

Legislative Oversight Committee

South Carolina House of Representatives

Post Office Box 11867

Columbia, South Carolina 29211

Telephone: (803) 212-6810 • Fax: (803) 212-6811



Extension Request Guidelines

Restructuring & Seven-Year Plan Report

March 11, 2015

EXTENSION REQUEST GUIDELINES

Background

Section 1-30-10(G) requires agencies to submit an Annual Restructuring Report and Seven-Year Plan. Legislative Oversight Standard Practices 4.1 and 6.1 state the Legislative Oversight Committee (“Committee”) shall provide agencies with a uniform format for submitting their Annual Restructuring Report and Seven-Year Plan to the House.

The Committee provided agencies the uniform format for these reports. The correspondence with the Report Guidelines, and the actual Report Guidelines, stated the deadline for agencies to submit their completed reports.

The Committee has received a request from the agency for an extension in which to provide the agency’s completed report. Pursuant to the Committee’s Standard Practice 1.2 and Committee Rule 7.1, the following procedures apply to these types of Requests for Extension:

4.1.1 The Chairman may, for reasons he determines as good cause, provide an agency an extension to submit its Annual Restructuring Report.

4.1.2 Before the Chairman will consider a request from an agency for an extension, the agency must fully complete a Committee Extension Request form, as approved by the Committee Chairman, and provide it to the Chairman for consideration.

4.1.3 Until the agency receives a response, it should continue to complete the report to the best of its ability as if it is due on the original deadline.

6.1.1 The Chairman may, for reasons he determines as good cause, provide an agency an extension to submit its Seven-Year Plan.

6.1.2 Before the Chairman will consider a request from an agency for an extension, the agency must fully complete a Committee Extension Request form, as approved by the Committee Chairman, and provide it to the Chairman for consideration.

6.1.3 Until the agency receives a response, it should continue to complete the report to the best of its ability as if it is due on the original deadline.

Submission Process

Please complete the Extension Request Form included on the following pages. All forms should be submitted electronically to the House Legislative Oversight Committee (HCommLegOv@schouse.gov) in both the original format (Word) and saved as a PDF for online reporting. The signed copy of the complete Extension Request Form should be mailed to: House Legislative Oversight Committee, Post Office Box 11867, Columbia, South Carolina 29211. Please direct any questions about this process to Jennifer Dobson (jenniferdobson@schouse.gov) or Charles Appleby (charlesappleby@schouse.gov).

Note the Extension Request Forms will be published online.

EXTENSION REQUEST FORM

RESTRUCTURING & SEVEN-YEAR PLAN REPORT

South Carolina Department of Mental Health

I. Extension Requested

1. List the Sections for which the Agency is Requesting an Extension:	<i>Entire Report</i>
2. State the date the agency originally received the report guidelines:	<i>March 2, 2015</i>
3. State the date the agency submitted this request for an extension:	<i>March 31, 2015</i>
4. State the original deadline for the report:	<i>March 31, 2015</i>
5. State the number of additional days the agency is requesting:	<i>30</i>
6. State the new deadline if the additional days are granted:	<i>May 1, 2015</i>

II. History of Extensions

1. List the years in which the agency previously requested an extension, putting the years the extension was granted in bold:	<i>None.</i>
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EXTENSION REQUEST FORM

RESTRUCTURING & SEVEN-YEAR PLAN REPORT

III. Organizational Knowledge

Please attach an agency organization structure. Below, and if needed attach additional pages, list all individuals considered upper management at the agency with the section(s) of the agency they oversee and their date of hire.

Position	Section of Agency	Date of Hire	Name
Executive Director	Entire Agency	09/01/2006	John H. Magill
Deputy Director	Community Mental Health Services	07/02/1994	Geoff Mason
Deputy Director	Inpatient Services	06/02/1988	Versey Bellamy
Medical Director	Office of the Medical Director	02/19/2002	Robert L. Bank, M.D.
Deputy Director	Administration	11/07/1985	Mark Binkley
General Counsel	Legal	08/17/1987	R. Alan Powell, J.D.

Add as many as needed

IV. Good Cause

Please state below good cause as to why the Committee should grant the extension requested by the agency. Please limit the response to two (2) pages.

The material requested for this report is not information typically gathered for the Annual Accountability Reports or other documents and has required a variety of agency personnel to gather and review this data. As a result, the scope of the requested information and the breadth of SCDMH's response requires more time than anticipated.

EXTENSION REQUEST FORM

RESTRUCTURING & SEVEN-YEAR PLAN REPORT

V. Verification

I have reviewed and approved the information provided in this Extension Request Form. The information contained in this form is complete and accurate to the extent of my knowledge.

Current Agency Director
(Sign/Date):

(Type/Print Name):

John H. Magill

VI. Committee Response

Leave this Section blank. The Chairman will complete this Section after fully considering the agency's request.

Sections for which an Extension is Granted:	Entire Report
Number of Additional Days Granted:	30 days
New Deadline for Agency Response:	May 1, 2015

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Restructuring & Seven-Year Plan Report Guidelines

February 27, 2015

COMMITTEE INFORMATION

Committee Information

House Legislative Oversight Committee

Post Office Box 11867

Columbia, South Carolina 29211

Telephone 803-212-6810

Fax 803-212-6811

Also, the agency may visit the South Carolina General Assembly Home Page (<http://www.scstatehouse.gov>) and click on "Citizens' Interest" then click on "House Legislative Oversight Committee Postings and Reports". This will list the information posted online for the Committee; click on the information the agency would like to review.

<http://www.scstatehouse.gov/citizens.php> (Click on the link for "House Legislative Oversight Committee Postings and Reports.")

OVERVIEW: RESTRUCTURING & SEVEN-YEAR PLAN

Background

Pursuant to Section 1-30-10(G)(1), state department and agency governing authorities must submit the following to the Governor and General Assembly:

- “reports giving detailed and comprehensive recommendations for the purposes of merging or eliminating duplicative or unnecessary divisions, programs, or personnel within each department to provide a more efficient administration of government services.” (Annual Restructuring Report, Restructuring Report or ARR)

Pursuant to Section 1-30-10(G)(2), state department and agency governing authorities must submit the following to the Governor and General Assembly:

- “a seven-year plan that provides initiatives and/or planned actions that implement cost savings and increased efficiencies of services and responsibilities within the projected seven-year period.” (Seven-Year Plan)

These questions and instructions are provided for the purposes of fulfilling the agency’s requirement to the House Legislative Oversight Committee under these statutes. **Please note the agency’s response will be published on the General Assembly’s website.**

In completing these documents, having a copy of the Fiscal Year 2012-13 Accountability Report and Fiscal Year 2013-14 Accountability Report the agency submitted to the Executive Budget Office will be helpful.

Submission Process

Please complete the information and answer the questions included on the following pages. Please note at the end there is a request to complete an Excel document with the name of all personnel at the agency who were consulted or performed work to obtain the information utilized when answering the questions in these reports, their title and their specific role in answering the question (i.e., searched the agency documents, asked for information because they are in charge of the department, etc.). Therefore, for efficiency purposes, the agency may want to keep track of this information while answering the questions instead of waiting until the end.

All forms should be submitted electronically by **March 31, 2015**, to the House Legislative Oversight Committee (HCommLegOv@schouse.gov) in both the original format (Word and Excel) and saved as a PDF for online reporting. The signed copy of the Submission Form with a hard copy of the forms and attachments should be mailed to: House Legislative Oversight Committee, Post Office Box 11867, Columbia, South Carolina 29211. Please direct any questions about this process to Jennifer Dobson (jenniferdobson@schouse.gov) or Charles Appleby (charlesappleby@schouse.gov).

OVERVIEW: RESTRUCTURING & SEVEN-YEAR PLAN

Efforts to Avoid Duplication

Please note at the end of each page in this report, the Committee includes the following:

Does the agency already provide the information requested on this page, or similar information, in a report required by a legislative entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency look in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, “Similar Info Requested.”

In the Excel document attached, there is a template to complete any questions which ask for the same information under the tab labeled, “Similar Information Requested” (see page 5). The Committee asks this at the end of every page because if the questions on that page seek information similar to information sought in another report to a legislative entity, we want to know so we may communicate with the legislative entity who requires the other report and determine the most efficient way to avoid duplication in the future.

In addition, notice that one section of this report requests the agency list all other reports it has to submit. The Committee is seeking this information to analyze and determine whether there are any recommendations the Committee may make, in collaboration with the other entities which require reports, in an effort to minimize the burden of all the reporting requirements on the agency while still ensuring all appropriate information is provided.

Looking Ahead

The Restructuring Report, Seven-Year Plan and Oversight Study process are new for 2015. Each year the Committee will review information sought from agencies, the methods through which it is sought and any feedback received from agencies. Through this review, it is the Committee’s goal to continually improve its processes and obtain greater effectiveness and efficiency for agencies and the Committee through revisions and updates both in the information it receives and way in which it is collected. The Committee looks forward to working with agencies to provide the most effective and efficient state government for the people of South Carolina.

RESTRUCTURING & SEVEN-YEAR PLAN

South Carolina Department of Mental Health

Date of Submission: May 13, 2015

Please provide the following for this year's Restructuring and Seven-Year Plan Report.

	Name	Date of Hire	Email
Agency Director	John H. Magill	09/01/2006	JHM03@SCDMH.ORG
Previous Agency Director	George Gintolli		

	Name	Phone	Email
Primary Contact:	William Wells	843-212-8977	WTW14@SCDMH.ORG
Secondary Contact:	Stewart Cooner	803-898-8632	DSC18@SCDMH.ORG

Is the agency vested with revenue bonding authority? (re: Section 2-2-60(E)) Yes

I have reviewed and approved the enclosed 2015 Restructuring and Seven-Year Plan Report, which are complete and accurate to the extent of my knowledge.

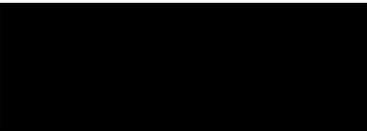
Current Agency Director
(Sign/Date):



(Type/Print Name):

John H. Magill

If applicable, Board/Commission Chair
(Sign/Date):



(Type/Print Name):

Alison Y. Evans, Psy.D.

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Insert the appropriate page numbers once the agency has completed the report.

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EXECUTIVE SUMMARY

I. Executive Summary

A. Historical Perspective

1. Please complete the **Historical Perspective Chart (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, "Historical Perspective." In this chart the Committee is asking the agency to provide a bullet style list of any major changes in the agency's purpose or mission and any restructuring that occurred (i.e., combining with or taking on other agency responsibilities, etc.) during the last ten years.

B. Purpose, Mission and Vision

1. Please complete the **Purpose/Mission/Vision Chart (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, "Purpose, Mission." The other specifics are included in the template.

C. Key Performance Measure Results

1. After completing the Key Performance Measurement Processes Section of this Report, please come back to this question and provide a summary of the results (bullet style results only, explanations should be included in the Key Performance Measurement Processes Section).
 - Patients (adult and child and adolescent) and their families express satisfaction with services 85% of the time or higher.
 - Over 460 schools have Department of Mental Health counseling services available onsite.
 - Thirty-day hospital readmission rate is 60% of national average.
 - Patients presenting at hospital emergency departments are not recipients of the Department's services roughly 75% of the time. (People receiving services are far less likely to require emergency room visits).
 - In FY2014, nearly 4,000 hours of employee training was directly related to meeting the related to meeting the goals of the Department's Strategic Plan.
 - In FY2014, nineteen new staff training programs became available by computer for employees of the Department of Mental Health.

