

Agency Name: Department of Mental Health

Fiscal Year 2017-2018
Accountability Report

Agency Code: J120 Section: 35

Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2017-18			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	1			Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.							
	S	1.1			Services will be available to people in need.							
	M			1.1.1	SCDMH will maintain or increase the number of children and adolescents it serves.	26,335	27,000	26,998	07/01/2017 - 06/30/2018	Central Office Internet Technology (IT)	Calculated using reporting software	As population of SC increases, it is expected that more people will receive services.
	M			1.1.2	SCDMH will maintain or increase the number of adults seen in community settings.	82,560	82,000	84,528	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Serves as an indicator that people needing services can receive them.
	M			1.1.3	Inpatient "bed days" will remain constant or increase.	529,909	520,000	553,041	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Serves as indicator that available services are used efficiently.
	M			1.1.4	Admissions to inpatient forensic facilities.	241	220	297	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Increase indicates SCDMH working to meet the need of local agencies.
	S	1.2			Appointments will be prioritized by need and with goal of reducing hospital admissions.							
	M			1.2.1	Patients requiring CMHC appointments will be seen in a timely manner according to protocol (priority, urgent, or routine).	96%	90%	95%	07/01/2017 - 06/30/2018	Community Mental Health Services Reporting (CMHS)	Calculated using reporting software	Failure to provide community services when needed may result in unnecessary hospitalizations.
	M			1.2.2	Patients will have scheduled appointments at CMHCs within median of 7 days of discharge from an inpatient psychiatric facility.	5	<7	3.72	07/01/2017 - 06/30/2018	CMHS	Calculated using reporting software	Timely transition from hospital to community treatment is indicator of compliance with treatment and medication.
	S	1.3			Reduce the number of patients requiring readmission following discharge from SCDMH hospitals.							
	M			1.3.1	Percentage of patients requiring readmission within thirty days of discharge will be below 5%.	0.28%	<5%	1.20%	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Increase of rapid readmissions may indicate a break in the continuity of care between hospitals and CMHCs.
Healthy and Safe Families	G	2			Continue building upon community mental health services to reduce necessity for hospital admissions.							
	S	2.1			Maximize efficiency of staff as increasing number of third party payors become alternatives to traditional Medicaid to maintain services without burdening taxpayers.							

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Fiscal Year 2017-2018
Accountability Report

Agency Code: J120 Section: 35

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		Goal	Strategy	Measure		Base	Target	Actual				
	M			2.1.1	Will maintain or increase number of billable hours in CMHCs.	920,836	900,000	910,595	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Decreased billable activity may suggest several concerns from unnecessary support staff to delivered services not being accounted for in some fashion.
	S	2.2			Provide superior community mental health services to reduce need for admissions to inpatient settings.							
	M			2.2.1	Number of admissions to SCDMH inpatient facilities will decrease.	700	700	548	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Indicates SCDMH is successfully providing services in patients' communities.
Public Infrastructure and Economic Development	G	3			Maximize available technology to meet needs of staff and patients in as cost efficient manner as possible.							
	S	3.1			Employees will complete required training via computer modules.							
	M			3.1.2	Number of hours employees receive training via computer will increase or remain constant.	4,550	4,250	4,800	07/01/2017 - 06/30/2018	SCDMH Training Database	Calculated using reporting software	This measure may be adjusted due to some modules no longer being considered mandatory.
	M			3.1.2	Number of modules available will remain constant or increase.	201	200	201	07/01/2017 - 06/30/2018	SCDMH Training Database	Count	The agency has a new training task force to stream line current modules while meeting regulatory and accrediting standards but placing those no longer mandatory into an elective category, remaining available to staff who have a need or interest. This will result in more time for billable services.
	S	3.2			Hospital Emergency Departments will have access to SCDMH physicians regardless of location.							
	M			3.2.1	The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	23	23	24	07/01/2017 - 06/30/2018	Telepsychiatry Department	Count	Increased ability to provide services in emergency departments has reduced unnecessary hospitalizations and wait times in ERs. Has also demonstrated greater compliance with out-patient treatment.

Agency Name: Department of Mental Health

Fiscal Year 2017-2018
Accountability Report

Agency Code: J120 Section: 35

Strategic Planning and Performance Measurement Template

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		Goal	Strategy	Measure		Base	Target	Actual				
	M			3.2.2	The number of Community Mental Health Centers utilizing Telepsychiatry services will remain constant or increase.	13	15	17 (all)	07/01/2017 - 06/30/2018	Telepsychiatry Department	Count	Demonstrates ability of physicians to serve rural areas without long drive times.
Public Infrastructure and Economic Development	G	4			Implement programs which will improve the lives of citizens.							
	S	4.1			Patients will be able to achieve and maintain productive, meaningful employment.							
	M			4.1.1	Percentage of SCDMH patients having meaningful employment will increase.	14.0%	12.0%	16.0%	07/01/2017 - 06/30/2018	CMHS	Calculated using reporting software	People competitively employed are generally have a better self-esteem and more open to social activity.
	M			4.1.2	Percentage of patients participating in SCDMH employment programs, gaining meaningful employment, will meet or exceed national benchmark (40%).	56.0%	50.0%	58.0%	07/01/2017 - 06/30/2018	CMHS	Calculated using reporting software	Represents benefit of services in SCDMH vocational training and placement as compared to general population of SCDMH patients.
Healthy and Safe Families	G	5			Serve patients with skill, dignity, compassion, and respect.							
	S	5.1			Residents of SCDMH nursing facilities will enjoy high standards of medical care.							
	M			5.1.1	Life expectancy at Roddy Pavilion (skilled nursing facility) will exceed national average (1.2 years).	6	3	6.8	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	A determination of whether expected standards of care are achieved.
	M			5.1.2	Life expectancy at Stone Pavilion (skilled nursing facility for veterans) will exceed national average (1.2 years).	3	3	1.8	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	A determination of whether expected standards of care are achieved. While not meeting goal, SCDMH exceeded US average by 50%.
	S	5.2			Standard of care in inpatient facilities will result in reduced need for patient restraint.							
	M			5.2.1	Use of restraints in SCDMH inpatient facilities will remain below of national average). (0.62 hours per 1,000 hours of inpatient service).	0.06	>0.62	0.18	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Low incidence of seclusion or restraint indicates less intrusive treatments are employed effectively.
	M			5.2.2	Use of seclusion rooms in SCDMH inpatient facilities will remain below of national average). (0.62 hours per 1,000 hours of inpatient service).	0.19	>0.62	0.22	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	
	S	5.3			SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care.							
	M			5.3.1	Percentage of adults expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).	89.0%	88.0%	92.0%	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Indicates SCDMH is providing services which improve patients' lives.

