

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

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

## I: State Information

### State Information

#### State DUNS Number

Number

112674036

Expiration Date

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

Agency Name

South Carolina Department of Mental Health

Organizational Unit

Office of the State Director

Mailing Address

2414 Bull Street/P. O. Box 485

City

Columbia

Zip Code

29202

#### II. Contact Person for the Grantee of the Block Grant

First Name

John H.

Last Name

Magill

Agency Name

South Carolina Department of Mental Health

Mailing Address

2414 Bull Street/P. O. Box 485

City

Columbia

Zip Code

29202

Telephone

803-898-8319

Fax

803-898-8590

Email Address

JHM03@SCDMH.ORG

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

From

7/1/2011

To

6/30/2012

#### IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

11/29/2012 11:17:23 AM

Revision Date

1/2/2013 9:08:00 AM

V. Contact Person Responsible for Application Submission

First Name

D. Stewart

Last Name

Cooner

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803-898-8632

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803-898-8311

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DSC18@SCDMH.ORG

Footnotes:

## II:Annual Report

Table 1 - State Priorities

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

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

Footnotes:

## II:Annual Report

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

Priority: Self-Directed Recovery

Goal of the priority area:

Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations

Strategies to attain the goal:

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

In its August 17, 2011 meeting, the South Carolina Mental Health State Planning Council requested that Supported Employment be designated as a priority activity.

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Prevention and Promotion

Goal of the priority area:

Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Collaboration

Goal of the priority area:

Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.

Achieved: In Progress



Proposed Changes:

Reason Not Achieved:

Priority: Integrating Primary Care and Behavioral Health Care

Goal of the priority area:

Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.

Achieved:      In Progress

Proposed Changes:

Reason Not Achieved:

Priority:      Strengthen Agency Position as State Mental Health Authority

Goal of the priority area:

Certify/Recertify Medicaid Providers for Behavioral Health Community-Based Services

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Strengthen Agency Position as State Mental Health Authority

Goal of the priority area:

Review Legal Statutes for Application to SCDMH Population

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

Emphasize Recruitment and Retention

Strategies to attain the goal:

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

Identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: Continuous.

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

Enhance Unified System of Care that Includes CMHCs and Inpatient Services

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success  
Indicator: As Determined by the Lead Staff Assigned to the Objective

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

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations  
Goal of the priority area:



Review Activities Essential to Clinical Service Delivery

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Conduct a Feasibility Analysis for Implementation of 1915i Medicaid State Plan Option

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Emphasize Targeted Case Management/Case Management to Coordinate Care Provision

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Establish a Liaison with Department of Insurance to Maximize Planning Opportunities

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Evaluate Options to Expand Community Housing Alternatives for Adults with SMI

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Explore Medicaid State Plan Option for Patients 65 and Over in Inpatient Facilities

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

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

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Explore the Feasibility of Medical Rehabilitation at Nursing Care Facility

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Increase Integration of Financing and Service Delivery for Dual Eligibles

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: In Progress



Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Increase Number of Partnerships with Other Agencies and Organizations

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Maximize the Capacity for Entitlement Services and Payer-Sponsored Coverage

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Merge/Co-Locate with Other Health Providers

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Pursue Opportunities for Enhanced County-Level Financial Support

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Review Current Fee Schedule

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Improve Access to Care for Targeted Populations

Goal of the priority area:

Assess Opportunities for Collaborative Initiatives with Internal and External Hospitals

Strategies to attain the goal:

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Identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Improve Access to Care for Targeted Populations

Goal of the priority area:

Expand the Use of Telepsychiatry

Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are

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

Annual Performance Indicators to measure goal success

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

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Improve Access to Care for Targeted Populations

Goal of the priority area:

Reassess Current Initiatives Related to Emergency Rooms



Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Improve Access to Care for Targeted Populations

Goal of the priority area:

Review Populations Served in Inpatient Facilities and Community Mental Health Centers

