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The South Carolina Department of Mental Health

South Carolina House of Representatives
Ways and Means
Healthcare Subcommittee

FY2018 Budget Presentation

January 17, 2017

Presented by John H. Magill, State Director
South Carolina Department of Mental Health

FY2018 Budget Presentation
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I. Agency Information

The South Carolina Department of Mental Health's (SCDMH) mission is to support the recovery of people with mental illnesses, giving priority to adults with serious and persistent mental illness and to children and adolescents with serious emotional disturbances.

The SCDMH system...

- Comprises 17 community-based, outpatient mental health centers, each with clinics and satellite offices, which serve all 46 counties – a total of approximately 60 outpatient sites;
- Provides services to approximately 100,000 patients per year, approximately 30,000 of whom are children;
- Operates several licensed hospitals, serving adults, children and adolescents, and addictive disease;
- Operates four nursing homes, including three for veterans;
- Includes operation of an inpatient Forensics hospital and an outpatient program;
- Includes operation of a Sexually Violent Predator Treatment Program.

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

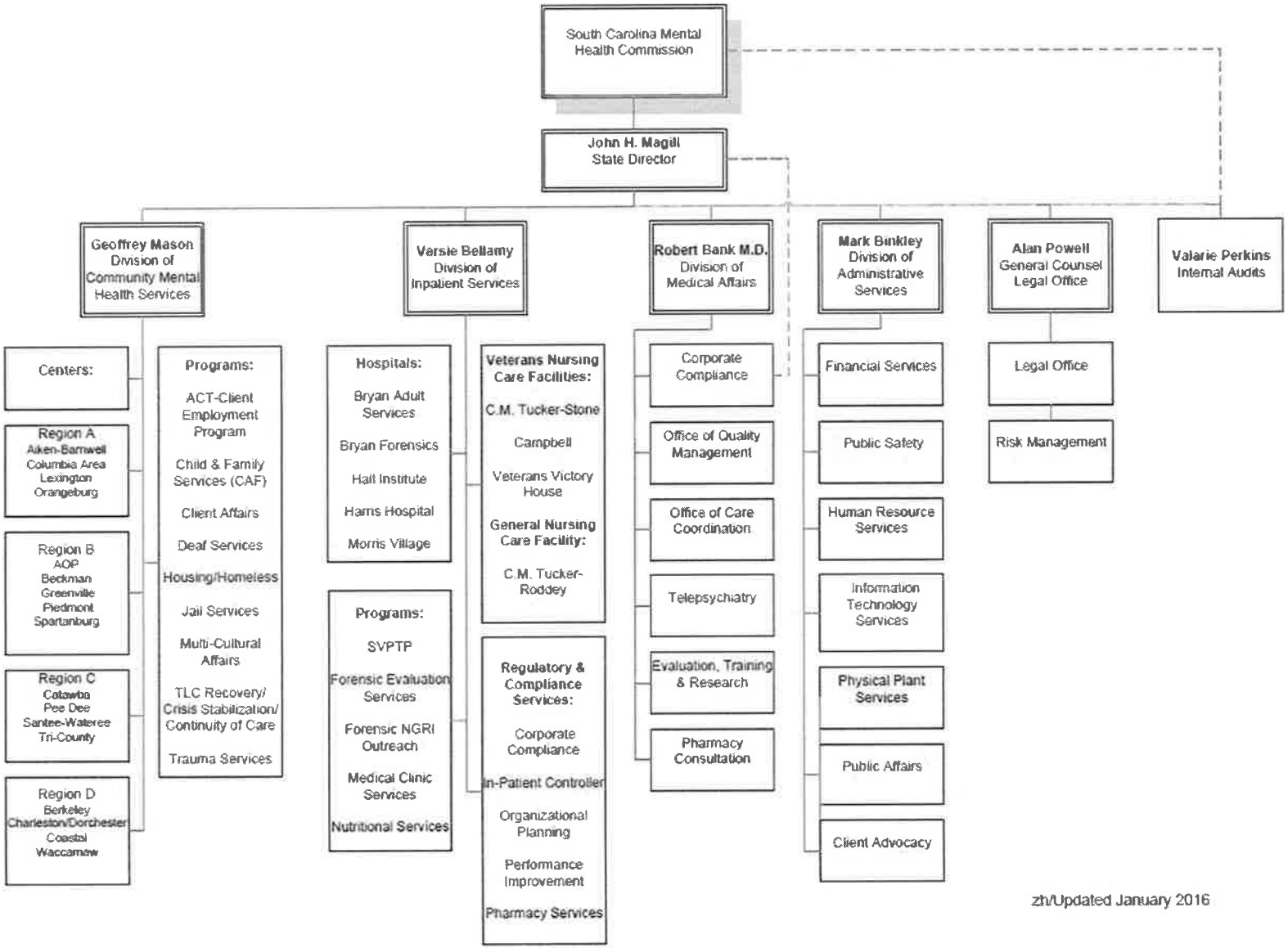
I. Agency Information

SCDMH has more than 800 portals of access across the State of South Carolina, including:

- The hospitals, nursing homes, and clinics as described in the previous slide;
- More than 30 specialized clinical service sites (DMH offices that provide some type of clinical care, but do not offer a full array of services found in a center or clinic);
- More than 20 South Carolina hospitals with Telepsychiatry services;
- More than 140 community sites (non-DMH entities or businesses where DMH staff regularly and routinely provide clinical services) including 15 Mental Health Professionals stationed in Emergency Departments around the State; and
- 540 school-based service program sites.

SCDMH also has over 1,600 affiliates that have working relationships with SCDMH's Community Mental Health Centers. Examples include other state agencies, primary care medical practices, home share locations, and Head Start programs, amongst others.

I. Agency Information



zh/Updated January 2016

I. Agency Information
The Impact of Hurricane Matthew

Inpatient Facilities

- All inpatient facilities continued to operate without interruption.

Long-Term Care Facilities

- Richard M. Campbell Veterans Nursing Home (Anderson), C. M. Tucker Nursing Care Center - Roddey Pavilion (Columbia), and C. M. Tucker Nursing Care Center - Stone Pavilion (Columbia) continued to operate without interruption. Veterans' Victory House (Walterboro) sheltered in place; however, the facility was prepared to evacuate if the situation presented any danger.

Community Mental Health Centers

- Of sixty (60) outpatient sites, twenty-eight (28) were impacted due either to evacuation order, or county weather-related closure. Interruptions to services were minimal. Where the situation presented no danger, a number of the impacted SCDMH Community Mental Health Centers (CMHC) continued providing services to ensure continuity of care, especially for patients requiring needed medication. The primary impact to the CMHCs was a loss of revenue.

Disaster Response

- SCDMH's Disaster Response Teams responded to needs in Marlboro, Dillon, Williamsburg, Nichols and other locations as requested.
- SCDMH's Long-Term Care Facilities responded by preparing additional beds for use if the need arose.
- SCDMH continues to serve impacted communities with its Carolina United program.

II. Accomplishments

This list of the Department's FY2016 accomplishments is representative of its significant endeavors.

- As of December 1, 2016, SCDMH's innovative and award winning Emergency Department Telepsychiatry Consultation Program had provided more than 31,000 psychiatric consultations in emergency departments across South Carolina.
- Built on the success of telepsychiatry services to emergency departments, SCDMH has equipped its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its patients via telepsychiatry.
- In September 2015, SCDMH received a major youth suicide prevention grant of $736,000 per year for five years from the Substance Abuse and Mental Health Services Administration (SAMHSA). The award supports the SC Youth Suicide Prevention Initiative (YSPI), an intensive, community-based effort with a goal of reducing suicide among youths and young adults, aged 10 to 24, by 20% statewide by 2025.
- SCDMH has continued to expand school-based programs. SCDMH School-based Services are now available in 540 schools in 46 counties across South Carolina.
- In addition to State funds, in 2016 SCDMH's School-based Services program received a grant from the Blue Cross Blue Shield Foundation of South Carolina to further expand its services. The $1.4 Million award allowed SCDMH to implement school-based services in 11 elementary schools, a program called PERSIST/Carolina Cares.

II. Accomplishments

- Parcel sales of the Bull Street property have continued; additional parcel sales took place in February, August, and September 2016. The Buyer has continued to exceed – remain ahead of – the minimum payment schedule required in the Agreement.
- The Department's Charleston Dorchester Mental Health Center continues to serve those impacted by the Mother Emanuel AME Church massacre.
- In late 2015, SCDMH received a grant of $1.8 Million per year for three years from SAMHSA, funding a new initiative, the Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI-SC). Since its inception, CABHI, whose target population is individuals who are chronically homeless and have serious mental illnesses or co-occurring disorders, including veterans, has resulted in SCDMH creating or expanding several new partnerships.
- In December of 2015, all patients and staff of William S. Hall (Hall), SCDMH's inpatient hospital for children relocated to the new facility at Bryan Psychiatric Hospital, a move which has increased child and adolescent hospital bed capacity and improved administrative efficiency.
- The Joint Bond Review Committee and the State Fiscal Accountability Authority gave Phase II approval – approval of the scope of the Project and of the amount of the construction budget/funding – for a new Santee-Wateree Mental Health Center in June, 2016.

II. Accomplishments

- In November, SCDMH launched a program designed to guide members of the communities affected by the October, 2015 floods to resources that will aid in their continued recovery. Carolina United is fully funded by the Federal Emergency Management Administration (FEMA) with monitoring and support by the Substance Abuse and Mental Health Services Administration. The initiative places disaster crisis counselors in affected areas, to guide citizens not only to behavioral health resources, but also legal, financial, housing, and other resources.
- SCDMH is dedicated to supporting and retaining excellent staff and leadership, who are often recognized by professional and advocacy organizations and professionals in the field for their outstanding performance.
  - SCDMH staff members were recognized as Palmetto Gold Nurses;
  - The SC Mental Health Commission Chair received the President's Award at the 38th Annual Cross-Cultural Conference;
  - Pee Dee Mental Health Center received the Johnson & Johnson-Dartmouth College 2016 National Achievement Award for its Independent Individual Placement & Supported Employment program;
  - SCDMH was recognized by Work in Progress for its support and commitment to its clients since the organization began in 1996.
  - Mark D. Weist, PhD, Professor of Clinical-Community and School Psychology at the University of South Carolina and pre-eminent expert in school-based mental health services, expressed his appreciation to DMH's leadership and its Child, Adolescent, and Family Services staff for its outstanding leadership.
- SCDMH continues to provide speakers to professional organizations, civic groups, and other entities through its Speakers' Bureau. The Bureau comprises DMH staff with expertise in many areas. In 2016, DMH has provided to 10 organizations across the state on a wide array of topics. This is in addition to State Director John H. Magill's ongoing Public Relations Initiative; to date he has presented to more than 2,400 people at 45 Civic Organizations across South Carolina.
- Each of SCDMH's 17 community mental health centers is accredited by CARF International, an independent, nonprofit accreditor of human service providers. In addition, Morris Village Treatment Center, the Agency's inpatient, drug and alcohol hospital, is also accredited by CARF International.

II. Accomplishments

- SCDMH's psychiatric hospitals are accredited by The Joint Commission, which aims to improve healthcare by evaluating healthcare providers and inspiring them to excel in the provision of safe, effective care of the highest quality and value.
- Each of SCDMH's four nursing homes is licensed by DHEC and certified by CMS.
  - Three of the four nursing homes (516 beds) serve veterans exclusively and are certified by the Department of Veterans Affairs.
  - The Tucker Nursing Care Facilities (Roddey - General Nursing Home and Stone - Veterans Nursing Home) are nationally accredited by The Joint Commission (TJC) and represent two of only 10 Nursing homes in South Carolina with this distinction.
- In addition to the multiple reviews of clinical operations DMH's mental health centers, clinics, hospitals, and nursing homes may undergo by regulatory and accreditation bodies during any given year, DMH's agency and administrative structure has also undergone review.
  - In October 2015, the Legislative Audit Council issued a favorable report based on its Limited Review of Issues at the S.C. Department of Mental Health in response to the Senate Medical Affairs Oversight Subcommittee.
  - In March 2016, the Senate Medical Affairs Oversight Subcommittee issued a favorable report based on its evaluation of the Agency.
  - In early 2016, DMH underwent a 9-week engagement of agreed-upon procedures with the Office of the State Auditor – the results also appear favorable.
- In FY2016, SCDMH met, or substantially met, the Target Value for 20 of 28 performance measures.
  - Four (4) of the performance measures were new for FY2016.
  - Four (4) of the performance measures were awaiting data to determine the FY2016 Actual Value.
  - Of the recurring twenty (20) performance measures for which SCDMH had data, SCDMH met, or substantially met, 100% of the Target Values.
  - Each of the 28 performance measures remains a goal for SCDMH for FY2017.

II. Accomplishments

Program Integrity

- SCDMH has maintained the level of clinical quality within its system and this fact is evidenced by the maintenance of its accreditations by either Joint Commission or CARF, respectively, for all of SCDMH's Community Mental Health Centers and Inpatient Facilities.
- SCDMH has also maintained its Blue Ribbon Programs:
  - Assessment and Resource Center
  - Crisis Stabilization/Mobile Crisis
  - Dialectical Behavioral Therapy (DBT)
  - Disaster Response
  - Telepsychiatry Consultation Program
  - Firefighters Association
  - Housing
  - Integration and Care Coordination
  - Individual Placement and Supported Employment (IPS)
  - Mental Health Primary Health Integration
  - National Guard and Policy Academy
  - Parent-Child Interaction Therapy (PCIT)
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  - School-Based Services
  - Suicide Prevention
  - Substance Abuse Recovery, Co-Occurring Mental Health, and Trauma Services Within The Adolescent Population
  - Multi-Systemic Therapy

III. Highlights and Comments

Demographics

- SCDMH has been increasing access to community mental health services. As compared to FY2014, new cases (new/readmissions) in FY2015 increased 3.17%. As compared to FY2015, new cases (new/readmissions) in FY2016 increased 3.29%.
- SCDMH has not closed any adult inpatient psychiatric beds since 2011 (during the period of State budget cuts) and has, in fact, added functional adult hospital beds between 2013 and 2016.
- Average Daily Census of SCDMH Adult Hospital beds, FY2013 – FY2016:

FY2013	FY2014	FY2015	FY2016
513	535	541	548

- Year by year increase in Annual Bed Days of SCDMH Adult Hospital Beds:

FY2014 Increase Over FY2013	FY2015 Increase Over FY2014	FY2016 Increase Over FY2015	Total Increase Over FY2013
8,030 Bed Days	2,190 Bed Days	2,555 Bed Days	12,755 Bed Days

- Average Daily Census of SCDMH Adult Hospital beds comparing First Quarter, FY2016 to First Quarter, FY2017:

First Quarter FY2016	First Quarter FY2017
541	575

- Increase in First Quarter FY2017 Bed Days over First Quarter FY2016, annualized: 12,410 Bed Days.

*Generally, total bed days are calculated as the number of beds in a facility multiplied by the number of days in a year.