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Fiscal Year 2017-2018
Accountability Report

Agency Code: J120 Section: 35

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		Goal	Strategy	Measure		Base	Target	Actual				
	M			5.3.2	Families of youths receiving SCDMH services will meet or exceed national average (US average 86%).	88.0%	86.0%	91.0%	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Indicates SCDMH is providing services which improve patients' lives.
	M			5.3.3	Percentage of youths receiving SCDMH services will remain consistent with satisfaction of parents of youth (no national average available for youth satisfaction rates).	86.0%	85.0%	91.7%	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Indicates SCDMH is providing services which improve patients' lives.
Maintaining Safety, Integrity and Security	G			6	Prepare to provide continuity of critical services to its patients while partnering with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.							
	S			6.1	SCDMH staff will be properly trained and prepared for emergencies affecting itself and surrounding communities.							
	M			6.1.1	All Community Mental Health Centers will meet Centers for Medicare and Medicaid Studies' rules for emergency preparedness when surveyed for compliance (at least once every three years)..	100%	100%	100%	07/01/2017 - 06/30/2018	CMHS	Count	Is warning that failure to correct any deficiency could result in loss of Medicaid reimbursement for that CMHC.
	M			6.1.2	SCDMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency situations.	100%	100%	100%	07/01/2017 - 06/30/2018	Department of Administration	County	Indicates compliance and cooperation with other state agencies at SEOC.
Healthy and Safe Families	G			7	Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.							
	S			7.1	Reduce number of patients in hospital emergency rooms needing inpatient beds for mental health or substance abuse treatment.							
	M			7.1.1	Number of people awaiting beds will be reduced. (Data is based upon a "Monday morning snapshot" of hospital emergency departments.)	2,111	>2,000	2,428	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Lower numbers indicate Department's efforts to reduce ED wait times are effective.
	M			7.1.2	Patients awaiting beds, at time of Monday snapshot, will be appropriately placed within 24 hours of their emergency room arrival.	1,566	>1,500	1,919	07/01/2017 - 06/30/2018	Central Office IT	Calculated using reporting software	Lower numbers indicate intervention efforts by Department are effective.
	S			7.2	School-based clinicians will be embedded in schools throughout South Carolina in order to manage compliance with appointments and better serve partnering schools.							
	M			7.2.1	The number of schools in South Carolina with a school based counselor will increase.	540	<550	653	07/01/2017 - 06/30/2018	CMHS	Count	Higher number indicates more school-aged children have easier access to mental health services.
	S			7.3	The South Carolina Youth Suicide Prevention Initiative (SCYSPI) will collaborate with a variety of healthcare providers and support agencies to reduce the risk of suicide in teens and young adults.							
	-			7.3.1	SCYSPI will partner with an increasing number of schools in SC.	New Goal	25	25	01/01/2017 - 12/31/2018	SCYSPI	Count	Higher number indicates increased opportunity to engage school administration and students.
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Fiscal Year 2017-2018
 Accountability Report

Agency Code: J120 Section: 35

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Agency Name: Department of Mental Health

Fiscal Year 2018-2019
Accountability Report

Agency Code: J120 Section: 35

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		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	1			Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.							
	S	1.1			Services will be available to people in need.							
	M			1.1.1	SCDMH will increase the number of children and adolescents it serves.	26,998	27,000		7/1/2018 - 6/30/2019	Central Office Internet Technology (IT)	Calculated using reporting software	As population of SC increases, it is expected that more people will receive services.
	M			1.1.2	SCDMH will maintain or increase the number of adults seen in community settings.	84,528	82,000		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Serves as an indicator that people needing services can receive them.
	M			1.1.3	Inpatient "bed days" will remain constant or increase.	553,041	520,000		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Serves as indicator that available services are used efficiently.
	M			1.1.4	Admissions to inpatient forensic facilities.	297	220		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Increase indicates SCDMH working to meet the need of local agencies.
	S	1.2			Appointments will be prioritized by need and with goal of reducing hospital admissions.							
	M			1.2.1	Patients requiring CMHC appointments will be seen in a timely manner according to protocol (priority, urgent, or routine).	95%	90%		7/1/2018 - 6/30/2019	Community Mental Health Services Reporting (CMHS)	Calculated using reporting software	Failure to provide community services when needed may result in unnecessary hospitalizations.
	M			1.2.2	Patients will have scheduled appointments at CMHCs within median of 7 days of discharge from an inpatient psychiatric facility.	3.72	<7		7/1/2018 - 6/30/2019	CMHS	Calculated using reporting software	Timely transition from hospital to community treatment is indicator of compliance with treatment and medication.
	S	1.3			Reduce the number of patients requiring readmission following discharge from SCDMH hospitals.							
	M			1.3.1	Percentage of patients requiring readmission within thirty days of discharge will be below 5%.	1.20%	<5		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Increase of rapid readmissions may indicate a break in the continuity of care between hospitals and CMHCs.
Healthy and Safe Families	G	2			Continue building upon community mental health services to reduce necessity for hospital admissions.							
	S	2.1			Maximize efficiency of staff as increasing number of third party payors become alternatives to traditional Medicaid to maintain services without burdening taxpayers.							
	M			2.1.1	Will maintain or increase number of billable hours in CMHCs.	910,595	910,000		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Decreased billable activity may suggest several concerns from unnecessary support staff to delivered services not being accounted for in some fashion.
	S	2.2			Provide superior community mental health services to reduce need for admissions to inpatient settings.							

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Fiscal Year 2018-2019
Accountability Report

Agency Code: J120 Section: 35

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		Goal	Strategy	Measure		Base	Target	Actual				
	M			2.2.1	Number of admissions to SCDMH inpatient facilities will decrease.	548	550		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Indicates SCDMH is successfully providing services in patients' communities.
Public Infrastructure and Economic Development	G	3			Maximize available technology to meet needs of staff and patients in as cost efficient manner as possible.							
	S	3.1			Employees will complete required training via computer modules.							
	M			3.1.2	Number of hours employees receive training via computer will increase or remain constant.	4,800	4,800		7/1/2018 - 6/30/2019	SCDMH Training Database	Calculated using reporting software	This measure may be adjusted due to some modules no longer being considered mandatory.
	M			3.1.2	Number of modules available will remain constant or increase.	201	200		7/1/2018 - 6/30/2019	SCDMH Training Database	Count	The agency has a new training task force to stream line current modules while meeting regulatory and accrediting standards but placing those no longer mandatory into an elective category, remaining available to staff who have a need or interest. This will result in more time for billable services.
	S	3.2			Hospital Emergency Departments will have access to SCDMH physicians							
	M			3.2.1	The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	24	23		7/1/2018 - 6/30/2019	Telepsychiatry Department	Count	Increased ability to provide services in emergency departments has reduced unnecessary hospitalizations and wait times in ERs. Has also demonstrated greater compliance with out-patient treatment.
	M			3.2.2	The number of Community Mental Health Centers utilizing Telepsychiatry services will remain constant or increase.	17 (all)	15		7/1/2018 - 6/30/2019	Telepsychiatry Department	Count	Demonstrates ability of physicians to serve rural areas without long drive times.
Public Infrastructure and Economic Development	G	4			Implement programs which will improve the lives of citizens.							
	S	4.1			Patients will be able to achieve and maintain productive, meaningful							
	M			4.1.1	Percentage of SCDMH patients having meaningful employment will increase.	16.0%	12.0%		7/1/2018 - 6/30/2019	CMHS	Calculated using reporting software	People competitively employed are generally have a better self-esteem and more open to social activity.
	M			4.1.2	Percentage of patients participating in SCDMH employment programs, gaining meaningful employment, will meet or exceed national benchmark (40%).	58.0%	50.0%		7/1/2018 - 6/30/2019	CMHS	Calculated using reporting software	Represents benefit of services in SCDMH vocational training and placement as compared to general population of SCDMH patients.
Healthy and Safe Families	G	5			Serve patients with skill, dignity, compassion, and respect.							

