second-year target/outcome measurement(if needed): Less than 0.15 per 1,000 inpatient hours

Data Source:	
SCDMH - Division of Inpatient Services	
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data:(if needed)	
•	
Data issues/caveats that affect outcome mea	asures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target:	Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch How first year target was achieved (optional) FY2016 Result: 0.12	
Second Year Target:	ved Not Achieved (if not achieved,explain why)
	names proposed to most toract.
Reason why target was not achieved, and ch	langes proposed to meet target.
	s performance measure was refined too steeply. The FY2017 Result is still below the previous
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.)
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.)
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.)
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal):
FY2017 Result: 0.19 (The target value for this	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option Indicator #: Indicator: Baseline Measurement:	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7 Inpatient Discharge/Outpatient Appointment Days Between Inpatient Discharge and Seen in Community Mental Health Center
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option Indicator #: Indicator:	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7 Inpatient Discharge/Outpatient Appointment Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8) 7 or less
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7 Inpatient Discharge/Outpatient Appointment Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8) 7 or less 7 or less
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7 Inpatient Discharge/Outpatient Appointment Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8) 7 or less 7 or less
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement:	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7 Inpatient Discharge/Outpatient Appointment Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8) 7 or less 7 or less nent(if needed):
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: SCDMH - Division of Inpatient Services SCDMH - Division of Community Mental Hear	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7 Inpatient Discharge/Outpatient Appointment Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8) 7 or less 7 or less nent(if needed):
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: SCDMH - Division of Inpatient Services SCDMH - Division of Community Mental Heal	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7 Inpatient Discharge/Outpatient Appointment Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8) 7 or less 7 or less nent(if needed):
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: SCDMH - Division of Inpatient Services SCDMH - Division of Community Mental Heal	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7 Inpatient Discharge/Outpatient Appointment Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8) 7 or less 7 or less nent(if needed):
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: SCDMH - Division of Inpatient Services SCDMH - Division of Community Mental Heat New Data Source(if needed): Description of Data:	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7 Inpatient Discharge/Outpatient Appointment Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8) 7 or less 7 or less nent(if needed):
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: SCDMH - Division of Inpatient Services SCDMH - Division of Community Mental Heat New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed)	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7 Inpatient Discharge/Outpatient Appointment Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8) 7 or less 7 or less nent(if needed): alth Services
FY2017 Result: 0.19 (The target value for this Second-year target/outcome measurement How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: SCDMH - Division of Inpatient Services SCDMH - Division of Community Mental Heat New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform	s performance measure was refined too steeply. The FY2017 Result is still below the previous and below the Baseline Measure.) nal): 7 Inpatient Discharge/Outpatient Appointment Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8) 7 or less 7 or less nent(if needed): alth Services

Report of Progress To	_	
	Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not ach FY2016 Result: Data Not Yet Ava	ilieved, and changes proposed	I to meet target:
How first year target was achiev	ved (optional):	
Second Year Target:	Achieved	☐ Not Achieved (if not achieved,explain why)
Reason why target was not ach	ieved, and changes proposed	I to meet target:
How second year target was ac	hieved (optional):	
FY2017 Result: 5 days (Median)		
Indicator #:	8	
Indicator:	30-Day Hospit	tal Readmission Rate
Baseline Measurement:	30-Day Hospit	tal Readmission Rate (Baseline = 5.29%)
First-year target/outcome meas	surement: 5.0%	
Second-year target/outcome m	neasurement: 5.0%	
New Second-year target/outco	me measurement(if needed):	
Data Source:		
SCDMH - Division of Evaluation	n, Training, and Research (ETR	2)
New Data Source(if needed):		
Description of Data:		
Description of Data: Client-Level Data Summarized	Into Aggregate Outcomes	
-		
Client-Level Data Summarized		
Client-Level Data Summarized	eded)	
Client-Level Data Summarized New Description of Data:(if nee	eded)	
Client-Level Data Summarized New Description of Data:(if nee	outcome measures:	
Client-Level Data Summarized New Description of Data:(if nee) Data issues/caveats that affect of None	outcome measures: ffect outcome measures: Dward Goal Attainme	ent
Client-Level Data Summarized New Description of Data:(if nee) Data issues/caveats that affect of None New Data issues/caveats that are	outcome measures: ffect outcome measures:	ent Not Achieved (if not achieved, explain why)
Client-Level Data Summarized New Description of Data: (if need) Data issues/caveats that affect of None New Data issues/caveats that affect of Report of Progress To	outcome measures: ffect outcome measures: Dward Goal Attainme	Not Achieved (if not achieved, explain why)
Client-Level Data Summarized New Description of Data:(if nee Data issues/caveats that affect None New Data issues/caveats that affect Report of Progress To First Year Target: Reason why target was not ach How first year target was achieve	outcome measures: ffect outcome measures: Dward Goal Attainme Achieved Achieved sieved, and changes proposed optional):	Not Achieved (if not achieved, explain why)
Client-Level Data Summarized New Description of Data:(if nee Data issues/caveats that affect None New Data issues/caveats that affect Report of Progress To First Year Target: Reason why target was not ach How first year target was achieve	outcome measures: ffect outcome measures: Dward Goal Attainme Achieved Achieved sieved, and changes proposed optional):	Not Achieved (if not achieved,explain why) I to meet target:
Client-Level Data Summarized New Description of Data:(if nee Data issues/caveats that affect None New Data issues/caveats that affect Report of Progress To First Year Target: Reason why target was not ach How first year target was achieve FY2016 Result: 5.97% - (FY2016)	outcome measures: ffect outcome measures: Dward Goal Attainme Achieved Achieved ved (optional): Result is considered to be wit Achieved	Not Achieved (if not achieved,explain why) I to meet target: hin a reasonable variance range of first year target.) Not Achieved (if not achieved,explain why)
Client-Level Data Summarized New Description of Data:(if nee Data issues/caveats that affect None New Data issues/caveats that affect Report of Progress To First Year Target: Reason why target was not ach How first year target was achieve FY2016 Result: 5.97% - (FY2016 Second Year Target:	outcome measures: ffect outcome measures: Dward Goal Attainme Achieved sieved, and changes proposed ved (optional): Result is considered to be wit Achieved sieved, and changes proposed	Not Achieved (if not achieved,explain why) I to meet target: hin a reasonable variance range of first year target.) Not Achieved (if not achieved,explain why)

First-year target/outcome measurement:	88%
Second-year target/outcome measurement:	88%
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
SCDMH - Division of Evaluation, Training, an	nd Research (ETR)
New Data Source(if needed):	
Description of Data:	
Compilation of Survey Results	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
Limited by Actual Percentage and Number o	f Responses
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved <i>(optional)</i> FY2016 Result: 89.0%) .
Second Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
Data not yet available.	
How second year target was achieved (option	nal):
Indicator #:	10
Indicator:	Patient Satisfaction Rate - Youth
Baseline Measurement:	MHSIP Survey Results (Baseline = 84%)
First-year target/outcome measurement:	85%
Second-year target/outcome measurement:	85%
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
SCDMH - Division of Evaluation, Training, an	nd Research (ETR)
New Data Source(if needed):	
Description of Data:	
Compilation of Survey Results	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	isures:
Limited by Actual Percentage and Number o	

Report of Progress Towa	rd Goal Attainn	nent
First Year Target:	Achieved	Not Achieved (if not achieved,explain why)
3		
Reason why target was not achieved How first year target was achieved (o		ed to meet target:
FY2016 Result: 86.3%	prionaly.	
Second Year Target:	Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not achieved	l, and changes propos	ed to meet target:
Data not yet available.		
How second year target was achieve	d (optional):	
Indicator #:	11	
Indicator:	Patient Satis	sfaction Rate - Youth Families
Baseline Measurement:	MHSIP Surv	ey Results (Baseline = 85%)
First-year target/outcome measurem	nent: 86%	
Second-year target/outcome measur	rement: 86%	
New Second-year target/outcome m	easurement(if needed	t):
Data Source:		
SCDMH - Division of Evaluation, Tra	ining, and Research (E	TR)
New Data Source(if needed):		
Description of Data:		
Compilation of Survey Results		
New Description of Data:(if needed)		
Data issues/caveats that affect outco	ome measures:	
Limited by Actual Percentage and N	umber of Responses	
New Data issues/caveats that affect	outcome measures:	
Papart of Progress Town	rd Goal Attainn	nant
Report of Progress Towa First Year Target:		Not Achieved (if not achieved,explain why)
Tilst Teal Talget.	Achieved	Not Achieved (4 not achieved, explain why)
Reason why target was not achieved How first year target was achieved (a		ed to meet target:
FY2016 Result: 87.5%	риониц.	
Second Year Target:	Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not achieved	l, and changes propos	ed to meet target:
Data not yet available.		
	d (autional).	
How second year target was achieve	а (орионаі):	

Printed: 12/1/2017 8:51 AM - South Carolina - 0930-0168 Approved: 06/07/2017 Expires:

Indicator:

Total Number Served

First-year target/outcome measurement:	= 80,792)
	82,811
Second-year target/outcome measurement:	82,811
New Second-year target/outcome measurem	ent(if needed): 82,000
Data Source:	
South Carolina Department of Mental Health	h
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcome measures	sures:
None	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Goa	al Attainment
First Year Target:	red Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and characterist year target was achieved (optional):	
	sidered to be within a reasonable variance range of first year target.)
	sidered to be within a reasonable variance range of first year target.)
FY2016 Result: 82,241 - (FY2016 Result is cons	red Not Achieved (if not achieved,explain why)
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Achiev	red Not Achieved (if not achieved,explain why) anges proposed to meet target:
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Achiev Reason why target was not achieved, and cha	red Not Achieved (if not achieved,explain why) anges proposed to meet target:
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Achiev Reason why target was not achieved, and characteristics How second year target was achieved (option)	red Not Achieved (if not achieved,explain why) anges proposed to meet target:
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Achiev Reason why target was not achieved, and char How second year target was achieved (option FY2017 Result: 82,560	Not Achieved (if not achieved,explain why) anges proposed to meet target: nal):
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Achiev Reason why target was not achieved, and char How second year target was achieved (option FY2017 Result: 82,560	Not Achieved (if not achieved,explain why) anges proposed to meet target: nal):
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Achiev Reason why target was not achieved, and characteristics How second year target was achieved (options FY2017 Result: 82,560 Indicator #: Indicator:	Not Achieved (if not achieved,explain why) anges proposed to meet target: nal): 13 Youth Served
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Achiev Reason why target was not achieved, and characteristics How second year target was achieved (options FY2017 Result: 82,560 Indicator #: Indicator: Baseline Measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: nal): 13 Youth Served Percentage of Youth Population Served by SCDMH (Baseline = 27,016)
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Achiev Reason why target was not achieved, and characteristics How second year target was achieved (option FY2017 Result: 82,560 Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: nal): 13 Youth Served Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Achiev Reason why target was not achieved, and char How second year target was achieved (option FY2017 Result: 82,560 Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: nal): 13 Youth Served Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Achiev Reason why target was not achieved, and characteristics How second year target was achieved (options FY2017 Result: 82,560 Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: 13 Youth Served Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690 pent(if needed): 27,762
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Reason why target was not achieved, and char How second year target was achieved (option FY2017 Result: 82,560 Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source:	Not Achieved (if not achieved,explain why) anges proposed to meet target: 13 Youth Served Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690 pent(if needed): 27,762
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Reason why target was not achieved, and cha How second year target was achieved (option FY2017 Result: 82,560 Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: South Carolina Department of Mental Health	Not Achieved (if not achieved,explain why) anges proposed to meet target: 13 Youth Served Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690 pent(if needed): 27,762
FY2016 Result: 82,241 - (FY2016 Result is cons Second Year Target: Achiev Reason why target was not achieved, and char How second year target was achieved (option FY2017 Result: 82,560 Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: South Carolina Department of Mental Health New Data Source(if needed):	Not Achieved (if not achieved,explain why) anges proposed to meet target: 13 Youth Served Percentage of Youth Population Served by SCDMH (Baseline = 27,016) 27,690 27,690 ent(if needed): 27,762