Analysis of DMH State Appropriations

FY 13 - FY 17

	FY 13	FY 14	FY 15	FY 16	FY 17	TOTAL	PERCENT
Beginning State Appropriations	**132,955,977**	**154,818,557**	**176,463,720**	**192,582,260**	**204,398,033**		
MAINTENANCE OF EFFORT							
Sustainability	7,000,000	8,256,120	10,500,000	6,400,000		32,156,120	
Inpatient Clinical & Medical Services					2,500,000	2,500,000	
Long-Term Care Services					1,172,227	1,172,227	
TOTAL	**7,000,000**	**8,256,120**	**10,500,000**	**6,400,000**	**3,672,227**	**35,828,347**	**40%**
MANDATED PROGRAMS							
SVPP Funding	7,363,341	1,406,533			4,200,000	12,969,874	
Forensics Inpatient Services		1,200,000		3,200,000	2,500,000	6,900,000	
TOTAL	**7,363,341**	**2,606,533**	**-**	**3,200,000**	**6,700,000**	**19,869,874**	**22%**
NEW INITIATIVES							
Center to Center Telepsychiatry	200,000		250,000			450,000	
Emergency Room Avoidance	500,000					500,000	
Uncompensated Patient Medical Care	750,000					750,000	
TOTAL	**1,450,000**	**-**	**250,000**	**-**	**-**	**1,700,000**	**2%**
PROGRAM EXPANSION							
School Based Services		1,000,000	1,000,000	500,000	500,000	3,000,000	
Telepsychiatry	500,000	500,000	500,000	500,000		2,000,000	
Community Residences	305,000					305,000	
Adult & Youth-In Transition	600,000					600,000	
Assessment and Resource Center			200,000			200,000	
Community Supportive Housing				400,000		400,000	
Crisis Stabilization Unit					1,000,000	1,000,000	
Youth in Transition					50,000	50,000	
TOTAL	**1,405,000**	**1,500,000**	**1,700,000**	**1,400,000**	**1,550,000**	**7,555,000**	**9%**
PASS-THROUGH FUNDING							
CASA/Family Services	200,000					200,000	
Dental Lifeline Network	45,000					45,000	
Gateway House	200,000	50,000				250,000	
Law Enforcement Training		85,000				85,000	
Team Advocacy	50,000					50,000	
TOTAL	**495,000**	**135,000**	**-**	**-**	**-**	**630,000**	**1%**
CAPITAL NEEDS							
Debt Services - Patient Fee Replacement		3,500,000				3,500,000	
TOTAL	**-**	**3,500,000**	**-**	**-**	**-**	**3,500,000**	**4%**
VETERANS LONG TERM CARE							
Nursing Homes - Operating		4,500,000				4,500,000	
TOTAL	**-**	**4,500,000**	**-**	**-**	**-**	**4,500,000**	**5%**
TOTAL PART 1A	**17,713,341**	**20,497,653**	**12,450,000**	**11,000,000**	**11,922,227**	**73,583,221**	
OTHER							
Pay Plan Allocation	2,965,091		2,419,335		4,295,193	9,679,619	
Health Insurance Allocation	1,038,464	1,153,305	1,249,205	815,773	633,423	4,890,170	
Retirement Allocation	962,153				549,349	1,511,502	
Permanent Transfers	(816,469)	(5,795)				(822,264)	
TOTAL	**4,149,239**	**1,147,510**	**3,668,540**	**815,773**	**5,477,965**	**15,259,027**	**17%**
Ending State Appropriations	**154,818,557**	**176,463,720**	**192,582,260**	**204,398,033**	**221,798,225**		
Total Appropriation Change						**88,842,248**	

III. Highlights and Comments

Replenishment of Prior Reductions

- From FY2008-FY2012, SCDMH had $93,216,181 (-42.3% of FY2008 ending state appropriations) in budget reductions.
- Of the funding increases received by SCDMH since FY2013 only a portion of the funds were appropriated for the replenishment of prior reductions, $35,828,347 (38.4% of the $93,216,181 in budget reductions).
- The effect of this base reduction has been more significant than $93 million, because it has been recurring and, therefore, cumulative.

III. Highlights and Comments

Use of Current Year "New" Funding

- Inpatient Clinical and Medical Services $2,500,000

  Use: SCDMH is focusing the use of the funds on increasing the census of G. Werber Bryan Psychiatric Hospital; William S. Hall Psychiatric Institute at G. Werber Bryan Psychiatric Hospital; Morris Village; and, Patrick B. Harris Psychiatric Hospital.

- Long-Term Care Services $1,172,227

  Use: SCDMH is utilizing the funds to increase the average daily census in its nursing homes and to fund contractual obligations associated with the management and operations of Richard M. Campbell Veterans Nursing Home and Veterans Victory House.

- Sexually Violent Predator Program $4,200,000

  Use: SCDMH will utilize the funds to support the cost of operations upon transition of operational and management responsibility to the contractor and to fund the estimated annual lease amount associated with the financing and construction of a new facility.

- Forensic Inpatient Services $2,500,000

  Use: SCDMH has added 10 beds to address increasing demand, will expend funds to provide for contractual forensic evaluators, and will expend funds to meet required contractual CPI increases.

III. Highlights and Comments

Use of Current Year "New" Funding

- School-Based Services $500,000

  Use: SCDMH has provided funding for fifteen (15) new school-based therapist positions thus far. In addition, SCDMH has also developed a plan to place a therapist in five (5) alternative schools. This will provide 20 additional school-based therapists for the program.

- Crisis Stabilization Unit $1,000,000

  Use: SCDMH has allocated the one million dollars to be used in communities to help develop crisis stabilization centers. Discussion is ongoing in several parts of the state with local community stakeholders including hospitals, law enforcement, county councils and local alcohol and drug agencies to look at the future development of such centers. These areas include Spartanburg, Anderson and Greenville. The Charleston community, through a funding partnership between three local hospitals, the mental health center, law enforcement and others, will open a 10-12 bed center early in 2017. It is envisaged that this may serve as a model for other communities to follow.

- Youth in Transition $50,000

  Use: Waccamaw Center for Mental Health has established a Youth-in-Transition Program. "Youth in Transition" refers to youth between the ages of 16 and 24 years of age. It is during these "transition" years in which youth typically drop out of treatment and/or treatment options are limited. The intent is for all youth to have a clear plan for transition to adult services or continuation of Child, Adolescent, and Family services.

IV. SCDMH: FY2018 Budget Requests

The Department has requested the following amounts to maintain its operations and to continue its mission to support the recovery of people with mental illnesses –

Recurring Budget Requests	
Forensics	$10,230,902
Sexually Violent Predators Program	950,460
Inpatient Clinical and Medical Services	1,686,192
Long-Term Care Services	834,430
Information Technology	2,274,378
FLSA – Crisis/On-Call	500,000
Public Safety	1,153,886
Community Housing	300,000
School-Based Services	250,000
Recurring Request Total	$18,180,248

IV. SCDMH: FY2018 Budget Requests

The Department has also requested the following amounts to maintain its operations and to continue its mission to support the recovery of people with mental illnesses –

Non-Recurring Budget Requests	
Forensics	$ 145,364
Inpatient Clinical and Medical Services	861,601
Long-Term Care	361,482
Public Safety	395,484
Certification of State Match – VA State Homes	10,000,000
Non-Recurring Request Total	$11,763,931

IV. SCDMH: FY2018 Budget Requests

The Department has also requested the following amounts to maintain its operations and to continue its mission to support the recovery of people with mental illnesses –

Capital Budget Requests

Harris Hospital Heating and Air Conditioning Renovations	$ 2,200,000
NE Campus Electrical Distribution System Renovations	3,600,000
Anderson-Oconee-Pickens MHC Construction	10,592,000
Catawba MHC Construction	10,580,000
Community Buildings Deferred Maintenance	3,000,000
Inpatient and Support Buildings Deferred Maintenance	1,500,000
Columbia Area MHC Phase III Construction	3,500,000
Campbell Veterans Nursing Home Renovations	1,379,000
Capital Budget Request Total	$36,351,000

Note: SCDMH has also requested $3,305,807 in Federal Authorization.

IV. SCDMH: FY2018 Budget Requests (Recurring)

- Forensics – Annualization $5,490,659
  - This request represents the financial impact of the South Carolina Department of Mental Health's efforts to adequately fund program operations with recurring state appropriations, and to provide consideration for expenditures associated with forensic evaluation services, electronic medical record maintenance, and placements within the community.
- Forensics – New Funds $4,740,243
  - This request represents the financial impact of the South Carolina Department of Mental Health's efforts to adequately fund program operations with recurring state appropriations, and to provide consideration for expenditures associated with forensic evaluation services, electronic medical record support staff, placements within the community, mental health courts, housing for forensic patients, and the addition of 32 beds on Lodge E.
- Sexually Violent Predator Program $950,460
  - The census of the program is steadily increasing, and additional funding is being requested to offset the increased costs anticipated to treat the expanding population.
- Inpatient Clinical and Medical Services – Annualization $1,686,192
  - This request represents the financial impact of the South Carolina Department of Mental Health's efforts to adequately fund program operations with recurring state appropriations, and to maintain services at current levels. The requested amount represents FY2017 annualizations.

IV. SCDMH: FY2018 Budget Requests (Recurring)

- Long-Term Care Services $834,430
  - This request represents the financial impact of the South Carolina Department of Mental Health's efforts to adequately fund program operations with recurring state appropriations, and to provide consideration for expenditures associated with salaries, and increases in contractually-obligated expenses associated with the Department's contracted facilities.
- Information Technology – Annualization $779,125
  - This request represents the financial impact of the South Carolina Department of Mental Health's effort to fortify its Inpatient Services and Community Mental Health Services Electronic Medical Record (EMR) support and its network infrastructure support. The requested amount represents FY2017 annualizations. This request is considered in the Department's annual information technology and security plans. This request includes consultation with the Department of Administration in its development.
- FLSA – Crisis/On-Call $500,000
  - Fair Labor Standards Act – Regulatory Changes – The FLSA has traditionally exempted certain groups of employees from overtime pay requirements – one such exemption relates to employees working in jobs that the FLSA describes as executive, administrative, or professional. The feature change in the Department of Labor's FLSA rules is an increase in the minimum weekly salary to the 40th percentile of weekly earnings for full-time salaried workers. The proposed regulatory changes will have a substantial future impact on operations and finances. Although SCDMH will adjust its after-hours crisis coverage to minimize the impact, it is expected that there will be an increase in overtime costs as a result of the change in regulations.

IV. SCDMH: FY2018 Budget Requests (Recurring)

- Public Safety $1,153,886
  - This request represents the financial impact of the South Carolina Department of Mental Health's efforts to adequately fund program operations with recurring state appropriations, and to provide consideration for expenditures associated with a salary increase to ensure the Department's competitiveness with similar law enforcement entities.
- Information Technology – New Funds $1,495,253
  - This request represents the financial impact of the South Carolina Department of Mental Health's effort to fortify its Inpatient Services and Community Mental Health Services information technology support and its network infrastructure support, including contractual services maintenance, software product costs, training, and funds associated with vacant and requested Information Technology staff positions and salary realignments. This request is considered in the Department's annual information technology and security plans. This request includes consultation with the Department of Administration in its development.
- Community Housing $300,000
  - The Housing and Homeless Program has funded the development of more than 1,600 housing units across the state for people with mental illnesses. The program administers grants that provide permanent supportive housing for formerly homeless clients and their family members; outreach and clinical services for people with severe and persistent mental illness; and technical assistance and training needed to increase access to Social Security disability benefits for people who are homeless, or at risk of homelessness and have mental illnesses, and co-occurring disorders.
- School-Based Services $250,000
  - SCDMH school based mental health services improve access to needed mental health services for children and their families.

IV. SCDMH: FY2018 Budget Requests (Non-Recurring)

- Forensics $145,364
  - Funds are requested for one-time expenses associated with placements within the community – primarily, the funds are associated with transportation needs (vehicles).
- Inpatient Clinical and Medical Services $861,601
  - Funds are requested for one-time expenses associated with the following:
    - Nutritional Services - $196,868 – Kettles, truck refrigeration units, and food preparation mixers.
    - Harris Psychiatric Hospital - $164,900 – Security equipment, vehicles, furniture, and computers.
    - Morris Village - $151,000 – Restroom renovations, tile abatement, and furniture.
    - Bryan Civil - $348,833 – Security equipment, vehicles, furniture, and emergency carts.
- Long-Term Care Services $361,482
  - Funds are requested for one-time expenses associated with the following:
    - Roddey Pavilion - $222,576 – Physical Therapy/Occupational Therapy/Recreational Therapy equipment, vehicles, furniture and equipment replacement, and dining supplies.
    - Stone Pavilion - $138,906 – Nurse call system upgrade, furniture and equipment replacement, and shingles vaccine.
- Public Safety $395,484
  - Funds are requested for one-time expenses associated with a records management system, fire and life safety training systems, an emergency relocation plan, a mobile command center, information technology systems upgrades, officer safety and radio communications, a facility surveillance and security system, mobile data units, six (6) vehicles, and an electronic ticket system.

IV. SCDMH: FY2018 Budget Requests (Non-Recurring)

- Certification of State Match – VA State Homes (Northwest) $5,000,000
  - This project is to construct a 108-bed State Veterans Home in Cherokee County. The Department is currently analyzing various sites within this region. The VA Design Guide for State Homes is based on community living centers with neighborhoods composed of smaller homes, community centers, more activity and outside garden areas instead of a conventional institutional nursing home design. The architect who is designing the prototype facility will adapt the Central Region design to the Northeast and Northwest South Carolina Region sites once these projects are approved.
- Certification of State Match – VA State Homes (Northeast) $5,000,000
  - This project is to construct a 108-bed State Veterans Home in Florence. The Department is currently analyzing various sites within this region. The VA Design Guide for State Homes is based on community living centers with neighborhoods composed of smaller homes, community centers, more activity and outside garden areas instead of a conventional institutional nursing home design. The architect who is designing the prototype facility will adapt the Central Region design to the Northeast and Northwest South Carolina Region sites once these projects are approved.

IV. SCDMH: FY2018 Budget Requests (Capital)

- Harris Hospital Heating & Air Conditioning Renovations $2,200,000
  - This project is to address the replacement of the 30-year old heating and air conditioning and fire sprinkler system at Harris Hospital. A new, more energy efficient mechanical system will be installed to replace the aging system. A new control system will be installed. This request is related to the Department's goal to provide sufficient psychiatric hospital beds to meet the consumers' need for inpatient care. This work is needed to ensure the SCDMH buildings are maintained in an adequate condition to ensure a satisfactory environment of care exists for our patients and staff. This request replaces parts of existing facilities, existing facilities infrastructure, and existing facilities utility systems.
- NE Campus Electrical Distribution System Renovations $3,600,000
  - Crafts Farrow State Hospital Campus is located on Farrow Road in Northeast Columbia. Most of the supporting electrical distribution infrastructure is at least 40 years old. The Department of Mental Health owns and maintains the electrical substation, as well as the overhead and underground portions of the distribution system. Many of the existing components including the substation, transformers, wooden poles and the pole mounted switches are in poor condition and need to be replaced. Over 4000 feet of the underground feed cables to Morris Village and Bryan Hospital are over 40 years old, have exceeded their useful life and require replacement.