ORGANIZATIONAL PROFILE

II. Organizational Profile

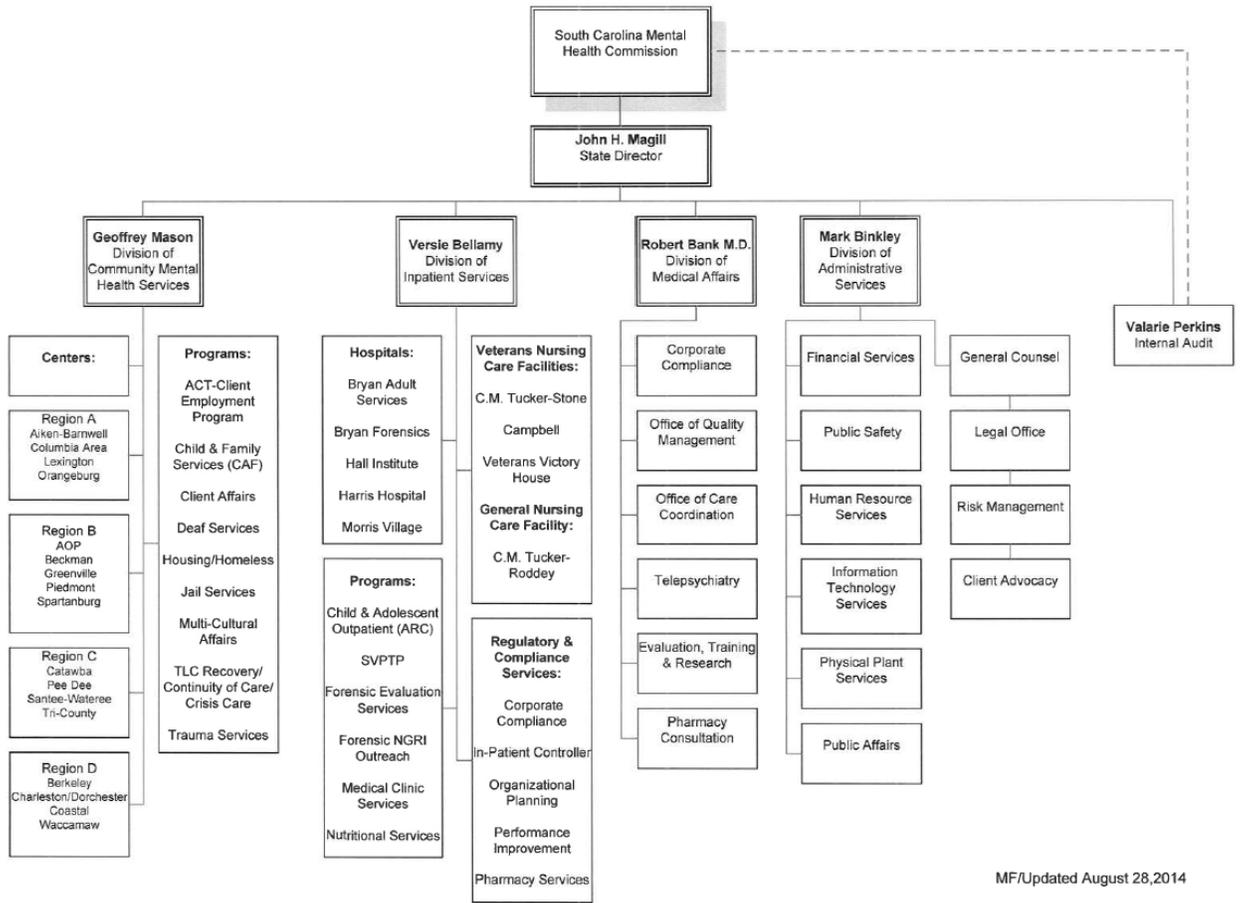
This section asks for a fact based description of the agency. Please provide information in the stated Excel template. If an Excel template is not referenced, provide the information in bullet style.

1. The agency's main deliverables (i.e., products or services) and the primary methods by which these are provided;
 - a. Complete the **Key Deliverables Chart (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, "Key Deliverables."
2. The agency's key customers and their requirements and expectations;
 - a. Complete the **Key Customers Chart (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, "Key Customers;"
3. The agency's key stakeholders (other than customers);
 - a. Complete the **Key Stakeholders Chart (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, "Key Stakeholders;"
4. Other state agencies which have the biggest impact on the agency's mission success;
 - a. Complete the **Key Partner Agency Chart (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, "Key Partner Agencies."
5. The agency's performance improvement system(s);

Client satisfaction, symptom reduction, functional improvement, housing and employment – all indicators deemed important by clients – are part of the key measures reviewed annually by leadership. In addition, every quarter the Commission and senior leaders review specific data on organizational efficiency and effectiveness. Copies of the performance reports are provided to all SCDMH management, CMHC and inpatient facility directors, CMHC board chairs, and are available to the public.

The performance of all managers and administrators is evaluated annually. The state director's goals cascade into the deputy director's goals and to center/facility director's goals, creating a tiered system of alignment. Senior leadership also assesses its own performance, individually and as a group.

6. The agency's organizational structure in flow chart format;



7. Details about the body to whom the Agency Head reports;

- a. Complete the **Overseeing Body Chart (see appendix)**. and the **Overseeing Body Individual-Members (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, "Overseeing Body-General" and "Overseeing Body-Individual Members."

8. Please complete the **Major Program Areas Chart (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, "Major Program Areas."

9. Please identify any emerging issues the agency anticipates may have an impact on its operations in the upcoming five years.
- Affordable Care Act
 - Population growth
 - Continued growth in the Forensic and Sexually Violent Predator programs
 - Cost of housing and appropriate services
 - Aging workforce
 - Shortage of clinicians
 - Market-based compensation
 - Use of telehealth
 - Workforce development
 - Shift to Behavior Health Homes
 - Shifts in reimbursement rates
 - Third party contracting
 - Growth in mandated program populations
 - Certification of electronic medical record
 - Implementation of electronic medical record in inpatient settings
 - Deferred maintenance
 - Changing expectations of Veterans Administration
 - Backfill service gaps for Veterans Administration behavioral health needs
 - Realignment Mental Health Block Grant funding
 - Outsourcing Sexually Violent Predator Program operations
 - Outsourcing Veterans Administration nursing home operations

ORGANIZATIONAL PROFILE

III. Laws (Statutes, Regulations, Provisos)

This section asks for state and federal statutes, regulations and provisos (“Laws”) which apply to the agency.

1. Please complete the **Legal Standards Chart (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, “Legal Standards.” In this Chart, please list all state and federal statutes, regulations and provisos that apply to the agency (“Laws”). The other specifics are included in the template.

IV. Reports and Reviews

This section asks for information about reports the agency is required to submit to a legislative entity and the agency’s internal review process.

1. Please complete the **Agency Reporting Requirements Chart (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, “Agency Reporting Requirements.” In this Chart, please list all reports, if any, the agency is required to make to a legislative entity. The specifics as to each report are included in the template.
2. Please complete the **Internal Audit Chart (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, “Internal Audits.”

RESTRUCTURING REPORT

V. Key Performance Measurement Processes

This category examines the agency's performance and improvement in key areas. Performance levels are examined relative to those of competitors and other organizations providing similar programs and services. Information is typically displayed by the use of performance measures. Quantitative measures may be supplemented by a discussion of qualitative measures where appropriate; however, every effort should be made to use appropriate quantitative measures that can be charted to show trends and comparisons to benchmarks.

Address only top-level results showing aggregate measures of agency-wide performance that are reflective of the value added to customers. Please include comparative data as applicable. These results are typically captured in performance goals and planning documents. When determining which processes are "key processes" consider the business impacts, and select those processes that are most important to the customer (both internal and external) to satisfy their requirements and/or those processes with problem areas identified by management.

Note: Results information (i.e., each chart, graph, table) reported for this category should be referenced to the specific question number (Ex. Chart 5.1-1, Graph 5.1-2, Table 5.1-3). The third digit identifies the sequential position of the specific chart, graph or table included in the agency's responses to each questions.

For each performance measurement included in response to the questions on the next page under Subsection A, please provide the following information:

- a. The performance goal(s)/benchmark(s) for the overall process output, and/or critical activities that produce the output.
 - i. Three agency/government entities in other states or non-government entities the agency considers the best in the country in this process or similar process and why.
 - ii. If the agency did not use results from an entity the agency listed in response to "i" as a performance goal/benchmark, why not and why did the agency choose the goal/benchmark it did?
 - iii. Individual(s) who are not employed by the agency (government or non-government, located anywhere in the country) whom the agency considers an expert in the process or similar process and their contact information, or if deceased, name of books authored.
- b. List the senior leaders who review the performance measure, their title and frequency with which they monitor it.
- c. Trends the agency has seen and the method by which it analyzes trends in these results.
- d. Whether the agency has reasonable control over this result (i.e., more than 50% or enough to be able to influence and accurately measure the result).
 - i. If the agency does not have reasonable control over this result, the other one or more agencies, who when combined with the agency, together have reasonable control over the result and names of those other agencies.

V. Key Performance Measurement Processes (cont.)

A. Results of Agency's Key Performance Measurements

The South Carolina Department of Mental Health has been aware of how differently state mental health authorities are structured across the United States. This has made the process of comparing the Department's effectiveness, efficiency, or overall performance to other states extremely difficult. In a recent survey of all states (of which twenty-eight states responded) no state's Department of Mental Health was the same as South Carolina's. As an example of common differences:

- Many states contract community mental health services to non-profit agencies, for-profit providers, or community service boards.
- Many states no longer provide inpatient care for psychiatric services. Of those that do, many limit services to forensic patients. All other admissions are to private hospitals.
- Many states combine Mental Health with one or more other agencies. Examples of South Carolina agencies that might be part of Mental Health in other states are Department of Disabilities and Special Needs, Department of Alcohol and Other Drug Abuse Services, Department of Vocational Rehabilitation, and even large sections of the Department of Social Services.
- Very few states operate inpatient treatment programs for either addiction services or skilled nursing facilities.
- While many states provide services to people having served sentences for crimes defining them as sexual predators, some of those programs are only provided in community settings.

The Department has long sought meaningful comparisons and worked with both the National Association of State Mental Health Program Directors (NASMHPD) and the Substance Abuse and Mental Health Services Association (SAMHSA). Any comparison is suspect not simply because of the myriad varieties in how states are structured but also in the vagaries of how data is reported by the various states. While NASMHPD and SAMHSA are aware of the limitations of the data they collect and publish, many times other entities (such as news organizations or advocacy groups) use that information to draw comparisons and/or conclusions without understanding the complexities of the data resulting in less-than-helpful results. The Department of Mental Health remains vigilant in monitoring when such information is made public and attempts to provide accurate information when appropriate to avoid misunderstanding.

Each of these performance indicators are reviewed by the entire senior management team.