None				
New Data issues/caveats tha	t affect outcome	measures:		
Report of Progress	Toward Goa	al Attainment		
First Year Target:	Achieve			Not Achieved (if not achieved,explain why)
Reason why target was not a	achieved, and cha	nges proposed to me	eet target:	
How first year target was acl FY2016 Result: 27,762				
Second Year Target:	Achieve	ed		Not Achieved (if not achieved,explain why)
Reason why target was not a	achieved, and cha	nges proposed to me	eet target:	
How second year target was	achieved (option	al):		
FY2017 Result: 26,335 (FY20 measurement.))17 Result is consi	dered to be within a r	easonable	variance range of Second-year target/outcome
ndicator #:		14		
indicator:		Persons Visiting SC E Past Three Years	ERs with a	Primary Diagnosis of MH or SA and Seen By SCDMH with the
Baseline Measurement:		Number of Persons \ SCDMH with the Pas	_	ERs with a Primary Diagnosis of MH or SA and Seen By
				ars (baseline – 2470)
irst-year target/outcome m	easurement:	Less than 25%		ars (baseline – 2470)
First-year target/outcome m Second-year target/outcome		Less than 25% Less than 25%		ars (baseline – 2470)
_	e measurement:	Less than 25%		ars (baseline – 2470)
Second-year target/outcome	e measurement:	Less than 25%		ars (baseline – 2470)
Second-year target/outcome	e measurement: tcome measureme	Less than 25% ent(if needed):		ars (baseline – 2470)
Second-year target/outcome New Second-year target/out Data Source:	e measurement: tcome measurement t of Mental Health	Less than 25% ent(if needed):		ans (baseline – 2470)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department	e measurement: tcome measurement t of Mental Health	Less than 25% ent(if needed):		ans (baseline – 2470)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed)	e measurement: tcome measurement t of Mental Health	Less than 25% ent(if needed):		ans (baseline – 2470)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed) Description of Data: Compilation of Externally-S	e measurement: tcome measurement t of Mental Health :	Less than 25% ent(if needed):		ans (baseline – 2470)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed) Description of Data: Compilation of Externally-S New Description of Data:(if	e measurement: tcome measurement t of Mental Health : ourced Data needed)	Less than 25% ent(if needed):		ans (baseline – 2470)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed) Description of Data:	e measurement: tcome measurement t of Mental Health : ourced Data needed)	Less than 25% ent(if needed):		ans (baseline – 2470)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed) Description of Data: Compilation of Externally-S New Description of Data:(if incompilation of Data)	e measurement: tcome measurement t of Mental Health : ourced Data needed)	Less than 25% ent(if needed):		ans (baseline – 2470)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed) Description of Data: Compilation of Externally-S New Description of Data:(if incompilation of Data) Data issues/caveats that affective	e measurement: tcome measurement t of Mental Health : ourced Data needed)	Less than 25% ent(if needed):		ans (baseline – 2470)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed) Description of Data: Compilation of Externally-S New Description of Data:(if it) Data issues/caveats that affer None New Data issues/caveats that	e measurement: tcome measurement t of Mental Health : ourced Data needed) ect outcome meas	Less than 25% ent(if needed): ures: measures:		ans (baseline – 2470)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed) Description of Data: Compilation of Externally-S New Description of Data:(if it Data issues/caveats that affer None New Data issues/caveats that Report of Progress	e measurement: tcome measurement t of Mental Health : ourced Data needed) ect outcome meas	Less than 25% ent(if needed): ures: measures:		Not Achieved (if not achieved,explain why)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed) Description of Data: Compilation of Externally-S New Description of Data:(if it) Data issues/caveats that affer None New Data issues/caveats that Report of Progress First Year Target:	e measurement: tcome measurement t of Mental Health : ourced Data needed) ect outcome meas at affect outcome Toward Goa	Less than 25% ent(if needed): ures: measures: al Attainment ed		Not Achieved (if not achieved,explain why)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed) Description of Data: Compilation of Externally-S New Description of Data:(if it) Data issues/caveats that affer None New Data issues/caveats that Report of Progress First Year Target: Reason why target was not all How first year target was act	e measurement: tcome measurement t of Mental Health : ourced Data needed) ect outcome meas at affect outcome Toward Goa Achieve achieved, and cha	Less than 25% ent(if needed): ures: measures: al Attainment ed unges proposed to me		Not Achieved (if not achieved,explain why)
Second-year target/outcome New Second-year target/out Data Source: South Carolina Department New Data Source(if needed) Description of Data: Compilation of Externally-S New Description of Data:(if in the compilation of Data) Data issues/caveats that affective in the compilation of Data.	e measurement: tcome measurement t of Mental Health : ourced Data needed) ect outcome meas at affect outcome Toward Goa Achieve achieved, and cha	Less than 25% ent(if needed): ures: measures: al Attainment ed unges proposed to me		Not Achieved (if not achieved,explain why)

Indicator #:	15
Indicator:	ED Patients - 24-Hour Wait
Baseline Measurement:	Number of Persons Waiting in ER Longer than 24 Hours - Data from Monday Morning Reports (Baseline = 1,733 Annually)
First-year target/outcome measurement:	1,600 Annually
Second-year target/outcome measurement:	1,600 Annually
New Second-year target/outcome measurem	nent(if needed): Less than 1,500 Annually
Data Source:	
SCDMH - Division of Community Mental Hea	alth Services
New Data Source(if needed):	
Description of Data:	
Compilation of Externally-Sourced Data	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
D (D T	-LAME
Report of Progress Toward Go	_
First Year Target: Achiev	ved \text{Not Achieved (if not achieved,explain why)}
First Year Target: Achiev Reason why target was not achieved, and ch	Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Target: Achiev	Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Target: Reason why target was not achieved, and ch. How first year target was achieved (optional)	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: than 1,600 annually)
First Year Target: Achiev Reason why target was not achieved, and ch How first year target was achieved (optional) FY2016 Result: 1,432 (Note the target is less the	And anges proposed to meet target: I: han 1,600 annually) Ved Not Achieved (if not achieved,explain why) Not Achieved (if not achieved,explain why)
First Year Target: Reason why target was not achieved, and ch. How first year target was achieved (optional) FY2016 Result: 1,432 (Note the target is less the second Year Target: Achieved	And anges proposed to meet target: I: I
First Year Target: Reason why target was not achieved, and chemos first year target was achieved (optional) FY2016 Result: 1,432 (Note the target is less the second Year Target: Achieved Reason why target was not achieved, and chemos second year target was achieved (optional)	And anges proposed to meet target: I: I
First Year Target: Reason why target was not achieved, and ch. How first year target was achieved (optional) FY2016 Result: 1,432 (Note the target is less the second Year Target: Achieved Reason why target was not achieved, and ch. How second year target was achieved (optional) FY2017 Result: 1,566 (FY2017 Result is considered.	Not Achieved (if not achieved,explain why) anges proposed to meet target: han 1,600 annually) yed Not Achieved (if not achieved,explain why) anges proposed to meet target: nal):
First Year Target: Reason why target was not achieved, and chelow first year target was achieved (optional) FY2016 Result: 1,432 (Note the target is less the second Year Target: Achieved Reason why target was not achieved, and chelow second year target was achieved (optional) FY2017 Result: 1,566 (FY2017 Result is considered in the second year target was achieved (optional)	Anges proposed to meet target: I: I
First Year Target: Reason why target was not achieved, and chemous first year target was achieved (optional) FY2016 Result: 1,432 (Note the target is less the second Year Target: Achieved Reason why target was not achieved, and chemous second year target was achieved (optional) FY2017 Result: 1,566 (FY2017 Result is considered was achieved (optional) Indicator #: Indicator:	Anges proposed to meet target: D: Than 1,600 annually) Anges proposed to meet target: Not Achieved (if not achieved,explain why) anges proposed to meet target: Inal): dered to be within a reasonable variance range of Second-year target/outcome
First Year Target: Reason why target was not achieved, and chellow first year target was achieved (optional) FY2016 Result: 1,432 (Note the target is less the second Year Target: Achieved Reason why target was not achieved, and chellow second year target was achieved (optional) FY2017 Result: 1,566 (FY2017 Result is considered measurement.) Indicator #:	Anges proposed to meet target: I: han 1,600 annually) Anges proposed to meet target: Inal): Idered to be within a reasonable variance range of Second-year target/outcome
First Year Target: Reason why target was not achieved, and chemous first year target was achieved (optional) FY2016 Result: 1,432 (Note the target is less the second Year Target: Achieved Reason why target was not achieved, and chemous experiments was achieved (optional) FY2017 Result: 1,566 (FY2017 Result is considered measurement.) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Anges proposed to meet target: I: han 1,600 annually) Anges proposed to meet target: Inal): Idered to be within a reasonable variance range of Second-year target/outcome 16 SCDMH Hospital Admissions Number of Psychiatric Hospital Admissions (Baseline = 1,021 Annually)
First Year Target: Reason why target was not achieved, and ch. How first year target was achieved (optional) FY2016 Result: 1,432 (Note the target is less the second Year Target: Achievent Properties of the second year target was not achieved, and ch. How second year target was achieved (optional) FY2017 Result: 1,566 (FY2017 Result is considered was achieved (optional) Indicator #: Indicator: Baseline Measurement:	Anges proposed to meet target: In han 1,600 annually) Anges proposed to meet target: In han 1,600 annually) In han 1,600 a
First Year Target: Reason why target was not achieved, and chelow first year target was achieved (optional) FY2016 Result: 1,432 (Note the target is less the Second Year Target: Achieved Reason why target was not achieved, and chelow second year target was achieved (optional) FY2017 Result: 1,566 (FY2017 Result is considered measurement.) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	Anges proposed to meet target: In han 1,600 annually) Anges proposed to meet target: In han 1,600 annually) In han 1,600 a

Client-Level Data Summarized Into Aggr	regate Outcomes
New Description of Data:(if needed)	
Data issues/caveats that affect outcome	measures:
None	
New Data issues/caveats that affect out	come measures:
Report of Progress Toward	Goal Attainment
First Year Target:	chieved Not Achieved (if not achieved,explain why)
	onal): I the inpatient facilities that are included in the calculation in order to refine the alignment to fit sychiatric Hospital Admissions." The first-year target under the new definition would have been
Second Year Target:	chieved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, an	d changes proposed to meet target:
How second year target was achieved <i>(o</i>	ontional):
	ptonay.
FY2017 Result: 700 (FY2017 Result is con	nsidered to be within a reasonable variance range of Second-year target/outcome measurement.
FY2017 Result: 700 (FY2017 Result is con	nsidered to be within a reasonable variance range of Second-year target/outcome measurement.
	nsidered to be within a reasonable variance range of Second-year target/outcome measurement.
Indicator #:	
Indicator #: Baseline Measurement:	17
Indicator #:	17 Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132)
Indicator #: Indicator: Baseline Measurement:	17 Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) : 130
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement Second-year target/outcome measureme	17 Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) : 130 ent: 130
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement	17 Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) : 130 ent: 130
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement Second-year target/outcome measurement New Second-year target/outcome measurement	17 Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) : 130 ent: 130
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement Second-year target/outcome measurement New Second-year target/outcome measurement	Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) 130 ent: 130 urement(if needed): 205
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement Second-year target/outcome measureme New Second-year target/outcome measureme Data Source: SCDMH - Division of Evaluation, Training	Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) 130 ent: 130 urement(if needed): 205
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement Second-year target/outcome measureme New Second-year target/outcome measureme Data Source: SCDMH - Division of Evaluation, Training New Data Source(if needed):	Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) 130 ent: 130 urement(if needed): 205 g, and Research (ETR) - Pathlore (SCDMH Training Database)
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement Second-year target/outcome measurement New Second-year target/outcome measurement Data Source: SCDMH - Division of Evaluation, Training New Data Source(if needed): Description of Data:	Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) 130 ent: 130 urement(if needed): 205 g, and Research (ETR) - Pathlore (SCDMH Training Database)
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement Second-year target/outcome measurement New Second-year target/outcome measurement Data Source: SCDMH - Division of Evaluation, Training New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific In New Description of Data:(if needed)	Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) 130 ent: 130 urement(if needed): 205 g, and Research (ETR) - Pathlore (SCDMH Training Database)
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement Second-year target/outcome measurement New Second-year target/outcome measurement SCDMH - Division of Evaluation, Training New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific In	Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) 130 ent: 130 urement(if needed): 205 g, and Research (ETR) - Pathlore (SCDMH Training Database)
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement Second-year target/outcome measurement New Second-year target/outcome measurement Data Source: SCDMH - Division of Evaluation, Training New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific In New Description of Data:(if needed) Data issues/caveats that affect outcome	Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) 130 ent: 130 urement(if needed): 205 g, and Research (ETR) - Pathlore (SCDMH Training Database) information Resources measures:
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement Second-year target/outcome measurement New Second-year target/outcome measurement Data Source: SCDMH - Division of Evaluation, Training New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific In New Description of Data:(if needed) Data issues/caveats that affect outcome	Computerized Training for Employees Number of Staff Training Programs Available by Computer (Baseline = 132) 130 ent: 130 urement(if needed): 205 g, and Research (ETR) - Pathlore (SCDMH Training Database) information Resources measures:

Printed: 12/1/2017 8:51 AM - South Carolina - 0930-0168 Approved: 06/07/2017 Expires:

FY2016 Result: 201	
Second Year Target:	Achieved Achieved (if not achieved,explain why)
Reason why target was not ach	ieved, and changes proposed to meet target:
How second year target was ac	hieved (optional):
FY2017 Result: 201 (FY2017 Re	sult is considered to be within a reasonable variance range of Second-year target/outcome measurement.
Indicator #:	18
Indicator:	Participating Hospitals - ED Telepsychiatry
Baseline Measurement:	Number of Participating Hospitals - ED Telepsychiatry (Baseline = 21)
First-year target/outcome meas	surement: 23
Second-year target/outcome m	neasurement: 25
New Second-year target/outco	me measurement(if needed): 23
Data Source:	
SCDMH - Office of the Medical	Director (Telepsychiatry Consultation Program)
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-S	·
New Description of Data:(if nee	eded)
New Description of Data:(if new Data:) Data issues/caveats that affect	eded)
New Description of Data:(if nee	eded)
New Description of Data:(if new	outcome measures:
New Description of Data:(if need) Data issues/caveats that affect None New Data issues/caveats that a	outcome measures:
New Description of Data:(if need) Data issues/caveats that affect None New Data issues/caveats that a	outcome measures: ffect outcome measures:
New Description of Data:(if need) Data issues/caveats that affect None New Data issues/caveats that a Report of Progress To First Year Target:	outcome measures: ffect outcome measures: oward Goal Attainment
New Description of Data:(if need) Data issues/caveats that affect None New Data issues/caveats that a Report of Progress To First Year Target:	outcome measures: ffect outcome measures: Dward Goal Attainment Achieved Not Achieved (if not achieved, explain why) sieved, and changes proposed to meet target:
New Description of Data:(if need) Data issues/caveats that affect None New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achieved.	outcome measures: ffect outcome measures: Dward Goal Attainment Achieved Not Achieved (if not achieved, explain why) sieved, and changes proposed to meet target:
New Description of Data: (if need) Data issues/caveats that affect None New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achief FY2016 Result: 25 Second Year Target:	outcome measures: ffect outcome measures: Dward Goal Attainment Achieved Not Achieved (if not achieved,explain why) iieved, and changes proposed to meet target: wed (optional):
New Description of Data:(if need) Data issues/caveats that affect None New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achies FY2016 Result: 25 Second Year Target: Reason why target was not ach	outcome measures: ffect outcome measures: Dward Goal Attainment Achieved Not Achieved (if not achieved,explain why) iieved, and changes proposed to meet target: ved (optional): Achieved Not Achieved (if not achieved,explain why) iieved, and changes proposed to meet target:
New Description of Data: (if need) Data issues/caveats that affect None New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achief FY2016 Result: 25 Second Year Target:	outcome measures: ffect outcome measures: Dward Goal Attainment Achieved Not Achieved (if not achieved,explain why) iieved, and changes proposed to meet target: ved (optional): Achieved Not Achieved (if not achieved,explain why) iieved, and changes proposed to meet target:
New Description of Data: (if need by the Data issues/caveats that affect None New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achieved by the Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How second year Target was not ach How second year target was achieved by the Data issues/caveats that a Reason why target was not ach How second year target was achieved by the Data issues/caveats that affect was not achieved by the Data issues/caveats that a Report of Progress To First Year Target:	outcome measures: ffect outcome measures: Dward Goal Attainment Achieved Not Achieved (if not achieved,explain why) iieved, and changes proposed to meet target: ved (optional): Achieved Not Achieved (if not achieved,explain why) iieved, and changes proposed to meet target:
New Description of Data: (if need Data issues/caveats that affect None New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achies FY2016 Result: 25 Second Year Target: Reason why target was not ach How second year target was achies FY2017 Result: 23	outcome measures: ffect outcome measures: Dward Goal Attainment Achieved Not Achieved (if not achieved,explain why) iieved, and changes proposed to meet target: ved (optional): Achieved Not Achieved (if not achieved,explain why) iieved, and changes proposed to meet target:
New Description of Data: (if need Data issues/caveats that affect None New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achief FY2016 Result: 25 Second Year Target: Reason why target was not ach How second year target was achief FY2017 Result: 23 Indicator #:	outcome measures: ffect outcome measures: Dward Goal Attainment Achieved Not Achieved (if not achieved,explain why) ieved, and changes proposed to meet target: ved (optional): Achieved Not Achieved (if not achieved,explain why) ieved, and changes proposed to meet target: hieved (optional):
New Description of Data: (if need by the Data issues/caveats that affect None New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achieved by the Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How second year Target was not ach How second year target was achieved by the Data issues/caveats that a Reason why target was not ach How second year target was achieved by the Data issues/caveats that affect was not achieved by the Data issues/caveats that a Report of Progress To First Year Target:	outcome measures: ffect outcome measures: Dward Goal Attainment Achieved Not Achieved (if not achieved,explain why) iieved, and changes proposed to meet target: ved (optional): Achieved Not Achieved (if not achieved,explain why) iieved, and changes proposed to meet target: hieved (optional):
New Description of Data: (if need by the Data issues/caveats that affect None New Data issues/caveats that a Report of Progress To First Year Target: Reason why target was not ach How first year target was achief FY2016 Result: 25 Second Year Target: Reason why target was not ach How second year target was achief FY2017 Result: 23 Indicator #: Indicator:	outcome measures: ffect outcome measures: Dward Goal Attainment Achieved Not Achieved (if not achieved,explain why) ileved, and changes proposed to meet target: ved (optional): Achieved Not Achieved (if not achieved,explain why) ileved, and changes proposed to meet target: hieved (optional): 19 School-Based Services - Total Schools Number of Schools in School-Based Program (Baseline = 480)

Data Source:

Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 519 Second Year Target: Achieved Not Achieved (if not achieved explain why) Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): FY2017 Result: 540 Indicator: CMHC Appointment Timeframes Baseline Measurement: Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% New Second-year target/outcome measurement: 90% New Second-year target/outcome measurement(if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources	New Data Source(if needed):	
Internally-Generated Subject-Specific Information Resources New Description of Data:(If needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:	New Data Source(if needed).	
New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved.explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 519 Second Year Target: Not Achieved (if not achieved.explain why) Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): FY2017 Result: 540 Indicator #: 20 Indicator #: 20 Indicator #: 20 Indicator #: Second Year target/outcome measurement: 90% Second-year target/outcome measurement: 90% Second-year target/outcome measurement: 90% Not Achieved (if not achieved.explain why) Reason why target was achieved (optional): First-year target/outcome measurement: 90% Second-year target/outcome measurement: 90% Not Achieved (if not achieved.explain why) Reason why target was achieved (optional): FY2017 Result: 540 Indicator #: 20 Indi	Description of Data:	
Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:	Internally-Generated Subject-Specific Inform	nation Resources
None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved.explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 519 Second Year Target: Achieved Not Achieved (if not achieved.explain why) Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): FY2017 Result: 540 Indicator #: 20 Indicator: CMHC Appointment Timeframes Baseline Measurement: Olients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% New Second-year target/outcome measurement: 90% New Second-year target/outcome measurement: 90% New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: (if needed) Data issues/caveats that affect outcome measures:	New Description of Data:(if needed)	
New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:	Data issues/caveats that affect outcome mea	asures:
Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved,explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 519 Second Year Target: Achieved Not Achieved (if not achieved,explain why) Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): FY2017 Result: 540 Indicator #: 20 Indicator #: 20 Indicator #: CMHC Appointment Timeframes Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% Second-year target/outcome measurement: 90% New Second-year target/outcome measurement(If needed): Data Source: South Carolina Department of Mental Health New Data Source(If needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(If needed) Data issues/caveats that affect outcome measures:	None	
First Year Target: Achieved Not Achieved (if not achieved,explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 519 Second Year Target: Achieved Not Achieved (if not achieved,explain why) Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): FY2017 Result: 540 Indicator #: 20 Indicator: CMHC Appointment Timeframes Baseline Measurement: Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% Second-year target/outcome measurement: 90% New Second-year target/outcome measurement(if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	New Data issues/caveats that affect outcome	e measures:
Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: 519 Second Year Target: Achieved Not Achieved (if not achieved, explain why) Second Year Target: Achieved Not Achieved (if not achieved, explain why) Second Year Target: Not Achieved (if not achieved, explain why) Second Year Target: Not Achieved (if not achieved, explain why) Not Achieved (if not achieved, explain why) Second Year Target: Not Achieved (if not achieved, explain why) Not Achieved (if not achieved, explain why) Not Achieved (if not achieved, explain why) Second Year Target was achieved (optional): FY2017 Result: 540 Indicator #: 20 Indicator #: CMHC Appointment Timeframes Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% New Second-year target/outcome measurement: 90% New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data: Data issues/caveats that affect outcome measures:	Report of Progress Toward Go	al Attainment
How first year target was achieved (optional): FY2016 Result: 519 Second Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): FY2017 Result: 540 Indicator #: 20 Indicator: CMHC Appointment Timeframes Baseline Measurement: Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% New Second-year target/outcome measurement: 90% New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data: Data issues/caveats that affect outcome measures:	First Year Target:	ved Not Achieved (if not achieved,explain why)
Second Year Target: Achieved Indicator: Common Measurement: Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) Second-year target/outcome measurement: Second-year target/outcome measurement: Second-year target/outcome measurement: South Carolina Department of Mental Health New Data Source(if needed): Internally-Generated Subject-Specific Information Resources New Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data: Data issues/caveats that affect outcome measures:	Reason why target was not achieved, and ch	anges proposed to meet target:
Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): FY2017 Result: 540 Indicator #: 20 Indicator: CMHC Appointment Timeframes Baseline Measurement: Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% Second-year target/outcome measurement: 90% New Second-year target/outcome measurement (if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Internally-Generated Subject-Specific Information Resources New Description of Data: (if needed) Data issues/caveats that affect outcome measures:		
How second year target was achieved (optional): FY2017 Result: 540 Indicator #: 20 Indicator: CMHC Appointment Timeframes Baseline Measurement: Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% Second-year target/outcome measurement: 90% New Second-year target/outcome measurement: (if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	Second Year Target:	ved Not Achieved (if not achieved,explain why)
Indicator #: 20 Indicator: CMHC Appointment Timeframes Baseline Measurement: Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% Second-year target/outcome measurement: 90% New Second-year target/outcome measurement/(if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	Reason why target was not achieved, and ch	nanges proposed to meet target:
Indicator #: 20 Indicator: CMHC Appointment Timeframes Baseline Measurement: Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% Second-year target/outcome measurement: 90% New Second-year target/outcome measurement(if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	How second year target was achieved (option	nal):
Indicator: Baseline Measurement: Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% Second-year target/outcome measurement: 90% New Second-year target/outcome measurement/(if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	FY2017 Result: 540	
Indicator: Baseline Measurement: Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% Second-year target/outcome measurement: 90% New Second-year target/outcome measurement/(if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	Indicator #:	20
Baseline Measurement: Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%) First-year target/outcome measurement: 90% Second-year target/outcome measurement: 90% New Second-year target/outcome measurement(if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	Indicator:	
Second-year target/outcome measurement: 90% New Second-year target/outcome measurement(if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	Baseline Measurement:	Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need
New Second-year target/outcome measurement(if needed): Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	First-year target/outcome measurement:	90%
Data Source: South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	Second-year target/outcome measurement:	90%
South Carolina Department of Mental Health New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	-	nent(if needed):
New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Information Resources New Description of Data:(if needed) Data issues/caveats that affect outcome measures:		th
Internally-Generated Subject-Specific Information Resources New Description of Data: (if needed) Data issues/caveats that affect outcome measures:	New Data Source(if needed):	
Internally-Generated Subject-Specific Information Resources New Description of Data: (if needed) Data issues/caveats that affect outcome measures:	Description of Data:	
New Description of Data:(if needed) Data issues/caveats that affect outcome measures:	•	nation Resources
Data issues/caveats that affect outcome measures:	New Description of Data:(if needed)	
	•	
NOTE		isures:
	NOTIC	