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Improve Access to Care for Targeted Populations

Goal of the priority area:

Update Definition of Core Community Mental Health Centers Services

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

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Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Efficiency of Clinical Service Delivery

Goal of the priority area:

Continue Provision of Peer Support Services

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Efficiency of Clinical Service Delivery

Goal of the priority area:

Identify and Address Barriers to Treatment Throughout Course of Care

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Efficiency of Clinical Service Delivery

Goal of the priority area:

Maximize Capacity of the Electronic Medical Record in CMHCs and Inpatient Facilities

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Develop Treatment Tracks

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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

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Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Enhance, Expand, and Develop Group-Specific Services

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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Achieved: In Progress

Proposed Changes:



Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Enhance/Develop Supervisory Tools for Continuous Assessment of Clinicians' Skills

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

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Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Evaluate Capacity to Adjust Service Provision Based on Client Needs Throughout Treatment

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

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

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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

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Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Expand Focus on Recovery

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Expand Patient-Endorsed Treatment Expectations and Plans of Care

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Explore Evidence-Based Suicide Prevention Programming in Coordination with Partners

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Increase Family Inclusion and Family Therapy from the Outset of Treatment as Appropriate

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Increase Training for Clinicians in Evidence-Based Practices for Adults and Children

Strategies to attain the goal:

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Identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Maintain Partnership with Law Enforcement for Crisis Intervention Training/Client Safety

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Budget Preservation

Goal of the priority area:

Maintain or Increase Funding Levels

Strategies to attain the goal:

This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. The intent is to prevent the further degradation of funding for the South Carolina Department of Mental Health so that it will be able to continue to address the demand for mental health services across the State of South Carolina. Timeframe: Continuous.

Annual Performance Indicators to measure goal success  
Indicator: Maintain or Increase Funding Levels

Description of Collecting and Measuring Changes in Performance Indicator:  
The requirement to collect and measure changes in the performance indicator will be established at the business unit level and will be monitored by the Deputy Director of Administration, as well as by the Senior Management Team of the Department.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Recruitment and Retention  
Goal of the priority area:

Emphasize Recruitment and Retention

Strategies to attain the goal:

This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. This recommendation will be incorporated into the effort set forth towards the goal recommended in the Agency Long-term Planning Committee Report. Timeframe: Continuous.

Annual Performance Indicators to measure goal success

Indicator: See Also Control Expenditures and/or Increase Efficiency of Operations

Description of Collecting and Measuring Changes in Performance Indicator:

Cross-reference this goal with that set forth in Control Expenditures and/or Increase Efficiency of Operations

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Accreditation

Goal of the priority area:

Maintain Accreditation of All CMHCs and Inpatient Facilities

Strategies to attain the goal:

This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. The intent is to maintain the high-quality level and types of services provided by the South Carolina Department of Mental Health as evidenced by the standards set forth by the accrediting bodies with which the Department is affiliated, and by which all of its Community Mental Health Centers and Inpatient Facilities are accredited. Timeframe: Continuous.

Annual Performance Indicators to measure goal success

Indicator: Maintain Accreditation of All CMHCs and Inpatient Facilities

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be established at the business unit level and will be monitored by the Deputy Director of Community Mental Health Services and the Deputy Director for Inpatient Services, as well as by the Senior Management Team of the Department.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

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

Goal of the priority area:

Address Issues and Concerns Raised by Community Forum Participants

Strategies to attain the goal:

This recommendation is contained within the Action Items from the 25 Community Forums. Many of the items contained within said report are actionable items on which the Division of Community Mental Health Services and the respective Community Mental Health Center are already engaged. As many of the Action Items are contained within the over-arching priorities previously set forth, each Action Item has not been delineated here, but can be referenced within the body of the report, attached in Step 2: Identify the unmet service needs and critical gaps within the current system. Timeframe: Based on Complexity of Issue to be Addressed.