Mission Effectiveness

1. What are the agency's actual performance levels for two to four of the agency's key performance measurements for mission effectiveness (i.e., a process characteristic indicating the degree to which the process output (work product) conforms to statutory requirements (i.e., is the agency doing the right things?))?
 - a. Schools offering Department of Mental Health counseling services at school locations. Between FY2013 and FY2014, forty-nine sites were added for school-based counseling services. The Department has a goal of adding thirty additional sites by the end of the current fiscal year.
 - b. Comparing the first three quarters of FY2015 to FY2014, the number of new cases (admissions and readmissions) in Community Mental Health Centers rose by 5.25%.
 - c. During those same periods, the number of overall services increased by 4.16%.
 - d. Comparing the first three quarters of FY2015 to FY2014, the total number of clients served increased by 3.08%

Mission Efficiency

2. What are the agency's actual performance levels for two to four of the agency's key performance measurements for mission efficiency (i.e., a process characteristic indicating the degree to which the process produces the required output at minimum resource cost (i.e., is the agency doing things right?)) including measures of cost containment, as appropriate?
 - a. Thirty-day readmission rate. Nationally, 7.5% of patients discharged from an inpatient psychiatric stay will be readmitted within thirty days. The most recent fiscal year data for South Carolina is a readmission rate of 5.29%.
 - b. Emergency Department (ED) patients with a primary diagnosis of either a major mental illness or substance abuse disorder that have been served by the Department of Mental Health in the previous three years. As hospital emergency departments often have to serve as waiting areas for appropriate psychiatric inpatient sites, the Department is committed to assisting in placement of those people but also to provide services to keep those people from requiring ED services. For several years, fewer than 25% of the people entering EDs for mental health or substance abuse services were recent patients of the Department meaning people being served by the Department do not typically require emergency services .

Quality (Customer Satisfaction)

3. What are the agency's actual performance levels for two to four of the agency's key performance measurements for quality (i.e., degree to which a deliverable (product or service) meets customer requirements and expectations (a customer is defined as an actual or potential user of the agency's products or services)) for the agency as a whole and for each program listed in the agency's Major Program Areas Chart?
 - a. 88% of adults expressed satisfaction with the Department's services.

- b. 86% of people under the age of eighteen expressed satisfaction with services.
- c. 85% of families of people under the age of eighteen expressed satisfaction with services.

Workforce Engagement

- 4. What are the agency's actual performance levels for two to four of the agency's key performance measurements for workforce engagement, satisfaction, retention and development of the agency's workforce, including leaders, for the agency as a whole and for each program listed in the agency's Major Program Areas Chart?
 - a. Hours of employee training directly related to meeting the Department's mission and regulatory and accrediting standards. Currently fiscal year is 3,976 hours of training – up from previous fiscal year of 3,079 hours.
 - b. Number of Department of Mental Health staff training programs available by computer is 152 as of FY2014 – up from previous fiscal year of 133.

These numbers apply to all program areas.

Operational/Work System Performance

- 5. What are the agency's actual performance levels for two to four of the agency's key performance measurements for operational efficiency and work system performance (includes measures related to the following: innovation and improvement results; improvements to cycle or wait times; supplier and partner performance; and results related to emergency drills or exercises) for the agency as a whole and for each program listed in the agency's Major Program Areas Chart?
 - a. Increased admissions reflect improved "back door" services (patients being discharged in a timely fashion) which are needed to allow access to Department of Mental Health facilities.
 - b. Monday morning snapshot – the Department gathers data from each ED across the state to help assess the effectiveness of crisis stabilization programs designed to assist EDs in providing appropriate outcomes for people seeking mental health or substance abuse issues. The data is gathered Monday mornings as this is traditionally when people are most likely to have experienced longer than desirable wait times. Between FY2013 and FY2014, the number of people who waited for appropriate services decreased from 154 to 137.

RESTRUCTURING REPORT

V. Key Performance Measurement Processes (cont.)

B. Most Critical Performance Measures

1. Of the key performance measurement processes listed in Subsection A., which are the three most critical to achieving the overall mission of the agency?
 - a. The Department of Mental Health serves people in need of services.
 - b. Schools offering mental health services provided by Department staff.
 - c. Percentages of patients and their families expressing satisfaction with services.

C. Databases/Document Management

1. List all electronic databases/document management/business intelligence systems or programs utilized by the agency, including, but not limited to all relational database management systems.

CIS – The Client Information System is SCDMH’s outpatient fee for service billing system. It is utilized in the mental health centers , Hall Outpatient, Care Coordination, and Telepsychiatry.

EMR –The Outpatient EMR is an internally developed electronic medical record that is used in conjunction with CIS.

AvatarPM – AvatarPM is a vendor supported Inpatient billing system used in the inpatient facilities.

SCEIS – South Carolina Enterprise Information System. The South Carolina Enterprise Information System (SCEIS) is consolidating more than 70 state agencies onto a single, statewide enterprise system, built on SAP software, for finance, materials management and human resources/payroll.

D. Recommended Restructuring

Consider the process taken to review the agency's divisions, programs and personnel to obtain the information contained in response to all the previous questions in the Restructuring Report ("Process").

1. Yes or No, based on the information obtained and analysis performed during the Process, does the agency have any recommendations for restructuring (either that it could do internally or that would need the assistance of revised or new legislation) that would merge or eliminate duplicative or unnecessary divisions, programs, or personnel within each department of the agency to provide a more efficient administration of government services?

No.

- a. If yes, please provide the agency's suggestions.

VI. Seven-Year Plan

A. General

1. Yes or No, does the agency have a plan that provides initiatives and/or planned actions the agency will take during the next seven fiscal years that implement cost savings and increased efficiencies of services and responsibilities in order to continually improve its ability to respond to the needs of the state's citizens?

If yes, go to Current/Recommended Actions Section.

If no, skip Current/Recommended Actions Section and go to Additional Questions.

The Department does not currently have a structured plan that provides initiatives and/or planned actions the agency will take during the next seven fiscal years that implement cost savings and increased efficiencies. However the Department does have future oriented planning and goals that will improve its ability to increase access in response to the needs of its citizens while reducing costs and improving efficiency and effectiveness of services. Towards that end, a collection of key mental health staff were assigned the task of improving access and aligning the expected performance standards for access to services, staff productivity, and other key indicators. In addition, a grant awarded to a mental health center allowed the hiring of a consulting group that examined many of the Department's day-to-day community mental health centers' business practices. Their input reviewed indicators such as access and productivity and also the ability to increase numbers of services, thus better meeting the needs of the people the Department serves. In May, 2015, the Department will begin working with a consulting group to implement operational changes at the center level and our care coordination unit to address the areas of opportunity previously identified. The Department believes this will enable us to continue to expand access, improve outcomes and increase services to patients

Below are several examples of what the Department views as necessary steps to continue to improve in effectiveness and efficiency by major program area.

1. **Administrative**

Expand Training Opportunities and Enhance Workforce Development – The Department of Mental Health has a commitment to staff development and training. There is an online learning management system in place which allows staff to participate in trainings that are required by regulatory and accrediting agencies. One hundred fifty-two training modules are offered online to meet The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), Occupational Safety and

Health Administration (OSHA) and the Department of Health and Environmental Control (DHEC) standards. Curriculums have been developed for staff which outlines those modules that are required for their particular job duties and responsibilities. These online trainings allow staff to participate in the required training in place as schedules permit, eliminating the need to travel to attend the trainings in a traditional classroom setting and the associated loss in productivity during travel times. SCDMH has estimated that the man-hour cost savings generated by the online learning modules for FY2013-2014 exceeded \$5 million.

As summarized in a recent article, “the pool of qualified mental health professionals is not keeping pace with the population that needs their services, and in some cases, is decreasing. For example, the number of graduates from psychiatry training programs decreased by 14 percent from 2000 to 2008, and more than half of all psychiatrists are at least 55 years of age.⁹ In 2013, SAMSHA reported to Congress that 55 percent of U.S. counties, all rural, have no practicing psychiatrists, psychologists, or social workers.¹⁰” In addition, according to the South Carolina GME Advisory Group in response to Proviso 33.34 (E), “the demographics of the physician workforce in South Carolina do not reflect the racial composition of South Carolina’s population.” And, there exists a bottleneck in medical residency slots. These circumstances, exacerbated by the low salaries offered by state government, will necessitate creative solutions to recruitment, retention, and graduate medical education.

Expanding training opportunities and enhancing workforce development have the potential to reduce the cost associated with turnover, reduce the level of expenditures associated with and minimize the reliance on third parties for staffing, minimize the amount of unproductive time associated with travel for training, fortify the clinical provider base to maintain the ratios of providers per number of persons in the population, and ensure that the one statewide provider of mental health services, the South Carolina Department of Mental Health, can maintain its safety net presence in all 46 counties of South Carolina and consistently provide reasonable access to mental health services regardless of ability to pay when and where the services are needed, urban and rural, inpatient and community, day and night for all age groups.

2. **Community Mental Health Services**

Expand Training Opportunities and Enhance Workforce Development – See #1 Administrative.

Expand Use of Telepsychiatry – The Department of Mental Health partnered with the Duke Endowment, South Carolina Department of Health and Human Services, the University of South Carolina School of Medicine and the South Carolina Hospital Association to create the South Carolina Department of Mental Health telepsychiatry program to address the overcrowding of psychiatric patients in local hospital emergency departments (“ED”). It is a cutting-edge statewide service delivery model that provides remote access for EDs in rural areas of South Carolina to psychiatrists whenever psychiatric consultation services are required. And it is the first of its kind nationally, and

has been widely recognized for its effectiveness. Just as with the previously mentioned program, which is still expanding, the Department has begun the expanded use of telepsychiatry in its Community Mental Health Centers (CMHC) and Inpatient Facilities. The CMHCs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to-Center. Center-to-Clinic Telepsychiatry connects the primary CMHC with its satellite mental health clinics. Center-to-Center Telepsychiatry connects the CMHCs to each other. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, as well. This expanded use of technology, in the form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 46 Mental Health Clinics, and 4 Inpatient Facilities to utilize a common pool of physicians to deliver services to clients and patients without the loss of productivity associated with travel time, and to deliver services to clients and patients in rural areas where physician availability may be non-existent.

As the sole provider of mental health services in many of the counties in South Carolina, and as the primary provider in many other counties where the private sector provides limited duplication, the emphasis for the Department is two-fold: expand access to mental health services as measured by the number of new cases opened and increase encounter rates as measured by the increase in the volume of services provided (billed), the increase in the number of assessments provided for which a subsequent service was not provided (not billed for reasons such as initial assessment with subsequent referral), and the increase in the number of interactions that occur under alternative circumstances (to include for example, but not be limited to, services delivered under contract to detention centers, services provided en masse during catastrophic events, and services otherwise not recorded in the Department's clinical information systems). This emphasis is framed in the context of ensuring the best and most appropriate use of all funding sources and seeking the highest return on investment where such measurement is appropriate (in the many rural areas of South Carolina, return on investment is secondary to maintaining a presence regardless of cost).

Expand Use of School-Based Services – The Department of Mental Health's school-based mental health (SBMH) services improve access to needed mental health services for children and their families. The information exchange and collaboration that develops between school teachers, school counselors and administrators and school based mental health staff improves early identification and treatment for children in need; and, for those children and families in need of services, the SBMH program services increase school attendance, reduce discipline referrals and decrease drop-out rates. These positive outcomes for the student and their families also positively correlate to a decreased risk for violence in the school and community.