IV. SCDMH: FY2018 Budget Requests (Capital)

- A-O-P Mental Health Center Construction $10,592,000
  - Construct a 40,000 SF facility on five acres of land currently owned by Anderson County. This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible. Anderson County council has voted and approved the donation of the five acres in a prime county business park location. The current estimated value of the property is $600,000. The building will include space for Adult Outpatient Services; Child, Adolescent and Family Services; and Administration, Training and Facility Support. This facility will consolidate programs housed in leased facilities in the Anderson area and reduce lease costs by $120,000/year. Placing the various programs in one consolidated facility will aid in efficiency of service delivery.
- Catawba Mental Health Center Construction $10,580,000
  - Purchase 6 acres of land and construct a 39,000 SF facility in the Rock Hill area to provide mental health services to clients in York County. This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible. The building will include space for York Adult Services Program; Catawba Family Center; School Based Mental Health Program; Dual Diagnosis Program; and Administration, Training and Facility Support. This facility will consolidate programs housed in two leased facilities located in Rock Hill and one DMH facility - lease costs for these two facilities is over $224,000/year. Placing the various programs in one consolidated facility will aid in efficiency of service delivery.

IV. SCDMH: FY2018 Budget Requests (Capital)

- Community Buildings Deferred Maintenance $3,000,000
  - This project is to address multiple deferred maintenance issues in our community mental health facilities. DMH has deferred maintenance issues totaling over $40 million. This request is to address the most urgent building needs and examples include heating and air conditioning system repairs at Aiken-Barnwell, Berkeley, Tri-County, Coastal Empire, Charleston/Dorchester, Orangeburg, Pee Dee, Santee-Wateree, Tri-County, and Waccamaw Mental Health Center buildings; interior and exterior repairs at Piedmont, Orangeburg and Tri-County, and Fire Sprinkler repairs at Coastal Empire. The Department has established an identified fund for deferred maintenance pursuant to Proviso 35.14; however, the agency does not have the ability to self-fund all of its current deferred needs. DMH will continue to include its significant priority deferred maintenance requests in its Capital Budget Request submitted to the General Assembly.
- Inpatient and Support Buildings Deferred Maintenance $1,500,000
  - This project is to address deferred maintenance issues in our in-patient buildings. This request is to address the most urgent building needs, focusing on those items identified by the Joint Commission which may jeopardize our hospital accreditation if not corrected. Examples include upgrading hardware and fixtures at Bryan to meet current anti-ligature standards; repair and replacement of fire dampers and associated fire protection and alarm system equipment, and items relating to environment of care at both Bryan and Tucker Center. This includes flooring replacement, laundry renovations and other miscellaneous deferred maintenance issues.

IV. SCDMH: FY2018 Budget Requests (Capital)

- Columbia Area Mental Health Center Phase III Construction $3,500,000
  - Justification: This project is to construct a 30,000 square foot facility on land currently owned by the Department. Columbia Area Mental Health Center's Child & Adolescent (C&A) Program has outgrown its current space in the Phase I Building. The new facility will accommodate the C&A Program, the Assessment Resource Center and several associated support services. Placing these child-based programs in the same facility will aid in efficiency of service delivery. The building would also enable Columbia Area MHC to relocate programs from a temporary location and consolidate its programming on one campus. The total project cost is $7,590,000.
- Campbell Veterans Nursing Home Renovations $1,379,000
  - Justification: This project is to address deferred maintenance issues at Campbell VA Nursing Home in Anderson. The work includes renovations to the kitchen to include new equipment; replacing dryers in the laundry; replacing water heaters; shower renovations to provide more privacy; replacing flooring finishes; replacing existing front entry doors and lobby door for better security; installation of covered shelters in the courtyards for shade; and re-configuration of resident bathrooms to allow access for patient lifts and replacement of existing free standing wardrobe type closets. Replacement of the emergency power generator. The existing does not have the capacity to support the HVAC chiller system and/or our electric kitchen appliances, which poses a safety concern to residents during an extended outage.

IV. SCDMH: Meeting Future Challenges

The Department has identified several significant challenges that it will meet in the future. While other challenges exist, one of the most significant impacts on the Department will result from a shift in the use of inpatient psychiatric beds due to an increased demand in the Forensics Program.

Forensification of Inpatient Beds

- As compared to the 1st Quarter of FY2016, the total number of Forensic bed days (Forensics and SVP) for SCDMH in the 1st Quarter of FY2017 increased by 3.21%.
- As a percentage of the total inpatient bed days, Forensic bed days (Forensics and SVP) for SCDMH have increased from 17.12% in FY2008 to 27.69% in FY2016.
- This trend towards the usage of inpatient bed days for Forensics Programs rather than acute psychiatric episodes is being experienced nationally.

IV. SCDMH: Meeting Future Challenges

Another of the most significant impacts on the Department is the consideration of the relationship between Community Mental Health Services and Community Support Services, such as housing, and the need for Inpatient Beds.

Increasing Hospital Capacity without Increasing Hospital Beds

Because of financial and workforce limitations, it is extremely unlikely that DMH will be able to open more State hospital beds. However, if DMH is able to increase the availability of intensive community mental health services and increase the availability of supported community housing, it will lead to shorter hospital lengths of stay. Simply put, expanding community housing and intensive mental health services will result in DMH being able to hospitalize more patients with its current number of beds.

The challenge is to fund increased community housing and additional mental health services delivered at a patient's residence.

IV. SCDMH: Meeting Future Challenges

The Department has identified other significant challenges that it will meet in the future.

- Like all health care providers, SCDMH continues to be faced by work force challenges. The number of new psychiatrists being trained remains lower than the number retiring from practice, and there is both a State and National shortage. Staff vacancies do periodically result in temporary reductions in functional bed capacity.
- The demand for adult psychiatric beds in SC and elsewhere has exceeded the available supply for over 15 years, particularly with the uninsured;
- The shortage of community detoxification beds has existed even longer;
- In most areas of South Carolina, hospital emergency departments are the only option for an individual who is grossly intoxicated;
- The consequence of both shortages has been that community hospital emergency departments often have patients in a psychiatric crisis or a crisis brought about by substance abuse (or both) who must wait in the ED for an available bed;
- During the past 15 years, SCDMH has formed partnerships with local hospitals and other organizations to address the problem in several ways;

IV. SCDMH: Meeting Future Challenges

- SCDMH Community Mental Health Centers have crisis stabilization services to assist patients and avoid the need for them to utilize a hospital ED. Available crisis intervention measures include after-hours on-call coverage by a therapist, and contracts between the mental health center and local hospitals which have psychiatric units. Under such contracts, the mental health center pays for the short term psychiatric hospitalization of indigent patients who are referred by the Center. In Fiscal Year 2016, SCDMH mental health centers purchased over 4,300 local psychiatric hospital bed days for patients;
- In March of 2009, SCDMH initiated the first statewide program to successfully connect patients in hospital EDs statewide with consulting psychiatrists, and the program remains today the largest of its kind in the nation;
- SCDMH Community Mental Health Centers have also offered to partner with community hospitals to share the cost of placing one of the Center's mental health clinicians in the hospital's ED to assist in the evaluation and disposition of psychiatric patients;
- As the examples above show, having adequate mental health services also requires the investment of resources from the local community, particularly local hospitals. Those in need of emergent mental health treatment are as much members of their communities as those in need of emergent treatment for heart disease, diabetes or injuries from an automobile accident.

IV. SCDMH: Meeting Future Challenges

The Department has also identified other considerations that merit mention.

- The Establishment of a Contract Monitoring Unit
- The Effects of Managed Care Organization Carve-In (MCO Carve-In)
- The Role of SCDMH in Disaster Response – Townville and Support for North Carolina
- The Future Challenges of Operating Three New VA State Homes – Staffing Three 108-Bed Nursing Homes

The South Carolina Department of Mental Health

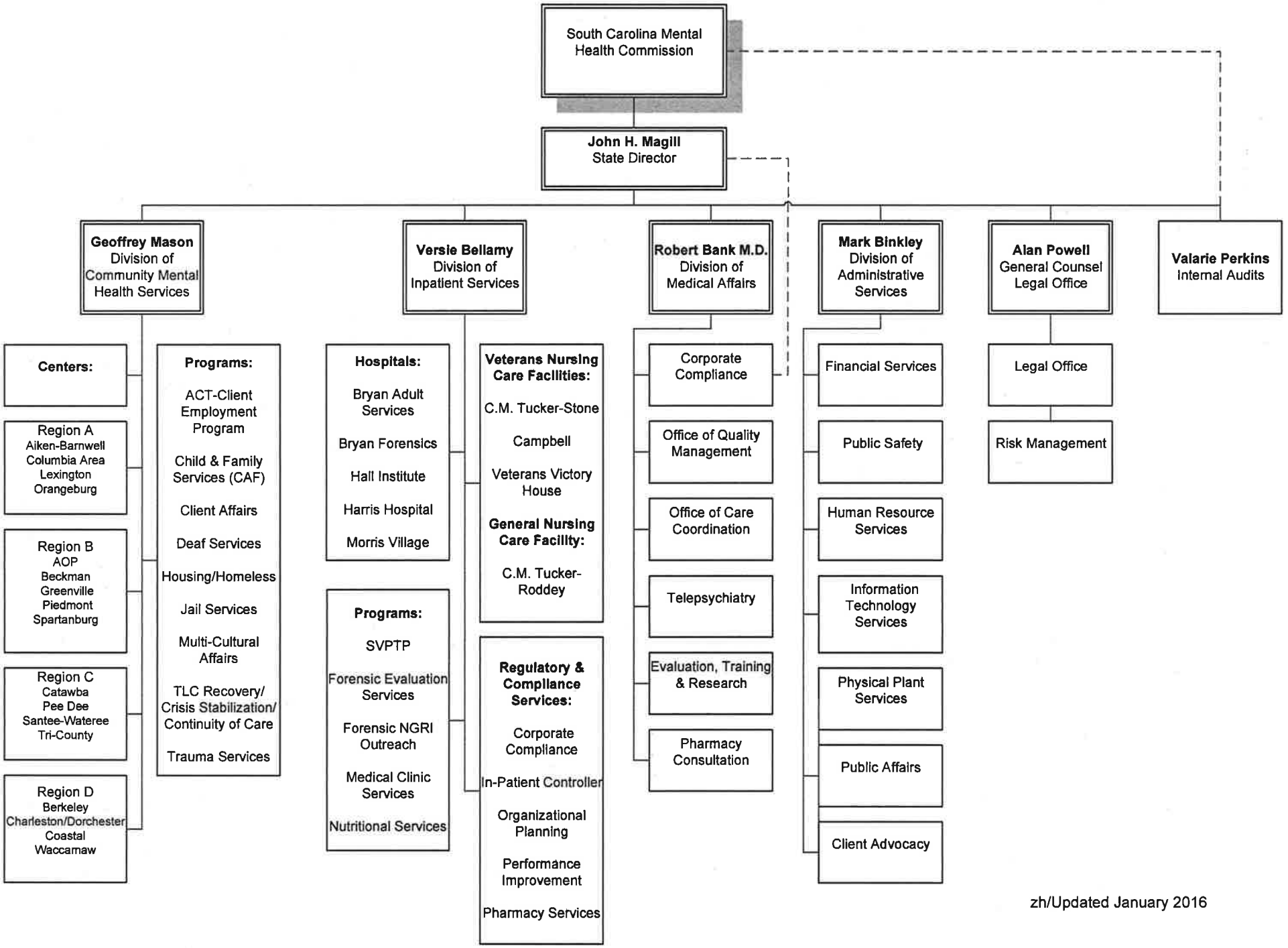
Key Agency Representatives

John H. Magill, MSW, State Director

Robert Bank, M.D., Medical Director
Versie Bellamy, RN, MN, Deputy Director, Inpatient Services
Mark Binkley, Esq., Deputy Director, Administrative Services
Geoff Mason, MPA, Deputy Director, Community Mental Health Services
Alan Powell, Esq., General Counsel
Kimberly Rudd, M.D., Medical Director, Division of Inpatient Services
Dave Schaefer, Director, Financial Services

Rochelle Caton, Esq., Director, Office of Client Advocacy/Legislative Liaison
(898-8570, 201-8683, rochelle.caton@scdmh.org)

S.C. Department of Mental Health Organizational Chart



zh/Updated January 2016

FY2016 Accountability Report
Summary

Mission and Values
The South Carolina Department of Mental Health's (SCDMH, the Department) mission is to support the recovery of people with mental illnesses. Its priority is serving adults and children affected by serious mental illnesses and significant emotional disorders.

We are committed to eliminating stigma, promoting recovery, achieving our goals in collaboration with all stakeholders, and in assuring the highest quality of culturally competent services possible. Each person who receives our services will be treated with respect and dignity, and will be a partner in achieving recovery.

We believe that people are best served in or near their own homes or the community of their choice. We commit to the availability of a full and flexible array of coordinated services in every community across the state, and to services that are provided in a healthy environment. We believe in services that build upon critical local supports: family, friends, faith communities, healthcare providers, and other community services that offer employment, learning, leisure pursuits, and other human or clinical supports.

We will be an agency worthy of the highest level of public trust. We will provide treatment environments that are safe and therapeutic, and work environments that inspire and promote innovation and creativity. We will hire, train, support, and retain staff who are culturally and linguistically competent, who are committed to the recovery philosophy, and who value continuous learning and research. We will provide services efficiently and effectively, and will strive always to provide interventions that are scientifically proven to support recovery.

We believe that people with mental illnesses, trauma victims, and others who experience severe emotional distress are often the object of misunderstanding and stigmatizing attitudes. Therefore, we will build formal partnerships with the State's educational leadership and institutions, including both K-12 and institutions of higher learning, to enhance curriculum content on mental health. We will work with employers, sister agencies, and public media to combat prejudice borne of ignorance about mental illnesses. And we will expect our own staff to be leaders in the anti-stigma campaign.

Discussion and Analysis
SCDMH has existed since 1828, and has served more than four million South Carolinians during that period (1828-2013), providing almost 150 million hospital bed days. We are proud to continue to meet the behavioral health needs of our citizens. The Department continues its efforts to maintain quality services and evidenced-based best practices.

In support of its mission, the Department has: increased access to community mental health services; continued to provide psychiatric consultations via telepsychiatry; expanded the use of telepsychiatry into SCDMH community mental health centers, hospitals, and clinics; received a major youth suicide prevention grant; expanded school-based programs; relocated William S. Hall Psychiatric Institute; continued to serve those impacted by community tragedies; received a grant to benefit homeless individuals in South Carolina; established the *Carolina United* program; and initiated other activities of which those named above are only a few.

Summary
For a more complete overview of the activities of the South Carolina Department of Mental Health in FY2016, see the Fiscal Year 2015-16 Accountability Report.