First Year Target:

Printed: 12/1/2017 8:51 AM - South Carolina - 0930-0168 Approved: 06/07/2017 Expires:

FY2016 Result: 94%	
Second Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved (option	nal):
FY2017 Result: 96%	
Indicator #:	21
Indicator:	CMHC Billed Hours
Baseline Measurement:	Hours of Billed Services in Community Mental Health Services (Baseline = 971,916)
First-year target/outcome measurement:	975,000
Second-year target/outcome measurement:	975,000
New Second-year target/outcome measurem	ent(if needed): 985,334
Data Source:	
South Carolina Department of Mental Healt	h
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data:(if needed)	
-	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
report or riogress romara co	
First Year Target: Achiev	ved Not Achieved (if not achieved,explain why)
First Year Target:	Not Achieved (4 not achieved,explain why)
First Year Target: Achiev Reason why target was not achieved, and characterist year target was achieved (optional)	anges proposed to meet target:
First Year Target: Achiev Reason why target was not achieved, and characterist year target was achieved (optional) FY2016 Result: 985,334	anges proposed to meet target:
First Year Target: Reason why target was not achieved, and characterist year target was achieved (optional) FY2016 Result: 985,334	anges proposed to meet target: !: Ved
First Year Target: Reason why target was not achieved, and characteristics of the property of	anges proposed to meet target: Delta Not Achieved (if not achieved,explain why) Anges proposed to meet target: Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Target: Reason why target was not achieved, and characterist year target was achieved (optional) FY2016 Result: 985,334 Second Year Target: Reason why target was not achieved, and characterists How second year target was achieved (option	anges proposed to meet target: Delta Not Achieved (if not achieved,explain why) Anges proposed to meet target: Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Target: Reason why target was not achieved, and characterist year target was achieved (optional) FY2016 Result: 985,334 Second Year Target: Reason why target was not achieved, and characterist was achieved (optional) FY2017 Result: 920,836 (FY2017 Result is commeasurement.)	anges proposed to meet target: In Not Achieved (if not achieved,explain why) Anges proposed to meet target: In anges proposed to meet target: In anges proposed to meet target:
First Year Target: Reason why target was not achieved, and characteristics with the properties of the	anges proposed to meet target: In anges proposed t

42,835

First-year target/outcome measurement:

ent(if needed): 42,000
ation Resources
ures:
measures:
I Attainment
Not Achieved (if not achieved,explain why)
nges proposed to meet target:
dered to be within a reasonable variance range of first year target.)
□ Not Achieved (if not achieved,explain why)
al):
23
23 ED Patients - Total
ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287
ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually)
ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200
ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200 2,200
ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200 2,200
ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200 2,200 ent(if needed): Less than 2,000
ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200 2,200 ent(if needed): Less than 2,000
ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200 2,200 ent(if needed): Less than 2,000
ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200 2,200 ent(if needed): Less than 2,000
ED Patients - Total Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually) 2,200 2,200 ent(if needed): Less than 2,000

Report of Progress T	Toward Goal Attainn	nent
First Year Target:	Achieved	□ Not Achieved (if not achieved,explain why)
Reason why target was not ac	chieved, and changes propose	ed to meet target:
How first year target was achi FY2016 Result: 1,853 (Note the		ually)
Second Year Target:	Achieved	□ Not Achieved (if not achieved,explain why)
Reason why target was not ac	chieved, and changes propose	ed to meet target:
How second year target was a	achieved (optional):	
	-	thin a reasonable variance range of Second-year target/outcome
Indicator #:	24	
Indicator:	Inpatient Sei	rvices - Total Bed Days
Baseline Measurement:	Total Numbe	er of Inpatient Bed Days (Baseline = 528,504)
First-year target/outcome me	easurement: 520,000	
Second-year target/outcome	measurement: 520,000	
New Second-year target/outc	come measurement(if needed	!): 527,250
Data Source:		
South Carolina Department of	of Mental Health	
New Data Source(if needed):		
Description of Data:		
Internally-Generated Subject	t-Specific Information Resourc	es
New Description of Data:(if no	eeded)	
Data in the state of the state		
Data issues/caveats that affec	ct outcome measures:	
None		
New Data issues/caveats that	affect outcome measures:	
Report of Progress T	Toward Goal Attainn	nent
First Year Target:	Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not ac	chieved, and changes proposo	ed to meet target:
How first year target was achi FY2016 Result: 529,909	ieved (optional):	
Casand Vaar Targati	Achieved	Not Achieved (if not achieved,explain why)
Second Year Target:		
Reason why target was not ac	chieved, and changes propose	ed to meet target:
_		ed to meet target:

Priority Area: Five Percent Set Aside for First Episode Psychosis

Priority Type: MHS

Population(s): SMI, SED, Other (Population Defined in Section IV, Item 5)

Goal of the priority area:

The intent is to address the needs of persons with early psychotic disorders, specifically first episode psychosis, either through enhancing existing program activities or development of new activities.

Strategies to attain the goal:

The Department has specifically cited Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) as the treatment modalities it will deploy utilizing the Five Percent Set Aside. These treatment modalities have been identified as appropriate and effective for persons experiencing First Episode Psychosis (FEP). It has also been found that maximum effectiveness is attainable when the two modalities are deployed together. MI serves as the engagement modality and CBT serves as the therapy modality.

Indicator #:	1
Indicator:	First Episode Psychosis Program
Baseline Measurement:	Total Number of Patients Served (Baseline = 247, Partial Year)
First-year target/outcome measurement:	500
Second-year target/outcome measurement:	500
New Second-year target/outcome measurem	nent(if needed): 260
Data Source:	
South Carolina Department of Mental Healt	h
New Data Source(if needed):	
Description of Data:	
Description of Data: Internally-Generated Subject-Specific Inform	nation Resources
Internally-Generated Subject-Specific Inform	nation Resources
Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mea	
Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mea SCDMH plans to work with Dr. Meera Narasi outcomes at the three initial sites that have	sures: imhan and her team at the University of South Carolina, School of Medicine to evaluate begun this Program. Outcomes will include clinical and social parameters. Clinical measures ospitalization, and suicidality. Social parameters will include quality of life functioning,
Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mea SCDMH plans to work with Dr. Meera Narasi outcomes at the three initial sites that have of outcome will include psychopathology, hemployability and the ability to live indepen	sures: imhan and her team at the University of South Carolina, School of Medicine to evaluate begun this Program. Outcomes will include clinical and social parameters. Clinical measures ospitalization, and suicidality. Social parameters will include quality of life functioning, dently. termine those outcome measurements appropriate to demonstrate the efficacy of the
Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mea SCDMH plans to work with Dr. Meera Narasi outcomes at the three initial sites that have of outcome will include psychopathology, hemployability and the ability to live indepen SCDMH will work with Dr. Narasimhan to de Programs beyond reporting only number of	sures: imhan and her team at the University of South Carolina, School of Medicine to evaluate begun this Program. Outcomes will include clinical and social parameters. Clinical measures ospitalization, and suicidality. Social parameters will include quality of life functioning, dently. termine those outcome measurements appropriate to demonstrate the efficacy of the patients served.
Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mea SCDMH plans to work with Dr. Meera Narasi outcomes at the three initial sites that have of outcome will include psychopathology, hemployability and the ability to live indepen SCDMH will work with Dr. Narasimhan to de Programs beyond reporting only number of	sures: imhan and her team at the University of South Carolina, School of Medicine to evaluate begun this Program. Outcomes will include clinical and social parameters. Clinical measures ospitalization, and suicidality. Social parameters will include quality of life functioning, dently. termine those outcome measurements appropriate to demonstrate the efficacy of the patients served.
Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mea SCDMH plans to work with Dr. Meera Narasi outcomes at the three initial sites that have of outcome will include psychopathology, hemployability and the ability to live indepen SCDMH will work with Dr. Narasimhan to de	sures: imhan and her team at the University of South Carolina, School of Medicine to evaluate begun this Program. Outcomes will include clinical and social parameters. Clinical measures ospitalization, and suicidality. Social parameters will include quality of life functioning, dently. termine those outcome measurements appropriate to demonstrate the efficacy of the patients served.

The Traditional Program served a total of 255 individuals – Charleston-Dorchester Mental Health Center (36), Pee Dee Mental Health Center (121), and Lexington County Community Mental Health Center (98). SCDMH did not meet its target because the target estimate was not appropriately calculated. As outlined in Section IV - Item 5 - Evidence-Based Practices for Early Intervention (5 Percent), "[e]ach masters-level clinician will be expected to carry a caseload of approximately 30 persons." Based on awards for 6.5 FTEs, and a conservative total annual number served by each FTE of 40, a reasonable total annual number served by all FTEs would be 260. Therefore, SCDMH is, upon

agreement with SAMHSA, proposing to change its second-year target/outcome measurement to 260.

As of October 11, 2016, the South Carolina Department of Mental Health (SCDMH) had actual expenditures on the 2015 MHBG of \$341,824.30. The allotted amount was \$350,000.00. SCDMH has actual expenditures on the 2016 MHBG of \$26,521.68, thus far. The allotted amount is \$355,998.00.

The CSC Program

As noted in IV - Item 5 - Revised March 2016 included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, "[a]s has been previously noted with The Traditional Program, staffing The CSC Program in Year 1 will be one of the more significant challenges to full implementation of the program." In fact, in The CSC Program - CDMHC, also included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, the timeline for hiring all staff was July 2, 2016. SCDMH did not meet this goal.

However, as of October 12, 2016, Charleston-Dorchester Mental Health Center (CDMHC) has hired the Team Leader and identified two (2) therapists who will transition to The CSC Program in November 2016. One (1) of the two (2) identified therapists is trained in alcohol and drug treatment. CDMHC has also identified staff from the South Carolina Vocational Rehabilitation Department to serve on The CSC Program team, as well as, a Peer Support Specialist. Lastly, CDMHC is coordinating with SCDMH Care Coordination to identify a Care Coordinator to serve on The CSC Program team. As a result of the significant progress towards establishing The CSC Program team, CDMHC will soon engage NAVIGATE program trainers to implement the Evidence-Based Practice.

Also as noted in IV - Item 5 - Revised March 2016 included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, "[g]iven SCDMH's proposal to implement a new program late in the MHBG award year to meet its revised annual obligation for the Set Aside for First Episode Psychosis (FEP), which will require technical assistance, planning, implementation, and first-year phase-in, it is estimated that SCDMH will not expend the total amount budgeted for The CSC Program." SCDMH estimated correctly. SCDMH will not draw down MHBG funds associated with the difference between actual expenditures and the allocation to The CSC Program.

As of October 11, 2016, SCDMH has actual expenditures on the 2016 MHBG of \$13,451.77, thus far. The allotted amount is \$393,578.00.

How first year target was achieved (optional):

Second Year Target:	Achieved	Not Achieved (if not achieved,explain why)
---------------------	----------	--

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

FY2017 Update:

Total Served: 442 – The Traditional Programs 411, The CSC Program 31.