Expanded Use of Mental Health Professionals (MHP) in Emergency Departments – The MHP provides consultative services to patients experiencing psychiatric emergencies in the emergency department and facilitates linkage to appropriate resources. Evidence supports the assertion that MHPs placed in Emergency Departments to augment the mental health resources currently available have a direct impact on the overall treatment of patients presenting with possible mental health issues. MHPs support the

determination process for appropriateness for inpatient admission, and therein the absolute number of patients admitted versus those discharged the same day, and they positively affect the overall effectiveness of navigating patients presenting with potential mental health issues through the Emergency Department process. These placements create partnerships between SCDMH and the placement hospitals and leverage the resources of all.

Increase Community Supportive Housing – The Department of Mental Health has a long history of making efforts to foster more permanent supportive community housing for its patients. Appropriate housing is often the single biggest factor in determining whether a patient with serious psychiatric impairments is able to be successfully discharged or is able to remain successful in their recovery in the community. The Department is seeking new funds in each of the next three years to increase community supportive housing for its patients. Funds will be used for rental assistance in supported apartments and for transitioning patients into independent living.

Develop Behavioral Health Homes – Health homes build a comprehensive array of services around the particular needs of a client, including coordinating and integrating behavioral health care and primary health care, and establishing linkages to community supports and resources. Rather than expecting a client to navigate a complex medical environment of dispersed and sometimes fragmented services, the behavioral health home creates a single point of contact for clients around which the sphere of services circulates.

Expand Emergency Psychiatric Services – In addition to the Telepsychiatry ED consultation program, the Department, through its Community Mental Health Centers, utilizes a number of measures to divert individuals in a behavioral health crisis from community hospital emergency departments. The crisis intervention measures include entering into contracts with hospitals with community psychiatric beds to admit patients referred by Centers; funding all or part of a mental health professional's salary to provide on-site consultation to hospital emergency departments; and funding the mobile crisis program in Charleston.

Enhance Partnerships – The South Carolina Department of Mental Health has affiliations with more than 50 educational institutions in South Carolina and more than five other states. The Department of Mental Health's affiliation with the University of South Carolina includes activity therapy, clinical counseling, medical students, social work, psychology interns, psychology graduate studies, and residents and fellows in psychiatry. Residents from the MUSC Residency Training Program receive educational experiences and supervision in Psychiatry, through scheduled rotations at the Charleston Dorchester Mental Health Center (CDMHC). The Department also works closely with independent advocacy organizations to improve the quality of lives for the persons with mental illness, their families, and the citizens in South Carolina.

As the sole provider of mental health services in many of the counties in South Carolina, and as the primary provider in many other counties where the private sector provides

limited duplication, the emphasis for the Department is two-fold: expand access to mental health services as measured by the number of new cases opened and increase encounter rates as measured by the increase in the volume of services provided (billed), the increase in the number of assessments provided for which a subsequent service was not provided (not billed for reasons such as initial assessment with subsequent referral), and the increase in the number of interactions that occur under alternative circumstances (to include for example, but not be limited to, services delivered under contract to detention centers, services provided en masse during catastrophic events, and services otherwise not recorded in the Department's clinical information systems). This emphasis is framed in the context of ensuring the best and most appropriate use of all funding sources and seeking the highest return on investment where such measurement is appropriate (in the many rural areas of South Carolina, return on investment is secondary to maintaining a presence regardless of cost).

Expanding access and increasing encounter rates increases the chance that services will be delivered in the most appropriate setting and by the most appropriate provider; ultimately, resulting in a decrease in the cost of care to the whole healthcare system. For example, when access and services are available in an alternate location, patients are less likely to utilize emergency departments as their primary healthcare provider.

Returns can be maximized when each component of the service delivery continuum is engaged and acting collaboratively and cooperatively.

3. **Inpatient Psychiatric Services**

Expand Training Opportunities and Enhance Workforce Development – See #1 Administrative.

Enhance Partnerships - See #2 Community Mental Health Services.

Expand Use of Telepsychiatry – See #2 Community Mental Health Services.

Implement Use of Electronic Medical Record – The Department's goal is to provide technologically-appropriate resources for the efficient and effective provision of care for patients receiving inpatient services. Electronic Medical Records reduce required storage space for physical storage media (i.e. paper records), assimilate various components of a patient's medical record into a single access point, reduce the cost of record transference, improve overall operating efficiency, increase portability and accessibility of health information, reduce medical errors, provide for ease of updating to current technologies including coding, and will transition the Department into compliance with Medicare and Medicaid preferred technologies.

4. **Tucker/Dowdy**

Expand Training Opportunities and Enhance Workforce Development – See #1 Administrative.

5. **Support**

No changes are planned at this time.

6. **Veterans**

Expand Training Opportunities and Enhance Workforce Development – See #1 Administrative.

Expand nursing home services for veterans in the Midlands and add new nursing home facilities in the Pee Dee and Upstate regions of South Carolina.

7. **Sexual Predator**

The Department has issued an RFP for management operation of the Sexually Violent Predator Treatment Program.

8. **Employee Contributions**

No changes are planned at this time.

B. **Current/Recommended Actions**

Now go to Additional Questions.

VI. Seven-Year Plan (cont.)

C. Additional Questions

What top three strategic objectives of the agency will have the biggest impact on the agency's effectiveness in accomplishing its mission?

What are the fundamentals required to accomplish the objectives?

Assure adequate resources exist to serve people appropriately needing services.

Sustainability of Mental Health Service – Following a multi-year series of state appropriations, this is the fourth year in a multi-year series of requests by the Department aimed at replacing its current reliance on non-recurring funds. The Department's goal is to maintain services to its patients at roughly the same level it was providing in FY 2012. In order to do that, the Department must replace non-recurring funds from Medicaid cost settlements (which will be ending) with State recurring appropriations.

School Based Services - DMH school based mental health services improve access to needed mental health services for children and their families. The information exchange and collaboration that develops between school teachers, school counselors and administrators and school based mental health staff improves early identification and treatment for children in need; and for those children and families in need of services, the SBMH program services increase school attendance, reduce discipline referrals, decrease drop-out rates, and reduce stigma. These positive outcomes for the student and their families also positively correlate to a decreased risk for violence in the school and community.

Forensic Inpatient Services - A legislatively mandated inpatient program is the Department's secure hospital for adult patients committed following adjudication by a Court of General Sessions as being incapable of standing trial due to a mental illness [S.C. Code Ann. §44-23-430] or committed to SCDMH following a finding of Not Guilty by Reason of Insanity [S.C. Code Ann. §17-24-40]. Due to increased numbers of commitments, the agency has had difficulty timely admitting individuals committed by the criminal courts, resulting in a growing waiting list. To address the waiting list, the agency has opened an additional 40 bed inpatient unit, and funded the cost of the additional unit with non-recurring funds.

Capitalize on Current Technological Advances

Emergency Department Telepsychiatry Program - The Department of Mental Health partnered with the Duke Endowment, South Carolina Department of Health and Human Services, the University of South Carolina School of Medicine and the South Carolina Hospital Association to create the South Carolina Department of Mental Health Telepsychiatry Program to address the overcrowding of psychiatric patients in local hospital emergency departments (“ED”). It is a cutting-edge statewide service delivery model that provides remote access for EDs in rural areas of South Carolina to psychiatrists whenever psychiatric consultation services are required. And it is the first of its kind nationally, and has been widely recognized for its effectiveness. Because of its success and its promise as a model of cost-effectiveness and efficiency in the future delivery of healthcare, the Department of Mental Health has received continuing grant funding for the program from The Duke Endowment. It is understood that eventually grant funding for the program will end. As that eventuality nears, means of sustaining this valuable resource will be pursued.

Information Network Security Required Improvements - The Division of State Information Technology (DSIT) has promulgated and is promulgating required standards and procedures for improvements to the State’s and State agencies Information Network Security, based upon recommendations from the State’s consultant, Deloitte and Touche, LLP. Many of the requirements will require additional staff to implement and maintain. Acquiring recurring funding is necessary to pay for needed positions to comply with the higher standards and implement the additional policies and procedures required. The acquisition of an electronic health record (for inpatient services) will require an increase in Information Technology support and security.

SCDMH will be Positioned to Meet an Increased Demand of Services

Expand Training Opportunities and Enhance Workforce Development – The Department of Mental Health is fortunate to have a dedicated workforce willing to work at what have been described as state salaries well below what the private sector is willing to pay. While different categories are affected to different degrees, medical staff including psychiatrists and registered nurses are increasingly in demand and priced beyond what the Department can afford. Psychiatric specialties ranging from Child and Adolescent services to geriatric are increasingly costly. To provide an incentive for recruitment and retention, training opportunities are helpful but competitive salaries will remain an issue. As noted above, expanding training opportunities and enhancing workforce development have the potential to reduce the cost associated with turnover, reduce the level of expenditures associated with and minimize the reliance on third parties for staffing, minimize the amount of unproductive time associated with travel for training, fortify the clinical provider base to maintain the ratios of providers per number of persons in the population, and ensure that the one statewide provider of mental health services, the South Carolina Department of Mental Health, can maintain its safety net presence in all 46 counties of South Carolina and consistently provide reasonable access to mental health services regardless of ability to pay when and where the services are needed, urban and rural, inpatient and community, day and night for all age groups.

Community Supportive Housing – The Department has a long history of making efforts to foster more permanent supportive community housing for its patients. Appropriate housing is often the single biggest factor in determining whether a patient with serious psychiatric impairments is able to be successfully discharged or is able to remain successful in their recovery in the community. Currently the Department of Mental Health is relying upon increasing options successfully employed in the past, such as rental assistance, while exploring innovative approaches such as Behavioral Health Homes, not to replace traditional community residential care facilities (CRCFs) but to provide a more therapeutic, supportive level of care than typical CRCFs are capable of offering.

What links on the agency website, if any, would the agency like listed in the report so the public can find more information about the agency?

http://www.state.sc.us/dmh/about_scdmh.htm - About the Department of Mental Health

http://www.state.sc.us/dmh/center_inpatient.htm - Directory of Inpatient and Outpatient Sites

<http://www.state.sc.us/dmh/publications.htm> - Department Publications and Reports

Is there any additional information the agency would like to provide the Committee or public?

Consider the process taken to review the agency’s divisions, programs and personnel to obtain the information contained in response to all the previous questions in the Restructuring Report and Seven-Year Plan (“Process”). State the total amount of time taken to do the following:

Time to Complete the Process – 85 Hours

Time to Complete the Report – 35 Hours

Please complete the **Personnel Involved Chart (see appendix)**. In the Excel document attached, there is a template to complete under the tab labeled, “Personnel Involved.” Please list the name of all personnel at the agency who were consulted or performed work to obtain the information utilized when answering the questions in the Restructuring and Seven-Year Plan Report and their title and their specific role in answering the question (i.e., searched the agency documents, asked for information because they are in charge of the department, etc.).

CHARTS APPENDIX

VII. Excel Charts

Please send an electronic copy of the entire Excel Workbook and print hard copies of each of the Charts to attach here. Please print the charts in a format so that all the columns fit on one page. Please insert the page number each chart begins on below.