AGENCY NAME:	South Carolina Department of Mental Health		
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Fiscal Year 2015-16
Accountability Report

SUBMISSION FORM

AGENCY MISSION	The mission of the South Carolina Department of Mental Health is to support the recovery of people with mental illnesses.
AGENCY VISION	The South Carolina Department of Mental Health (DMH) is committed to improving access to mental health services, promoting recovery, eliminating stigma, improving collaboration with all our stakeholders, and assuring the highest level of cultural competence. We believe that people are best served in the community of their choice in the least restrictive settings possible. We commit to the availability of a full and flexible array of coordinated services in every community across the state. We believe in services that build upon critical local supports: family, friends, faith communities, healthcare providers, and other public services that offer affordable housing, employment, education, leisure pursuits, and other social and clinical supports. We are committed to the highest standard of care in our skilled nursing facilities for South Carolina citizens, veterans and non-veterans alike. The Joint Commission has designated two of the Department's four nursing facilities with the distinction of being nationally accredited. Only about five percent of similar facilities in South Carolina have earned this recognition. We are also determined to provide appropriate evaluation and/or treatment to the increasing number of individuals requiring forensic services, both inpatient and in the community. We strive to remain an agency worthy of the highest level of public trust. We will provide treatment environments that are safe and therapeutic and work environments that inspire and promote innovation and creativity. We will hire, train, support, and retain staff who are culturally and linguistically competent, who are committed to the

AGENCY NAME:	South Carolina Department of Mental Health		
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philosophy of recovery, and who value continuous learning and best practices. We will provide services efficiently and effectively, and will strive always to provide interventions that are scientifically proven to support recovery.

We believe that people with mental illnesses, trauma victims, and others who experience severe emotional distress, are often the object of stigma. Therefore, we will build partnerships with the State's educational leadership and institutions, including both K-12 and institutions of higher learning, to enhance curriculum content on mental illness and mental health. We will work with employers, sister agencies, and public media to combat prejudice borne of ignorance about mental illnesses. And we will expect our own staff to be leaders in the anti-stigma campaign.

Please state yes or no if the agency has any major or minor (internal or external) recommendations that would allow the agency to operate more effectively and efficiently. No.

RESTRUCTURING RECOMMENDATIONS:	

Please identify your agency's preferred contacts for this year's accountability report.

	Name	*Phone*	*Email*
PRIMARY CONTACT:	William Wells	843-709-5094	William.wells@scdmh.org
SECONDARY CONTACT:	Stewart Cooner	803-8988632	Stewart.cooner@scdmh.org

I have reviewed and approved the enclosed FY 2015-16 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN AND DATE):	John H. Magill 9-15-16
(TYPE/PRINT NAME):	John H. Magill

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J 120	SECTION:	035

BOARD/CMSN CHAIR (SIGN AND DATE):	Jerry Davis for Alison Y. Evans, Psy.D 9-15-16
(TYPE/PRINT NAME):	Alison Y. Evans, Psy.D., Chair

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J 120	SECTION:	035

AGENCY'S DISCUSSION AND ANALYSIS

The South Carolina Department of Mental Health has experienced many achievements over the past year. A few of special note include the following:

- Thanks to the support of the Governor and the General Assembly, DMH has been increasing access to community mental health services. As compared to FY2014, new cases (new/readmissions) in FY 2015 increased 3.17%. As compared to FY2015, new cases (new/readmissions) in FY16 increased 3.29%.
- As of July 7, 2016, DMH's innovative and award winning Emergency Department Telepsychiatry Consultation Program had provided more than 29,000 psychiatric consultations in emergency departments across South Carolina. The Program was developed to meet the critical shortage of psychiatrists in South Carolina's underserved areas, and assist hospital emergency rooms by providing appropriate treatment to persons in a psychiatric crisis, using real-time, state-of-the-art video-and-voice technology that connects DMH psychiatrists to hospital emergency departments throughout the state.
- Built on the success of Telepsychiatry services to emergency departments, DMH has equipped its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its patients via Telepsychiatry.
- In September 2015, DMH received a major youth suicide prevention grant of $736,000 per year for five years from the Substance Abuse and Mental Health Services Administration (SAMHSA). The award supports the SC Youth Suicide Prevention Initiative (YSPI), an intensive, community-based effort with a goal of reducing suicide among youths and young adults, aged 10 to 24, by 20% statewide by 2025.
- YSPI has several upcoming training courses and events, which will be provided to trainers across the state for agencies including DJJ, PPP, DOC, DSS, DOE, and child serving organizations. These events/trainings include an Official Open House (September 28, 2016); the inaugural meeting of the State Coalition for Suicide Prevention, chaired by DMH State Director John H. Magill (September, 2016); the launch of the first round of Train the Trainer programs, beginning with Applied Suicide Intervention Skills Training, a two-day intensive, interactive and practice-dominated course designed to help clinical, non-clinical caregivers and parents recognize and review risk, and intervene to prevent the immediate risk of suicide (August, 2016), and SafeTalk training, which prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources (August, 2016).
- YSPI has identified the top six South Carolina counties with the highest suicide rates for people between the ages of ten and twenty-four: Colleton, Lexington, Oconee, Charleston, Newberry, Berkeley, and Marlboro (tied). In response, the YSPI has developed an Action Plan for Colleton County School District. The plan has been sent to the district office and work will begin implementing strategies in the county before the 2016-17 school year begins. Colleton County is currently the highest-risk area in the state, with the most death by suicide and attempts.
- DMH has continued to expand school-based programs. DMH School-based Services are now available in 519 schools in 44 counties across South Carolina. With funds appropriated by the SC General Assembly in FY17, DMH seeks to expand services to 20 more schools.
- In addition to State funds, in 2016 DMH's School-based Services program received a grant from the Blue Cross Blue Shield Foundation of South Carolina to further expand its services. The $1.4 Million award allowed DMH to implement school-based services in 11 elementary schools, a program called PERSIST/*Carolina Cares*.
- Parcel sales of the Bull Street property have continued; additional parcel sales took place in February, 2016 with another parcel scheduled for August, 2016. The Buyer has continued to exceed – remain ahead of – the minimum payment schedule required in the Agreement. An accurate accounting of the funds received to date by the Department is maintained and the proceeds are deposited in a segregated account. The Mental Health Commission has authorized the agency to use the initial sale proceeds to

increase additional affordable housing for patients in the community. Federal grant funding for constructing new housing units for persons with disabilities has been substantially curtailed, but DMH is pursuing opportunities to use the Bull Street sale proceeds as matching funds to partner with other entities, such as the State Housing Authority and private developers in the creation of new affordable housing stock for DMH patients, such as new apartments.

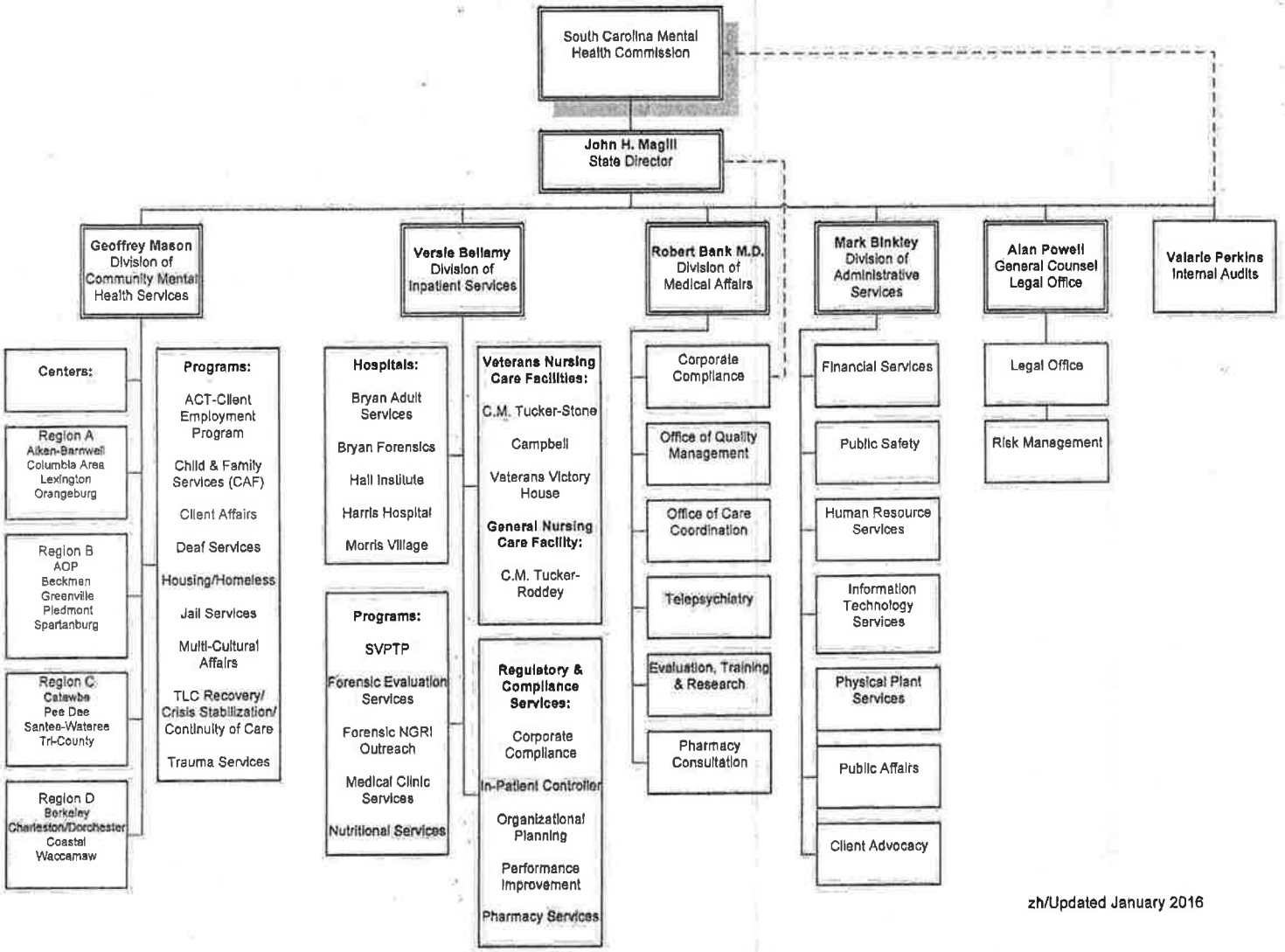
- With the relocation of the William S. Hall Psychiatric Institute to the G. Werber Bryan Psychiatric Hospital in December, 2015, all agency operations on the Bull Street campus have now ended.
- In March, 2015 the Commission approved an Amendment to the Agreement for the sale of the Bull Street campus to provide for the addition/inclusion of the William S. Hall Institute building and grounds in the sale to Buyer. The Amendment was subsequently approved by a Circuit Court in December, 2015 and by the State Fiscal Accountability Authority (formerly Budget and Control Board) in January, 2016.
- The Department's Charleston Dorchester Mental Health Center (CDMHC) continues to serve those impacted by the Mother Emanuel AME Church massacre. Center staff and MUSC staff are facilitating grief groups for the families, survivors and church congregation. Center staff participated in the numerous events commemorating the one year anniversary of the shooting. Center staff and MUSC staff will be hosting an "Exhale Day" in the near future for the family members of the victims and the survivors. The community received a three year grant from the Office of Victims of Crime to continue the work with the Mother Emanuel Community. Several agencies, to include but not limited to MUSC, CDMHC, the 9th Circuit Solicitor's Office, the City of Charleston's Police Department, and Mother Emanuel, etc. will use the funds to continue services.
- The Center's response to the tragedy is serving as a model for other communities. For example, in a July phone conference with the White House "Data Driven Justice Communities," CDMHC Director Deborah Blalock discussed the process for establishing a crisis stabilization unit that is partially supported by their Sheriff's office, and to also talk about Charleston's already implemented mobile crisis program.
- Ms. Blalock is also scheduled to present on the Center's response at the 2016 National Association of State Mental Health Program Directors Annual Meeting, as well as the Substance Abuse and Mental Health Administration's 2016 Block Grant Conference.
- In late 2015, DMH received a grant of $1.8 Million per year for three years from SAMHSA, funding a new initiative, the Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI-SC). Since its inception, CABHI, whose target population is individuals, including veterans, who are chronically homeless and have serious mental illnesses or co-occurring disorders has resulted in DMH creating or expanding several new partnerships
    - Palmetto Health Hospital has begun operating a new Assertive Community Treatment (ACT) team in Columbia;
    - MIRCI is providing training on full fidelity ACT service delivery to both Palmetto Health and Greenville Mental Health Center;
    - The Veterans Administration is providing two in-kind Peer Support Recovery Specialists to ACT teams in both Columbia and Greenville;
- The South Carolina Coalition for the Homeless has expanded to an interagency council and includes representation from eight state agencies: DMH, DAODAS, Department of Corrections, Department of Education, HHS, SC Housing, DSS, and DHEC. The council meets every other month and focuses on achieving better statewide coordination among stakeholders to address homelessness and behavioral health issues.
- In December of 2015, all patients and staff of William S. Hall (Hall), DMH's inpatient hospital for children relocated to the new facility at Bryan Psychiatric Hospital, a move which has increased child and adolescent hospital bed capacity and improved administrative efficiency. In May, 2016, Hall held an

open house, attended by the SC Mental Health Commission, mental health advocates, members of the family of Dr. William S. Hall, and other dignitaries.

- The Joint Bond Review Committee and the State Fiscal Accountability Authority gave Phase II approval – approval of the scope of the Project and of the amount of the construction budget/funding – for a new Santee-Wateree Mental Health Center in June, 2016. Final design work for the new Center has begun.
- In November, 2015, DMH launched a program designed to guide members of the communities affected by the October, 2015 floods to resources that will aid in their continued recovery. *Carolina United* is fully funded by the Federal Emergency Management Administration (FEMA) with monitoring and support by the Substance Abuse and Mental Health Services Administration. The initiative places disaster crisis counselors in affected areas, to guide citizens not only to mental health resources, but also legal, financial, housing, and other resources.
- In March 2016, the Program expanded from 28 to 72 outreach workers to serve South Carolinians in the 24 counties named in the Presidential Disaster Declaration. Carolina United staff are providing citizens the opportunity to express their feelings and concerns while also providing referrals and resources to address identified issues.
- Three of DMH's Nurses were recognized in April 2016 as Palmetto Gold Nurses. Algie Bryant, MSN, RN; Kevin Busby, MSN, RN; and Natasha Davis, MSN, HCM, BSN, RN were honored as Registered Nurses in our state who exemplify excellence in nursing practice and commitment to the nursing profession.
- SC Mental Health Commission Chair Alison Y. Evans, PsyD, received the President's Award at the 38th Annual Cross-Cultural Conference in Myrtle Beach. The Action Council for Cross-Cultural Mental Health and Human Services recognized Dr. Evans for "both her dedicated involvement with mental health advocacy in our state, as well as her work in the field of Education."
- In May, DMH's Pee Dee Mental Health Center received the Johnson & Johnson-Dartmouth College 2016 National Achievement Award for its Independent Individual Placement & Supported Employment program. The Johnson & Johnson-Dartmouth Community Mental Health Program works to increase access to supported, competitive employment for adults with serious mental illnesses. Pee Dee joins the Agency's Charleston-Dorchester and Greenville Mental Health Centers in this honor; the Centers received this prestigious award in 2008 and 2014, respectively.
- In April 2016, DMH was recognized by Work in Progress for its support and commitment to its clients since the organization began in 1996. Work In Progress' mission is to assist people with mental illness with obtaining, retaining, and maintaining competitive employment opportunities throughout Richland and Lexington counties in South Carolina.
- In May 2016, Mark D. Weist, PhD, Professor of Clinical-Community and School Psychology at the University of South Carolina and pre-eminent expert in school-based mental health services, expressed his appreciation to DMH's leadership and its Child, Adolescent, and Family Services staff for the Department's outstanding leadership in furthering efforts in the State and region to provide school-based prevention and early intervention services for students facing emotional and behavioral challenges.
- DMH continues to provide speakers to professional organizations, civic groups, and other entities through its Speakers' Bureau. The Bureau comprises DMH staff with expertise in many areas. In 2016, DMH has provided speakers to 10 organizations across the state. This is in addition to State Director John H. Magill's ongoing Public Relations Initiative; to date he has presented to more than 2,400 people at 45 Civic Organizations across South Carolina.
- Each of DMH's 17 community mental health centers is accredited by CARF International, an independent, nonprofit accreditor of human service providers. In addition, Morris Village Treatment Center, the Agency's inpatient, drug and alcohol hospital, is also accredited by CARF International.