Annual Performance Indicators to measure goal success

Indicator: As Delineated within the Action Items from the 25 Community Forums

Description of Collecting and Measuring Changes in Performance Indicator:

See Action Items from the 25 Community Forums. Expected outcomes have been set forth for each Action Items.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

## Footnotes:

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



### III: State Agency Expenditure Reports

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

Table 3A

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

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

	Total			American Indian or Alaska Native			Asian			Black or African American			Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for URS table 5b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	
Medicaid (only Medicaid)	13,553	13,838	1	27,392	51	37	0	24	26	0	5,895	6,963	0	1	1	0	6,879	5,842	1	0	0	0	202	294	0	501	675	0
Non-Medicaid Sources (only)	14,707	12,391	3	27,101	51	61	0	74	43	0	3,907	4,004	0	4	1	0	10,148	7,827	3	0	0	0	56	68	0	467	387	0
People Served by Both Medicaid and Non-Medicaid Sources	9,321	7,561	0	16,882	32	22	0	34	34	0	4,142	3,637	0	1	1	0	4,950	3,657	0	0	0	0	35	59	0	127	151	0
Medicaid Status Not Available	2,395	2,748	28	5,171	10	13	0	5	13	0	965	1,269	0	0	0	0	1,337	1,353	0	0	0	0	27	24	0	51	76	28
<b>Total Served</b>	<b>39,976</b>	<b>36,538</b>	<b>32</b>	<b>76,546</b>	<b>144</b>	<b>133</b>	<b>0</b>	<b>137</b>	<b>116</b>	<b>0</b>	<b>14,909</b>	<b>15,873</b>	<b>0</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>23,314</b>	<b>18,679</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>320</b>	<b>445</b>	<b>0</b>	<b>1,146</b>	<b>1,289</b>	<b>28</b>

Data Based on Medicaid Services

Data Based on Medical Eligibility, not Medicaid Paid Services

'People Served By Both' includes people with any Medicaid

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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

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

Table 3B

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 3A.

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

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

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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

footnote:

### III: State Agency Expenditure Reports

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

Start Year: 2011

End Year: 2012

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

Please indicate the expenditures are actual or estimated.

Actual  Estimated

Footnotes:

### III: State Agency Expenditure Reports

Table 5 - MHBG Expenditures By Service

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

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

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

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

footnote:

### III: State Agency Expenditure Reports

Table 6 - Primary Prevention Expenditures Checklist

Start Year:

End Year:

Strategy	IOM Target	MHBG Block Grant	Other Federal	State	Local	Other
Information Dissemination	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Total	\$	\$	\$	\$	\$
Education	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Total	\$	\$	\$	\$	\$
Alternatives	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Total	\$	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Total	\$	\$	\$	\$	\$

Community-Based Process	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Total	\$	\$	\$	\$	\$
Environmental	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Total	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Total	\$	\$	\$	\$	\$
Other	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Total	\$	\$	\$	\$	\$

Footnotes:



### III: State Agency Expenditure Reports

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

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

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

footnote:

### III: State Agency Expenditure Reports

Table 8 (URS Table 10) - Statewide Entity Inventory

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

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

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

### III: State Agency Expenditure Reports

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

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

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2010	Yes	<u>X</u>	No	_____
SFY 2011	Yes	<u>X</u>	No	_____
SFY 2012	Yes	<u>X</u>	No	_____

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

**Footnotes:**

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

### III: State Agency Expenditure Reports

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

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

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

footnote:

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

## IV: Populations and Services Reports

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

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

	Current Report Year	Three Years Forward
Adults with Serious Illness (SMI)	<input type="text"/>	<input type="text"/>
Children with Serious Emotional Disturbances (SED)	<input type="text"/>	<input type="text"/>

*Note: This Table will be completed for the States by CMHS.*

footnote:

## IV: Populations and Services Reports

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

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

### Population Served

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

	Populations Covered:		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Aged 0 to 3	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
2. Aged 4 to 17	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
3. Adults Aged 18 and over	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
4. Forensics	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Comments on Data:				

2. Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?