The Traditional Programs

The Traditional Program served a total of 411 individuals – Charleston-Dorchester Mental Health Center (38), Pee Dee Mental Health Center (116), and Lexington County Community Mental Health Center (257). Individual program updates are provided below.

Program Update - Charleston-Dorchester Mental Health Center

"The Navigate & New Directions Programs served approximately 69 patients, some weekly & some bi-monthly, for FY17. All team personnel were trained intensely with the Navigate model in June 2017. Everyone is currently using the Navigate model with their patients. New Directions utilizes other resources to provide psychoeducation for diagnosis not on the Schizophrenia spectrum."

Program Update – Pee Dee Mental Health Center

"In FY 17, 116 clients were served (pls see attached) in Pee Dee's FEP Program --- Prevention and Recovery in Early Psychosis (PREP). Current Active Caseload for the 2.5 FTE is 44 clients.

PREP clinicians have presented at Pee Dee CMHC Community Forum and they participate in the first Friday homeless connect with Lighthouse Ministries. Jenness presented at New Ebenezer Baptist Church Symposium.

Accomplishments include:

One has obtained his Driving license after ten years.

One successfully completed an intense substance abuse program to have his DL restored.

One has completed his GED and is now working.

Three are full time college students.

Two have enrolled in the Florence literacy program to help improve their education goals.

Two have successfully obtained apartments on their own and seemed to be adjusting well.

One that is working on completing his GED.

Two clients enrolled in college.

Two began working.

One returned to school after she was on a leave of absence due to mental health related issues.

One received his permit.

One got disability and moved out on his own."

Program Update - Lexington County Community Mental Health Center

"Provided 1140 hours of direct client contact.

During FY 2017, LCCMHC added another full time position to this program and was able to expand treatment services to more clients within our center. Although LCCMHC currently has one staff vacancy in this program, the supervisor is actively working to fill this staff vacancy. LCCMHC has been extremely fortunate to retain the same psychiatrist who is very supportive of this program and our clients. Despite turnover in clinical staff, LCCMHC has worked to implement new group curriculums in FY 2017 and provided intensive individual treatment services to clients experiencing their first episode of psychosis."

As of November 11, 2017, the South Carolina Department of Mental Health (SCDMH) had actual expenditures in FY2017 of \$391,567.88. The allotted amount was \$350,000.00.

The CSC Program

The CSC Program served a total of 31 individuals – Charleston-Dorchester Mental Health Center (31). A program update is provided below.

Program Update - Charleston-Dorchester Mental Health Center

"The Navigate & New Directions Programs served approximately 69 patients, some weekly & some bi-monthly, for FY17. All team personnel were trained intensely with the Navigate model in June 2017. Everyone is currently using the Navigate model with their patients. New Directions utilizes other resources to provide psychoeducation for diagnosis not on the Schizophrenia spectrum.

Although our program is fairly new, several of our patients are making significant progress. We have patients who presented very symptomatic, engaged in components of Navigate & are now working/in school. Some are actively engaged in looking for employment/school. Other successes include decreased hospitalizations. When looking at DLA 20 scores for our patients, 41% of those that had at least 2 administered for FY'17 maintained their score or showed improvement."

As of November 11, 2017, the South Carolina Department of Mental Health (SCDMH) had actual expenditures in FY2017 of \$178,027.73. The allotted amount was \$393,578.00.

Priority #: 3

Priority Area: Comprehensive Assessment

Priority Type: MHS

Population(s): SMI, SED, Other (All Persons Served)

Goal of the priority area:

SCDMH identified certain opportunities in its operations that would lead to cost savings and increased efficiencies. Many of the identified opportunities illuminate unmet service needs and critical gaps within the current system.

Strategies to attain the goal:

The strategy is defined by the Performance Indicator and may vary depending upon the nature of the effort, but all are related to the enhancement of the overall mental health continuum.

-Annual Performance Indicators to measure goal success-

Indicator #:

Indicator: Expand Training Opportunities

Baseline Measurement: Increase in Productivity Due to Offline Training Resources (As Measured by Person-Hour

Cost Savings)

First-year target/outcome measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

Description of Data:		
Internally-Generated Subject-Specific Inform	mation Resources	
New Description of Data:(if needed)		
Data issues/caveats that affect outcome mea	asures:	
None		
New Data issues/caveats that affect outcom	ne measures:	
Report of Progress Toward Go	oal Attainment	
First Year Target:		Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	hanges proposed to meet targ	get:
How first year target was achieved (optional FY2016 Result: SCDMH currently has 201 staf		hy computer
		□ Not Achieved (if not achieved,explain why)
Second real ranget.		
Reason why target was not achieved, and ch	hanges proposed to meet targ	get:
How second year target was achieved (optio	onal):	
FY2017 Result: SCDMH currently has 201 sta	aff training programs available	e by computer.
Indicator #:	2	
Indicator:	Implement Use of Electroni	c Medical Record
Baseline Measurement:	Provided as Reference Info	rmation for Possible Future Emphasis for SCDMH
First-year target/outcome measurement:	Baseline	
Second-year target/outcome measurement:	Compare to Prior Year's Re	sults
New Second-year target/outcome measurer	ment(if needed):	
Data Source:		
SCDMH - Division of Inpatient Services		
New Data Source(if needed):		
Description of Data:		
receiving inpatient services. Electronic Med assimilate various components of a patient' overall operating efficiency, increase portal	ical Records reduce required s 's medical record into a single bility and accessibility of healt	es for the efficient and effective provision of care for patients storage space for physical storage media (i.e. paper records), access point, reduce the cost of record transference, improve the information, reduce medical errors, provide for ease of the Department into compliance with Medicare and Medicaid
New Description of Data:(if needed)		
New Description of Data:(<i>if needed</i>) Data issues/caveats that affect outcome mea	asures:	

First Year Target:		
	Achieved	□ Not Achieved (if not achieved,explain why)
Reason why target was not ac	hieved, and change	s proposed to meet target:
	tly utilizes an Electro	onic Medical Record (EMR) in its Community Mental Health Centers, and is in the onic Health Record (EHR) in its Inpatient facilities.
Second Year Target:	Achieved	☐ Not Achieved (if not achieved,explain why)
Reason why target was not ac	:hieved, and change	s proposed to meet target:
How second year target was a	chieved (optional):	
	=	ronic Medical Record (EMR) in its Community Mental Health Centers, and is in the final ronic Health Record (EHR) in its Inpatient facilities.
Indicator #:	3	
Indicator:	Exp	and Use of Telepsychiatry
Baseline Measurement:	Pro	ovided as Reference Information for Possible Future Emphasis for SCDMH
First-year target/outcome me	asurement: Bas	seline
Second-year target/outcome	measurement: Cor	mpare to Prior Year's Results
New Second-year target/outc	ome measurement(i	if needed):
Data Source:		
South Carolina Department of	of Mental Health	
New Data Source(if needed):		
Description of Data:		outh Carolina Department of Health and Human Services, the University of South
Carolina School of Medicine overcrowding of psychiatric pmodel that provides remote are required. And it is the first mentioned program, which is Centers (CMHC) and Inpatien-Center. Center-to-Clinic Tele Telepsychiatry connects the Cas well. This expanded use of Mental Health Clinics, and 4 In the loss of productivity associavailability may be non-existed.	and the South Carol patients in local hosp access for EDs in runst of its kind nationals still expanding, SCI at Facilities. The CMH epsychiatry connects CMHCs to each other feechnology, in the facilities to each with travel timent.	ina Hospital Association to create the SCDMH telepsychiatry program to address the bital emergency departments ("ED"). It is a cutting-edge statewide service delivery all areas of South Carolina to psychiatrists whenever psychiatric consultation services silly, and has been widely recognized for its effectiveness. Just as with the previously DMH has begun the expanded use of telepsychiatry in its Community Mental Health HCs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to the primary CMHC with its satellite mental health clinics. Center-to-Center r. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 46
Carolina School of Medicine overcrowding of psychiatric pmodel that provides remote are required. And it is the first mentioned program, which is Centers (CMHC) and Inpatient-Center. Center-to-Clinic Telest Telepsychiatry connects the Cas well. This expanded use of Mental Health Clinics, and 4 If the loss of productivity associavailability may be non-existed.	and the South Carol patients in local hosp access for EDs in runst of its kind nationals still expanding, SCI at Facilities. The CMH epsychiatry connects CMHCs to each other technology, in the funpatient Facilities to ciated with travel timent.	ina Hospital Association to create the SCDMH telepsychiatry program to address the bital emergency departments ("ED"). It is a cutting-edge statewide service delivery al areas of South Carolina to psychiatrists whenever psychiatric consultation services stilly, and has been widely recognized for its effectiveness. Just as with the previously DMH has begun the expanded use of telepsychiatry in its Community Mental Health etcs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to the primary CMHC with its satellite mental health clinics. Center-to-Center etc. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 46 to utilize a common pool of physicians to deliver services to clients and patients without he, and to deliver services to clients and patients in rural areas where physician
Carolina School of Medicine overcrowding of psychiatric pmodel that provides remote are required. And it is the first mentioned program, which is Centers (CMHC) and Inpatient-Center. Center-to-Clinic Telest Telepsychiatry connects the Cas well. This expanded use of Mental Health Clinics, and 4 If the loss of productivity associavailability may be non-existed.	and the South Carol patients in local hosp access for EDs in runst of its kind nationals still expanding, SCI at Facilities. The CMH epsychiatry connects CMHCs to each other technology, in the funpatient Facilities to ciated with travel timent.	ina Hospital Association to create the SCDMH telepsychiatry program to address the bital emergency departments ("ED"). It is a cutting-edge statewide service delivery al areas of South Carolina to psychiatrists whenever psychiatric consultation services stilly, and has been widely recognized for its effectiveness. Just as with the previously DMH has begun the expanded use of telepsychiatry in its Community Mental Health HCs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to-the primary CMHC with its satellite mental health clinics. Center-to-Center or. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 46 of utilize a common pool of physicians to deliver services to clients and patients without the, and to deliver services to clients and patients in rural areas where physician
Carolina School of Medicine overcrowding of psychiatric pmodel that provides remote are required. And it is the first mentioned program, which is Centers (CMHC) and Inpatient-Center. Center-to-Clinic Telest Telepsychiatry connects the Cas well. This expanded use of Mental Health Clinics, and 4 If the loss of productivity associavailability may be non-existed. New Description of Data:(if not Data issues/caveats that affecting model)	and the South Carol patients in local hosp access for EDs in runst of its kind nationals still expanding, SCI at Facilities. The CMH expsychiatry connects CMHCs to each other technology, in the facilities to citated with travel timent.	ina Hospital Association to create the SCDMH telepsychiatry program to address the bital emergency departments ("ED"). It is a cutting-edge statewide service delivery all areas of South Carolina to psychiatrists whenever psychiatric consultation services stilly, and has been widely recognized for its effectiveness. Just as with the previously DMH has begun the expanded use of telepsychiatry in its Community Mental Health etcs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to the primary CMHC with its satellite mental health clinics. Center-to-Center etc. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 46 to utilize a common pool of physicians to deliver services to clients and patients without he, and to deliver services to clients and patients in rural areas where physician
Carolina School of Medicine overcrowding of psychiatric pmodel that provides remote are required. And it is the first mentioned program, which is Centers (CMHC) and Inpatient-Center. Center-to-Clinic Telest Telepsychiatry connects the Cas well. This expanded use of Mental Health Clinics, and 4 the loss of productivity associavailability may be non-existed. New Description of Data:(if not Data issues/caveats that affect None	and the South Carol patients in local hosp access for EDs in runst of its kind national still expanding, SCI at Facilities. The CMH epsychiatry connects CMHCs to each other technology, in the filipatient Facilities to ciated with travel timent. **Reeded** **Toutcome measures** affect outcome measures**	ina Hospital Association to create the SCDMH telepsychiatry program to address the bital emergency departments ("ED"). It is a cutting-edge statewide service delivery all areas of South Carolina to psychiatrists whenever psychiatric consultation services stilly, and has been widely recognized for its effectiveness. Just as with the previously DMH has begun the expanded use of telepsychiatry in its Community Mental Health lCs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to the primary CMHC with its satellite mental health clinics. Center-to-Center r. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 46 to utilize a common pool of physicians to deliver services to clients and patients without he, and to deliver services to clients and patients in rural areas where physician services:
Carolina School of Medicine overcrowding of psychiatric pmodel that provides remote are required. And it is the first mentioned program, which is Centers (CMHC) and Inpatient-Center. Center-to-Clinic Telest Telepsychiatry connects the Cas well. This expanded use of Mental Health Clinics, and 4 the loss of productivity associavailability may be non-existed. New Description of Data:(if not Data issues/caveats that affect None	and the South Carol patients in local hosp access for EDs in runst of its kind national still expanding, SCI at Facilities. The CMH epsychiatry connects CMHCs to each other technology, in the filipatient Facilities to ciated with travel timent. **Reeded** **Toutcome measures** affect outcome measures**	ina Hospital Association to create the SCDMH telepsychiatry program to address the bital emergency departments ("ED"). It is a cutting-edge statewide service delivery all areas of South Carolina to psychiatrists whenever psychiatric consultation services stilly, and has been widely recognized for its effectiveness. Just as with the previously DMH has begun the expanded use of telepsychiatry in its Community Mental Health lCs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to the primary CMHC with its satellite mental health clinics. Center-to-Center r. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 46 to utilize a common pool of physicians to deliver services to clients and patients without he, and to deliver services to clients and patients in rural areas where physician services:

How first year target was achieved (optional):

FY2016 Result: SCDMH has currently deployed its Emergency Department Telepsychiatry Consultation Program in 25 Emergency

	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved (option	nal):
Departments (ED) across the State of South	ed its Emergency Department Telepsychiatry Consultation Program in 23 Emergency Carolina, and is considering expansion into additional hospitals with a focus on rural EDs, partnership with the South Carolina Telehealth Alliance (SCTA). SCDMH has also deployed unity Mental Health Centers.
Indicator #:	4
Indicator:	Expand Use of School-Based Services
Baseline Measurement:	Provided as Reference Information for Possible Future Emphasis for SCDMH
First-year target/outcome measurement:	Baseline
Second-year target/outcome measurement:	Compare to Prior Year's Results
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
SCDMH - Division of Community Mental Hea	alth Services
New Data Source(if needed):	
SCDMH school-based mental health (SBMH)	services improve access to needed mental health services for children and their families. The at develops between school teachers, school counselors and administrators and school
information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community.	·
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community.	at develops between school teachers, school counselors and administrators and school entification and treatment for children in need; and, for those children and families in need ease school attendance, reduce discipline referrals and decrease drop-out rates. These
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community. New Description of Data:(if needed)	at develops between school teachers, school counselors and administrators and school entification and treatment for children in need; and, for those children and families in need ease school attendance, reduce discipline referrals and decrease drop-out rates. These families also positively correlate to a decreased risk for violence in the school and
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their	at develops between school teachers, school counselors and administrators and school entification and treatment for children in need; and, for those children and families in need ease school attendance, reduce discipline referrals and decrease drop-out rates. These families also positively correlate to a decreased risk for violence in the school and
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community. New Description of Data:(if needed) Data issues/caveats that affect outcome meaning the program is the student and their community.	at develops between school teachers, school counselors and administrators and school entification and treatment for children in need; and, for those children and families in need ease school attendance, reduce discipline referrals and decrease drop-out rates. These families also positively correlate to a decreased risk for violence in the school and
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community. New Description of Data: (if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome	at develops between school teachers, school counselors and administrators and school entification and treatment for children in need; and, for those children and families in need ease school attendance, reduce discipline referrals and decrease drop-out rates. These families also positively correlate to a decreased risk for violence in the school and sures:
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community. New Description of Data: (if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Go	at develops between school teachers, school counselors and administrators and school entification and treatment for children in need; and, for those children and families in need ease school attendance, reduce discipline referrals and decrease drop-out rates. These families also positively correlate to a decreased risk for violence in the school and insures: The measures: The measures: The measures:
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community. New Description of Data: (if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achieve	at develops between school teachers, school counselors and administrators and school entification and treatment for children in need; and, for those children and families in need ease school attendance, reduce discipline referrals and decrease drop-out rates. These families also positively correlate to a decreased risk for violence in the school and sures: al Attainment Ved Not Achieved (if not achieved,explain why)
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community. New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Reason why target was not achieved, and chemostration in the program is the program of the progress of the student and their community.	at develops between school teachers, school counselors and administrators and school centification and treatment for children in need; and, for those children and families in need case school attendance, reduce discipline referrals and decrease drop-out rates. These families also positively correlate to a decreased risk for violence in the school and sures: Solution
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community. New Description of Data: (if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Reason why target was not achieved, and chellow first year target was achieved (optional)	at develops between school teachers, school counselors and administrators and school centification and treatment for children in need; and, for those children and families in need case school attendance, reduce discipline referrals and decrease drop-out rates. These families also positively correlate to a decreased risk for violence in the school and sures: Solution
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community. New Description of Data: (if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Reason why target was not achieved, and chellow first year target was achieved (optional)	at develops between school teachers, school counselors and administrators and school entification and treatment for children in need; and, for those children and families in need ease school attendance, reduce discipline referrals and decrease drop-out rates. These families also positively correlate to a decreased risk for violence in the school and sures: al Attainment yed Not Achieved (if not achieved,explain why) anges proposed to meet target: b: b: c-based services into 520 schools across the State of South Carolina.
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community. New Description of Data: (if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome mean None Report of Progress Toward Government of Progress Towa	at develops between school teachers, school counselors and administrators and school entification and treatment for children in need; and, for those children and families in need ease school attendance, reduce discipline referrals and decrease drop-out rates. These families also positively correlate to a decreased risk for violence in the school and sures: al Attainment red
SCDMH school-based mental health (SBMH) information exchange and collaboration that based mental health staff improves early ide of services, the SBMH program services increpositive outcomes for the student and their community. New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Reason why target was not achieved, and chapter of the student and their community. Achieved Toward Go FY2016 Result: SCDMH has expanded school-	at develops between school teachers, school counselors and administrators and school entification and treatment for children in need; and, for those children and families in need ease school attendance, reduce discipline referrals and decrease drop-out rates. These families also positively correlate to a decreased risk for violence in the school and sures: al Attainment yed

Indicator #:

Indicator:	Expand Use of MHP in ED
Baseline Measurement:	Provided as Reference Information for Possible Future Emphasis for SCDMH
First-year target/outcome measurement:	Baseline
Second-year target/outcome measurement:	Compare to Prior Year's Results
New Second-year target/outcome measurem	ent(if needed):
Data Source:	
SCDMH - Division of Community Mental Hea	Ith Services
New Data Source(if needed):	
Description of Data:	
linkage to appropriate resources. Evidence s health resources currently available have a d issues. MHPs support the determination pro patients admitted versus those discharged t	atients experiencing psychiatric emergencies in the emergency department and facilitates upports the assertion that MHPs placed in Emergency Departments to augment the mental lirect impact on the overall treatment of patients presenting with possible mental health ocess for appropriateness for inpatient admission, and therein the absolute number of the same day, and they positively affect the overall effectiveness of navigating patients es through the Emergency Department process. These placements create partnerships als and leverage the resources of all.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target:	red Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
	: d Mental Health Professionals (MHP) from multiple Community Mental Health Centers in unities present, SCDMH offers this partnership as an option to local hospitals.
Second Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
	ed Mental Health Professionals (MHP) from multiple Community Mental Health Centers in tunities present, SCDMH offers this partnership as an option to local hospitals.
Indicator #:	6
indicator:	Enhance Workforce Development
Baseline Measurement:	Provided as Reference Information for Possible Future Emphasis for SCDMH
First-year target/outcome measurement:	Baseline
Second-year target/outcome measurement:	Compare to Prior Year's Results
New Second-year target/outcome measurem	ent(if needed):
South Carolina Department of Mental Healt	n
New Data Source(if needed):	

Description of Data: As summarized in a recent article, "the pool of qualified mental health professionals is not keeping pace with the population that needs their services, and in some cases, is decreasing. For example, the number of graduates from psychiatry training programs decreased by 14 percent from 2000 to 2008, and more than half of all psychiatrists are at least 55 years of age.9 In 2013, SAMSHA reported to Congress that 55 percent of U.S. counties, all rural, have no practicing psychiatrists, psychologists, or social workers.10" In addition, according to the South Carolina GME Advisory Group in response to Proviso 33.34 (E), "the demographics of the physician workforce in South Carolina do not reflect the racial composition of South Carolina's population." And, there exists a bottleneck in medical residency slots. These circumstances, exacerbated by the low salaries offered by state government, will necessitate creative solutions to recruitment, retention, and graduate medical education. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment Achieved Not Achieved (if not achieved, explain why) First Year Target: Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: SCDMH has enhanced its workforce development efforts with utilization of advertising, attendance at industry-specific conferences, participation in recruitment events, coordination of employment fairs, and participation in workgroups related to the topic, such as the recently held SAMHSA Regional Workforce Development Workshop. Achieved Not Achieved (if not achieved, explain why) Second Year Target: Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): FY2017 Result: SCDMH has enhanced its workforce development efforts with utilization of advertising, attendance at industry-specific conferences, participation in recruitment events, coordination of employment fairs, and participation in workgroups related to the topic. Its Talent Acquisition and Retention Program (TARP) has demonstrated positive outcomes for SCDMH. Indicator #: Indicator: Increase in Community Supportive Housing **Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH First-year target/outcome measurement: Baseline **Second-year target/outcome measurement:** Compare to Prior Year's Results New Second-year target/outcome measurement(if needed): **Data Source:** SCDMH - Division of Community Mental Health Services New Data Source(if needed): **Description of Data:** SCDMH has a long history of making efforts to foster more permanent supportive community housing for its patients. Appropriate housing is often the single biggest factor in determining whether a patient with serious psychiatric impairments is able to be

successfully discharged or is able to remain successful in their recovery in the community. SCDMH is seeking new funds in each of the next three years to increase community supportive housing for its patients. Funds will be used for rental assistance in supported

New Description of Data:(if needed)

apartments and for transitioning patients into independent living.