- In 2016, Columbia Area Mental Health Center received *no recommendations*, following a CARF reaccreditation survey, an accomplishment achieved on only 3% of all CARF surveys.
- DMH's psychiatric hospitals are accredited by The Joint Commission, which aims to improve healthcare by evaluating healthcare providers and inspiring them to excel in the provision of safe, effective care of the highest quality and value.
- Each of DMH's four nursing homes is licensed by DHEC and certified by CMS. Three of the four nursing homes (516 beds) serve veterans exclusively and are certified by the Department of Veterans Affairs. The Tucker Nursing Care Facilities (Roddey - General Nursing Home and Stone - Veterans Nursing Home) are nationally accredited by The Joint Commission (TJC) and represent two of only 10 Nursing homes in South Carolina with this distinction. **There are 195 nursing homes in the State of South Carolina.*
- In addition to the multiple reviews of clinical operations DMH's mental health centers, clinics, hospitals, and nursing homes may undergo by regulatory and accreditation bodies during any given year, DMH's agency and administrative structure has also undergone review.
- In October 2015, the Legislative Audit Council issued a favorable report based on its Limited Review of Issues at the S.C. Department of Mental Health in response to a request by the Senate Medical Affairs Oversight Subcommittee.
- In March 2016, the Senate Medical Affairs Oversight Subcommittee issued a favorable report based on its evaluation of the Agency.
- In early 2016, DMH underwent a 9-week engagement of agreed-upon procedures with the Office of the State Auditor – the results also appear favorable.
- DMH has more than 700 portals by which citizens can access mental health services, including:
- A network of 17 outpatient community mental health centers, 43 clinics, three psychiatric hospitals, one community nursing care center, and three state veterans' nursing homes;
- More than 20 specialized clinical service sites (DMH offices that provide some type of clinical care, but do not offer a full array of services found in a center or clinic);
- More than 20 South Carolina hospitals with DMH Telepsychiatry services;
- More than 140 community sites (non-DMH entities or businesses where DMH staff regularly and routinely provide clinical services), and
- 519 school-based service program sites.

S.C. Department of Mental Health Organizational Chart



zh/Updated January 2016

ncy Name:	Department of Mental Health			Fiscal Year 2016-17 Accountability Report
ency Code:	J12	Section:	35	Strategic Planning Template

Type	Item # Goal	Strat	Object	Associated Enterprise Objective	Description
G	1				**Maintain Clinical Programs at Current Levels**
S		1			**Assure resources exist to serve people needing services.**
O			1.1.1	Healthy and Safe Families	Number of people served will increase during FY 2016.
O			1.1.2	Healthy and Safe Families	At least 85% of patients and/or their families will be pleased with DMH services.
O			1.1.3	Healthy and Safe Families	School based service locations will increase during FY.
S		2			**Inpatient Care will be efficient, safe, and effective.**
O			1.2.1	Public Infrastructure and Economic Development	Department will demonstrate cost-efficiency in the delivery of services.
O			1.2.2	Public Infrastructure and Economic Development	Standards of care will be competitive with facilities offering similar types of services.
O			1.2.3	Healthy and Safe Families	Upon discharge, patients will receive timely follow-up services.
S		3			**People will demonstrate increased levels of competence and independence.**
O			1.3.1		Department will focus services on target populations (severely persistently mentally ill or emotionally disturbed).
O			1.3.2	Education, Training, and Human Development	Increased percentage of adult patients being gainfully employed.
O			1.3.3	Education, Training, and Human Development	Through TLC and housing programs, patients will find safe, affordable housing in communities.
O			1.3.4		Patients served will demonstrate improvements in psychiatric well-being.
G	2				**Capitalize on Current Technological Advances**
S		1			**Decrease hospital Emergency Departments' (EDs) wait times and expenses using Telepsychiatry Services**
O			2.1.1	Maintaining Safety, Integrity, and Security	Demonstrate cost savings for ED patients when telepsychiatry services are available.
O			2.1.2	Maintaining Safety, Integrity, and Security	Demonstrate decreased time patients spend in ED when telepsychiatry is available.
O			2.1.3	Maintaining Safety, Integrity, and Security	Increase the number of hospitals utilizing telepsychiatry annually.
S		2			**Increase physician coverage in rural areas.**
O			2.2.1	Public Infrastructure and Economic Development	Demonstrate increased physician coverage in rural areas.
S		3			**Use online training to reduce staff time and travel related costs.**
O			2.3.1	Education, Training, and Human Development	Demonstrate effectiveness of online training.
O			2.3.2	Education, Training, and Human Development	Maximize use of videoconference equipment to decrease staff time and travel related costs for routine meetings.
G	3				**SCDMH will be Positioned to Meet an Increased Demand for Services.**
S		1			**SCDMH will explain its services to public and elected officials while learning of community needs.**
O			3.1.1	Government and Citizen	Stake holder meetings will continue across state.
S		2			**Community Mental Health Centers will Increase Efficiency to Meet Demands for Outpatient Services**
O			3.2.1	Healthy and Safe Families	Increase number of people served in community settings.
O			3.2.2	Healthy and Safe Families	CMHCs will determine that people have opportunities for services within a reasonable time.
O			3.2.3	Healthy and Safe Families	Demonstrate increased efficiency by providing an increase of needed services.
			3.2.4	Maintaining Safety, Integrity, and Security	CMHCs will expand use of telepsychiatry.
		3			SCDMH will meet need for forensic services.
			3.3.1	Government and Citizen	Forensic admissions will increase to meet need of communities.

Agency Name:	#REF!		
Agency Code:	#REF!	Section:	#REF!

Fiscal Year 2015-16
Accountability Report

Performance Measurement Template

Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)	
1	SCDMH serves Children in need of services.	27,016	27,762	27,762	July 1-June 30	Central Office Information Technology (IT) Department	Annual	Scanned and Tabulated	1.1.1, 1.3.1
2	Clients seen at each center will meet the appointment timeframes as determined by need (emergency, urgent, or routine)	90%	94%	90%	July 1-June 31	July 1-June 32	Annual	Calculated using reporting software	3.2.2
3	Hours of billed services in outpatient settings.	975,000	985,334	985,334	July 1-June 31	July 1-June 32	Annual	Calculated using reporting software	3.2.3
4	Employees will receive appropriate training related to strategic goals.	4,000	4,350	4,250	July 1-June 30	SCDMH Training Database	Annual	Calculated using reporting software	2.3.1
5	Percentage of SCDMH patients employed.	12%	11.50%	12%	July 1-June 30	Central Office IT Department	Annual	Calculated using reporting software	1.3.2
6	Percentage of patients in employment program being competitively employed (US benchmark 45%).	45%	62%	50%	July 1-June 30	Central Office IT Department	Annual	Calculated using reporting software	1.3.2
7	Life expectancy in Roddy Pavillion, a skilled nursing facility . (US benchmark 1.2 years).	5	9	3	July 1-June 30	Division of Inpatient Services (DIS)	Annual	Calculated using reporting software	1.2.2
8	Life expectancy in Stone Pavillion, a skilled nursing facilities. (US benchmark 1.2 years).	New Measure	3	3	July 1-June 31	Division of Inpatient Services (DIS)	Annual	Calculated using reporting software	1.2.2
9	Hospital restraint rate based upon 1,000 inpatient hours (US average .62 hours)	Less than 0.12	0.08	Less than 0.1	July 1-June 30	DIS	Annual	Calculated using reporting software	1.2.2
10	Hospital seclusion rate based upon 1,000 inpatient hours (US average .49 hours)	Less than .23	0.12	Less than 0.15	July 1-June 30	DIS	Annual	Calculated using reporting software	1.2.2
11	Days between inpatient discharge and outpatient appointment.	7 or less	Data unavailable at this time.	7 days or less.	July 1-June 30	Outpatient Electronic Medical Record (EMR) and DIS Practice Management (PM) System	Annual	Calculated using reporting software	1.2.3
12	Thirty-day hospital readmission rate (Most recent national data is 2013 - 7.5%).	5.00%	5.97%	5.00%	July 1-June 30	PM	Annual	Calculated using reporting software	1.2.3, 3.2.2

13	Percentage of adults expressing satisfaction with services received. (US average 88%).	88%	Data Unavailable this FY	88%	July 1-June 30	Agency Survey Completed Annually	Annual	Forms scanned and tabulated	1.1.2, 1.3.4
14	Percentage of youths expressing satisfaction with services received. (No US average available).	85%	Data Unavailable this FY	85%	July 1-June 30	Agency Survey Completed Annually	Annual	Forms scanned and tabulated	1.1.2, 1.3.4
15	Families of Youths satisfied with services (US average 86%).	86%	Data Unavailable this FY	86%	July 1-June 30	Agency Survey Completed Annually	Annual	Forms scanned and tabulated	1.1.2, 1.3.4
16	Number of people served in outpatient settings.	78,825	82,241	82,000	July 1-June 30	Outpatient EMR and DIS PM System	Annual	Total clients >18 served by Department	1.1.1, 3.2.1
17	Number of new cases (during FY2015) in community mental health centers.	40,508	42,490	42,000	July 1-June 30	Outpatient EMR and DIS PM System	Annual	Total Clients < 18 served by Department	1.1.1, 3.2.1
18	Emergency Department (ED) patients with primary diagnosis of psychiatric or substance abuse disorder and seen by SCDMH within past three years.	Less than 25%	24%	Less than 25%	July 1-June 30	Central Office IT Department	Annual	Calculated using reporting software	1.2.1, 1.3.1
19	ED patients awaiting mental health beds Monday mornings.	Less than 2200	1853	Less than 2000	July 1-June 30	Central Office IT Department	Annual	Calculated using reporting software	1.1.1, 1.1.3
20	ED patients waiting longer than 24 hours for mental health beds Monday mornings.	Less than 1600	1432	Less than 1500	July 1-June 30	Central Office IT Department	Annual	Calculated using reporting software	1.1.1, 1.1.3
21	SCDMH hospital admissions.	New measure	676	675	July 1-June 30	Inpatient PM System	Annual	Total Admissions to inpatient hospitals	1.1.1, 1.1.2
22	Number of SCDMH staff training programs available by computer.	130	201	205	July 1-June 30	SCDMH Training Database	Annual	Calculated using reporting software	2.3.1
23	Hours of employee training directly related to meeting the goals of the Department's Strategic Plan.	4,000	4,350	4,250	July 1-June 30	SCDMH Training Database	Annual	Calculated using reporting software	2.3.1
24	Number of hospital Eds participating in telepsychiatry program.	19	23	23	January 1 - December 31	Telepsychiatry Department	Annual	Count	2.1.3
25	Schools offering SCDMH counseling services.	490	519	520	July 1-June 30	School Based Services Coordinator	Annual	Count	1.1.1, 1.1.2, 1.1.3
26	Division of Inpatient Services Bed Days	520,000	529,909	527,250	July 1-June 30	Central Office IT Department/Inpatient PM System	Annual	Calculated using reporting software	1.1.1
27	Forensic Admissions	Over 204	220	220	July 1-June 30	Central Office IT Department/Inpatient PM System	Annual	Calculated using reporting software	3.3.1
28	Number of CMHCs providing services via telepsychiatry.	New Measure	8	8	July 1-June 30	Telepsychiatry Department	Annual	Count	3.2.4

Agency Name:	#REF!		
Agency Code:	#REF!	Section:	#REF!

Fiscal Year 2015-16
Accountability Report

Program Template

Program/Title	Purpose	FY 2015-16 Expenditures (Actual) General	Other	Federal	TOTAL	FY 2016-17 Expenditures (Projected) General	Other	Federal	TOTAL	Associated Objective(s)
Administration	Primarily provides for long-range planning, performance and clinical standards, evaluation and quality assurance, personnel management, communications, information resource management, legal counsel, financial, and procurement.	$ 3,186,788	$ 201,688	$ -	$ 3,388,476	$ 3,687,996	$ 75,000	$ -	$ 3,762,996	1.3.1, 2.3.1, 2.3.2, 3.1.1
Community Mental Health Centers	Services delivered from the seventeen mental health centers that include: evaluation, assessment, and intake of patients; short-term outpatient treatment; and continuing support services.	$ 57,735,669	$ 61,147,895	$ 8,343,551	$ 127,227,116	$ 60,670,606	$ 67,244,486	$ 10,326,638	$ 138,241,730	1.1.1, 1.1.2, 1.1.3, 1.3.1, 1.3.2, 1.3.3, 1.3.4, 2.2.1, 3.2.1, 3.2.2, 3.3.3
Inpatient Psychiatric	Services delivered in a hospital setting for adult and child patients whose conditions are severe enough that they are not able to be treated in the community.	$ 41,010,537	$ 47,782,645	$ -	$ 88,793,182	$ 45,381,512	$ 47,434,689	$ 304	$ 92,816,504	1.1.1, 1.2.2, 2.1.1, 2.3.1, 2.3.2
Tucker/Dowdy	Residential care for individuals whose medical conditions are persistently fragile enough to require long-term nursing care.	$ 4,526,621	$ 12,285,375	$ -	$ 16,811,996	$ 4,884,309	$ 12,158,725	$ -	$ 17,043,034	1.2.2
Support	Nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	$ 20,330,950	$ 4,461,068	$ -	$ 24,792,018	$ 24,955,494	$ 3,339,014	$ 139,407	$ 28,433,916	1.2.1, 1.2.2, 1.2.3, 3.2.1, 3.2.2
Veterans	Nursing care for state qualified veterans.	$ 15,834,025	$ 22,433,181	$ -	$ 38,267,206	$ 16,589,536	$ 24,930,798	$ -	$ 41,520,334	1.1.1, 1.1.2, 1.2.1, 1.2.2
Sexual Predator	Treatment for civilly-committed individuals found by the courts to be sexually violent predators. Mandated by the Sexually Violent Predator Act, Section 44-48-10 et al.	$ 10,440,525	$ -	$ -	$ 10,440,525	$ 11,247,077	$ -	$ -	$ 11,247,077	1.1.1, 1.2.1, 1.2.2
Employer Contributions	Fringe benefits for all DMH employees.	$ 39,810,613	$ 23,687,949	$ 643,522	$ 64,142,083	$ 41,435,617	$ 24,913,329	$ 1,066,277	$ 67,415,223	