Serious Mental Illness

Serious Emotional Disturbances

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance?

2.a.1. Percent of adults meeting Federal definition of SMI:

89.6 %

2.a.2. Percentage of children/adolescents meeting Federal definition of SED:

90.3 %

### 3. Co-Occurring Mental Health and Substance Abuse:

3.a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

3.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:

24.9 %

3.a.2. Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:

3.5 %

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse?

3.b.1. Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:

23.9 %

3.b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

3.1 %

3.b.3. Please describe how you calculate and count the number of persons with co-occurring disorders. Three diagnosis variables were examined for co-occurring substance abuse/use disorders in addition to mental health disorders.

### 4. State Mental Health Agency Responsibilities

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

- 1. State Medicaid Operating Agency
- 2. Setting Standards
- 3. Quality Improvement/Program Compliance
- 4. Resolving Consumer Complaints
- 5. Licensing
- 6. Sanctions
- 7. Other

b. Managed Care (Mental Health Managed Care)

Are Data for these programs reported on URS Tables?

- 4.b.1 Does the State have a Medicaid Managed Care initiative?  Yes  Yes
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?  Yes
- If yes, please check the responsibilities the SMHA has:
- 4.b.3 Direct contractual responsibility and oversight of the MCOs or BHOs  Yes
- 4.b.4 Setting Standards for mental health services  Yes
- 4.b.5 Coordination with state health and Medicaid agencies  Yes
- 4.b.6 Resolving mental health consumer complaints  Yes
- 4.b.7 Input in contract development  Yes
- 4.b.8 Performance monitoring  Yes
- 4.b.9 Other

5. Data Reporting: Please describe the extent to which your information systems allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for Table 2, which requires unduplicated counts of clients served across your entire mental health system.

*Are the data reporting in the tables?*

- 5.a. Unduplicated: counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.
- 5.b. Duplicated: across state hospital and community programs
- 5.c. Duplicated: within community programs
- 5.d. Duplicated: Between Child and Adult Agencies
- 5.e. Plans for Unduplication: If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

6. Summary Administrative Data

6.a. Report Year:

6.b. State Identifier:

*Summary Information on Data Submitted by SMHA:*

6.c. Year being reported: 7/1/2011 12:00:00 AM to 6/30/2012 12:00:00 AM

6.d. Person Responsible for Submission: Ellen M. Sparks

6.e. Contact Phone Number: 803-935-5784

6.f. Contact Address: 7901 Farrow Road Columbia, SC 29203

6.g. E-mail: ems68@scdmh.org

footnote:



## IV: Populations and Services Reports

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

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

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

Table 13A

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for table 89 are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	4,530	8,325	0	12,855	13	16	0	9	8	0	1,879	3,795	0	0	0	0	2,181	3,680	0	0	0	0	139	279	0	309	547	0
13-17 years	5,147	6,515	0	11,662	20	12	0	9	11	0	2,054	2,938	0	0	1	0	2,706	3,131	0	0	0	0	101	115	0	257	307	0
18-20 years	1,385	1,445	0	2,830	4	2	0	5	4	0	534	691	0	0	0	0	781	681	0	0	0	0	16	13	0	45	54	0
21-24 years	1,851	1,671	1	3,523	6	9	0	5	5	0	636	708	0	1	1	0	1,145	897	1	0	0	0	17	10	0	41	41	0
25-44 years	11,556	9,167	2	20,725	43	47	0	43	37	0	3,858	3,753	0	1	0	0	7,304	5,141	2	0	0	0	33	21	0	274	168	0
45-64 years	13,433	8,460	1	21,894	50	42	0	53	48	0	5,076	3,551	0	4	1	0	8,049	4,658	1	0	0	0	10	4	0	191	156	0
65-74 years	1,603	780	0	2,383	4	2	0	6	3	0	679	363	0	0	0	0	898	401	0	0	0	0	3	0	0	13	11	0
75+ years	458	161	0	619	4	2	0	7	0	0	192	72	0	0	0	0	240	81	0	0	0	0	0	1	0	15	5	0
Not Available	13	14	28	55	0	1	0	0	0	0	1	2	0	0	0	0	10	9	0	0	0	0	1	2	0	1	0	28
Total	39,976	36,538	32	76,546	144	133	0	137	116	0	14,909	15,873	0	6	3	0	23,314	18,679	4	0	0	0	320	445	0	1,146	1,289	28
Pregnant Women	0	0	0	0	0			0			0			0			0					0				0		