Agency Name: Department of Mental Health

Fiscal Year 2018-2019
Accountability Report

Agency Code: J120 Section: 35

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		Goal	Strategy	Measure		Base	Target	Actual				
	S			5.1	Residents of SCDMH nursing facilities will enjoy high standards of medical care.							
	M			5.1.1	Life expectancy at Roddy Pavillion (skilled nursing facility) will exceed national average (1.2 years).	6.8	3		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	A determination of whether expected standards of care are achieved.
	M			5.1.2	Life expectancy at Stone Pavillion (skilled nursing facility for veterans) will exceed national average (1.2 years).	1.8	3		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	A determination of whether expected standards of care are achieved.
	S			5.2	Standard of care in inpatient facilities will result in reduced need for patient restraint.							
	M			5.2.1	Use of restraints in SCDMH inpatient facilities will remain below of national average). (0.62 hours per 1,000 hours of inpatient service).	0.18	>0.62		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Low incidence of seclusion or restraint indicates less intrusive treatments are employed effectively.
	M			5.2.2	Use of seclusion rooms in SCDMH inpatient facilities will remain below of national average). (0.62 hours per 1,000 hours of inpatient service).	0.22	>0.62		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	
	S			5.3	SCDMH staff throughout all settings will be highly trained and able to provide highest standards of care.							
	M			5.3.1	Percentage of adults expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).	92.0%	88.0%		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Indicates whether SCDMH is providing services which improve patients' lives.
	M			5.3.2	Families of youths receiving SCDMH services will meet or exceed national average (US average 86%).	91.0%	86.0%		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Indicates whether SCDMH is providing services which improve patients' lives.
	M			5.3.3	Percentage of youths receiving SCDMH services will remain consistent with satisfaction of parents of youth (no national average available for youth satisfaction rates).	91.7%	85.0%		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Indicates SCDMH is providing services which improve patients' lives.
Maintaining Safety, Integrity and Security	G			6	Prepare to provide continuity of critical services to its patients while partnering with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.							
	S			6.1	SCDMH will trained and prepared for emergencies affecting itself and surrounding communities.							
	M			6.1.1	All Community Mental Health Centers will meet Centers for Medicare and Medicaid Studies' rules for emergency preparedness when surveyed for compliance (at least once every three years).	100%	100%		7/1/2018 - 6/30/2019	CMHS	Count	Is warning that failure to correct any deficiency could result in loss of Medicaid reimbursement for that CMHC.
	M			6.1.2	SCDMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency situations.	100%	100%		7/1/2018 - 6/30/2019	Department of Administration	County	Indicates compliance and cooperation with other state agencies at SEOC.
Healthy and Safe Families	G			7	Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.							
	S			7.1	Reduce number of patients in hospital emergency rooms needing inpatient beds for mental health or substance abuse treatment.							

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Fiscal Year 2018-2019
Accountability Report

Agency Code: J120 Section: 35

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		Goal	Strategy	Measure		Base	Target	Actual				
	M			7.1.1	Number of people awaiting beds will be reduced. (Data is based upon a "Monday morning snapshot" of hospital emergency departments.)	2,428	>2,400		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Lower numbers indicate Department's efforts to reduce ED wait times are effective.
	M			7.1.2	Patients awaiting beds, at time of Monday snapshot, will be appropriately placed within 24 hours of their emergency room arrival.	1,919	>1,800		7/1/2018 - 6/30/2019	Central Office IT	Calculated using reporting software	Lower numbers indicate intervention efforts by Department are effective.
	S			7.2	School-based clinicians will be embedded in schools throughout South Carolina in order to manage compliance with appointments and better serve partnering schools.							
	M			7.2.1	The number of schools in South Carolina with a school based counselor will increase.	653	<700		7/1/2018 - 6/30/2019	CMHS	Count	Higher number indicates more school-aged children have easier access to mental health services.
	S			7.3	The South Carolina Youth Suicide Prevention Initiative (SCYSPI) will collaborate with a variety of healthcare providers and support agencies to reduce the risk of suicide in teens and young adults.							
	M			7.3.1	SCYSPI will partner with an increasing number of schools in SC.	25	49		7/1/2018 - 6/30/2019	SCYSPI	Count	Higher number indicates increased opportunity to engage school administration and students.
	M			7.3.2	SCYSPI will be partnerships with a CMHC, Federally Qualified Health Center, a hospital ED, and an inpatient hospital. Each partnership will be 25% of achieving goal.	New			7/1/2018 - 6/30/2019	SCYSPI	Count	Indicates progress toward goal of reducing youth suicides in SC.

Department of Mental Health

Fiscal Year 2017-2018
Accountability Report

J120

Section:

035

Program Template

Purpose	FY 2017-18 Expenditures (Actual)				FY 2018-19 Expenditures (Projected)				Associated Measure(s)
	General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
Primarily provides for long-range planning, performance and clinical standards, evaluation and quality assurance and legal counsel.	\$ 3,925,623	\$ 37,389	\$ -	\$ 3,963,013	\$ 3,618,999	\$ 117,276	\$ -	\$ 3,736,275	
Services delivered from the seventeen mental health centers that include: evaluation, assessment, and intake of consumers; short-term outpatient treatment; and continuing support services.	\$ 66,139,528	\$ 65,806,279	\$ 13,355,099	\$ 145,300,905	\$ 71,075,463	\$ 76,141,622	\$ 7,618,672	\$ 154,835,757	
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.	\$ 42,495,345	\$ 43,337,375	\$ -	\$ 85,832,720	\$ 43,345,339	\$ 44,939,186	\$ -	\$ 88,284,525	
Services delivered in a hospital setting for adult consumers whose conditions are severe enough that they are not able to be treated in the community.	\$ 7,372,082	\$ 3,679,679	\$ -	\$ 11,051,761	\$ 7,585,687	\$ 3,416,687	\$ -	\$ 11,002,374	
Nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	\$ 28,511,262	\$ 2,448,612	\$ 109,473	\$ 31,069,347	\$ 26,700,617	\$ 7,375,681	\$ 86,913	\$ 34,163,211	
Residential care for individuals and veterans with mental illness whose medical conditions are persistently fragile enough to require long-term nursing care.	\$ 23,566,183	\$ 42,460,092	\$ -	\$ 66,026,275	\$ 23,126,165	\$ 41,969,550	\$ -	\$ 65,095,715	

Department of Mental Health

Fiscal Year 2017-2018
Accountability Report

J120

Section:

035

Program Template

Purpose	<i>FY 2017-18 Expenditures (Actual)</i>				<i>FY 2018-19 Expenditures (Projected)</i>				Associated Measure(s)
	General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
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.	\$ 19,759,891	\$ 2,278	\$ -	\$ 19,762,170	\$ 19,779,676	\$ 17,454	\$ -	\$ 19,797,130	
Fringe benefits for all DMH employees.	\$ 45,372,449	\$ 25,467,707	\$ 1,524,119	\$ 72,364,274	\$ 49,571,006	\$ 31,600,919	\$ 688,605	\$ 81,860,530	