None		
New Data issues/caveats that affect outcome measures:		
Report of Progress Toward Go	oal Attainment	
First Year Target:	eved Not Achieved (if not achieved,explain why)	
Reason why target was not achieved, and c	hanges proposed to meet target:	
	nt): ed in FY2015 and FY2016, SCDMH now supports 261 units throughout the state with rental units are located in scattered sites and are integrated into the community.	
Second Year Target:	eved \text{Not Achieved (if not achieved,explain why)}	
Reason why target was not achieved, and c	hanges proposed to meet target:	
How second year target was achieved <i>(opti</i> c	onal):	
through the agency's Community Housing	units/534 people throughout the state with rental assistance for clients and their families Program. All units are located in scattered sites and are integrated into the community. This ided through SCDMH HUD grants for almost 200 individuals with mental illnesses and their s in six counties.	
Indicator #:	8	
Indicator:	Enhance Partnerships	
Baseline Measurement:		
baseille weasurement.	Provided as Reference Information for Possible Future Emphasis for SCDMH	
	Provided as Reference Information for Possible Future Emphasis for SCDMH Baseline	
First-year target/outcome measurement:	Baseline	
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measure	Baseline Compare to Prior Year's Results	
First-year target/outcome measurement: Second-year target/outcome measurement:	Baseline Compare to Prior Year's Results	
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measure	Baseline : Compare to Prior Year's Results ment(if needed):	
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measure Data Source: South Carolina Department of Mental Heal	Baseline : Compare to Prior Year's Results ment(if needed):	
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Heal New Data Source(if needed):	Baseline : Compare to Prior Year's Results ment(if needed):	
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Heal New Data Source(if needed): Description of Data:	Baseline : Compare to Prior Year's Results ment(if needed): Ith	
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Heal New Data Source(if needed): Description of Data: The South Carolina Department of Mental more than five other states. SCDMH's affilimedical students, social work, psychology the MUSC Residency Training Program receithe Charleston Dorchester Mental Health Company of the MUSC Residency Training Program receithe Charleston Dorchester Mental Health Company of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program of the MUSC Residency Training Program receither the program of the MUSC Residency Training Program of the MUSC Residency Training Program of the MUSC Residency Training Program receither the Program of the MUSC Residency Training Program of the MUSC Re	Baseline Compare to Prior Year's Results ment(if needed): Ith Health has affiliations with more than 50 educational institutions in South Carolina and lation with the University of South Carolina includes activity therapy, clinical counseling,	
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Heal New Data Source(if needed): Description of Data: The South Carolina Department of Mental more than five other states. SCDMH's affilimedical students, social work, psychology the MUSC Residency Training Program received the Charleston Dorchester Mental Health Comprove the quality of lives for the persons	Baseline Compare to Prior Year's Results ment(if needed): Ith Health has affiliations with more than 50 educational institutions in South Carolina and lation with the University of South Carolina includes activity therapy, clinical counseling, interns, psychology graduate studies, and residents and fellows in psychiatry. Residents from eive educational experiences and supervision in Psychiatry, through scheduled rotations at Center (CDMHC). SCDMH also works closely with independent advocacy organizations to	
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Heal New Data Source(if needed): Description of Data: The South Carolina Department of Mental more than five other states. SCDMH's affilimedical students, social work, psychology the MUSC Residency Training Program received the Charleston Dorchester Mental Health Comprove the quality of lives for the persons New Description of Data:(if needed)	Baseline Compare to Prior Year's Results ment(if needed): Ith Health has affiliations with more than 50 educational institutions in South Carolina and into with the University of South Carolina includes activity therapy, clinical counseling, interns, psychology graduate studies, and residents and fellows in psychiatry. Residents from eive educational experiences and supervision in Psychiatry, through scheduled rotations at Center (CDMHC). SCDMH also works closely with independent advocacy organizations to s with mental illness, their families, and the citizens in South Carolina.	
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Heal New Data Source(if needed): Description of Data: The South Carolina Department of Mental more than five other states. SCDMH's affilimedical students, social work, psychology the MUSC Residency Training Program received the Charleston Dorchester Mental Health Comprove the quality of lives for the persons New Description of Data:(if needed)	Baseline Compare to Prior Year's Results ment(if needed): Ith Health has affiliations with more than 50 educational institutions in South Carolina and into with the University of South Carolina includes activity therapy, clinical counseling, interns, psychology graduate studies, and residents and fellows in psychiatry. Residents from eive educational experiences and supervision in Psychiatry, through scheduled rotations at Center (CDMHC). SCDMH also works closely with independent advocacy organizations to s with mental illness, their families, and the citizens in South Carolina.	
First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: South Carolina Department of Mental Heal New Data Source(if needed): Description of Data: The South Carolina Department of Mental more than five other states. SCDMH's affilimedical students, social work, psychology the MUSC Residency Training Program received the Charleston Dorchester Mental Health Comprove the quality of lives for the persons. New Description of Data:(if needed) Data issues/caveats that affect outcome measurement:	Baseline Compare to Prior Year's Results ment(if needed): Ith Health has affiliations with more than 50 educational institutions in South Carolina and lation with the University of South Carolina includes activity therapy, clinical counseling, interns, psychology graduate studies, and residents and fellows in psychiatry. Residents from eive educational experiences and supervision in Psychiatry, through scheduled rotations at Center (CDMHC). SCDMH also works closely with independent advocacy organizations to s with mental illness, their families, and the citizens in South Carolina.	

Reason why target was not achieved, and changes proposed to meet target:

FY2016 Result: SCDMH continues to seek opportunities to enhance its partnerships with other entities. Among other examples, SCDMH has worked with the University of South Carolina School of Nursing to identify opportunities for students enrolled in its programs; Catawba Community Mental Health Center will be partnering with its local Federally Qualified Health Center (FQHC) in a coordination of services; and, SCDMH has partnered with the South Carolina Telehealth Alliance to expand the role of telepsychiatry services across the State of South Carolina. Achieved Not Achieved (if not achieved, explain why) Second Year Target: Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): FY2017 Result: SCDMH continues to seek opportunities to enhance its partnerships with other entities. Among other examples, SCDMH has worked with the University of South Carolina School of Nursing to identify opportunities for students enrolled in its programs; SCDMH has worked with the University of South Carolina School of Social Work to identify opportunities for students enrolled in its programs; Catawba Community Mental Health Center will be partnering with its local Federally Qualified Health Center (FQHC) in a coordination of services; and, SCDMH has partnered with the South Carolina Telehealth Alliance to expand the role of telepsychiatry services across the State of South Carolina, including seeking permission to use Nurse Practitioners to deliver mental health services via telehealth. Indicator #: **Indicator: Develop Behavioral Health Homes Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH First-year target/outcome measurement: Baseline Second-year target/outcome measurement: Compare to Prior Year's Results New Second-year target/outcome measurement(if needed): **Data Source:** South Carolina Department of Mental Health New Data Source(if needed): **Description of Data:** Health homes build a comprehensive array of services around the particular needs of a client, including coordinating and integrating behavioral health care and primary health care, and establishing linkages to community supports and resources. Rather than expecting a client to navigate a complex medical environment of dispersed and sometimes fragmented services, the behavioral health home creates a single point of contact for clients around which the sphere of services circulates. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment Achieved Not Achieved (if not achieved, explain why) First Year Target: Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): FY2016 Result: SCDMH is moving forward with its plan to develop Behavioral Health Homes. SCDMH has completed technical assistance with the National Academy for State Health Policy (NASHP) and is implementing its recommendations in collaboration with the South Carolina Department of Health and Human Services (Medicaid). Not Achieved (if not achieved, explain why) Second Year Target: Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

		defined to include developing and strengthening Integrated Care Partnerships to ment and improvements in care gaps for individuals with mental illness.
Indicator #:	10	
Indicator:	Expand E	Emergency Psychiatric Services
Baseline Measurement:	Provided	d as Reference Information for Possible Future Emphasis for SCDMH
First-year target/outcome measure	ement: Baseline	
Second-year target/outcome meas	surement: Compare	e to Prior Year's Results
New Second-year target/outcome Data Source:	measurement(if need	eded):
South Carolina Department of Me	ental Health	
New Data Source(if needed):		
Description of Data:		
measures to divert individuals in a measures include entering into co	a behavioral health cri ontracts with hospital: fessional's salary to pr	gram, SCDMH, through its Community Mental Health Centers, utilizes a number of risis from community hospital emergency departments. The crisis intervention Is with community psychiatric beds to admit patients referred by Centers; funding provide on-site consultation to hospital emergency departments; and funding the
New Description of Data:(<i>if needed</i> Data issues/caveats that affect out		
None		
New Data issues/caveats that affec	ct outcome measures	s:
Report of Progress Tow	ard Goal Attai	inment
First Year Target:	Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not achieve	ed, and changes prop	posed to meet target:
outstations Mental Health Professio Unit and Highway to Hope. It also h	o focus on emergency lonals (MHP) in Emerg has provided center c lordinators, case servi	cy psychiatric services. The Department purchases local/private inpatient beds; gency Departments; and, funds mobile crisis programs, including the Mobile Crisis crisis stabilization interventions and staff for crisis teams, co-occurring disorder rice funding for medications and other essentials, suicide prevention, intensive cas r-to-clinic telepsychiatry.
, , , , , , , , , , , , , , , , , , ,	Achieved	Not Achieved (if not achieved,explain why)
Second Year Target:		Not Achieved (if not defineved, explain willy)
Second Year Target:	ed, and changes prop	
Second Year Target: Reason why target was not achieve How second year target was achieve		

emergency mental health assessment, and coordinate the linking of the patient to the appropriate level of care. Possible dispositions include: follow-up with outpatient treatment; admission to the Tri-County Crisis Stabilization Center; inpatient treatment (voluntary and

involuntary); and/or a link to treatment for substance use disorders.

Prior to this pilot project, CCEMS only called AMC 4-5 times a year, due to its need to quickly return the ambulance to service for other emergency calls in the community. CCEMS reports transporting most of the behavioral health patients to the ED as a result of its need to quickly complete the call. 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. In the first 3 months of the project, CCEMS has called AMC 163 times. Of these 163 calls, 51% were diverted from an ED. Also, due to AMC helping patients use their natural support systems to access care, only 29% of all of the calls required EMS transport to an ED. The estimated cost savings for the healthcare system in the first 3 months (cost of ambulance transport and a basic ED visit) is approximately \$206,600.

Community Crisis Response and Intervention (CCRI) Program: CCRI is a newly developed partnership between SC Department of Mental Health and SC Department of Health and Human Services. SC DHHS has contracted with the agency to provide a dynamic service to the residents of South Carolina. CCRI services will provide adults and children with clinical screening either in person at the location of crisis, in person at a CMHC clinic, or telephonically, in order to de-escalate the crisis and provide linkage to ongoing treatment and other resources. The Office of CCRI operates at the South Carolina Department of Mental Health state administration level within the Community Mental Health Services Division and addresses statewide program monitoring during after-hours, weekends, and holidays. The Office of CCRI and local staff will work closely with local law enforcement, judges, hospitals, other community partners and other mental health providers when not performing direct crisis services to identify areas of need, build relationships and resources with community partners. The Office of CCRI will maintain a statewide answering service to provide a direct connection to Community Crisis Responders afterhours to address the caller's need. CCRI staff will provide follow-up with individuals accessing CCRI, train law enforcement and first responders in evidence based practices for crisis intervention and mental health issues.

Priority #: 4

Priority Area: FY2016 Budget Requests

Priority Type: MHS

Population(s): SMI, SED, Other (All Persons Served)

Goal of the priority area:

The budget requests establish the funding priorities for SCDMH and effectively define the monetary strategic initiatives relevant to the strategic direction of SCDMH.

Strategies to attain the goal:

The FY2016 Budget Requests focus on three areas: maintaining the current capacity of the mental health system; addressing the areas in which SCDMH is experiencing increasing demand; and, capitalizing on promising technologies that relieve certain strains on the mental health system. These requests are particularly relevant for inclusion in the FY2016-2017 CMHS Block Grant Application because the approval of said requests will bring about the conclusion of a multi-year endeavor to restore a portion of the funding reductions of prior fiscal years.

-Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Sustainability of Mental Health Services

Baseline Measurement: \$6,400,000

First-year target/outcome measurement: Provision of Appropriations

Second-year target/outcome measurement: Provision of Appropriations

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (if needed)

Data issues/caveats that affect outcome mea	asures:		
None			
New Data issues/caveats that affect outcome measures:			
Deport of Drogress Toward Co	aal Attainmant		
Report of Progress Toward Go	_		
riist fear rarget.	Not Achieved (if not demeved, explain wity)		
Reason why target was not achieved, and ch			
How first year target was achieved <i>(optional</i> FY2016 Result: SCDMH received all, or a port	y: tion, of the funds requested through the Budget Request process.		
Second Year Target:	ved Not Achieved (if not achieved,explain why)		
Reason why target was not achieved, and ch	nanges proposed to meet target:		
How second year target was achieved (optio	onal):		
No longer applicable.			
Indicator #:	2		
Indicator:	Forensic Inpatient Services		
Baseline Measurement:	\$3,200,000		
First-year target/outcome measurement:	Provision of Appropriations		
Second-year target/outcome measurement:	Provision of Appropriations		
New Second-year target/outcome measuren	nent(if needed):		
Data Source:			
South Carolina Department of Mental Healt	th		
New Data Source(if needed):			
Description of Data:			
Internally-Generated Subject-Specific Inform	mation Resources		
New Description of Data:(<i>if needed</i>)			
Data issues/caveats that affect outcome mea	asures:		
None			
New Data issues/caveats that affect outcom	e measures:		
,			
Report of Progress Toward Go	pal Attainment		
First Year Target:	ved Not Achieved (if not achieved,explain why)		
Reason why target was not achieved, and ch	nanges proposed to meet target:		
How first year target was achieved (optional			
	tion, of the funds requested through the Budget Request process. Proced Not Achieved (if not achieved,explain why)		
Second Year Target:			
Reason why target was not achieved, and ch	nanges proposed to meet target:		
How second year target was achieved (optio	onal):		
No longer applicable.			