Are these numbers unduplicated?

Unduplicated

Duplicated : between Hospitals and Community

Duplicated : Among Community Programs

Duplicated between children and adults

Other : describe

Comments on Data (for Age):

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

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

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

Table 13B

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	2,845	5,264	0	189	329	0	1,496	2,732	0	4,530	8,325	0	12,855
13-17 years	3,348	4,152	0	152	196	0	1,647	2,167	0	5,147	6,515	0	11,662
18-20 years	1,033	985	0	33	35	0	319	425	0	1,385	1,445	0	2,830
21-24 years	1,505	1,235	0	34	32	0	312	404	1	1,851	1,671	1	3,523
25-44 years	9,286	6,914	1	242	151	0	2,028	2,102	1	11,556	9,167	2	20,725
45-64 years	10,021	5,928	0	273	151	0	3,139	2,381	1	13,433	8,460	1	21,894
65-74 years	1,065	506	0	45	19	0	493	255	0	1,603	780	0	2,383
75+ years	277	95	0	15	3	0	166	63	0	458	161	0	619
Not Available	4	0	0	0	0	0	9	14	28	13	14	28	55
Total	29,384	25,079	1	983	916	0	9,609	10,543	31	39,976	36,538	32	76,546
Pregnant Women	0			0			0			0	0	0	0

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

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

footnote:

## IV: Populations and Services Reports

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

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

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

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	9,648	14,803	0	1,381	1,428	0	26,707	18,796	7	2,047	902	0	13	14	28	39,796	35,943	35	75,774
State Psychiatric Hospitals	162	208	0	14	63	0	537	1,144	0	26	51	0	0	0	0	739	1,466	0	2,205
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	34	0	0	4	0	0	0	0	0	0	0	0	0	0	0	38	0	38

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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

footnote:

## IV: Populations and Services Reports

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

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

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	8,590	13,501	0	1,155	1,055	0	24,861	16,225	1	1,970	805	0	3	1	0	36,579	31,587	1	68,167
State Psychiatric Hospitals	18	18	0	10	51	0	492	880	0	22	31	0	0	0	0	542	980	0	1,522
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	34	0	0	1	0	0	0	0	0	0	0	0	0	0	0	35	0	35

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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

### Instructions:

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

footnote:

## IV: Populations and Services Reports

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

Table 15B

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

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for table 14b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	
0-12 years	3,950	7,631	0	11,581	11	15	0	9	6	0	1,671	3,537	0	0	0	0	1,894	3,340	0	0	0	0	115	251	0	250	482	0
13-17 years	4,658	5,892	0	10,550	19	9	0	7	11	0	1,878	2,717	0	0	1	0	2,439	2,772	0	0	0	0	95	105	0	220	277	0
18-20 years	1,157	1,067	0	2,224	3	1	0	5	3	0	424	510	0	0	0	0	672	508	0	0	0	0	14	8	0	39	37	0
21-64 years	24,977	16,538	1	41,516	95	81	0	98	75	0	9,005	7,133	0	6	1	0	15,244	8,914	1	0	0	0	55	30	0	474	304	0
65-74 years	1,553	691	0	2,244	4	2	0	6	2	0	662	329	0	0	0	0	865	347	0	0	0	0	3	0	0	13	11	0
75+ years	428	133	0	561	4	2	0	6	0	0	188	68	0	0	0	0	221	59	0	0	0	0	0	1	0	9	3	0
Not Available	3	1	0	4	0	0	0	0	0	0	1	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0
Total	36,726	31,953	1	68,680	136	110	0	131	97	0	13,829	14,294	0	6	2	0	21,337	15,941	1	0	0	0	282	395	0	1,005	1,114	0

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

1. State Definitions Match the Federal Definitions

Yes  No Adults with SMI, if No describe or attach state definition:

The number of adults with a SMI qualifying diagnoses.