Agency Name:	#REF!			Fiscal Year 2015-16 Accountability Report Legal Standards Template	
Agency Code:	#REF!	Section:	#REF!		
Item #	Law Number	Jurisdiction	Type of Law	Statuary Requirement and/or Authority Granted	Associated Program(s)
1	SECTION 44-9-10.	State		SCDMH creation and authority over State's mental hospitals, clinics (community mental health centers) for mental health and alcohol and drug treatment, including the authority to name each facility.	
2	SECTION 44-9-30.	State	Statute	Creation of South Carolina Mental Health Commission and its authority	
3	SECTION 44-9-40.	State	Statute	Appointment of the State Director of Mental Health and powers, duties and qualifications.	
4	SECTION 44-9-50.	State	Statute	Divisions of SCDMH as authorized by State Director and Commission.	
5	SECTION 44-9-60.	State	Statute	Appointment of directors of hospitals; employment of personnel.	
6	SECTION 44-9-70.	State	Statute	Administration of Federal funds; development of mental health clinics.	
7	SECTION 44-9-80.	State	Statute	Utilization of Federal funds provided to improve services to patients.	
8	SECTION 44-9-90 and 100.	State	Statute	Powers and duties of Mental Health Commission.	
9	SECTION 44-9-110.	State	Statute	Authority of the Commission to accept gifts and grants on behalf of SCDMH	
10	SECTION 44-9-120.	State	Statute	Annual report of Commission to Governor	
11	SECTION 44-11-10.	State	Statute	SCDMH Inpatient and Outpatient Facilities to be maintained and purposes	
12	SECTION 44-11-30.	State	Statute	Establishment, purpose and admission requirements of SCDMH South Carolina Veterans Homes.	
13	SECTION 44-11-60.	State	Statute	Establishment of mental health clinics/centers	
14	SECTION 44-11-70.	State	Statute	Appointment and powers of SCDMH inpatient facility Public Safety officers.	
15	SECTION 44-11-75.	State	Statute	Entering or refusing to leave state mental health facility following warning or request; penalty.	
16	SECTION 44-11-110.	State	Statute	Commission and Attorney General approval of easements and rights of way on SCDMH grounds	

17	SECTION 44-13-05.	State	Statute	Authority for law enforcement to take individual who appears to be mentally and posing a risk of harm into protective custody.	
18	SECTION 44-13-10.	State	Statute	Detention and care of individual by county pending removal to SCDMH inpatient facility.	
19	SECTION 44-13-20.	State	Statute	Admission of resident ordered committed by foreign court.	
20	SECTION 44-13-30.	State	Statute	Removal of patient who is not a citizen of this State.	
21	SECTION 44-13-40.	State	Statute	Removal of alien patient.	
22	SECTION 44-13-50.	State	Statute	Return of patient to out-of-State mental health facility.	
23	SECTION 44-13-60.	State	Statute	Transfer of custody of infirm or harmless patient to custodian, guardian or county.	
24	SECTION 44-15-10.	State	Statute	Establishment of local mental health programs and clinics/centers	
25	SECTION 44-15-20.	State	Statute	Mental health center Services for which funds may be granted.	
26	SECTION 44-15-30.	State	Statute	Applications for mental health center funds .	
27	SECTION 44-15-40.	State	Statute	Allocation of mental health center funds and review of expenditures.	
28	SECTION 44-15-50.	State	Statute	Grants for mental health center services.	
29	SECTION 44-15-60.	State	Statute	Establishment and membership of community mental health center boards.	
30	SECTION 44-15-70.	State	Statute	Powers and duties of community mental health center boards	
31	SECTION 44-15-80.	State	Statute	Powers and duties of SCDMH related to mental health centers	
32	SECTION 44-15-90.	State	Statute	Mental health center unexpended appropriations.	
33	Section 44-17-10, et. seq.	State	Statute	Care and Commitment of Mentally Ill Persons	
34	SECTION 44-22-20.	State	Statute	Patients right to writ of habeas corpus.	
35	SECTION 44-22-30.	State	Statute	Involuntary Patients right to counsel	
36	SECTION 44-22-40.	State	Statute	Consent to treatment	
37	SECTION 44-22-50.	State	Statute	Treatment suited to needs; least restrictive care and treatment.	

38	SECTION 44-22-60.	State	Statute	Explanation of rights with regard to admission to inpatient facility; individualized treatment plan.	
39	SECTION 44-22-70.	State	Statute	Assessment, individualized treatment plan; discharge plan; notice of discharge.	
40	SECTION 44-22-80.	State	Statute	Patients' rights.	
41	SECTION 44-22-90.	State	Statute	Communications with mental health professionals privileged; exceptions.	
42	SECTION 44-22-100.	State	Statute	Confidentiality of records; exceptions; violations and penalties.	
43	SECTION 44-22-110.	State	Statute	Access to medical records; appeal of denial of access.	
44	SECTION 44-22-120.	State	Statute	Patients' rights communication, personal belongings and effects, clothing, religious practice etc.	
45	SECTION 44-22-130.	State	Statute	Physical exam of involuntary inpatient to rule out physical conditions mimicking mental illness.	
46	SECTION 44-22-140.	State	Statute	Authorization and responsibility for treatment, medication and qualified right to refuse.	
47	SECTION 44-22-150.	State	Statute	Patient Restraint; seclusion; physical coercion.	
48	SECTION 44-22-160.	State	Statute	Employment within inpatient facility; compensation; right to refuse nontherapeutic employment.	
49	SECTION 44-22-170.	State	Statute	Education of school-aged patients .	
50	SECTION 44-22-180.	State	Statute	Exercise and exercise facilities; patient ight to go outdoors.	
51	SECTION 44-22-190.	State	Statute	DEW and VR assist SCDMH to find employment for mentally disabled	
52	SECTION 44-22-200.	State	Statute	Movement of patients; court approval required for move to more restrictive setting.	
53	SECTION 44-22-210.	State	Statute	Patient Temporary leaves of absence.	
54	SECTION 44-22-220.	State	Statute	Grievances concerning patient rights; penalties for denial of patient rights.	
55	SECTION 44-23-40.	State	Statute	Appeal to court from rules and regulations adopted by SCDMH	
56	SECTION 44-23-210.	State	Statute	Transfer of confined persons to or between SCDMH and DDSN	

57	SECTION 44-23-220.	State	Statute	Inpatient admission of persons in jail.	
58	SECTION 44-23-240.	State	Statute	Criminal liability of anyone causing unwarranted confinement.	
59	SECTION 44-23-410.	State	Statute	Determining fitness/capacity to stand trial	
60	SECTION 44-23-420.	State	Statute	Fitness to stand trial examiner's report.	
61	SECTION 44-23-430.	State	Statute	Hearing on fitness capacity to stand trial; effect of outcome.	
62	SECTION 44-23-450.	State	Statute	Reexamination of finding of unfitness.	
63	SECTION 44-23-460.	State	Statute	Procedure when SCDMH determines forensic patient no longer requires hospitalization.	
64	SECTION 44-23-1080.	State	Statute	Patients or prisoner denied access to alcoholic, firearms, dangerous weapons and controlled substances.	
65	SECTION 44-23-1100.	State	Statute	Confidentiality and disclosure of copies of probate judge forms/documents.	
66	SECTION 44-23-1110.	State	Statute	Charges for patient/client maintenance, care and services.	
67	SECTION 44-23-1120.	State	Statute	Liability of estate of deceased patient or client	
68	SECTION 44-23-1130.	State	Statute	Payment contracts for care and treatment by persons legally responsible	
69	SECTION 44-23-1140.	State	Statute	Lien for care and treatment; filing statement; limitation of action for enforcement.	
70	SECTION 44-23-1150.	State	Statute	Sexual misconduct with an inmate, patient, or offender.	
71	SECTION 44- 24-10, et seq.	State	Statute	Commitment of Children in Need of Mental Health Treatment	
72	SECTION 44-25-10, et. seq.	State	Statute	Interstate Compact on Mental Health	
73	SECTION 44-48-10, et. seq.	State	Statute	Sexually Violent Predator commitment, detention, treatment and release	
74	SECTION 44-52-5, et. seq.	State	Statute	Alcohol and Drug Abuse Commitment	
75	SECTION 62-5-105.	State	Statute	SCDMH Director or designee may act as conservator for a patient in a SCDMH inpatient facility and funds used for patient's care and maintenance.	

Agency Name:	#REF!			Fiscal Year 2015-16 Accountability Report
Agency Code:	#REF!	Section:	#REF!	Customer Template

Divisions or Major Programs	Description	Service/Product Provided to Customers	Customer Segments	*Specify only for the following Segments:* (1) Industry: Name; (2) Professional Organization: Name; (3) Public: Demographics.
Community Mental Health Centers	Approximately 70,000 adult citizens of South Carolina with mental illness. This number includes forensic services mentioned below.	The Department of Mental Health primarily serves adults with chronic, severe mental illness. While the Department does treat patients with less serious disorders, those suffering the most difficult severe remains its priority.	General Public	3) People 18 years of age or older. No income requirements.
Community Mental Health Centers	Roughly 30,000 Children and Adolescents of South Carolina and their families.	The Department of Mental Health primarily serves children and adolescents with major mental illness or severe emotional disorders and their families.	General Public	3) Children and adolescents (and their families) from birth through age 17. No income requirements.
Department of Inpatient Services	Citizens in need of forensic services.	This includes criminal defendents who require psychiatric evaluations to determine whether they are mentally able to assist in their own defense when charged with a crime in South Carolina. The Department of Mental Health also serves patients found Not Guilty by Reason of Insanity.	Judicial Branch	The Department's forensic services are available for any adult (18 years of age or older) in the south Carolina judicial services that requires a mental health evaluation or treatment.
Inpatient Psychiatric	Persons requiring substance abuse treatment servies.	The Department of Mental Health operates a treatment facility licensed for 172 beds. Of those, only about 100 are in use due to limited resources. Morris Village Treatment Center, the Agency's inpatient drug and alcohol treatment facility, is licensed by the South Carolina Department of Health and Environmental Control (DHEC) and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services.	General Public	3) All South Carolina residents aged 18 or older. All patients must be diagnosed with a substance abuse disorder.
Veterans	Veterans in need of skilled nursing care.	The Depatment of Mental Health is licensed for 560 beds in three locations across South Carolina to serve those who have served their country. These homes are in Walterboro, Columbia, and Anderson and are certified by the Department of Veterans Affairs.	General Public	3) Any person residing in South Carolina for at least one year who has received a general discharge or an honorable discharge from military service and who requires long term nursing care.

Tucker/Dowdy	Adults in need of nursing care.	The Department has 308 licensed beds for general purpose skilled nursing beds at Tucker Care / Roddey Pavillion. The Tucker Nursing Care Facilities (Roddey, the general nursing home, and Stone, a veterans' nursing home) are nationally accredited by the Joint Commission and represent two of 10 Nursing homes in South Carolina with this distinction.	General Public	3) Any resident of South Carolina who requires long term nursing care. Priority is given to patients of DMH hospitals primarily in need of nursing care.
Sexual Predator	Sexually Violent Predators	The Department currently serves over 180 individuals convicted of crimes that have served their sentences yet have been adjudicated as sexually violent predators and civilly committed for sex offender treatment.	Judicial Branch	3) People adjudicated as sexually violent predators who have completed their sentence yet determined to remain a danger to other people in the community. This is located within the confines of facilities maintained by the South Carolina Department of Corrections.

Agency Name:	#REF!
Agency Code:	#REF!
Section:	#REF!

Fiscal Year 2015-16
Accountability Report

Partner Template

Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Objective(s)
University of South Carolina School of Medicine	Higher Education Institute	DMH has contracts with the University of South Carolina School of Medicine, Department of Neuropsychiatry and Behavioral Science. DMH provides clinical rotation for 1st, 2nd, 3rd and 4th year medical students from the School of Medicine. The medical students are assigned DMH physician preceptors and rotate through the centers and facilities. There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psych) that rotate through DMH centers and facilities	
Medical University of South Carolina (MUSC)	Higher Education Institute	Residents receive educational experiences and supervision through scheduled rotations community setting. Medical Students and Physician Assistant students rotate regularly though Charleston Dorchester Mental Health Center (CDMHC) throughout the academic year. CDMHC is involved with a learning collaborative between Mental Health, the Crime Victim's Center at MUSC and the Dee Norton Lowcountry Children's Center. Contracts with MUSC to provide forensic evaluation of adult criminal defendants in a dozen counties in the low-country of South Carolina.	
Department of Alcohol and Other Drug Abuse Services	State Government	1. "No Wrong Door" initiative. 2. Morris Village Alcohol & Drug Addiction Treatment Center	
Department of Corrections	State Government	Corrections provides secure residential setting for SCDMH to provide treatment services to people who have served their sentence for sexual offense but still deemed to be a danger to society and who are civilly committed to DMH for sex offender treatment.	

Disabilities and Special Needs	State Government	The DMH/DDSN relationship is a collaboration to ensure services, treatment, and where applicable, appropriate housing for patients with a dual diagnosis (mental health and intellectual disabilities). Disabilities and Special Needs, with SCDMH support, operates two group homes serving people whom are patients of both agencies. One is specifically designed for people who would otherwise be in an inpatient forensic setting.	
Department of Education	State Government	Identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. SCDMH often places staff onsite through its school-based services program.	
Emergency Management Division	State Government	Provides staff to assist in emergency preparedness and recovery efforts in communities affected by disasters.	
Department of Health and Environmental Control	State Government	Licenses Mental Health inpatient facilities. Serves as primary agency for state emergencies in Health and Medical Emergency Support Functions with Mental Health serving as chief support for mental health services.	
Department of Health & Human Services (HHS)	State Government	DMH serves approximately 50,000 Medicaid eligible clients per year and, other than State appropriations, Medicaid is the Department's largest single payer source. HHS is the State Agency responsible for the administration of the Medicaid program and, therefore, the relationship between HHS and DMH is critical to our agency's mission and those 50,000 clients we serve who are also covered by Medicaid.	
Department of Juvenile Justice (DJJ)	State Government	DMH has a memorandum of agreement with DJJ to assist with transfers of juveniles with mental health needs to the care of SCDMH for treatment. We have four community mental health centers with staff located in county DJJ county offices. An additional staff is placed at the DJJ Broad River Road Correctional Facility.	

Department of Social Services	State Government	Works closely with DSS to assure appropriate treatment services for children and adolescents (and their families) in foster care services.	
Department of Vocational Rehabilitation (SCVRD)	State Government	Individual Placement and Support (IPS) is an evidenced-based supported employment best practice model and provided through a collaboration between SCDMH and SCVRD. The goal of this partnership is to place people with serious mental illness in competitive employment.	

Agency Name:	#REF!		
Agency Code:	#REF!	Section:	#REF!

Fiscal Year 2015-16
Accountability Report

Report Template

Item	Report Name	Name of Entity Requesting the Report	Type of Entity	Reporting Frequency	Submission Date (MM/DD/YYYY)	Summary of Information Requested in the Report	Method to Access the Report
1	State Auditor's Report	SC State Auditor	State	Annually		Agreed upon procedures report	

Agency Name:	#REF!		
Agency Code:	#REF!	Section:	#REF!

