

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

**Fiscal Year 2015-16
Accountability Report**

SUBMISSION FORM

AGENCY MISSION	<p>The mission of the South Carolina Department of Mental Health is 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, veterans and non-veterans alike. The Joint Commission has designated two of the Department’s four nursing facilities with the distinction of being nationally accredited. Only about five percent of similar facilities in South Carolina have earned this recognition.</p> <p>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.</p> <p>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</p>
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philosophy of recovery, and who value continuous learning and best practices. We will provide services efficiently and effectively, and will strive always to provide interventions that are scientifically proven to support recovery.

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

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

RESTRUCTURING RECOMMENDATIONS:

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

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

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

AGENCY DIRECTOR (SIGN AND DATE):  9-15-16

(TYPE/PRINT NAME): John H. Magill

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

AGENCY'S DISCUSSION AND ANALYSIS

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

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

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

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

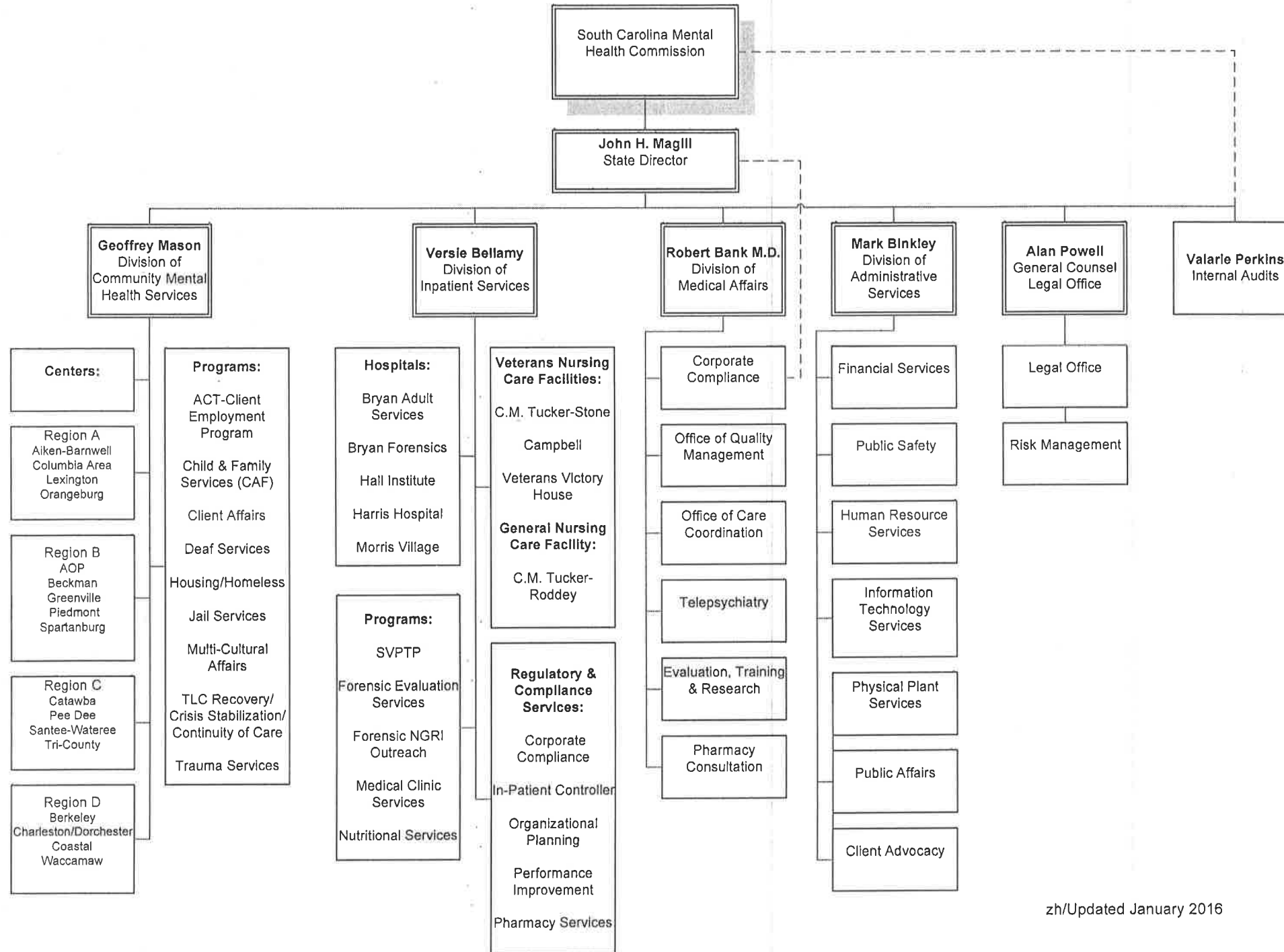
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open house, attended by the SC Mental Health Commission, mental health advocates, members of the family of Dr. William S. Hall, and other dignitaries.

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

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

S.C. Department of Mental Health Organizational Chart



Agency Name: Department of Mental Health

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Agency Code: J12 Section: 35

Strategic Planning Template

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

Agency Name: #REF!

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Performance Measurement Template

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

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

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Program Template

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

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

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

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

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

Agency Name: #REF!

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Specify only for the following Segments: (1) Industry: Name; (2) Professional Organization: Name; (3) Public: Demographics.

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

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

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Partner Template

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

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

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

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Oversight Review Template

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