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Agency Name: Department of Mental Health
 Agency Code: J120
 Agency Section: DOAS

Similar Information Requested Chart

INSTRUCTIONS: Please provide details about other reports which investigate the information requested in the Restructuring Report. This information is sought in an effort to avoid duplication in the future. In the columns below, please list the question number in this report, name of the other report in which the same or similar information is requested, section of the other report in which the information is requested, name of the entity that requests the other report and frequency the other report is required. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Restructuring Report Question #	Name of Other Report	Section of Other Report	Entity Requesting Report	Freq. Other Report is Required
Department of Mental Health	Major Program Areas	Accountability Report	Program Template (Section 2)	Executive Budget Office	Annually
Department of Mental Health		Commissioners Report to the Governor		Governors Office	Annually

Agency Name: Department of Mental Health
Agency Section: J120
Agency Code: DOAS

Historical Perspective Chart

INSTRUCTIONS: Please provide information about any restructuring or major changes in the agency's purpose or mission during the last ten years. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Year	Description of Restructuring that Occurred	Description of Major Change in Agency's Purpose or Mission
Department of Mental Health		None	

INSTRUCTIONS: Provide information about the date the agency, in its current form, was initially created and the present purpose, mission and vision of the agency, with the date each were established in parenthesis. The Legal Standards Cross Reference column should link the purpose, mission and vision to the statutes, regulations and provisos listed in the Legal Standards Chart, which they satisfy.

Agency Submitting Report	Date Agency created	Purpose	Mission	Vision	Legal Standards Cross References
Department of Mental Health	1964 - officially. However, the Department of Mental Health was the successor to and assumed the duties and authority previously vested in the South Carolina Mental Health Commission. The origin of the Department was December 20, 1821, when the South Carolina State Legislature passed a statute-at-large to build the SC Lunatic Asylum.	Develop a comprehensive system which combines medical care and treatment with expanded community services, mental health education, consultation, professional training, and research in an effort to serve people with psychiatric needs.	To support the recovery of people with mental illnesses.	The S.C. Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. We are committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible.	<p><u>Purpose:</u> 1, 5, 7, 24, 25, 28, 30, 31, 37, 38, 39, 40, 41, 45, 46, 57, 74.</p> <p><u>Mission:</u> 6, 7, 11, 13, 14, 17, 23, 24, 33, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 49, 50, 53, 63, 72, 74.</p> <p><u>Vision:</u> 6, 7, 11, 13, 17, 24, 30, 34, 35, 36, 37, 38, 39, 40, 41, 43, 44, 49, 51, 63.</p>

Key Partner Agencies Chart

INSTRUCTIONS: List the names of the other state agencies which have the biggest impact on the agency's mission success (list a minimum of three); partnership arrangements established and performance measures routinely reviewed with the other entity. The Major Program Areas Cross References Column should link the Partner Agency to the major program area, in the Major Program Areas Chart, on which it has the biggest impact. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable and a minimum of three.

Agency Submitting Report	Agency w/ Impact on Mission Success	Partnership Arrangement Established	Performance Measures Routinely Reviewed Together	Major Program Areas Cross Reference
Department of Mental Health (SCDMH)	University of South Carolina School of Medicine	DMH has contracts with the University of South Carolina School of Medicine, Department of Neuropsychiatry and Behavioral Science. There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Geri-Psych) that rotate through DMH centers and facilities		1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	Medical University of South Carolina (MUSC)	Medical Students and Physician Assistant students rotate regularly through Charleston Dorchester Mental Health Center (CDCMHC) throughout the academic year. CDCMHC is involved with learning collaborative between Mental Health, the Crime Victim's Center at MUSC and the Dee Norton Low country Children's Center. Contracts with MUSC to provide forensic evaluation of adult criminal defendants in eight counties in the low-country of South Carolina.		1. Community Mental Health Centers.
Department of Mental Health	Department of Alcohol and Other Drug Abuse Services	1. "No Wrong Door" initiative. 2. Morris Village Alcohol & Drug Addiction Treatment Center		1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	Department of Corrections	Corrections provides secure residential setting for Mental Health to provide treatment services to people who have served their sentence for sexual predator crimes but still deemed to be a danger to society.		Sexual Predator Program

Agency Name: Department of Mental Health

Agency Code: J120

Agency Section: DOAS

Key Partner Agencies Chart

Department of Mental Health	Disabilities and Special Needs	The DMH/DDSN relationships is a collaboration is to ensure services, treatment, and where applicable, appropriate housing for clients with a dual diagnosis (mental health and intellectual disabilities).		1. Community Mental Health Centers
Department of Mental Health	Department of Education	Identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances.		1. Community Mental Health Centers
Department of Mental Health	Emergency Management Division	Provides staff to assist in emergency preparedness and recovery efforts in communities affected by disasters.	Plans and Responsibilities are reviewed annually.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	Department of Health and Environmental Control	1. Licenses Mental Health inpatient facilities. 2. Serves as primary agency for state emergencies in Health and Medical Emergency Support Functions with Mental Health serving as chief support for behavioral health services.	1. Reviews compliance with applicable regulatory requirements annually. 2. All plans and responsibilities are reviewed annually.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	Department of Health & Human Services (HHS)	SCDMH 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 with HHS is critical.		1. Community Mental Health Centers. 2. Inpatient psychiatric facilities. 3. Tucker/Dowdy
Department of Mental Health	Department of Juvenile Justice (DJJ)	Mental Health has a memorandum of agreement with DJJ to assist with transfers of juveniles with mental health needs to the care of the Department for treatment. Mental health staff are located in four DJJ county offices and at the Broad River Road Correctional Facility.		Community Mental Health Centers
Department of Mental Health	Department of Social Services	Works closely with DSS to assure appropriate treatment services for children and adolescents (and their families) in foster care services.	Monthly interagency staffing of foster care youth aging out of the system.	Community Mental Health Centers

Agency Name: Department of Mental Health

Agency Code: J120

Agency Section: DOAS

Key Partner Agencies Chart

Department of Mental Health	Department of Vocational Rehabilitation (SCVRD)	Individual Placement and Support (IPS) is an evidenced-based supported employment best practice model.	Percentage of Mental Health patients in program that are employed.	Community Mental Health Centers.
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INSTRUCTIONS: Provide information about the agency's key deliverables (i.e. products or services); primary methods by which these are delivered; and, as applicable, actions that may reduce the general public and/or other agencies initial or repetitive need for the deliverable. List each deliverable on a separate line. If there are multiple ways in which the deliverable is provided, list the deliverable multiple times with each delivery method on a separate line. In the "Three Greatest" column, indicate and rank the three most significant deliverables the agency brings to the people of South Carolina with #1 being the most significant. For the deliverables which are not one of three most significant, do not put anything in this column. The Major Program Areas Cross References Column should link the deliverable to the major program area, in the Major Program Areas Chart, within which that product or service is provided. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Deliverable (i.e. product or service)	Three Most Significant (#1, #2, #3)	Primary Method of Delivery	What can be done to reduce the general public and/or other agencies initial need for this deliverable? (i.e. preventive measures before the citizen or agency needs to come to the agency)	What can be done to reduce the general public and/or other agencies need to return for this deliverable? (i.e. preventive measures to ensure they do not need to come back to the agency for this service or product after already receiving it once)	If deliverable is identified as one of the three most significant, what would allow the agency to focus on it more?	Major Program Areas Cross Reference
Department of Mental Health	1	Community Mental Health Services	#1	Seventeen Community Mental Health Centers provide a variety of services in over sixty clinics and other service areas. In addition, Mental Health staff are placed in nearly five hundred schools to better support school-aged citizens.	While many of the services are indeed treatments on and of themselves, many of these services are preventative in the sense they deter people from more restrictive and costly services. School-based counselors are able to identify and meet behavioral health needs at an early age decreases the likelihood of worsening tensions in the classroom and outside the school setting as well. Assuring appropriate community based treatment reduces the need for more costly and restrictive inpatient services or even conflicts that may lead to criminal incarceration.	Except for extraordinary circumstances (such as following a catastrophic event that may lead to a heightened sense of anxiety in the general population) the Department's services are largely delivered to people with chronic and severe illnesses. The Department is mission is to assist in the recovery of people with mental illness but there is likely to always be a stable percentage of the population requiring mental health services. For children and adolescents, many of the Department's services assist with emotional disorders. Successfully treated, many patients of the child and adolescent program may be able to discontinue services.	This is the fourth year in a multi-year series of requests by the Department aimed at replacing its current reliance on non-recurring funds. The Department's goal is to maintain services to it patients at roughly the same level it was providing in FY 12. In order to do that, the Department must replace non-recurring funds from Medicaid cost settlements (which will be ending) with State recurring appropriations.	Community Mental Health Centers
Department of Mental Health	2	Inpatient Psychiatric Treatment	#2	Patrick Harris Hospital in Anderson and Werber Bryan Hospital in Columbia provide treatment services to people over the age of seventeen. William S. Hall Psychiatric Institute serves people under the age of eighteen.	Increased support to Community Mental Health Services and support of local hospitals, both toward emergency department crisis stabilization programs and ability to provide inpatient psychiatric services.	Providing appropriate, available services in community settings decreases the likelihood for any one person to enter a state-operated psychiatric facility. Providing adequate reimbursements for local hospitals or requiring a certain percentage of psychiatric beds in any general, medical/surgical hospital would also assist in decreasing the waiting lists for the Department's inpatient facilities. Unfortunately, there is no other inpatient setting for forensic patients and the needs for those beds are largely outside the control of the Department.	A legislatively mandated inpatient program is the Department's secure hospital for adult patients committed following adjudication by a Court of General Sessions as being incapable of standing trial due to a mental illness [S.C. Code Ann. §44-23-430] or committed to the Department following a finding of Not Guilty by Reason of Insanity [S.C. Code Ann. §17-24-40]. Due to increased numbers of commitments, the agency has had difficulty timely admitting individuals committed by the criminal courts, resulting in a growing waiting list. To address the waiting list, the agency has opened an additional 40 bed inpatient unit, and funded the cost of the additional unit with non-recurring funds. To have these beds permanently funded would assure the Department could sustain this effort.	Inpatient Psychiatric
Department of Mental Health	3	Skilled Nursing Care Services	#3	Mental Health has four licensed facilities providing residential care. Three of these provide services to any veteran meeting nursing home level of care while one is primarily for people with mental illness with increased medical concerns.	While these facilities might be turned over to another agency, it is unlikely such a transfer would achieve a better result, either in terms of budget or care, nor eliminate redundancy. The Department is currently mandated to provide long-term care by SC Code of Law, Section 44-9-50.	None.		1. Tucker/Dowdy 2. Veterans
Department of Mental Health	4	Crisis Stabilization Programs		Timely access to inpatient mental health services remains a chronic issue in many areas of South Carolina. Mental Health assists hospital emergency departments with appropriate discharge planning and treatment. Mental Health purchases local inpatient psychiatric beds, supports hospital liaisons, maintains crisis and co-occurring stabilization teams, and staffs the South Carolina Department of Mental Health Telepsychiatry Consultation Program.	By providing consultation and assistance placing patients in either inpatient or appropriate out-patient programs, the Department reduces emergency department wait times for patients needing psychiatric services. Patients seen by experienced psychiatric staff are less likely to be referred for inpatient treatment and more likely to keep appointments with community mental health providers.			Community Mental Health Centers