Fiscal Year 2015-16
Accountability Report

Oversight Review Template

Item	Name of Entity Conducted Oversight Review	Type of Entity	Oversight Review Timeline (MM/DD/YYYY to MM/DD/YYYY)	Method to Access the Oversight Review Report
1	State Auditor's Report	State	FY2015	http://OSA.SC.GOV
2	Senate Medical Affairs Oversight	State	Point in Time Review	http://www.scstatehouse.gov/CommitteeInfo/SenateMedicalAffairsCommittee/OversightReports/DMH%20Final%20Report%20and%20Summary%2032316.pdf
3	General Asssembly Legislative Audit Council	State	Point in Time Review	http://lac.sc.gov/LAC_Reports/2016/Pages/DMH.aspx

FY2018 Budget Request (Priority Order)
South Carolina Department of Mental Health

Priority	RECURRING	Project Cost	FY2018 Budget Request: Annualization	New Funds	Total Request
1	**Forensics**		$ 5,490,659	$ -	$ 5,490,659
2	**Forensics**		$ -	$ 4,740,243	$ 4,740,243
3	**Sexually Violent Predators Program**		$ -	$ 950,460	$ 950,460
4	**Inpatient Clinical and Medical Services**		$ 1,686,192	$ -	$ 1,686,192
5	**Long-Term Care Services**		$ -	$ 834,430	$ 834,430
6	**Information Technology**		$ 779,125	$ -	$ 779,125
7	**FLSA - Crisis/On-Call**		$ -	$ 500,000	$ 500,000
8	**Public Safety**		$ -	$ 1,153,886	$ 1,153,886
9	**Information Technology**		$ -	$ 1,495,253	$ 1,495,253
10	**Community Housing**		$ -	$ 300,000	$ 300,000
11	**School-Based Services**		$ -	$ 250,000	$ 250,000
	TOTAL RECURRING		$ 7,955,976	$ 10,224,272	$ 18,180,248
Priority	**NON-RECURRING**				
1	**Forensics**		$ -	$ 145,364	$ 145,364
2	**Inpatient Clinical and Medical Services**		$ -	$ 861,601	$ 861,601
	Nutritional Services		-	196,868	196,868
	Harris Psychiatric Hospital		-	164,900	164,900
	Morris Village		-	151,000	151,000
	Bryan Civil		-	348,833	348,833
3	**Long-Term Care**		$ -	$ 361,482	$ 361,482
	Roddey Pavilion		-	222,576	222,576
	Stone Pavilion		-	138,906	138,906
4	**Public Safety**		$ -	$ 395,484	$ 395,484
	Certification of State Match – VA State Homes	$ 81,050,830	$ -	$ 10,000,000	$ 10,000,000
13	VA Project 45-010 (Northwest Project) ($14,397,571 Match)	41,135,915		5,000,000	5,000,000
14	VA Project 45-008 (Northeast Project) ($13,970,221 Match)	39,914,915		5,000,000	5,000,000
	TOTAL NON-RECURRING		$ -	$ 11,763,931	$ 11,763,931
Priority	**CAPITAL**				
5	Harris Hospital Heating and Air Conditioning Renovations	$ 10,300,000	$ -	$ 2,200,000	$ 2,200,000
6	NE Campus Electrical Distribution System Renovations	3,600,000	-	3,600,000	3,600,000
7	Anderson-Oconee-Pickens Mental Health Center Construction	10,592,000	-	10,592,000	10,592,000
8	Catawba Mental Health Center Construction	10,580,000	-	10,580,000	10,580,000
9	Community Buildings Deferred Maintenance	3,000,000	-	3,000,000	3,000,000
10	Inpatient and Support Buildings Deferred Maintenance	1,500,000	-	1,500,000	1,500,000
11	Columbia Area MHC Phase III Construction	7,590,000	-	3,500,000	3,500,000
12	Campbell Veterans Nursing Home Renovations	1,379,000	-	1,379,000	1,379,000
	TOTAL CAPITAL		$ -	$ 36,351,000	$ 36,351,000
	GRAND TOTAL		$ 7,955,976	$ 58,339,203	$ 66,295,179

Note: SCDMH has also requested a $3,305,807 increase in Federal Authorization related to grants received.

South Carolina Department of Mental Health
FY2018 Budget Request

Forensics **$10,230,902**

- This is a legislatively mandated inpatient program. The Forensics Program is comprised of 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]. It also includes an Evaluation Service, which conducts court ordered evaluations of criminal defendants' capacity to stand trial. [S.C. Code Ann. §44-23-410 - 20]
- The annualized request represents the amount needed by the Department to adequately fund program operations with recurring state appropriations, for the annual cost of adding 32 beds for Forensic patients, and to increase supervised community residential services for Forensic patients once discharged.

Sexually Violent Predators Program **$950,460**

- The census of the program is steadily increasing, and additional funding is being requested to offset the increased costs based on the projected increase in the number of civilly committed residents.

Inpatient Clinical and Medical Services **$1,686,192**

- This request represents the financial impact of the South Carolina Department of Mental Health's efforts to adequately fund program operations with recurring state appropriations, and to maintain services at current levels. The requested amount represents FY2017 annualizations.

Long-Term Care Services **$834,430**

- This request represents the projected cost of adequately funding its four (4) nursing homes with recurring state appropriations, including increases in expenses associated with the Department's two (2) contracted State Veterans Nursing Homes.

Information Technology **$2,274,378**

- The annualized request represents the annualized funds being expended to securely maintain and support the Department's Inpatient Electronic Health Record (EHR), its Community Mental Health Electronic Medical Record (EMR), its Telepsychiatry services and its network infrastructure system. The requested amount represents FY2017 annualizations.
- The new funds request represents the projected increased costs to support its network infrastructure, including contractual software maintenance, software product costs, training, and funds associated with vacant and requested Information Technology staff positions and salary realignments.

FLSA – Crisis/On-Call **$500,000**

- The Fair Labor Standards Act – Regulatory Changes
    - The FLSA has traditionally exempted certain groups of employees from overtime pay requirements – one such exemption relates to employees working in jobs that the FLSA describes as executive or professional.
    - The change in the Department of Labor's FLSA exemption rules is an increase in the minimum weekly salary to the 40th percentile of weekly earnings for full-time salaried workers.
    - The proposed regulatory changes will have a substantial future impact on operations and finances.
        - The salary level for exemption from overtime will almost double.

- More of SCDMH's employees will be entitled to overtime.
- Although the Department is modifying its after-hours Crisis services to minimize impact of the change, it anticipates that some increased payment of overtime will be necessary to continue to provide Statewide after hours crisis response.

Public Safety **$1,153,886**

- Over 90% of the patients in the agency's three (3) hospitals are involuntary, admitted because they were posing a risk of harm to themselves or others. The DMH Office of Public Safety provides necessary security at the agency's inpatient facilities, including responding to emergencies on patient units. Because of the nature of the patients treated, DMH Public Safety employs certified law enforcement officers.
- Certified Public Safety Officers are also required when transporting patients who have outstanding criminal charges, as well as when transporting residents of the Department's Sexually Violent Predator Program.
- The salaries paid by the Department to its Public Safety Officers have increasingly lagged behind the salaries being paid by other State agencies which employ certified officers, as well as the salaries offered by local law enforcement agencies. This has resulted in high turnover of DMH Public Safety Officers and numerous vacancies. In order to meet its critical responsibilities, the Department incurs significant overtime costs in this function.
- This request would permit the Department to increase Public Safety salaries, thereby aiding in recruitment and retention, and reducing overtime.

Community Housing **$ 300,000**

- SCDMH has a long history of developing 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 from the hospital, and is able to remain successful in their recovery in the community.
- The Housing and Homeless Program has funded the development of more than 1,600 housing units across the state for people with mental illnesses.
- The program administers grants that provide permanent supportive housing for formerly homeless clients and their family members; outreach and clinical services for people with severe and persistent mental illness; and technical assistance and training needed to increase access to Social Security disability benefits for people who are homeless, or at risk of homelessness and have mental illnesses, and co-occurring disorders.
- The program works in collaboration with the Department of Housing and Urban Development, the Department of Health and Human Services, the South Carolina Housing Finance and Development Authority, and the Social Security Administration.
- The request would increase funds for patient rental assistance, which costs between $8,000 to $10,000 annually per patient assisted.

School-Based Services **$250,000**

- SCDMH school based mental health services improve access to needed mental health services for children and their families.
- The request for funding is based on an estimate of the total funds required to expand the scope of this program, which is estimated to be $25,000 per school-based counselor.

Total: $18,180,248

South Carolina Department of Mental Health
FY2018 Budget Request

Capital Requests	
Harris Hospital Heating and Air Conditioning Renovations	$ 2,200,000
NE Campus Electrical Distribution System Renovations	3,600,000
Anderson-Oconee-Pickens Mental Health Center Construction	10,592,000
Catawba Mental Health Center Construction	10,580,000
Community Buildings Deferred Maintenance	3,000,000
Inpatient and Support Buildings Deferred Maintenance	1,500,000
Columbia Area MHC Phase III Construction	3,500,000
Campbell Veterans Nursing Home Renovations	1,379,000
	$36,351,000
One-Time Requests	
Forensics	$ 145,364
Inpatient Clinical and Medical Services	861,601
Long-Term Care	361,482
Public Safety	395,484
Certification of State Match	10,000,000
	$11,763,931

[End]

FY2017 Proviso - List
SECTION 35 - J120 - DEPARTMENT OF MENTAL HEALTH

35.1. (DMH: Patient Fee Account)
35.2. (DMH: Institution Generated Funds)
35.3. (DMH: Alzheimer's Funding)
35.4. (DMH: Crisis Intervention Training)
35.5. (DMH: Uncompensated Patient Medical Care)
35.6. (DMH: Meals in Emergency Operations)
35.7. (DMH: Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance)

FY2017 Proviso - Summary
SECTION 35 - J120 - DEPARTMENT OF MENTAL HEALTH

35.1. (DMH: Patient Fee Account) The Department of Mental Health is hereby authorized to retain and expend its Patient Fee Account funds. In addition to funds collected for the maintenance and medical care for patients, Medicare funds collected by the department from patients' Medicare benefits and funds collected by the department from its veteran facilities shall be considered as patient fees. The department is authorized to expend these funds for departmental operations, for capital improvements and debt service under the provisions of Act 1276 of 1970, and for the cost of patients' Medicare Part B premiums. The department shall remit $290,963 to the General Fund, $400,000 to the Continuum of Care, $50,000 to the Alliance for the Mentally Ill, and $250,000 to S.C. Share Self Help Association Regarding Emotions.

35.2. (DMH: Institution Generated Funds) The Department of Mental Health is authorized to retain and expend institution generated funds which are budgeted.

35.3. (DMH: Alzheimer's Funding) Of the funds appropriated to the Department of Mental Health for Community Mental Health Centers, $900,000 must be used for contractual services to provide respite care and diagnostic services to those who qualify as determined by the Alzheimer's Disease and Related Disorders Association. The department must maximize, to the extent feasible, federal matching dollars. On or before September thirtieth of each year, the Alzheimer's Disease and Related Disorders Association must submit to the department, Governor, Senate Finance Committee, and House Ways and Means Committee an annual financial statement and outcomes measures attained for the fiscal year just ended. These funds may not be expended or transferred during the current fiscal year until the required reports have been received by the department, Governor, Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee. In addition, when instructed by the Executive Budget Office or the General Assembly to reduce funds by a certain percentage, the department may not reduce the funds transferred to the Alzheimer's Disease and Related Disorders Association greater than such stipulated percentage.

35.4. (DMH: Crisis Intervention Training) Of the funds appropriated to the department, $170,500 shall be utilized for the National Alliance on Mental Illness (NAMI) SC for Crisis Intervention Training (CIT).

35.5. (DMH: Uncompensated Patient Medical Care) There is created an Uncompensated Patient Care Fund to be used by the department for medical costs incurred for patients. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.

35.6. (DMH: Meals in Emergency Operations) The cost of meals may be provided to state employees who are required to work during actual emergencies and emergency simulation exercises when they are not permitted to leave their stations.

35.7. (DMH: Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance) The Department of Mental Health is authorized to establish an interest bearing fund with the State Treasurer to deposit funds appropriated for deferred maintenance and other one-time funds from any source. After receiving any required approvals, the department is authorized to expend these funds for the purpose of deferred maintenance, capital projects, and ordinary repair and maintenance. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.

FY2018 Proviso Requests
Summary

Changes, Additions, and/or Deletions
The South Carolina Department of Mental Health requested one (1) change to provisos in its Fiscal Year 2017-18 Agency Budget Plan.

35.7 (DMH: Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance)

- Summary: The Department of Mental Health is authorized to establish an interest bearing fund with the State Treasurer to deposit funds appropriated for deferred maintenance and other one-time funds from any source.
- Explanation: The current proviso would be amended to allow the Department of Mental Health to retain funds, including those from the sale of excess real property owned by, under the control of, or assigned to the Department, for the purpose of expending said funds for deferred maintenance, capital projects, and ordinary repair and maintenance.

FY2018 FTE Requests
Summary

FTE Requests
The South Carolina Department of Mental Health did not request any additional FTEs in its Fiscal Year 2017-18 Agency Budget Plan.