Diagnoses included in the state SMI definition:

All diagnoses that qualify as SMI

jm Yes jm No Children with SED, if No describe or attach state definition:  5  
6

Diagnoses included in the state SED definition: All diagnoses that qualify as SED

Table 15C

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

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	2,486	4,810	0	148	291	0	1,316	2,530	0	3,950	7,631	0	11,581
13-17 years	3,033	3,773	0	130	169	0	1,495	1,950	0	4,658	5,892	0	10,550
18-20 years	877	756	0	28	20	0	252	291	0	1,157	1,067	0	2,224
21-64 years	19,487	12,534	0	523	306	0	4,967	3,698	1	24,977	16,538	1	41,516
65-74 years	1,032	477	0	45	19	0	476	195	0	1,553	691	0	2,244
75+ years	267	89	0	15	3	0	146	41	0	428	133	0	561
Not Available	2	0	0	0	0	0	1	1	0	3	1	0	4
Total	27,184	22,439	0	889	808	0	8,653	8,706	1	36,726	31,953	1	68,680
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													
Comments on Data (Overall):													

footnote:





## IV: Populations and Services Reports

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

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

Comments on Data (State Hospital):

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

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment):

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

---

Comments on Data

(Community Programs):

Community programs include those served by the telepsychiatry program, forensic outpatient and other community programs.

---

Comments on Data (Overall):

---

footnote:

## V: Performance Indicators and Accomplishments

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

ADULTS WITH SERIOUS MENTAL ILLNESS				
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20	0	0	0	0
21-64	0	0	0	0
65-74	0	0	0	0
75	0	0	0	0
Not Available	0	0	0	0
TOTAL	0	0	0	0
Gender				
Female	0	0	0	0
Male	0	0	0	0
Not Available	0	0	0	0
Race				
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
White	0	0	0	0
Hispanic *	0	0	0	0
More Than One Race Reported	0	0	0	0

Race Not Available	0	0	0	0
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Hispanic / Latino Origin				
Hispanic / Latino origin	0	0	0	0
Non Hispanic / Latino	0	0	0	0
Not Available	0	0	0	0

Do you monitor fidelity for this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES,				
What fidelity measure do you use?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who measures fidelity?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often is fidelity measured?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have staff been specifically trained to implement the EBP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Hispanic is part of the total served.  Yes  No

Comments on Data (overall): <input type="text"/>
Comments on Data (Family Psychoeducation): <input type="text"/>
Comments on Data (Integrated Treatment for Co-occurring Disorders): <input type="text"/>
Comments on Data (Illness Self Management): <input type="text"/>
Comments on Data (Medication Management): <input type="text"/>

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

footnote: <input type="text"/>
-----------------------------------

## V: Performance Indicators and Accomplishments

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

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

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

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

How Often Does your State Measure Employment Status?