Department of Mental Health	5	Crisis Stabilization Programs	The Telepsychiatry Consultation Program (mentioned above) is a highly innovative, unique service which has received national attention from no less than the American Psychiatric Association. Telepsychiatry uses real time, state of the art high definition video and voice technology to connect Mental Health psychiatrists to participating hospital emergency departments, sixteen hours per day, seven days a week. This service has increased the quality and timeliness of triage, assessment, and initial treatment of patients; reduced the length of stay for many awaiting services in emergency room settings; and allowed participating hospitals to direct critical personnel and financial resources to other needs.	This program reduces wait times in emergency departments and provides real-time services from Department of Mental Health psychiatrists. Every effort to increase its availability should be explored due to its ability to decrease costs of services to participating facilities and reduce demand for inpatient stays.		
	6	Substance Abuse Services	Morris Village provides evaluation, medical stabilization/detoxification and inpatient treatment services. Our treatment programs address special gender and cultural needs, as well as, possess the capability to work with patients who suffer from "co-occurring" disorders (both substance dependence and mental illness).	Increased efforts to reduce substance abuse addiction and increase services in the community or by other private, inpatient providers.		Inpatient Psychiatric
Department of Mental Health	7	First Responders	The South Carolina Department of Mental Health joined the South Carolina State Firefighters' Association (SCSFA), the South Carolina Fire Academy (SCFA), and the National Fallen Firefighters Foundation (NFFF), in launching this pilot program to provide behavioral health support to South Carolina's 17,500 firefighters. The program serves as a national and international model. It is led by the SCSFA's Firefighters Assistance and Support Team (FAST) and clinicians from SCDMH's Columbia Area, Beckman, Berkeley, Charleston, and Pee Dee community mental health centers.	No other such comprehensive program exists in South Carolina.		Community Mental Health Centers
Department of Mental Health	8	Sexually Violent Predators Treatment Program	South Carolina Code of Laws 44-48-10 states "A mentally abnormal and extremely dangerous group of sexually violent predators exists who require involuntary civil commitment in a secure facility for long-term control, care, and treatment." This group of people are the residents of the Sexually Violent Predators Treatment Program.			SVPP

INSTRUCTIONS: Provide information about the key customer segments identified by the agency and each segment's key requirements/expectations. A customer is defined as an actual or potential user of the agency's deliverables. Please be as specific as possible in describing the separate customer segments (i.e. do not simply put "public.") The Deliverables Cross References column should link customer groups to the deliverable listed in the Key Deliverables Chart, which they utilize. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Customer Segments	Requirements/Expectations	Deliverables Cross References
Department of Mental Health	1	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 serve patients with less significant concerns, those suffering the most difficult disorders remains its focus.	Community Mental Health Centers Inpatient Psychiatric Facilities
Department of Mental Health	2	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 emotional disorders and their families.	Community Mental Health Centers Inpatient Psychiatric Facilities
Department of Mental Health	3	Citizens in need of forensic services.	This includes people 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 in inpatient settings until they may be returned to the community, after which they are continued to be served by specialized teams associated with Inpatient Services.	Inpatient Psychiatric Facilities

Agency Name: Department of Mental Health

Agency Section: J120

Agency Code: DOAS

Key Customers Chart

Department of Mental Health	4	Persons requiring substance abuse treatment services.	The Department of Mental Health operates a treatment facility licensed for 172 beds. Of those, only about 100 are in use. 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.	Inpatient Psychiatric Facilities
Department of Mental Health	5	Veterans in need of skilled nursing care.	The Department of Mental Health is licensed for 530 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.	Veterans
Department of Mental Health	6	Mentally ill adults who are medically fragile.	The Department has 308 licensed beds for general purpose skilled nursing beds at Tucker Nursing Care Center / Roddey Pavilion. 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 the approximately 15 Nursing homes in South Carolina with this distinction. The Stone Pavilion Veterans' Nursing Home is the highest ranked nursing home in Columbia, South Carolina according to HealthGrove.Com, which is a national search engine to locate the best nursing homes.	Tucker/Dowdy
Department of Mental Health	7	Sexually Violent Predators	The Department currently serves over 180 people convicted of crimes that have served their sentences yet have been adjudicated as sexually violent predators.	Sexual Predator

INSTRUCTIONS: Provide information about the agency's key stakeholder groups and their key requirements and expectations. A stakeholder is defined as a person, group or organization that has interest or concern in an agency. Stakeholders can affect or be affected by the agency's actions, objectives and policies. Please be as specific as possible in describing the separate stakeholder groups (i.e. please do not simply put "the public.") The Deliverables Cross References column should link stakeholder groups to the deliverable, listed in the Key Deliverables Chart, for which they group has the most interest or concern. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Stakeholder Group	Requirements/Expectations	Deliverables Cross References
Department of Mental Health	1	Department of Alcohol and Other Drug Abuse Services	State Agency	Community Mental Health Centers.
Department of Mental Health	2	Department of Disabilities and Special Needs	State Agency	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	3	Individuals in Recovery	Adults with severe, chronic psychiatric illness who are receiving, or have received, mental health services.	Community Mental Health Centers.
Department of Mental Health	4	Pro-parents.	Family members of patients with severe, persistent mental illness or emotional disorders.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	5	SC Federation of Families	Family members of patients with severe, persistent mental illness or emotional disorders.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	6	Gateway House	Private, non profit provider of mental health services.	Community Mental Health Centers.
Department of Mental Health	7	SC Share	Consumer-operated non-profit advocacy organization which also provides services to mentally ill citizens.	Community Mental Health Centers.
Department of Mental Health	8	Mental Illness Recovery Center (MIRCI)	Private, non profit provider of mental health services.	Community Mental Health Centers.
Department of Mental Health	9	Mental Health America of South Carolina	Non-profit mental health advocates and service providers.	Community Mental Health Centers.
Department of Mental Health	10	National Association of the Mentally Ill, South Carolina	Non-profit mental health advocates and service providers.	Community Mental Health Centers.

Agency Name: Department of Mental Health

Agency Section: J120

Agency Code: DOAS

Key Stakeholder Chart

Department of Mental Health	11	South Carolina Protection and Advocacy for the Handicapped	State agency assuring rights of disabled citizens are appropriately addressed.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities. 3. Tucker Dowdy 4. Veterans
Department of Mental Health	12	Department of Juvenile Justice	State Agency	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	13	Department of Social Services	State Agency	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	14	Department of Vocational Rehabilitation	State Agency	Community Mental Health Centers.
Department of Mental Health	15	SC Probation, Parole and Pardon Services	State Agency	Community Mental Health Centers.
Department of Mental Health	16	AnMed Health	Anderson Hospital providing psychiatric assistance to Patrick Harris Hospital.	Inpatient psychiatric facilities.
Department of Mental Health	17	South Carolina National Guard	State Agency	Veterans
Department of Mental Health	18	South Carolina State Firefighters' Association	State advocacy group assuring first responders mental health needs are met.	Community Mental Health Centers.
Department of Mental Health	20	National Fallen Firefighters Foundation	National advocacy group assuring first responders mental health needs are met.	Community Mental Health Centers.
Department of Mental Health	21	University of South Carolina School of Medicine	Training and support.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	22	University of South Carolina School of Medicine, Department of Neuropsychiatry and Behavioral Science	Training and support.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	23	Medical University of South Carolina	Training and support.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	24	SC Emergency Planning Committee for People with Functional Needs	Collaboration of state agencies and non-profit organizations.	Community Mental Health Centers.

Agency Name: Department of Mental Health

Agency Section: J120

Agency Code: DOAS

Key Stakeholder Chart

Department of Mental Health	25	SC Emergency Management Division	Disaster response center for South Carolina.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	26	Veterans Policy Academy	Federal advocacy group to meet needs of veterans.	Veterans
Department of Mental Health	27	SC Children's Trust	State-wide advocacy and training organization.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	28	Children's Law Center	Resource center for the University of South Carolina.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	29	The Duke Endowment	Private foundation overseeing grants.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	30	SC Sisters of Charity	Religious order offering training, services, and grants.	Community Mental Health Centers.
Department of Mental Health	31	Blue Cross Blue Shield	Private insurance company.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	32	Family Connections	State-wide non-profit.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	33	American Foundation for Suicide Prevention - SC	South Carolina Chapter of national non-profit.	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
Department of Mental Health	34	Family and Voices of Recovery	State-wide non profit with five local chapters serving various areas of South Carolina. Provides services for people in recovery in addition to training and advocacy.	Community Mental Health Centers.
Department of Mental Health	35	Department of Corrections	State Agency	Sexually Violent Predators Program
Department of Mental Health	36	Department of Education	State Agency	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.

Agency Name: Department of Mental Health

Agency Section: J120

Agency Code: DOAS

Key Stakeholder Chart

Department of Mental Health	37	Department of Health and Environmental Control	State Agency	1. Community Mental Health Centers. 2. Inpatient psychiatric facilities.
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INSTRUCTIONS: Provide information about the body that oversees the agency and to whom the agency head reports including what the overseeing body is (i.e. board, commission, etc.); total number of individuals on the body; whether the individuals are elected or appointed; who elects or appoints the individuals; the length of term for each individual; whether there are any limitations on the total number of terms an individual can serve; whether there are any limitations on the number of consecutive terms an individual can serve; and any other requirements or nuances about the body which the agency believes is relevant to understanding how the agency performs and its results.

Agency Submitting Report	Type of Body (i.e. Board, Commission, etc.)	# of Times per Year Body Meets	Total # of Individuals on the Body	Are Individuals Elected or Appointed?	Who Elects or Appoints?	Length of Term	Limitations on Total Number of Terms	Limitations on Consecutive Number of Terms	Challenges imposed or that Agency staff and the Body have faced based on the structure of the overseeing body	Other Pertinent Information
Department of Mental Health	Commission	12	7	Appointed	Governor with advice and consent of the Senate	5 years	None	None		

Overseeing Body - Individual Members Chart

INSTRUCTIONS: Provide information about the individual members on the body that oversees the agency including their name, contact information, length of time on the body, profession and whether they are a Senator or House Member. The Major Program Areas Cross References Column should link the individual to the major program area, in the Major Program Areas Chart, in which the individual has a particular influence, if any, by way of serving on a subcommittee within the body, task force, etc. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Name of Individual on Body	Contact Information	Profession	Date First Started Serving on the Body	Last Date Served on the Body	Length of Time on the Body (in years)	Senator or House Member? (put Senate or House)	Major Program Areas Cross Reference
Department of Mental Health	Alison Y. Evans, Psy.D. , Chair	612 W. Home Avenue Hartsville, SC 29551	Psychoanalyst-Counselor, SC Governor's School for Science & Mathematics	5/7/2009	Currently Serving	5 years	No	SC Mental Health Commission
Department of Mental Health	Beverly F. Cardwell	P. O. Box 37764 Rock Hill, SC 29732		7/31/2008	Currently Serving	6 years	No	SC Mental Health Commission
Department of Mental Health	Jane B. Jones	101 Bent Twig Road Easley, SC 29642	Retired, School Teacher	3/23/2004	Currently Serving	11 years	No	SC Mental Health Commission
Department of Mental Health	Joan Moore	110 Kennington Drive Goose Creek, SC 29445	Retired School Teacher	5/7/2009	Currently Serving	5 years	No	SC Mental Health Commission
Department of Mental Health	Everard Rutledge, Ph.D.	2911 Winners Circle Charleston SC 29414	Retired, Vice President at Bon Secours Health System	3/21/2009	Currently Serving	6 years	No	SC Mental Health Commission
Department of Mental Health	James B. Terry	16 Quinine Hill Columbia, SC 29204	Retired Commercial Mortgage Broker	6/19/2007	Currently Serving	7 years	No	SC Mental Health Commission
Department of Mental Health	Sharon L. Wilson, FACHE, CEAP	120 South Forty Road Piedmont, SC 29673	Director, Conscious Leadership Development at Greenville Health System	3/21/2012	Currently Serving	3 years	No	SC Mental Health Commission