Agency Name: Department of Mental Health

Agency Code: J120 Section: 035

Legal Standards Template

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted				Does this law specify who your agency must or may serve? (Y/N)	Does the law specify a product or service your agency must or may provide?	If yes, what type of service or product?	If other service or product, please specify what service or product.
1	SECTION 44-9-10.	All State except where indicated	All Statutory except where indicated	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.	All Yes except where indicated	All Yes except where indicated.	All mental health treatment and related services except where indicated,	No Other Service Or product			
2	SECTION 44-9-30.			Creation of South Carolina Mental Health Commission and its authority	No		No				
3	SECTION 44-9-40.			Appointment of the State Director of Mental Health and powers, duties and qualifications.	No		No				
4	SECTION 44-9-50.			Divisions of SCDMH as authorized by State Director and Commission.							
5	SECTION 44-9-60.			Appointment of directors of hospitals; employment of personnel.	No		No				
6	SECTION 44-9-70.			Administration of Federal funds; development of mental health clinics.	No		No				
7	SECTION 44-9-80.			Utilization of Federal funds provided to improve services to patients.							
8	SECTION 44-9-90 and 100.			Powers and duties of Mental Health Commission.							
9	SECTION 44-9-110.			Authority of the Commission to accept gifts and grants on behalf of SCDMH	No		No				
10	SECTION 44-9-120.			Annual report of Commission to Governor	No		No				
11	SECTION 44-11-10.			SCDMH Inpatient and Outpatient Facilities to be maintained and purposes							
12	SECTION 44-11-30.			Establishment, purpose and admission requirements of SCDMH South Carolina Veterans Homes.							
13	SECTION 44-11-60.			Establishment of mental health clinics/centers							
14	SECTION 44-11-70.			Appointment and powers of SCDMH inpatient facility Public Safety officers.	No		No				
15	SECTION 44-11-75.			Entering or refusing to leave state mental health facility following warning or request; penalty.	No		No				
16	SECTION 44-11-110.			Commission and Attorney General approval of easements and rights of way on SCDMH grounds	No		No				
17	SECTION 44-13-05.			Authority for law enforcement to take individual who appears to be mentally and posing a risk of harm into protective custody.							
18	SECTION 44-13-10.			Detention and care of individual by county pending removal to SCDMH inpatient facility.	No		No				
19	SECTION 44-13-20.			Admission of resident ordered committed by foreign court.							
20	SECTION 44-13-30.			Removal of patient who is not a citizen of this State.							
21	SECTION 44-13-40.			Removal of alien patient.	No		No				
22	SECTION 44-13-50.			Return of patient to out-of-State mental health facility.							
23	SECTION 44-13-60.			Transfer of custody of infirm or harmless patient to custodian, guardian or county.							
24	SECTION 44-13-70.			Admission forms to be kept by probate judges.	No		No				
25	SECTION 44-15-10.			Establishment of local mental health programs and clinics/centers	No		No				
26	SECTION 44-15-20.			Mental health center Services for which funds may be granted.							
27	SECTION 44-15-30.			Applications for mental health center funds .	No		No				
28	SECTION 44-15-40.			Allocation of mental health center funds and review of expenditures.	No		No				
29	SECTION 44-15-50.			Grants for mental health center services.	No		No				
30	SECTION 44-15-60.			Establishment and membership of community mental health center boards.	No		No				
31	SECTION 44-15-70.			Powers and duties of community mental health center boards	No		No				

32	SECTION 44-15-80.			Powers and duties of SCDMH related to mental health centers								
33	SECTION 44-15-90.			Mental health center unexpended appropriations.	No		No					
34	SECTION 44-17-310, et. seq.			Care and Commitment of Mentally Ill Persons								
35	SECTION 44-22-20, et. Seq.			Patients rights								
36	SECTION 44-23-40.			Appeal to court from rules and regulations adopted by SCDMH								
37	SECTION 44-23-210.			Transfer of confined persons to or between SCDMH and DDSN								
38	SECTION 44-23-220.			Inpatient admission of persons in jail.								
39	SECTION 44-23-240.			Criminal liability of anyone causing unwarranted confinement.	No		No					
40	SECTION 44-23-410.			Determining fitness/capacity to stand trial								
41	SECTION 44-23-420.			Fitness to stand trial examiner's report.								
42	SECTION 44-23-430.			Hearing on fitness capacity to stand trial; effect of outcome.								
43	SECTION 44-23-450.			Reexamination of finding of unfitness.								
44	SECTION 44-23-460.			Procedure when SCDMH determines forensic patient no longer requires hospitalization.								
45	SECTION 44-23-1080.			Patients or prisoner denied access to alcoholic, firearms, dangerous weapons and controlled substances.	No		No					
46	SECTION 44-23-1100.			Confidentiality and disclosure of copies of probate judge forms/documents.	No		No					
47	SECTION 44-23-1110.			Charges for patient/client maintenance, care and services.	No		No					
48	SECTION 44-23-1120.			Liability of estate of deceased patient or client	No		No					
49	SECTION 44-23-1130.			Payment contracts for care and treatment by persons legally responsible	No		No					
50	SECTION 44-23-1140.			Lien for care and treatment; filing statement; limitation of action for enforcement.	No		No					
51	SECTION 44-23-1150.			Sexual misconduct with an inmate, patient, or offender.	No		No					
52	SECTION 44-24-10, et seq.			Commitment of Children in Need of Mental Health Treatment								
53	SECTION 44-25-10, et. seq.			Interstate Compact on Mental Health								
54	SECTION 44-48-10, et. seq.			Sexually Violent Predator commitment, detention, treatment and release								
55	SECTION 44-52-5, et. seq.			Alcohol and Drug Abuse Commitment						Alcohol and Drug Treatment		
56	SECTION 62-5-105.			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.						Conservator for Patient		
57	2017-11		Executive Order	Every state agency shall be responsible for emergency services as assigned in the South Carolina Emergency Operations Plan and participate in scheduled exercises.								
				Note: there are additional State statutes which require or authorize SCDMH to provide a service or product to a respective court. These include: evaluations and or reports related to: stalking, child need for treatment , Mental health courts, Restoration of gun rights.								
				Federal laws and regulations which significantly impact the Department: SCDMH is a covered entity as defined in the Health Insurance Portability and Accountability Act, (HIPAA) and is subject to the Privacy and Security regulations; 45 CFR Part 164 ,promulgated pursuant to the Act; SCDMH operates several alcohol and drug treatment facilities and program+E93s. Those Programs are subject to 42 CFR Part 2 confidentiality regulations; hree of the SCDMH hospitals and all of its four nursing homes are certified Medicaid and Medicare providers by the Centers for Medicare and Medicaid Services (CMS), and are subject to extensive federal regulations governing the Conditions of Participation of those facilities, and Conditions of Participation, 42 CFR Part 485. SCDMH's three State Veterans Nursing Homes are additionally subject to federal Veterans Administration regulations governing the conditions of operation of those facilities, 38 CFR Part 51; SCDMH is also subject to additional Federal laws via Federal contracts and Grants.								
				SCDMH operates several alcohol and drug treatment facilities or programs that are subject to 42 CFR Part 2 confidentiality.								

Customer Template

Customer Segments	<i>Specify only for the following Segments: (1) Industry: Name; (2) Professional Organization: Name; (3) Public: Demographics.</i>
General Public	3) People 18 years of age or older. No income requirements.
General Public	3) Children and adolescents (and their families) from birth through age 17. No income requirements.
General Pubic	3) Children and aadolescents ages 4 through 17.

General Public	3) Adults over the age of 17.
Judicial Branch	The Department's forensic services are available for any adult (18 years of age or older) in the south Carolina judicial services that requires a mental health evaluation or treatment.
General Public	3) All South Carolina residents aged 18 or older. All patients must be diagnosed with a substance abuse disorder.

General Public	3) Any person residing in South Carolina for at least one year who has received a general discharge or an honorable discharge from military service and who requires long term nursing care.
General Public	3) Any resident of South Carolina who requires long term nursing care. Priority is given to patients of DMH hospitals primarily in need of nursing care.
Judicial Branch	3) People adjudicated as sexually violent predators who have completed their sentence but who, it has been determined, remain a danger to other people in the community. This is located within the confines of facilities maintained by the South Carolina Department of Corrections.