Indicator #:	3
Indicator:	School-Based Services
Baseline Measurement:	\$1,000,000
First-year target/outcome measurement:	Provision of Appropriations
Second-year target/outcome measurement:	Provision of Appropriations
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	h
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	isures:
None	isures.
New Data issues/caveats that affect outcome	e measures:
Papart of Progress Toward Go	al Attainment
Report of Progress Toward Go	_
First Year Target.	
Reason why target was not achieved, and ch How first year target was achieved (optional)	
	ion, of the funds requested through the Budget Request process.
Second Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How second year target was achieved (option	ngl)·
No longer applicable.	indy.
Indicator #:	4
Indicator:	Emergency Department Telepsychiatry Program Sustainability
Baseline Measurement:	\$500,000
First-year target/outcome measurement:	Provision of Appropriations
Second-year target/outcome measurement:	Provision of Appropriations
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
South Carolina Department of Mental Healt	h
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	nation Resources

New Description of Data:(if needed)

None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target: Achie	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved (optional)	
	tion, of the funds requested through the Budget Request process. Not Achieved (if not achieved,explain why)
Second fear rarget.	
Reason why target was not achieved, and ch	nanges proposed to meet target:
How second year target was achieved (optio	onal):
No longer applicable.	
Indicator #:	5
Indicator:	Information Network Security Required Improvements
Baseline Measurement:	\$750,000
First-year target/outcome measurement:	Provision of Appropriations
Second-year target/outcome measurement:	Provision of Appropriations
New Second-year target/outcome measuren	
Data Source:	netit() needed).
Data Source.	
South Carolina Department of Mental Healt	th
	th
South Carolina Department of Mental Healt	th
South Carolina Department of Mental Healt	th
South Carolina Department of Mental Healt New Data Source(if needed):	
South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform	
South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed)	mation Resources
South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mea	mation Resources
South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mea	mation Resources asures:
South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mea	mation Resources asures:
South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mea	mation Resources asures: e measures:
South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mea	mation Resources asures: e measures: pal Attainment
South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achie	mation Resources asures: the measures: Dal Attainment Eved Not Achieved (if not achieved, explain why)
South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achie Reason why target was not achieved, and che	mation Resources asures: the measures: Dal Attainment Eved Not Achieved (if not achieved, explain why)
South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Reason why target was not achieved, and che FY2016 Result: SCDMH received neither all, re How first year target was achieved (optional)	mation Resources asures: e measures: Dal Attainment eved Not Achieved (if not achieved, explain why) hanges proposed to meet target: nor a portion, of the funds requested through the Budget Request process. D:
South Carolina Department of Mental Healt New Data Source(if needed): Description of Data: Internally-Generated Subject-Specific Inform New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achie Reason why target was not achieved, and che	mation Resources asures: e measures: Dal Attainment eved Not Achieved (if not achieved,explain why) manges proposed to meet target: nor a portion, of the funds requested through the Budget Request process. (i):

Indicator #:	6
Indicator:	Increase in Community Supportive Housing
Baseline Measurement:	\$400,000
First-year target/outcome measurement:	Provision of Appropriations
Second-year target/outcome measurement:	Provision of Appropriations
New Second-year target/outcome measurem	ent(if needed):
Data Source:	
South Carolina Department of Mental Health	
New Data Source(if needed):	
Description of Data:	
Internally-Generated Subject-Specific Inform	ation Resources
New Description of Data:(if needed)	
Data issues/caveats that affect outcome meas	sures:
None	
New Data issues/caveats that affect outcome	
First Year Target: Achiev Reason why target was not achieved, and cha	ed Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Target: Reason why target was not achieved, and character than the season why target was achieved (optional): FY2016 Result: SCDMH received all, or a porticular second Year Target: Achiev Reason why target was not achieved, and character than the season why target was not achieved, and character than the season why target was not achieved, and character than the season why target was not achieved, and character than the season why target was not achieved.	Not Achieved (if not achieved,explain why) anges proposed to meet target: on, of the funds requested through the Budget Request process. ed Not Achieved (if not achieved,explain why) anges proposed to meet target:
Reason why target was not achieved, and cha How first year target was achieved (optional): FY2016 Result: SCDMH received all, or a porti	Not Achieved (if not achieved,explain why) anges proposed to meet target: on, of the funds requested through the Budget Request process. ed Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Target: Reason why target was not achieved, and character than the second Year Target was achieved (optional): Second Year Target: Reason why target was not achieved, and character than the second Year Target was not achieved, and character than the second Year target was achieved (optional):	Not Achieved (if not achieved,explain why) anges proposed to meet target: on, of the funds requested through the Budget Request process. ed Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Target: Reason why target was not achieved, and character than the proof of the proo	ed Not Achieved (if not achieved,explain why) anges proposed to meet target: on, of the funds requested through the Budget Request process. ed Not Achieved (if not achieved,explain why) anges proposed to meet target: ad):
First Year Target: Reason why target was not achieved, and character than the second Year Target was not achieved (optional): Second Year Target: Achiev Achiev Achiev Achiev Achiev Achiev Achiev Reason why target was not achieved, and character than the second year target was achieved (optional): No longer applicable. Indicator:	ed Not Achieved (if not achieved,explain why) anges proposed to meet target: on, of the funds requested through the Budget Request process. ed Not Achieved (if not achieved,explain why) anges proposed to meet target: ad): 7 Capital Funding Requests
First Year Target: Reason why target was not achieved, and character than the second Year Target was not achieved (optional): Second Year Target: Reason why target was not achieved, and character than the second year target was achieved, and character than the second year target was achieved (optional No longer applicable. Indicator #: Indicator: Baseline Measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: on, of the funds requested through the Budget Request process. ed Not Achieved (if not achieved,explain why) anges proposed to meet target: all): 7 Capital Funding Requests \$36,603,605
First Year Target: Reason why target was not achieved, and character than the second Year Target was not achieved (optional): Second Year Target: Reason why target was not achieved, and character than the second year target was not achieved, and character than the second year target was achieved (option No longer applicable. Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Individual Not Achieved (if not achieved,explain why) Individual Requests Proposed to meet target: Individual Requests Individual Re
First Year Target: Reason why target was not achieved, and character than the proof of the proo	nges proposed to meet target: on, of the funds requested through the Budget Request process. ed Not Achieved (if not achieved,explain why) anges proposed to meet target: nal): 7 Capital Funding Requests \$36,603,605 Provision of Appropriations Provision of Appropriations
First Year Target: Reason why target was not achieved, and charlew first year target was achieved (optional): FY2016 Result: SCDMH received all, or a porticular second Year Target: Achiev Reason why target was not achieved, and charlew second year target was achieved (optional): No longer applicable. Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement:	nges proposed to meet target: on, of the funds requested through the Budget Request process. ed Not Achieved (if not achieved,explain why) anges proposed to meet target: nal): 7 Capital Funding Requests \$36,603,605 Provision of Appropriations Provision of Appropriations
First Year Target: Reason why target was not achieved, and character than the second Year Target was not achieved (optional): Second Year Target: Reason why target was not achieved, and character than the second year target was achieved, and character than the second year target was achieved (optional No longer applicable. Indicator #: Indicator: Baseline Measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: con, of the funds requested through the Budget Request process. ed Not Achieved (if not achieved,explain why) anges proposed to meet target: 7 Capital Funding Requests \$36,603,605 Provision of Appropriations Provision of Appropriations ent(if needed):
First Year Target: Reason why target was not achieved, and characterist year target was achieved (optional): FY2016 Result: SCDMH received all, or a porticular of the portion of the por	Not Achieved (if not achieved,explain why) anges proposed to meet target: con, of the funds requested through the Budget Request process. ed Not Achieved (if not achieved,explain why) anges proposed to meet target: 7 Capital Funding Requests \$36,603,605 Provision of Appropriations Provision of Appropriations ent(if needed):
First Year Target: Reason why target was not achieved, and charlew first year target was achieved (optional): FY2016 Result: SCDMH received all, or a porticular of Second Year Target: Achiev Reason why target was not achieved, and charlew second year target was achieved (optional): No longer applicable. Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: South Carolina Department of Mental Health	names proposed to meet target: on, of the funds requested through the Budget Request process. ed Not Achieved (if not achieved,explain why) anges proposed to meet target: 7 Capital Funding Requests \$36,603,605 Provision of Appropriations Provision of Appropriations ent(if needed):

Data issues/caveats that aff	ect outcome measures:		
None			
New Data issues/caveats the	at affect outcome measures:		
Report of Progress	Toward Goal Attainm	ent	
First Year Target:	Achieved	Not Achieved (if not achieved,explain why)	
Reason why target was not	achieved, and changes proposed	d to meet target:	
How first year target was ac FY2016 Result: SCDMH rece		s requested through the Budget Request process.	
Second Year Target:	Achieved	Not Achieved (if not achieved,explain why)	
Reason why target was not	achieved, and changes proposed	d to meet target:	
How second year target wa	s achieved (optional):		
No longer applicable.			

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

Service	Expenditures
Healthcare Home/Physical Health	\$
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
Prevention (Including Promotion)	\$
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
Substance Abuse (Primary Prevention)	\$
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	
todi 42/4/2047 9:54 AM - South Carolina - 0020-0459 - Approved: 05/07/2047 - Espirado	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
Engagement Services	\$
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
Outpatient Services	\$
Outpatient Services Evidenced-based Therapies;	\$
	\$
Evidenced-based Therapies;	\$
Evidenced-based Therapies; Group Therapy;	\$
Evidenced-based Therapies; Group Therapy; Family Therapy ;	\$
Evidenced-based Therapies; Group Therapy; Family Therapy ; Multi-family Therapy;	\$
Evidenced-based Therapies; Group Therapy; Family Therapy ; Multi-family Therapy; Consultation to Caregivers;	\$
Evidenced-based Therapies; Group Therapy; Family Therapy ; Multi-family Therapy; Consultation to Caregivers; Medication Services	\$
Evidenced-based Therapies; Group Therapy; Family Therapy; Multi-family Therapy; Consultation to Caregivers; Medication Services Medication Management;	\$
Evidenced-based Therapies; Group Therapy; Family Therapy; Multi-family Therapy; Consultation to Caregivers; Medication Services Medication Management; Pharmacotherapy (including MAT);	\$
Evidenced-based Therapies; Group Therapy; Family Therapy ; Multi-family Therapy; Consultation to Caregivers; Medication Services Medication Management; Pharmacotherapy (including MAT); Laboratory services;	\$ \$ \$

	1
Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	

Intensive Home-based Services;		
Multi-systemic Therapy;		
Intensive Case Management ;		
Out-of-Home Residential Services		\$
Children's Mental Health Residential Services;		
Crisis Residential/Stabilization;		
Clinically Managed 24 Hour Care (SA);		
Clinically Managed Medium Intensity Care (SA) ;		
Adult Mental Health Residential ;		
Youth Substance Abuse Residential Services;		
Therapeutic Foster Care;		
Acute Intensive Services		\$
Mobile Crisis;		
Peer-based Crisis Services;		
Urgent Care;		
23-hour Observation Bed;		
Medically Monitored Intensive Inpatient (SA);		
24/7 Crisis Hotline Services;		
Other (please list)		\$
Total		\$0
Footnotes:		

III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services			
Actual SFY 2008	Actual SFY 2016	Estimated/Actual SFY 2017	
\$26,040,177	\$15,563,858	\$16,244,118	

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Foo	tnotes:
The	reported amounts are actual.

III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA			
Period (A)	Expenditures (B)	<u>B1(2015) + B2(2016)</u> 2 (C)	
SFY 2015 (1)	\$69,870,114		
SFY 2016 (2)	\$72,905,252	\$71,387,683	
SFY 2017 (3)	\$80,302,077		

Are the expenditure amounts reported	in Column B "act	tual" expenditures f	or the State fisca	l years involved?

SFY 2015	Yes	X	No
SFY 2016	Yes	Х	No
SFY 2017	Yes	X	No

if estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:				
	Footnotes:			
	The reported amounts are actual.			