INSTRUCTIONS: Provide information about the agency's Major Program Areas as those are defined in the Appropriations Act. When completing columns B - K, the agency can copy and paste the information the agency submitted in the Program Template of the FY 2013-14 Accountability Report, just make sure of the following:
 a) List only the programs that comprise at least 80% of the total budget and include the % of total budget. The remainder of the programs should be "listed ONLY" in the box labeled "Remainder of Programs", with those program expenditures detailed in the box labeled "Remainder of Expenditures."
 If the agency has trouble understanding what is requested, refer to the 2012-13 Accountability Report, Section II, number 11.
 b) The "Associated Objective(s)" column in the Program Template of the FY 2-13-14 Accountability report has been changed to "Key Performance Measures Cross References." The Key Performance Measures Cross References column should link major programs to charts/graphs in the Key Performance Measurement Processes Section (ex. Chart 5.2-1 or Graph 5.2-2). If the agency has trouble understanding what is requested, refer to the 2012-13 Accountability Report, Section II, number 11; and
 c) An additional column, titled "Legal Standards Cross References," has been added at the end. The Legal Standards Cross Reference column should link major programs to the statutes, regulations and provisos listed in the Laws Section of this report, which they satisfy.
 Included below is an example, with a partial list of past Major Program Areas from the Department of Transportation. The example does not include information in the columns under expenditures, key performance measures cross reference, legal standards cross references or remainder of expenditures, however the agency must complete these columns when submitting this chart in final form. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Note:
 -Key Performance Measures Cross References Column links major programs to the charts/graphs in the Key Performance Measurement Processes Section of the Restructuring Report.
 -Legal Standards Cross References Column links major programs to the statutes, regulations and provisos they satisfy which are listed in the Laws Section of the Restructuring Report.

Agency Submitting Report	Program/Title	Purpose	FY 2012-13 Expenditures				FY 2013-14 Expenditures				Key Performance Measures Cross Reference	Legal Standards Cross References
			General	Other	Federal	TOTAL	General	Other	Federal	TOTAL		
Department of Mental Health	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.	\$ 2,834,195	\$ 392,903		\$ 3,227,098	\$ 2,747,595	\$ 434,491		\$ 3,182,086	1.3.1, 2.3.1, 2.3.2, 3.1.1, 3.2.2, 3.2.3	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 16, 19, 20, 21, 27, 28, 31, 32, 54, 72.
Department of Mental Health	Community Mental Health Centers	Services delivered from the seventeen mental health centers that include: evaluation, assessment, and intake of consumers; short-term outpatient treatment; and continuing support services.	\$ 47,253,002	\$ 61,075,155	\$ 8,544,140	\$ 116,872,297	\$ 52,048,239	\$ 60,770,164	\$ 7,692,223	\$ 120,510,627	1.1.1, 1.1.2, 1.1.3, 1.3.1, 1.3.2, 1.3.3, 1.3.4, 2.2.1	1, 6, 11, 13, 17, 18, 24, 25, 26, 27, 28, 29, 30, 31, 32, 36, 37, 40, 41, 42, 43, 46, 51, 52, 54, 55, 63, 71, 74.
Department of Mental Health	Inpatient Psychiatric	Services delivered in a hospital setting for adult and child consumers whose conditions are severe enough that they are not able to be treated in the community.	\$ 30,945,407	\$ 45,946,591	\$ 287,055	\$ 77,179,053	\$ 37,249,943	\$ 45,367,853	\$ 59,987	\$ 82,677,783	1.2.1, 1.2.2, 1.2.3, 3.2.1, 3.2.2	1, 5, 7, 11, 12, 15, 18, 19, 21, 22, 23, 26, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 66, 67, 68, 69, 70, 71, 72, 74, 75.
Department of Mental Health	Tucker/Dowdy	Residential care for individuals with mental illness whose medical conditions are persistently fragile enough to require long-term nursing care.	\$ 3,745,725	\$ 11,114,538		\$ 14,860,263	\$ 3,713,258	\$ 11,675,585		\$ 15,388,843	1.2.2	7, 11, 15, 16, 23, 40, 41, 42, 43, 44, 46, 48, 49, 50, 53, 54, 55, 66, 67, 70, 75.
Department of Mental Health	Support	Nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	\$ 16,520,801	\$ 4,938,700		\$ 21,459,501	\$ 18,715,101	\$ 4,241,899		\$ 22,957,000	1.2.2, 2.1.1, 2.2.2, 2.2.3	7, 11, 14.
Department of Mental Health	Veterans	Originally residential nursing care for veterans who also have a mental illness; role has now expanded beyond that so that any veteran is eligible who meets the admission criteria.	\$ 9,491,963	\$ 25,850,904		\$ 35,342,867	\$ 15,677,049	\$ 21,313,299		\$ 36,990,348	1.2.2, 3.2.1, 3.2.2	7, 11, 12, 40, 41, 42, 43, 44, 46, 53, 54.
Department of Mental Health	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.	\$ 10,453,606	\$ 3,385		\$ 10,456,990	\$ 10,174,695			\$ 10,174,695	1.2.1, 1.2.2, 3.2.1, 3.2.2, 3.3.3	34, 35, 40, 41, 42, 43, 44, 46, 47, 50, 54, 55, 70, 73, 75.
Department of Mental Health	Employer Contributions	Fringe benefits for all DMH employees.	\$ 31,730,262	\$ 25,729,072	\$ 816,766	\$ 58,276,100	\$ 36,051,885	\$ 23,830,880	\$ 611,434	\$ 60,494,199	3.2.3	

Remainder of Programs: List any programs not included above and show the remainder of expenditures by source of funds.

	2013		2014	
Remainder of Expenditures:	State:	2,834,195	State:	2,747,595
I. Administration	Federal:	-	Federal:	-
	Other:	392,903	Other:	434,491
	Total:	3,227,098	Total:	3,182,086
% of Total Budget:		1.0%	% of Total Budget:	1.0%

INSTRUCTIONS: List all state and federal statutes, regulations and provisos that apply to the agency (“Laws”) and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. The agency will see that a statute should be listed again on a separate line for each year there was an amendment to it. Please delete the example information before submitting this chart in final form. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Department of Mental Health	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.
Department of Mental Health	2	SECTION 44-9-30.	State	Creation of South Carolina Mental Health Commission and its authority
Department of Mental Health	3	SECTION 44-9-40.	State	Appointment of the State Director of Mental Health and powers, duties and qualifications.
Department of Mental Health	4	SECTION 44-9-50.	State	Divisions of SCDMH as authorized by State Director and Commission.
Department of Mental Health	5	SECTION 44-9-60.	State	Appointment of directors of hospitals; employment of personnel.
Department of Mental Health	6	SECTION 44-9-70.	State	Administration of Federal funds; development of mental health clinics.
Department of Mental Health	7	SECTION 44-9-80.	State	Utilization of Federal funds provided to improve services to patients.
Department of Mental Health	8	SECTION 44-9-90 and 100.	State	Powers and duties of Mental Health Commission.
Department of Mental Health	9	SECTION 44-9-110.	State	Authority of the Commission to accept gifts and grants on behalf of SCDMH
Department of Mental Health	10	SECTION 44-9-120.	State	Annual report of Commission to Governor
Department of Mental Health	11	SECTION 44-11-10.	State	SCDMH Inpatient and Outpatient Facilities to be maintained and purposes
Department of Mental Health	12	SECTION 44-11-30.	State	Establishment, purpose and admission requirements of SCDMH South Carolina Veterans Homes.
Department of Mental Health	13	SECTION 44-11-60.	State	Establishment of mental health clinics/centers
Department of Mental Health	14	SECTION 44-11-70.	State	Appointment and powers of SCDMH inpatient facility marshals (Public Safety officers).

Agency Name: Department of Mental Health

Agency Code: J120

Agency Section: DOAS

Legal Standards Chart

Department of Mental Health	15	SECTION 44-11-75.	State	Entering or refusing to leave state mental health facility following warning or request; penalty.
Department of Mental Health	16	SECTION 44-11-110.	State	Commission and Attorney General approval of easements and rights of way on SCDMH grounds
Department of Mental Health	17	SECTION 44-13-05.	State	Crisis Stabilization Program procedures (for mental health centers having such capability)
Department of Mental Health	18	SECTION 44-13-10.	State	Detention and care of individual by county pending removal to SCDMH inpatient facility.
Department of Mental Health	19	SECTION 44-13-20.	State	Admission of resident ordered committed by foreign court.
Department of Mental Health	20	SECTION 44-13-30.	State	Removal of patient who is not a citizen of this State.
Department of Mental Health	21	SECTION 44-13-40.	State	Removal of alien patient.
Department of Mental Health	22	SECTION 44-13-50.	State	Return of patient to out-of-State mental health facility.
Department of Mental Health	23	SECTION 44-13-60.	State	Transfer of custody of infirm or harmless patient to custodian, guardian or county.
Department of Mental Health	24	SECTION 44-15-10.	State	Establishment of local mental health programs and clinics/centers
Department of Mental Health	25	SECTION 44-15-20.	State	Mental health center Services for which funds may be granted.
Department of Mental Health	26	SECTION 44-15-30.	State	Applications for mental health center funds .
Department of Mental Health	27	SECTION 44-15-40.	State	Allocation of mental health center funds and review of expenditures.
Department of Mental Health	28	SECTION 44-15-50.	State	Grants for mental health center services.
Department of Mental Health	29	SECTION 44-15-60.	State	Establishment and membership of community mental health center boards.
Department of Mental Health	30	SECTION 44-15-70.	State	Powers and duties of community mental health center boards
Department of Mental Health	31	SECTION 44-15-80.	State	Powers and duties of SCDMH related to mental health centers
Department of Mental Health	32	SECTION 44-15-90.	State	Mental health center unexpended appropriations.
Department of Mental Health	33	Section 44-17-10, et. seq.	State	Care and Commitment of Mentally Ill Persons
Department of Mental Health	34	SECTION 44-22-20.	State	Patients right to writ of habeas corpus.
Department of Mental Health	35	SECTION 44-22-30.	State	Involuntary Patients right to counsel
Department of Mental Health	36	SECTION 44-22-40.	State	Consent to treatment