Agency Name: Department of Mental Health

Fiscal Year 2017-2018
Accountability Report

Agency Code: J120 Section: 035

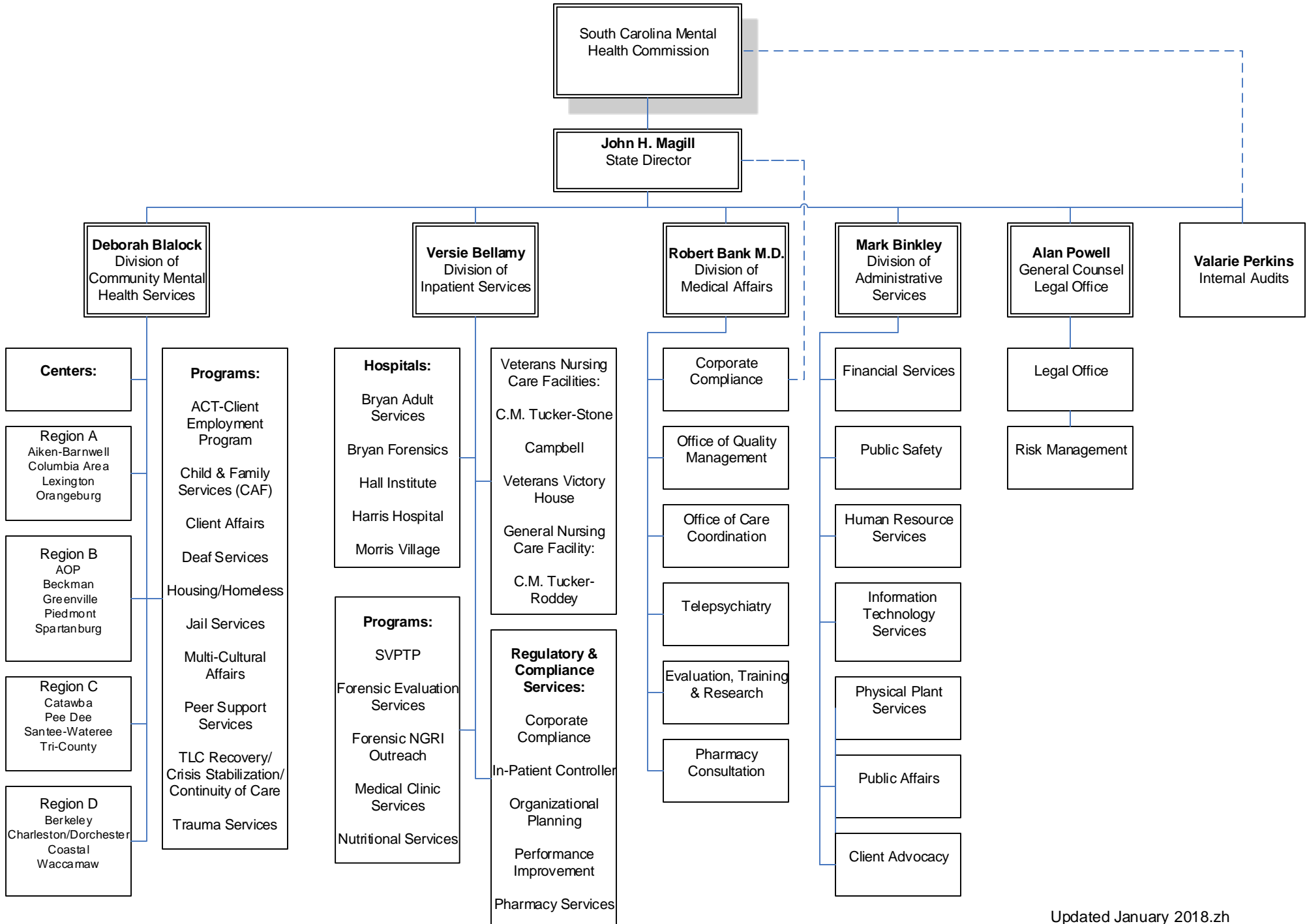
Partner Template

Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Goal(s)
University of South Carolina School of Medicine	Higher Education Institute	SCDMH has contracts with the University of South Carolina School of Medicine, Department of Neuropsychiatry and Behavioral Science. DMH provides clinical rotation for 1st, 2nd, 3rd and 4th year medical students from the School of Medicine. The medical students are assigned DMH physician preceptors and rotate through the centers and facilities. There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psych) that rotate through SCDMH centers and facilities.	1.1.2
Medical University of South Carolina (MUSC)	Higher Education Institute	Residents receive educational experiences and supervision through scheduled rotations community setting. Medical Students and Physician Assistant students rotate regularly though Charleston Dorchester Mental Health Center (CDMHC) throughout the academic year. CDMHC is involved with a learning collaborative between Mental Health, the Crime Victim's Center at MUSC and the Dee Norton Lowcountry Children's Center. Contracts with MUSC to provide forensic evaluation of adult criminal defendants in a dozen counties in the low-country of South Carolina.	1.1.1 1.1.2
Department of Alcohol and Other Drug Abuse Services	State Government	1. "No Wrong Door" initiative. 2. Morris Village Alcohol & Drug Addiction Treatment Center	
Department of Corrections	State Government	Corrections provides secure residential setting for SCDMH to provide treatment services to people who have served their sentence for sexual offense but still deemed to be a danger to society and who are civilly committed to DMH for sex offender treatment.	

Disabilities and Special Needs	State Government	The SCDMH/DDSN relationship is a collaboration to ensure services, treatment, and where applicable, appropriate housing for patients with a dual diagnosis (mental health and intellectual disabilities). Disabilities and Special Needs, with SCDMH support, operates two group homes serving people whom are patients of both agencies. One is specifically designed for people who would otherwise be in an inpatient forensic setting.	
Department of Education	State Government	Identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. SCDMH often places staff onsite through its school-based services program.	1.1.1 7.2.1 7.3.1
Emergency Management Division	State Government	Provides staff to assist in emergency preparedness and recovery efforts in communities affected by disasters.	6.1.1 6.1.2
Department of Health and Environmental Control	State Government	Licenses Mental Health inpatient facilities. Serves as primary agency for state emergencies in Health and Medical Emergency Support Functions with Mental Health serving as chief support for mental health services.	6.1.1
Department of Health & Human Services (HHS)	State Government	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 between HHS and DMH is critical to our agency's mission and those 50,000 clients we serve who are also covered by Medicaid.	1.1.3 2.1.1

Department of Juvenile Justice (DJJ)	State Government	SCDMH has a memorandum of agreement with DJJ to assist with transfers of juveniles with mental health needs to the care of SCDMH for treatment. We have four community mental health centers with staff located in county DJJ county offices. An additional staff is placed at the DJJ Broad River Road Correctional Facility.	7.3.1
Department of Social Services	State Government	Works closely with DSS to assure appropriate treatment services for children and adolescents (and their families) in foster care services.	7.2.1 7.3.1
Department of Vocational Rehabilitation (SCVRD)	State Government	Individual Placement and Support (IPS) is an evidenced-based supported employment best practice model and provided through a collaboration between SCDMH and SCVRD. The goal of this partnership is to place people with serious mental illness in competitive employment.	4.1.1 4.1.2

S.C. Department of Mental Health Organizational Chart



AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

**Fiscal Year 2017-18
Accountability Report**

SUBMISSION FORM

AGENCY MISSION	<p>It is the mission of the South Carolina Department of Mental Health to support the recovery of people with mental illnesses.</p>
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AGENCY VISION	<p>The South Carolina Department of Mental Health (DMH) is committed to improving access to mental health services, promoting recovery, eliminating stigma, improving collaboration with all our stakeholders, and assuring the highest level of cultural competence.</p> <p>We believe that people are best served in the community of their choice in the least restrictive settings possible. We commit to the availability of a full and flexible array of coordinated services in every community across the state. We believe in services that build upon critical local supports: family, friends, faith communities, healthcare providers, and other public services that offer affordable housing, employment, education, leisure pursuits, and other social and clinical supports.</p> <p>We are committed to the highest standard of care in our skilled nursing facilities for South Carolina citizens. The Joint Commission has designated two of the Department’s four</p>
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AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

nursing facilities as nationally accredited. Only about five percent of similar facilities in South Carolina have earned this recognition.

We are also determined to provide appropriate evaluation and/or treatment to the increasing number of individuals requiring forensic services, both inpatient and in the community.

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

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

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

	Yes	No
RESTRUCTURING RECOMMENDATIONS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	William T. Wells	843-212-8977	william.wells@scdmh.org

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

SECONDARY CONTACT:	D. Stewart Cooner	803-898-8632	stewart.cooner@scdmh.org
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I have reviewed and approved the enclosed FY 2017-18 Accountability Report, which is complete and accurate to the extent of my knowledge.