At Admission  At Discharge  Monthly  Quarterly  Other, describe:

Every Six Months or when changes

---

What populations are included:  All clients  Only selected groups, describe:

---

Comments on Data (for Age):

---

Comments on Data (for Gender):

---

Comments on Data (Overall):

---

footnote:

## V: Performance Indicators and Accomplishments

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

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

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

Comments on Data (for Diagnosis):

footnote:

## V: Performance Indicators and Accomplishments

Table 19 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period  
All Mental Health Programs by Age, Gender, and Race/Ethnicity

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

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

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	22,123	1,101	501	0	0	50	24	16	258	444	24,517
18-64	41,319	138	2,700	0	0	592	487	815	111	2,807	48,969
65+	2,302	0	411	0	0	99	4	10	6	170	3,002
Not Available	22	3	1	0	0	0	1	0	1	30	58
<b>TOTAL</b>	<b>65,766</b>	<b>1,242</b>	<b>3,613</b>	<b>0</b>	<b>0</b>	<b>741</b>	<b>516</b>	<b>841</b>	<b>376</b>	<b>3,451</b>	<b>76,546</b>
Female	35,320	609	1,712	0	0	225	110	362	149	1,487	39,974
Male	30,427	633	1,900	0	0	516	405	479	227	1,950	36,537
Not Available	19	0	1	0	0	0	1	0	0	14	35
<b>TOTAL</b>	<b>65,766</b>	<b>1,242</b>	<b>3,613</b>	<b>0</b>	<b>0</b>	<b>741</b>	<b>516</b>	<b>841</b>	<b>376</b>	<b>3,451</b>	<b>76,546</b>



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

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

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

Comments on Data:	Crisis Residence Data is not available. Children's RTF is included in Residential Care. CLD categories used to populate this table. Services to jails have increased from last year.
How Often Does your State Measure Living Situation?	<input type="radio"/> At Admission <input type="radio"/> At Discharge <input type="radio"/> Monthly <input type="radio"/> Quarterly <input checked="" type="radio"/> Other: Describe <div style="border: 1px solid black; padding: 5px; display: inline-block;">Semi Annually or when changed</div>

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

footnote:

## V: Performance Indicators and Accomplishments

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

For Consumers in Service for at least 12 months

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

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

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

Female	27	138	8	19	146	8	9	18	0	9	127	2	30	48	4	73	18	173
Male	70	147	13	56	163	11	41	27	2	13	134	0	45	73	7	79	26	230
Not Available	13	31	3	8	35	4	6	7	0	2	28	1	4	16	4	16	7	47
Age																		
Under 18	110	316	24	83	344	23	56	52	2	24	289	3	79	137	15	168	51	450

Source of School Attendance Information:

- 1. Consumer survey (recommended items)
- 2. Other Survey: Please send us items
- 3. Mental health MIS
- 4. State Education Department
- 5. Local Schools/Education Agencies
- 6. Other (specify)

Measure of School Attendance:

- 1. School Attendance
- 2. Other (specify):

Mental health programs include:

- 1. Children with SED only
- 2. Other Children (specify)
- 3. Both

Region for which data are reported:

- 1. The whole state
- 2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported?

Child/Adolescents:

1. If data is from a survey, what is the total number of people from which the sample was drawn?
2. What was your sample size? (How many individuals were selected for the sample)?
3. How many survey contacts were made? (surveys to valid phone numbers or addresses)
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?
5. What was your response rate? (number of Completed surveys divided by number of Contacts)

24,451
1,148

State Comments/Notes:

Convenience Sample

footnote:

## V: Performance Indicators and Accomplishments

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

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

### Adult Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions?  Yes  No  
Measure used
- Did you use the recommended new Functioning Domain Questions?  Yes  No  
Measure used
- Did you collect these as part of your MHSIP Adult Consumer Survey?  Yes  No  
If No, what source did you use?