Agency Name: Department of Mental Health

Agency Code: J120

Agency Section: DOAS

Legal Standards Chart

Department of Mental Health	37	SECTION 44-22-50.	State	Treatment suited to needs; least restrictive care and treatment.
Department of Mental Health	38	SECTION 44-22-60.	State	Explanation of rights with regard to admission to inpatient facility; individualized treatment plan.
Department of Mental Health	39	SECTION 44-22-70.	State	Assessment, individualized treatment plan; discharge plan; notice of discharge.
Department of Mental Health	40	SECTION 44-22-80.	State	Patients' rights.
Department of Mental Health	41	SECTION 44-22-90.	State	Communications with mental health professionals privileged; exceptions.
Department of Mental Health	42	SECTION 44-22-100.	State	Confidentiality of records; exceptions; violations and penalties.
Department of Mental Health	43	SECTION 44-22-110.	State	Access to medical records; appeal of denial of access.
Department of Mental Health	44	SECTION 44-22-120.	State	Patients' rights communication, personal belongings and effects, clothing, religious practice etc.
Department of Mental Health	45	SECTION 44-22-130.	State	Physical exam of involuntary inpatient to rule out physical conditions mimicking mental illness.
Department of Mental Health	46	SECTION 44-22-140.	State	Authorization and responsibility for treatment, medication and qualified right to refuse.
Department of Mental Health	47	SECTION 44-22-150.	State	Patient Restraint; seclusion; physical coercion.
Department of Mental Health	48	SECTION 44-22-160.	State	Employment within inpatient facility; compensation; right to refuse nontherapeutic employment.
Department of Mental Health	49	SECTION 44-22-170.	State	Education of school-aged patients .
Department of Mental Health	50	SECTION 44-22-180.	State	Exercise and exercise facilities; patient right to go outdoors.
Department of Mental Health	51	SECTION 44-22-190.	State	DEW and VR assist SCDMH to find employment for mentally disabled
Department of Mental Health	52	SECTION 44-22-200.	State	Movement of patients; court approval required for move to more restrictive setting.
Department of Mental Health	53	SECTION 44-22-210.	State	Patient Temporary leaves of absence.
Department of Mental Health	54	SECTION 44-22-220.	State	Grievances concerning patient rights; penalties for denial of patient rights.
Department of Mental Health	55	SECTION 44-23-40.	State	Appeal to court from rules and regulations adopted by SCDMH
Department of Mental Health	56	SECTION 44-23-210.	State	Transfer of confined persons to or between SCDMH and DDSN
Department of Mental Health	57	SECTION 44-23-220.	State	Inpatient admission of persons in jail.
Department of Mental Health	58	SECTION 44-23-240.	State	Criminal liability of anyone causing unwarranted confinement.

Agency Name: Department of Mental Health

Agency Code: J120

Agency Section: DOAS

Legal Standards Chart

Department of Mental Health	59	SECTION 44-23-410.	State	Determining fitness/capacity to stand trial
Department of Mental Health	60	SECTION 44-23-420.	State	Fitness to stand trial examiner's report.
Department of Mental Health	61	SECTION 44-23-430.	State	Hearing on fitness capacity to stand trial; effect of outcome.
Department of Mental Health	62	SECTION 44-23-450.	State	Reexamination of finding of unfitness.
Department of Mental Health	63	SECTION 44-23-460.	State	Procedure when SCDMH determines forensic patient no longer requires hospitalization.
Department of Mental Health	64	SECTION 44-23-1080.	State	Patients or prisoner denied access to alcoholic, firearms, dangerous weapons and controlled substances.
Department of Mental Health	65	SECTION 44-23-1100.	State	Confidentiality and disclosure of copies of probate judge forms/documents.
Department of Mental Health	66	SECTION 44-23-1110.	State	Charges for patient/client maintenance, care and services.
Department of Mental Health	67	SECTION 44-23-1120.	State	Liability of estate of deceased patient or client
Department of Mental Health	68	SECTION 44-23-1130.	State	Payment contracts for care and treatment by persons legally responsible
Department of Mental Health	69	SECTION 44-23-1140.	State	Lien for care and treatment; filing statement; limitation of action for enforcement.
Department of Mental Health	70	SECTION 44-23-1150.	State	Sexual misconduct with an inmate, patient, or offender.
Department of Mental Health	71	SECTION 44- 24-10, et seq.	State	Commitment of Children in Need of Mental Health Treatment
Department of Mental Health	72	SECTION 44-25-10, et. seq.	State	Interstate Compact on Mental Health
Department of Mental Health	73	SECTION 44-48-10, et. seq.	State	Sexually Violent Predator commitment, detention, treatment and release
Department of Mental Health	74	SECTION 44-52-5, et. seq.	State	Alcohol and Drug Abuse Commitment
Department of Mental Health	75	SECTION 62-5-105.	State	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.
	76	SECTION 17-24-40	State	Criminal procedure for defendants found Not Guilty by Reason of Insanity
	77	SECTION 43-35-10 et. Seq.	State	Adult Protection Act

INSTRUCTIONS: List all reports, if any, the agency is required to submit to a legislative entity. Beside each include the following under the appropriate column: a) Name of the report; b) Legislative entity that requires the report; c) Law(s) that require the agency to provide the report; d) Stated legislative intent (from legislative entity, statute, regulation or other source) in providing the report; e) Frequency with which the report is required (i.e. annually, monthly, etc.); f) Approximate year the agency first started providing the report; g) Approximate cost to complete the report and any positive results from completing and submitting the report; and h) Method by which the agency receives, completes and submits the report (i.e. receive via emailed word document; log into or open program, enter data and click submit; etc.). Included below are examples of reports the agency may have to submit. The example does not include information in the columns under # of staff needed to complete the report; approx. total amount of time to complete the report and approx. total cost to complete the report, however the agency must complete these columns when submitting this chart in final form. Please delete the example figures before submitting this chart in final form, unless it applies to the agency, in which case ensure the information about those reports is complete. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Report Name	Legislative Entity Requesting Report	Law Requiring Report	Stated Intent of Report	Year First Required to Complete Report	Reporting Freq.	# of Days in which to Complete Report	Month Report Template is Received by Agency	Month Agency is Required to Submit the Report	Cost to Complete Report		Positive Results of Reporting	Method in which Report Template is Sent to Agency (i.e. via email; receive via email; etc.)	Format in which Report Template is Sent to Agency	Method in which Agency Submits Completed Report (i.e. email; mail; click submit on web based form; etc.)	Format in which Agency Submits Completed Report (word, excel, web)
											# of Staff Members Needed to Complete Report	Approx. Total Amount of time to Complete Report					
Department of Mental Health	1	Restructuring Report	House Legislative Oversight Committee	1-30-10(G)(1)	Increased Efficiency	2015	Annually	30	February	March			TBD	Email and Hardcopy	Word and Excel	Email and Hardcopy	Word and Excel
Department of Mental Health	2	Accountability Report	Executive Budget Office		Review Agency Goals and Performance		Annually		July	September				Electronic.	Word and Excel	Email and Hardcopy	Word and Excel
Department of Mental Health		Annual Report of Commission to Governor	Governor's Office				Annually										

INSTRUCTIONS: Identify the agency's internal audit system and policies during the past five fiscal years including the date the agency first started performing audits; individuals responsible for hiring the internal auditors; individuals to whom internal auditors report; the head internal auditor; general subject matters audited; the individual or body that makes decision of when internal audits are conducted; information considered when determining whether to conduct an internal audit; total number of audits performed in the last five fiscal years; # of months it took for shortest audit; # of months for longest audit; average number of months to complete an internal audit; and date of the most recent Peer Review of Self-Assessment by SC State Internal Auditors Association or other entity (if other entity, name of that entity).

Note: All audits are not the result of suspicious activity or alleged improper actions. Often times regular audits are required by statute regulation or an agency's standard operating procedure simply as a method of ensuring operations are staying on track.

Agency Submitting Report	Does agency have internal auditors? Y/N	Date Internal Audits Began	Individuals responsible for hiring internal auditors	Individuals to whom internal auditors report	Name and contact information for head Internal Auditor	General subject matters audited	Who makes decision of when an internal audit is conducted	Information considered when determining whether to conduct an internal audit	Do internal auditors conduct an agency wide risk assessment routinely? Y/N	Do internal auditors routinely evaluate the agency's performance measurement and improvement systems? Y/N	Total Number of Audits performed in last five fiscal years	# of months for shortest audit	# of months for longest audit	Avg. # of months needed to conduct audit	Date of most recent Peer Review of Self-Assessment by SCSIAA or other entity (if other entity, name of that entity)
Department of Mental Health	Yes	1977	MH Commission	Commission & State Director	Valarie Perkins	Internal Controls, Compliance, Administrative matters.	State Director and Audit Director	Potential Risk to Agency, Compliance Concerns, last review date	Yes	No	Thirty-Three (33)	One (1)	Twelve (12)	6-9 months	N/A (SCSIAA did not have the volunteer staff available the last time a peer review was requested)

INSTRUCTIONS: List the name of all personnel at the agency who were consulted or performed work to obtain the information utilized when answering the questions in these reports, their title and their specific role in answering the question (i.e. searched the agency documents, asked for information because they are in charge of the department, etc.) Please delete the example information and instructions row before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Name	Phone	Email	Department/Division	Title	Question	Role in Answering Question
Department of Mental Health	William Wells	843-212-8977	WTW14@SCDMH.ORG	Administrative Services	Program Manager	All	Reviewed requested information and documents. Accumulated information available from published sources and obtained remainder of information from agency personnel. Entered information onto workbook format.
Department of Mental Health	Stewart Cooner	803-898-8632	DSC18@SCDMH.ORG	Administrative Services	Director of Special Programs	Stakeholders, Deliverables	Stakeholder and other information.
Department of Mental Health	Noelle Wriston	803-898-8520	NLW54@SCDMH.ORG	Accounting	Fiscal Manager I	Major Program Areas	Prepared documents related to expenses for Department.
Department of Mental Health	Tracy Lapointe	803-898-8582	TLL06@SCDMH.ORG	Administrative Services	Public Information Director	Governing Body	Acquiring information
Department of Mental Health	Linsay Walker	803-898-8582	LDW16@SCDMH.ORG	Public Information Office	Administrative Assistant	Governing Body	Acquiring information
Department of Mental Health	Alan Powell	803.898.8557	RAP24@SCDMH.ORG	Legal	General Counsel	Legal Standards	Preparing information for Legal Standards worksheet.
Department of Mental Health	Valarie Perkins	803-898-8543	VMP97@SCDMH.ORG	Internal Audit	Director	Internal Audit	Prepared information for Internal Audit worksheet.
Department of Mental Health	Christie Linguard	803-898-8319	CDL14@SCDMH.ORG	Office of the State Director	Administrative Assistant	Governing Body	Acquiring information.
Department of Mental Health	Brenda Joyner	803-898-8392	BSJ49@SCDMH.ORG	Administrative Services	Administrative Assistant	Stakeholders, Customers	Acquiring information
Department of Mental Health	Mallory Miller	803-898-7172	MGM43@SCDMH.ORG	Community Mental Health Services	Program Manager	Deliverables	Providing specific information
Department of Mental Health	Laurie Hammond	803-898-8347	LLH02@SCDMH.ORG	Community Mental Health Services	Program Manager	Key Agencies	Providing specific information
Department of Mental Health	Louise Johnson	803-898-8346	LKJ40@SCDMH.ORG	Community Mental Health Services	Program Manager	Key Agencies	Providing specific information
Department of Mental Health	Keith Randolph	803-898-8362	DKR82@SCDMH.ORG	Quality Management	Medicaid Director	Key Agencies	Acquiring information.
Department of Mental Health	Kimberly Stubbs	803-935-7377	KJS34@SCDMH.ORG	Inpatient Services	Administrative Assistant	Key Agencies	Providing specific information
Department of Mental Health	Barry Lloyd	803-898-0478	BDL62@SCDMH.ORG	Information Technologies	Director	Databases Used by Department	Providing specific information