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

BOARD/CMSN CHAIR (SIGN AND DATE):	
(TYPE/PRINT NAME):	Alison Y. Evans, Psy.D.

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

AGENCY'S DISCUSSION AND ANALYSIS

Goals:

The South Carolina Department of Mental Health (SCDMH) consistently reviews its programs and services using data-driven analyses, performance measurements, and feedback mechanisms to determine the success with which it is meeting the goals of SCDMH Management and the South Carolina Mental Health Commission. Thus the Department is able to identify its strengths in meeting the responsibility of being the mental health authority of South Carolina while subsequently identifying services and situations where improvements might prove beneficial. In meeting that responsibility, the Department strives to:

- Assure quality mental health services are available to meet South Carolina's needs as its population continues to increase.
- Continue building upon community mental health services to reduce necessity for hospital admissions.
- Maximize use of technology to meet needs of staff and patients in as cost efficient manner as possible.
- Implement programs which will improve the lives of citizens.
- Serve all patients with skill, dignity, compassion, and respect.
- Prepare to continue critical services to its patients while partnering with other state agencies and other organizations to mitigate effects of disasters and/or other emergencies.
- Partner with other agencies to bring mental health assistance to people in non-SCDMH settings.

Each year, SCDMH's Public Information Office develops its annual list of developments and achievements for an audience that includes the Governor, members of the General Assembly and legislative staff, other elected officials, the South Carolina Mental Health Commission, members of the Community Mental Health Centers Advisory Boards, advocates, academic partners, hospital leaders, and other community partners. Information discussed below is almost exclusively from that report.

DMH continues to expand and improve its community mental health services.

- Thanks to the support of the Governor and the General Assembly, DMH has increased access to community mental health services and serves more patients than ever. From FY14 to FY18, the Community Mental Health Services Division increased the percentage of all appointments meeting access standards by 17.28%, increased the percentage of new cases (new/readmissions) by 7.29%, and increased the number of patients treated by 6.42%. In the Agency's community mental health centers, patients in crisis can see a Mental Health Professional on a walk in basis, and wait times for appointments with counselors have been reduced significantly. A number of DMH clinics offer extended hours of operation.
 - DMH's Community Mental Health Services (CMHS) Division is in the process of using additional funds appropriated to increase community services for adults. The expected outcome of the funding is to increase outreach to patients living with chronic mental

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

illness who are at risk of hospitalization, by securing appropriate community housing and delivering services in the community at an intensity to meet their needs.

- CMHS is also in the process of using additional appropriated funds to increase community services for children, adolescents, and their families. The additional funding available to Centers will increase the availability of intensive, evidence-based services to meet patients’ needs in the community and prevent hospitalizations and out of home placements.
- A \$1.2 Million School Mental Health Services grant from The Duke Endowment, awarded in spring 2018, will help DMH implement a countywide school telehealth initiative integrating mental health and primary health care for children in Darlington County. DMH’s Pee Dee Community Mental Health Center, in partnership with the Medical University of South Carolina, the South Carolina Telehealth Alliance, the Darlington One school district, and several local private providers, will make multiple healthcare services available in participating schools. Increased access to healthcare services for students and families is expected to improve student health, reduce absenteeism, and correspondingly improve student achievement.
- In September 2015, DMH received a youth suicide prevention grant of \$736,000 per year for five years from the Substance Abuse and Mental Health Services Administration (SAMHSA). The award supports the SC Youth Suicide Prevention Initiative (SCYSPI), an intensive, community-based effort with the goal of reducing suicide among youths and young adults, aged 10 to 24, by 20% statewide by 2025.
 - Using various multi-media platforms, SCYSPI has surpassed its outreach and awareness goal of 300,000 individuals by year five, having reached more than 360,000 individuals across the state from 2016-2018.
 - SCYSPI offers trainings in suicide prevention to professional audiences and community members. To date, the Initiative has trained more than 9,000 individuals in suicide prevention.
 - More than 45 school districts in SC have adopted the SCYSPI *Comprehensive School Suicide Prevention Program*.
 - SCYSPI is implementing the ZEROSuicide model in Health Care settings throughout South Carolina. The foundational belief of ZEROSuicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. SCYSPI will begin piloting the ZEROSuicide approach this year in six DMH mental health centers: Anderson-Oconee-Pickens, Beckman, Berkeley, Lexington, Santee-Wateree, and Spartanburg, with the goal of eventual Agency-wide implementation.
 - SCYSPI is also implementing a ZEROSuicide protocol among Federally Qualified Health Centers.
- In 2016, DMH collaborated with the SC chapters of the American Foundation for Suicide Prevention and Mental Health America, to form the SC Suicide Prevention Coalition with the goal of developing a State plan addressing suicide prevention.
 - The Coalition, chaired by DMH State Director John H. Magill, comprises lawmakers and leaders in the non-profit arena, as well as public and private sectors and plans to unveil its Plan this fall.
- SAMHSA’s Center for Mental Health Services has awarded DMH a Healthy Transitions Grant, effective September 30, 2018, in the amount of \$1 Million per year for five years, to improve access to treatment and support services for youth and young adults ages 16-25 who have a serious emotional disturbance or a serious mental illness in Sumter, Kershaw and Lee Counties.
- With recurring funds appropriated by the SC General Assembly, DMH continues to expand its School Mental Health Program. School Mental Health services are now available in 653 schools across South Carolina and the Program anticipates being in more than 700 SC schools during the 2018-19 academic year.

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

- DMH has launched a new crisis response program, Community Crisis Response and Intervention (CCRI). CCRI is a partnership between DMH and the SC Department of Health and Human Services (HHS) that provides adults and children with clinical screening to de-escalate crises and provide linkage to ongoing treatment and other resources in one of three ways: in person at the location of crisis, in person at a CMHC clinic, or by phone. CCRI services can be accessed via a toll free number: (833) DMH-CCRI [364-2274].
 - Berkeley County launched mobile response services in May 2018, joining neighboring Charleston and Dorchester counties, which have provided mobile response services since 1987.
 - CCRI services launched in Horry and Beaufort counties in August, 2018.
 - The Program plans to provide services to the entire coastal region by mid-October 2018.
 - CCRI aims to establish statewide CCRI after-hours response coverage by the summer of 2019.
 - Other goals of CCRI include providing clinical response to mental health crises within one hour to 50% of the state within two years and 100% of the state within four years. DMH is also working with HHS to enable clinical responses to mental health crises to be delivered via telehealth, which would significantly reduce clinical response time.
- DMH is actively engaged in year three of its Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI-SC). The \$1.8 Million per year, three-year SAMHSA grant, awarded in late 2015, serves individuals who are chronically homeless and have a serious mental illness and has expanded partnerships with a number of organizations, including Palmetto Health, the University of South Carolina School of Medicine, the United Way of the Midlands, and the South Carolina Interagency Council on Homelessness.
 - Palmetto Health operates an Assertive Community Treatment (ACT) team in Columbia, which provides mental health services to homeless individuals wherever they are, and encourages them to accept available services.
 - CABHI-SC is funding five grant-supported positions at Greenville Mental Health Center to expand its existing ACT team to serve an additional 34 chronically homeless patients by the end of the Grant.
 - CABHI-SC treatment sites at Palmetto Health and Greenville Mental Health Center have enrolled 109 clients, meeting the target for the grant period.
 - In addition to funding ACT teams, CABHI-SC also funds four SSI/SSDI Outreach, Access, and Recovery (SOAR) benefits specialist positions throughout South Carolina. SOAR specialists accelerate the establishment of Social Security benefits to eligible individuals. As of June 30, 2018, these specialists have submitted 88 applications that received decisions. Of this total, 71% were approvals that connected people with disabilities to SSI/SSDI income supports and Medicaid and/or Medicare to support their recovery.
 - SOAR achieved a 71% approval rate and average decision time of 84 days based on 56 initial SSI/SSDI applications with decisions in FY17, and was highlighted in SAMHSA's *National Outcomes Report* for achieving "very good outcomes, in part due to a strong partnership with SSA, DDS, DMH, and nonprofit partners."
 - In FY18, SOAR achieved a 69% approval rate and average decision time of 78 days based on 74 initial SSI/SSDI applications with decisions.
 - The South Carolina Interagency Council on Homelessness has expanded, including representation from eight state agencies: DMH, DAODAS, Department of Corrections, Department of Education, HHS, SC Housing, DSS, and DHEC. The Council meets every other

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

month and focuses on achieving better statewide coordination among stakeholders to address homelessness and mental health issues.