South Carolina Enterprise Information System

Available Cash Report Year to Date (404)

FY 2016 PP: 13 ()

Run Date: 8/18/2016-2:08 PM

Source: Available Cash by Fund by Fiscal Year (with CPST Acts)

J120 MENTAL HEALTH DEPT

10000000 GENERAL FUND

01 GENERAL FUND

FY Fund Mid Level Info	Fund Key	Fund	Beginning Cash	Cash Receipts	Net Transfers	Cash Disbursements	Net Balance Sheet Activity	Ending Balance
1001 GENERAL FUND	10010000	GENERAL FUND	$0.00		$196,922,282.82	($199,053,441.60)	$2,131,158.78	$0.00
	10010001	CRIS INTER/DUAL DIA	$0.00		$2,867,287.30	($2,871,712.15)	$4,424.85	$0.00
	10010002	COMMUNITY HOUSING	$0.00		$883,662.69	($883,628.54)	($34.15)	$0.00
	10010003	ACT PROGRAMS	$0.00		$1,200,600.14	($1,204,731.74)	$4,131.60	$0.00
	10010004	FY 08 CRISIS STABIL	$0.00		$1,821,991.70	($1,821,991.70)	$0.00	$0.00
	10010005	RURAL INITIATIVE SBS	$0.00		$489,486.76	($489,486.76)		$0.00
	10010006	RURAL INITIATIVE OTHER	$0.00		$234,466.83	($234,466.83)		$0.00
	10010022	FY12 CRISIS EXPANS	$0.00		$1,532,617.19	($1,539,588.81)	$6,971.62	$0.00
	10010023	UNCMPNSTD PNT CARE	$0.00		$750,000.00	($750,000.00)	$0.00	$0.00
	10010025	GF-SCHOOL BASED PRO	$0.00		$2,149,751.88	($2,149,751.88)		$0.00
01 GENERAL FUND Total:			**$0.00**		**$208,852,147.31**	**($210,998,800.01)**	**$2,146,652.70**	**$0.00**

20000000 GEN FUND REVENUE

01 GENERAL FUND

FY Fund Mid Level Info	Fund Key	Fund	Beginning Cash	Cash Receipts	Net Transfers	Cash Disbursements	Net Balance Sheet Activity	Ending Balance
2823 INDIRECT COST REC	28230000	INDIRECT COST REC	$0.00	$232,265.32			$0.00	$232,265.32
2837 GENERAL REVENUE	28370000	GENERAL REVENUE	$0.00	$31,403.83			$0.00	$31,403.83
2922 DEBT SERVICE TRANS	29220000	DEBT SERVICE TRANS	$0.00	$564,100.96				$564,100.96
2954 GEN FD REV FM OTH FD	29540000	GEN FD REV FM OTH FD	$0.00		$290,963.00			$290,963.00
01 GENERAL FUND Total:			**$0.00**	**$827,770.11**	**$290,963.00**		**$0.00**	**$1,118,733.11**

30000000 EARMARKED FUNDS

02 SPECIAL REVENUE FDS

FY Fund Mid Level Info	Fund Key	Fund	Beginning Cash	Cash Receipts	Net Transfers	Cash Disbursements	Net Balance Sheet Activity	Ending Balance
3035 OPERATING REVENUE	30350000	OPERATING REVENUE	$0.00					$0.00
	30350009	IDC RETAINED	$98,736.50	$0.00	($3,459.35)	($101,894.59)	$6,617.44	$0.00
	30350999	OP REV - HR PR	$0.00					$0.00
3037 SPECIAL DEPOSITS	30370000	SPECIAL DEPOSITS	$0.00				$0.00	$0.00
	30370003	ENSOR TRUST	$600,473.55	$32,908.00		($53,320.05)	$0.00	$580,061.50
	30370004	DONATIONS/VOL UNREST	$506,249.71	$11,827.87	($107,996.97)	($51,320.74)	$10,438.14	$369,198.01
	30370005	DONATION REST 1	$7,399.14	$6,745.46	$0.00	($6,494.06)	$0.00	$7,650.54
	30370007	DMH DOAS SL LD 2	$0.00					$0.00

	30370008	DMH PIEDMONT MHC	$1,784.50					$1,784.50
	30370009	DMH PEE DEE MHC	$831,569.09			($2,993.23)		$828,575.86
	30370010	ROOFING LAWSUIT	$0.00				$0.00	$0.00
	30370031	SPEC DEP-GRANTS EXT	$985,555.57	$618,266.60	$0.00	($848,617.35)	$32,511.90	$787,716.72
	30370039	ENERGY GRANT	$0.00				$0.00	$0.00
	30370040	NASHMPD	$87,964.21			($4,132.34)	($18.41)	$83,813.46
31S2 ARRA-MEDICAID ASSISTANCE	31S20000	ARRA-MEDICAID ASSISTANCE	$0.00			($4,555.70)	$4,555.70	$0.00
3283 SPECIAL PROGRAMS	32830000	SPECIAL PROGRAMS	$0.00	$142,618.41	$5,446.40	($17,855.70)	($32.88)	$130,176.23
3464 SPECIAL CONTRIBUTIONS	34640000	SPECIAL CONTRIBUTIONS				$0.00		$0.00
3466 OPERATION OF CLINICS	34660000	OPERATION OF CLINICS	$0.00	$14,306,869.32	($541,437.16)	($13,897,895.13)	$132,462.97	$0.00
	34660001	CLINIC OPS-CTY APPR	$0.00	$0.00	$3,345,469.05	($3,355,358.01)	$9,888.96	$0.00
	34660002	MCO OPERATIONS	$0.00		$10,000,000.00			$10,000,000.00
3467 DRUG ADDICTS TRT&REH	34670000	DRUG ADDICTS TRT&REH	$0.00	$1,630,952.82	($62,050.61)	($1,568,079.16)	($823.05)	$0.00
3634 CAP RES FD OPER	36340000	CAP RES FD OPER	$1,699,272.85	$0.00	$0.00	($1,843,339.47)	$144,066.62	$0.00
36H6 HLTH CARE ANNUAL MOE	36H60000	HLTH CARE ANNUAL MOE	$0.00			($797.91)	$797.91	$0.00
3740 PAT CARE&MAINT REV	37400000	PAT CARE&MAINT REV	$0.00	$12,712,847.59	($12,712,847.59)		$0.00	$0.00
3743 UNCOMP PT CARE	37430000	UNCOMP PT CARE	$0.00				$0.00	$0.00
3754 INSURANCE REIMB	37540000	INSURANCE REIMB				$0.00		$0.00
3757 OPERATING REVENUE	37570000	OPERATING REVENUE	$4,000,881.61		($0.61)	($4,002,020.30)	$1,139.30	$0.00
	37570001	INSTITUTIONAL REV	$768,016.26	$4,383,170.42	($667,826.38)	($3,519,030.83)	$123,150.37	$1,087,479.84
	37570002	NON-RECURRING REV	$0.00			($20,921.45)	$20,921.45	$0.00
	37570003	VETERANS ADMIN	$0.00	$20,446,402.02	($110,604.17)	($20,347,612.54)	$11,814.69	$0.00
	37570004	CHILDREN'S HOSP	$0.00					$0.00
3764 MEDICAID ASST PAY	37640000	MEDICAID ASST PAY	$558,416.79	$77,350,466.24	($1,302,236.51)	($76,432,502.75)	$541,396.27	$715,540.04
	37640001	DISPRO MEDICAID	$7,660,752.36	$37,130,606.98	($1,080,000.00)	($36,253,232.89)	$84,131.26	$7,542,257.71
	37640002	NON-RECUR MEDICAID	$0.00	$0.00	$7,173,288.00	($3,160,164.88)	$698,348.17	$4,711,471.29
	37640003	MEDICAID CASH MATCH	$7,822,828.15	$0.00	$982,524.94	($6,231,510.76)	$22,925.22	$2,596,767.55
	37640005	MEDICAID NONREC OTH	$7,089,034.55	$9,993,856.47	($6,675,762.12)		$0.00	$10,407,128.90
3779 PAYING PATIENT ACCT	37790000	PAYING PATIENT ACCT	$0.00		$12,143,044.00	($10,237,694.31)	$50,133.60	$1,955,483.29
3958 SALE OF ASSETS	39580000	SALE OF ASSETS	$0.00	$29,122.10		($29,122.10)	$0.00	$0.00
02 SPECIAL REVENUE FDS Total:			**$32,718,934.84**	**$178,796,660.30**	**$10,385,550.92**	**($181,990,466.25)**	**$1,894,425.63**	**$41,805,105.44**

03 CAPITAL PROJECTS FDS

FY Fund Mid Level Info	Fund Key	Fund	Beginning Cash	Cash Receipts	Net Transfers	Cash Disbursements	Net Balance Sheet Activity	Ending Balance
3043 CAP PROJ-CAP IMP	30438000	CAP PROJ-CAP IMP	$0.00			($606,805.09)	$606,805.09	$0.00
3143 CAP PROJ-CAP IMP BD	31438000	CAP PROJ-CAP IMP BD	$0.00			($290,429.44)	$290,429.44	$0.00
3497 CAP PROJ-EXC DS RES	34978000	CAP PROJ-EXC DS RES	$28,609.50			($1,159,382.42)	$1,159,382.42	$28,609.50
3600 CAP PROJ-ST APPR	36008000	CAP PROJ-ST APPR	$14,550.65		$122,000.00	($150,362.28)	$150,362.28	$136,550.65
3603 STATE APPROP	36038000	STATE APPROP	$223,467.83			($195,318.20)	$0.00	$28,149.63
3907 CAP PROJ-OTHER FD	39078000	CAP PROJ-OTHER FD	$2,884,867.01		$10,499,499.18	($12,083,342.73)	$434,951.46	$1,735,974.92
03 CAPITAL PROJECTS FDS Total:			**$3,151,494.99**		**$10,621,499.18**	**($14,485,640.16)**	**$2,641,930.69**	**$1,929,284.70**

08 TRUST & AGENCY FDS

FY Fund Mid Level Info	Fund Key	Fund	Beginning Cash	Cash Receipts	Net Transfers	Cash Disbursements	Net Balance Sheet Activity	Ending Balance
3003 DUAL EMPLOYMENT	30037000	DUAL EMPLOYMENT	$0.00					$0.00
3024 HR-PR DEFAULT	30240000	HR-PR DEFAULT	$0.00			$0.00		$0.00
3026 PR LIABILITIES - SAP	30267000	PR LIABILITIES - SAP	($23,594.28)				$7,957.17	($15,637.11)
3031 MISC EMP DEDUCTIONS	30317000	MISC EMP DEDUCTIONS	$31,083.16				$2,761.75	$33,844.91
3037 SPECIAL DEPOSITS	30370006	BULL ST CHRTBLE TRUS	$1,477,500.00	$4,058,805.28		$0.00	$0.00	$5,536,305.28

3041 REVENUE CLEARING	30417000	REVENUE CLEARING	$0.00				$0.00	$0.00
3528 INVENTORY REVOLVING FUND	35280000	INVENTORY REVOLVING FUND	$724,065.24			$18,597.47	($5,465.64)	$737,197.07
	35280002	PHAR INV REV FUND	$1,483,505.64	$0.00		($91,927.87)	$0.00	$1,391,577.77
3599 INDIV COBRA PREM	35997000	INDIV COBRA PREM	$0.00				$0.00	$0.00
3809 UNCLAIMED PROP FD	38097000	UNCLAIMED PROP FD	$208,700.00					$208,700.00
38K8 RECOVERY AUDITS	38K80000	RECOVERY AUDITS	$0.00	$23,123.07	($18,498.46)	($4,624.61)	$0.00	$0.00
08 TRUST & AGENCY FDS Total:			**$3,901,259.76**	**$4,081,928.35**	**($18,498.46)**	**($77,955.01)**	**$5,253.28**	**$7,891,987.92**

40000000 RESTRICTED FUNDS

02 SPECIAL REVENUE FDS

FY Fund Mid Level Info	Fund Key	Fund	Beginning Cash	Cash Receipts	Net Transfers	Cash Disbursements	Net Balance Sheet Activity	Ending Balance
4040 DEF MAINT-PROJ	40400000	DEF MAINT-PROJ	$73,269,067.46	$456,904.13	($46,390,947.43)			$27,335,024.16
	40400001	NURSE HOME CNSTR GRT	$0.00	$176,717.35	$41,471,448.25			$41,648,165.60
02 SPECIAL REVENUE FDS Total:			**$73,269,067.46**	**$633,621.48**	**($4,919,499.18)**			**$68,983,189.76**

08 TRUST & AGENCY FDS

FY Fund Mid Level Info	Fund Key	Fund	Beginning Cash	Cash Receipts	Net Transfers	Cash Disbursements	Net Balance Sheet Activity	Ending Balance
4375 BURWELL TRUST-INCOME	43750000	BURWELL TRUST-INCOME	$125,884.63	$12,486.08		($10,852.40)		$127,518.31
4448 PHILLIPS ESTATE	44480000	PHILLIPS ESTATE	$374,199.81	$514.16				$374,713.97
4470 PATIENTS PERSONAL FD	44707000	PATIENTS PERSONAL FD	$1,486,546.87	$19,241.87			$0.00	$1,505,788.74
08 TRUST & AGENCY FDS Total:			**$1,986,631.31**	**$32,242.11**		**($10,852.40)**	**$0.00**	**$2,008,021.02**

50000000 FEDERAL FUNDS

02 SPECIAL REVENUE FDS

FY Fund Mid Level Info	Fund Key	Fund	Beginning Cash	Cash Receipts	Net Transfers	Cash Disbursements	Net Balance Sheet Activity	Ending Balance
5055 FEDERAL	50550000	FEDERAL	($400,023.29)	$9,284,386.90	$3,012.92	($9,790,309.61)	$18,467.37	($884,465.71)
5056 FEDERAL CONTRACTS	50560000	FEDERAL CONTRACTS	$0.00					$0.00
51S3 ARRA - STIMULUS	51S30000	ARRA - STIMULUS	$0.00					$0.00
5511 ADJUT GEN PUB ASSST	55110000	ADJUT GEN PUB ASSST	$0.00	$0.00		$29.23	($29.23)	$0.00
	55110001	2015 SEVERE FLOODING-FEMA REIM	$0.00	$1,631,783.72		($1,760,755.64)	($27.88)	($128,999.80)
5542 FEDERAL INTERFD/AGY	55420000	FEDERAL INTERFD/AGY	$0.00				$0.00	$0.00
5651 STATE SUB-RECIP	56510000	STATE SUB-RECIP	$0.00					$0.00
02 SPECIAL REVENUE FDS Total:			**($400,023.29)**	**$10,916,170.62**	**$3,012.92**	**($11,551,036.02)**	**$18,410.26**	**($1,013,465.51)**

03 CAPITAL PROJECTS FDS

FY Fund Mid Level Info	Fund Key	Fund	Beginning Cash	Cash Receipts	Net Transfers	Cash Disbursements	Net Balance Sheet Activity	Ending Balance
5787 CAPITAL PROJ	57878000	CAPITAL PROJ	($56,023.62)	$37,910.91		($502,294.24)	$0.00	($520,406.95)
57S7 ARRA-CAP PROJ-FED FD	57S78000	ARRA-CAP PROJ-FED FD	$0.00					$0.00
03 CAPITAL PROJECTS FDS Total:			**($56,023.62)**	**$37,910.91**		**($502,294.24)**	**$0.00**	**($520,406.95)**

60000000 DONATIONS

08 TRUST & AGENCY FDS

FY Fund Mid Level Info	Fund Key	Fund	Beginning Cash	Cash Receipts	Net Transfers	Cash Disbursements	Net Balance Sheet Activity	Ending Balance
6000 DONATIONS	60000001	DONATIONS	$1,404.36	$4,199.81		($2,637.75)	$0.00	$2,966.42
	60000002	PATIENT PERSONAL AFFAIRS	$199,520.69			($7.54)	($58,300.14)	$141,213.01
	60000003	DIRECT PT ACTIVITIES	$108,948.70	$19,429.45		($25,992.16)	$0.00	$102,385.99
	60000004	INDIRECT PT ACT	$0.00					$0.00
08 TRUST & AGENCY FDS Total:			**$309,873.75**	**$23,629.26**		**($28,637.45)**	**($58,300.14)**	**$246,565.42**

H0000000 SC01/H0000000

08 TRUST & AGENCY FDS

FY Fund Mid Level Info	Fund Key	Fund	Beginning Cash	Cash Receipts	Net Transfers	Cash Disbursements	Net Balance Sheet Activity	Ending Balance
HRPA HRPAY	HRPAY	HRPAY				$0.00		$0.00
08 TRUST & AGENCY FDS Total:						**$0.00**		**$0.00**

SC Department of Mental Health
Three Year Historical Comparison of Other Fund Authorization vs. Actual Expenditures

	FY 2013 - 14		FY 2014 - 15		FY 2015 - 16	
	Authorization	Expenditures	Authorization	Expenditures	Authorization	Expenditures
Other Funds	$ 216,356,451	$ 167,630,405	$ 216,356,451	$ 171,449,073	$ 216,356,451	$ 180,096,041