- Beginning in August 2018, SAMHSA awarded DMH a grant of \$1 Million per year for five years, to fund the continuation of the evidence-based intensive treatment services and benefits assistance for individuals with serious mental illnesses and co-occurring disorders who are experiencing homelessness.
 - The Grant will also fund four new SOAR benefits specialist positions, one at the South Carolina Department of Corrections to assist offenders who have serious mental illnesses with applications prior to release, and one each at the Charleston Dorchester, Waccamaw and Greenville mental health centers. More than 500 individuals are expected to be served by the Grant over its five-year term.
- Parcel sales of the Bull Street property have continued; additional parcel sales took place December 2017, with additional sales scheduled for the end of September 2018. The Buyer has continued to exceed – remain ahead of – the minimum payment schedule required in the Agreement.
 - An accurate accounting of the funds received to date by the Department is maintained and the proceeds are deposited in a segregated account. The Commission has authorized the agency to use the initial sale proceeds to increase additional affordable housing for patients in the community.
 - DMH has committed \$1 Million in Bull Street proceeds for 40 units in four housing projects in FY18: Parkside at Drayton (Spartanburg), Northside Development (Spartanburg), Preserve at Logan Park (Greenville), and Mental Illness Recovery Center (MIRCI) Youth Home (Columbia). Parkside at Drayton and the MIRCI Youth Home are currently under construction, and closings for the other two projects are pending.
- In FY17, DMH received a \$1 Million appropriation from the General Assembly to develop crisis stabilization centers in communities.
 - The Charleston-Dorchester Mental Health Center, in collaboration with MUSC, Roper Hospital, and the Charleston County Sheriff’s Department, opened the 10-bed Tri-County Crisis Stabilization Center in June 2017. On average, the Center serves over 60 individuals each month.
 - Spartanburg Mental Health Center will open its model of a crisis stabilization center by the beginning of September 2018.
 - Greenville Mental Health Center anticipates its model of a crisis stabilization center will open in early 2019.
 - The Anderson-Oconee-Pickens, Pee Dee, Orangeburg, and Waccamaw mental health centers are currently working with local stakeholders and exploring options to develop Crisis Stabilization Units in their respective areas.
- DMH has entered into agreements with community hospitals to embed mental health professionals to assist hospital emergency departments (EDs) in meeting the needs of psychiatric patients. DMH currently has this type of partnership in multiple community hospitals, resulting in more than 9,242 dispositions from EDs in FY18.

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

DMH continues to use innovative technology to advance and increase its services.

- Since its inception, DMH’s Telepsychiatry programs have provided more than 92,000 psychiatric services.
 - As of June 30, 2018, DMH’s innovative and award winning Emergency Department Telepsychiatry Program has provided more than 41,000 evaluations and treatment recommendations to emergency departments across South Carolina. The Program was developed to meet the critical shortage of psychiatrists in South Carolina’s underserved areas, and assist hospital emergency rooms by providing appropriate treatment to persons in a behavioral crisis, using real-time, state-of-the-art video-and-voice technology that connects DMH psychiatrists to hospital emergency departments throughout the state.
 - Built on the success of telepsychiatry services to emergency departments, DMH has equipped its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its patients via telepsychiatry. Since August 2013, the Community Telepsychiatry Program has provided more than 49,000 psychiatric treatment services to DMH patients throughout South Carolina.
 - The Charleston Dorchester Mental Health Center received the prestigious *Leaders Innovating Telehealth (LIT) Award*, at the Vidyo Healthcare Summit in November 2017. The Center was recognized for its EMS Mobile Crisis Telehealth Project, a partnership with Charleston County EMS, the Medical University of South Carolina, and the South Carolina Telehealth Alliance, that offers on-site emergency mental health assessments in real-time to the Charleston area community. Vidyo, which provides software-based collaboration technology, presents the LIT award to healthcare providers driving national innovation in healthcare by creating greater access to and simplifying the way care is provided to patients.
 - At its 51st Annual Conference, the SC Association of Counties presented Charleston County with the J. Mitchell Graham Award for the EMS Mobile Crisis Telehealth Project. The Award is presented to counties that have shown great leadership and achievement in programs and services provided to the community.
- In May 2018, The Duke Endowment announced that the DMH Community Telepsychiatry Program would receive a \$600,000 award to increase access to psychiatric services by creating a varied roster of clinical care providers and administrative support, including the use of Advanced Practice Registered Nurses and Mental Health Professionals, and designing the most effective team structure for mental health service delivery.
- In May 2018, DMH completed its yearlong implementation of the inpatient Electronic Health Record across the Agency’s system of inpatient psychiatric facilities, helping ensure continuity of patient care and regulatory compliance.

DMH is a dedicated partner in serving the citizens of South Carolina.

- In April 2018, DMH’s Metropolitan Children’s Advocacy Center (MetCAC) hosted a rededication of the Richland County Child Abuse Response Team Investigative Protocol, commemorating 20 years of partnership serving Richland County children who have suffered abuse and neglect. The MetCAC is a member of the Richland County Child Abuse Investigation Multi-Disciplinary Team, which comprises local law

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

enforcement, Department of Social Services, The Solicitor's Office, forensic medical providers, mental health providers, and victims' services providers, dedicated to ensuring a collaborative approach to investigating child abuse in Richland County.

- DMH has received a three-year grant from The Duke Endowment, totaling \$1.2 Million, to support and expand Mental Health Courts in South Carolina. These Courts work by diverting non-violent offenders with a mental illness from the criminal justice system into treatment, all while under the supervision and monitoring of the Court. Funding from the Grant is also being used for an evaluation of outcomes of Mental Health Courts (conducted by the USC School of Medicine), including the extent to which they reduce public expenditures while improving the lives of participating defendants.
- In 2015, then-Governor Nikki Haley created the Domestic Violence Task Force to study the issues surrounding domestic violence in South Carolina and make recommendations to respond to the problem. The Task Force, chaired by the Governor, included representatives from more than 40 organizations at the state and local levels. The Task Force and its subcommittees issued interim reports, resulting in a 2015 report of Proposed Recommendations identifying issues and proposing solutions to address domestic violence in SC.
 - DMH remains an active member of the Task Force and the Domestic Violence Advisory Committee, the latter of which works toward implementing the recommendations in the August 2015 report. Recently, DMH drafted a summary of agency-specific initiatives that meet the recommendations of the report. DMH staff will share this information with the Governor's staff as well as the members of the Advisory Committee members in the coming months.

DMH is dedicated to employing an excellent, well-trained staff.

- In July 2018, DMH's Division of Public Safety received a four-year accreditation from the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA), making it the only mental health law enforcement agency in the United States to hold this distinction, following a final review and vote by the CALEA Commission. Only 12% of law enforcement agencies in South Carolina are CALEA accredited; the accreditation program requires law enforcement agencies to demonstrate compliance with professional standards in multiple areas, including policy and procedures, administration, operations, and support services.
- DMH Deputy Director, Inpatient Services Versie Bellamy, DNP, will receive the Mental Health Professional of the Year Award from the National Alliance on Mental Illness-SC at its 2018 awards ceremony in August. The award recognizes Dr. Bellamy for her many years of service to those with mental illness, their families, and NAMI SC.
- Five of DMH's Nurses were recognized as 2018 Palmetto Gold Nurses. Elizabeth A. Brown, MS, RN; Jeanne G. Felder, MHA, BSN, RN; Christine J. Mayo, MSN, RN; Donna M. McLane, MA, BSN, RN; and Nicole D. Hamilton, DNP, MSN, MHA, MEd, were honored as "Registered Nurses who exemplify excellence in nursing practice and commitment to the nursing profession in South Carolina."
- In February 2018, the Action Council for Cross Cultural Mental Health and Human Services presented two DMH employees with awards at its 40th Annual Cross Cultural Conference.
 - Elizabeth Schrum, an employee at the Catawba Community Mental Health Center received the Irene H. Singleton Support Staff Award, which recognizes a DMH employee with an outstanding dedication to his or her work, commitment and loyalty to fellow staff and the Agency, compassion and concern for fellow employees and patients, personal resilience, and cross-cultural involvement.

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

- Tracy Richardson, from the Anderson-Oconee-Pickens Mental Health Center, received the Otis A. Corbitt Leadership & Community Service Award, honoring an individual who has provided exceptional leadership and support to the Conference and its success.
- In July 2018, the Joint Council on Children and Adolescents recognized DMH State Director John H. Magill for his years of dedicated service as chair of the Body. Established in August 2007 by DMH and the Department of Alcohol and Drug Abuse Services as a mechanism for transforming the service delivery system for youth and their families, the Council comprises the directors of multiple state agencies, advocacy groups, private organizations, and parents of children with serious mental illness. Its mission requires participating agencies to commit to the delivery of cost-effective, collaborative, quality service for children in need.
- In June 2018, approximately 400 professionals participated in the third annual statewide Cultural and Linguistic Competency Summit, designed to increase professionals' and individuals' capacity to effectively address cultural differences among diverse children and families in South Carolina.
- In April 2018, approximately 550 professionals from 18 states attended the 5th Annual Southeastern School Behavioral Health Conference, *Building Momentum for Effective School Behavioral Health*, of which DMH was a co-sponsor.
- In early August 2018, approximately 1,300 mental health professionals and others with interest in mental health issues from across the country are planning to attend the 7th annual Lowcountry Mental Health Conference. The 2018 event, sponsored by the Charleston-Dorchester Mental Health Center and Mental Health Heroes, features multiple mental health experts and advocates as speakers.
- Each September, DMH and the USC School of Medicine jointly sponsor *A Psychiatric Update*, a daylong, continuing medical education training offered both in-person and via video conference to approximately 200 mental health professionals. This year's event, September 28, will be the 19th annual and will feature presentations from physicians and other professionals in various fields of study. The event offers Continuing education credit staff can use toward renewal of their professional licenses.

DMH continues to plan for the future:

- Construction of a new Santee-Wateree Mental Health Center in Sumter should be completed in July 2018, and the facility opens for services in early August. The new building allows the Center to provide comprehensive mental health services under one roof in a state-of-the-art facility.
- Recognizing the need for additional capacity for the increasing census of residents, including the need to provide adequate treatment space the current location could not accommodate, the Department in 2016 secured funding from the General Assembly for a new Sexually Violent Predator Treatment Program facility. The 250-bed, secure facility will open in October 2018.
- Anticipating a growing veteran population, DMH applied for funds in 2015 to construct three additional State Veterans nursing homes. With guidance from the State's Joint Bond Review Committee, DMH identified areas with significant need for new veterans' nursing homes and proposed new 104-bed facilities in Florence, Richland, and Cherokee counties. In April 2018, the Department received official notification from the U.S. Department of Veterans Affairs that construction grant funding for the three homes had become available. DMH expects conditional grant approval from the VA Undersecretary of Health in September 2018, and continues to manage aggressively the three

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

projects. Leadership is confident the State will receive conditional grant approval for all three facilities and complete the remaining steps to receive final grant awards.

- In late May 2018, DMH convened a Leadership Assembly, comprising approximately 100 senior staff from across the Department. The Assembly’s three-fold goal was reaffirming the vision and mission of the Agency; recognizing the accomplishments, challenges, and opportunities of the Agency; and holding an open forum to discuss future Agency goals. Input from the day’s event yielded objectives and action steps that will guide DMH’s next Strategic Plan.
- Like many healthcare providers, DMH faces enormous challenges in recruiting and retaining the healthcare professionals it needs. Increased competition with other public and private healthcare providers for psychiatrists, nurses, counselors, and other positions has placed more emphasis on how the Agency recruits. To that end, the Department launched the Talent Acquisition and Retention Program, which uses traditional methods (e.g. commercials, ads, and online postings), as well as newer technology and techniques (e.g. social media and geo-fencing) to reach applicants for hard-to-fill positions, and to retain high quality workers.
- In addition, DMH’s Human Resources Division is centralizing HR operations and streamlining the hiring process in an effort to shorten significantly the time between receiving applications and offering positions.
- DMH’s Office of Grants Administration, formed in 2008, seeks out funding opportunities and manages federal and non-federal grants in all aspects of grant management for the Department. In addition to the Mental Health Services Block Grant and the grants detailed above, the South Carolina Department of Mental Health was awarded the following grants in FY18-19:
 - SCTA – *Telepsychiatry*: \$3,350,000
 - The Blue Cross Blue Shield Foundation of South Carolina – *Project PERSIST*: \$2,098,403
 - SAMHSA – *State Youth Suicide Prevention Cooperative Agreement*: \$3,680,000
 - SAMHSA – *Projects for Assistance in Transition from Homelessness*: \$680,000
 - SAMHSA – *Primary and Behavioral Health Care Integration*: \$1,523,308 over 4 years
 - Department of Justice (DOJ) National Institute of Justice – *Children Exposed to Violence*: \$576,214
 - DOJ Department of Public Safety – *Crime Victims Counseling I*: \$258,752
 - DOJ Department of Public Safety – *Crime Victims Counseling II*: \$406,898
 - DOJ – *Body Worn Cameras*: \$93,000
 - MUSC – *Victims of Crime Emanuel AME Church*: \$674,000
 - Housing and Urban Development – *Continuum of Care*: \$1,103,950

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

- Each of DMH’s 17 community mental health centers is accredited by CARF International, an independent, nonprofit accreditor of human service providers. Morris Village Treatment Center, the Agency’s inpatient drug and alcohol hospital, is also accredited by CARF International.

AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J120	SECTION:	035

- DMH’s psychiatric hospitals are accredited by The Joint Commission, which aims to improve healthcare by evaluating healthcare providers and inspiring them to excel in the provision of safe, effective care of the highest quality and value.
- Each of DMH’s four nursing homes is licensed by DHEC and certified by CMS. Three of the four nursing homes (530 beds) serve veterans exclusively and are certified by the Department of Veterans Affairs. The Tucker Nursing Care Facility (Roddey-General Nursing Home and Stone-Veterans Nursing Home) is nationally accredited by The Joint Commission (TJC) and represents one of only six nursing homes in South Carolina with this distinction. **There are approximately 200 nursing homes in the State of South Carolina.*
- DMH has more than 900 portals by which citizens can access mental health services, including:
 - a network of 17 outpatient community mental health centers, 43 clinics, multiple psychiatric hospitals, one community nursing care center, and three veterans’ nursing homes;
 - more than 30 specialized clinical service sites (DMH offices that provide some type of clinical care, but do not offer a full array of services found in a center or clinic);
 - more than 20 South Carolina hospitals with Telepsychiatry services;
 - more than 140 community sites (non-DMH entities or businesses where DMH staff regularly and routinely provide clinical services), and
 - more than 650 school mental health service program sites.