### Child/Family Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions?  Yes  No  
Measure used
- Did you use the recommended new Functioning Domain Questions?  Yes  No  
Measure used
- Did you collect these as part of your YSS-F Survey?  Yes  No  
If No, what source did you use?

footnote:

## V: Performance Indicators and Accomplishments

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

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

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

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

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

Comments on Data:

### Adult Consumer Surveys

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

1.a. If no, which version:

- 1. Original 40 Item Version  Yes
- 2. 21-Item Version  Yes
- 3. State Variation of MHSIP  Yes
- 4. Other Consumer Survey  Yes

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

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

2. Other Language:

Adult Survey Approach

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

- 2.a. If a sample was used, what sample methodology was used?  1. Random Sample  
 2. Stratified / Random Stratified Sample  
 3. Convenience Sample  
 4. Other Sample:

2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?  1. Persons Currently Receiving Services  
 2. Persons No Longer Receiving Services

3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)  1. All Adult Consumers In State  
 2. Adults With Serious Mental Illness  
 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care  
 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

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

	Self-Administered	Interview
Phone	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes
Mail	<input checked="" type="radio"/> Yes	
Face-to-face	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes
Web-Based	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes

4.b. Who administered the Survey? (Check all that apply)  1. MH Consumers  
 2. Family Members  
 3. Professional Interviewers  
 4. MH Clinicians  
 5. Non Direct Treatment Staff  
 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?  1. Responses are Anonymous  
 2. Responses are Confidential

3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

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

3,004

6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

6.c. How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e.

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

Yes

No

7. Who Conducted the Survey

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

Yes

No

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

Yes

No

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

\* Report Confidence Intervals at the 95% confidence level

Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.

The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level.

When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)

Child / Family Consumer Surveys

1. Was the MHSIP Children / Family Survey (YSS-F) Used?

Yes

1.a. If no, what survey did you use?

If no, please attach instrument used.

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

1. Spanish

2. Other Language:

Child Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state)

All Consumers In State

Sample of MH Consumers

2.a. If a sample was used, what sample methodology was used?

1. Random Sample

2. Stratified / Random Stratified Sample

3. Convenience Sample

4. Other Sample:

2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?

1. Persons Currently Receiving Services

2. Persons No Longer Receiving Services

2a. If yes to 2, please describe how your survey persons no longer receiving services.



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

- 1. All Child Consumers In State
- 2. Children With Serious Mental Illness
- 3. Children who were Medicaid Eligible or in Medicaid Managed Care
- 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

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

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mail	<input type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-Based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

4.b. Who administered the Survey? (Check all that apply)

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

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

- 1. Responses are Anonymous
- 2. Responses are Confidential
- 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

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

1,148

6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

6.c. How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e.

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

Yes

No

7. Who Conducted the Survey

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

Yes

No

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

Yes

No

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

footnote:

## V: Performance Indicators and Accomplishments

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

### Adult Consumer Survey Results:

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

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	2,587	2,968	38	41	7	8	914	1,027	4	5	1,217	1,385	29	37	378	465	28	31
2. Reporting Positively About Quality and Appropriateness.	2,437	2,693	40	41	8	8	834	927	5	5	1,134	1,228	33	37	383	447	26	31
3. Reporting Positively About Outcomes.	2,050	2,941	26	41	5	8	755	1,025	2	5	917	1,377	23	36	322	449	20	31
4. Reporting Positively about Participation in Treatment Planning	2,134	2,678	33	41	3	8	734	924	5	5	1,005	1,225	26	37	328	438	24	31
5. Reporting Positively about General Satisfaction	2,677	2,964	37	41	8	8	920	1,027	3	5	1,269	1,383	31	37	409	463	27	31
6. Social Connectedness	1,774	2,552	28	40	7	8	675	912	3	5	799	1,216	24	36	238	335	21	31
7. Functioning	1,843	2,653	26	41	6	8	695	921	4	5	789	1,220	25	36	298	422	22	31

### Child/Adolescent Family Survey Results:

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

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	998	1,114	6	7	1	1	324	357	0	0	435	490	55	61	177	198	76	84
Reporting Positively About General	1,005	1,120	7	7	1	1	318	357	0	0	440	490	57	61	182	204	80	84

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

Comments on Data:

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

footnote:

## V: Performance Indicators and Accomplishments

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

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

For Consumers in Service for at least 12 months

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

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

	T1		T2		T1 to T2 Change				Assessment of the Impact of Services			
	"T1" 12 months prior to beginning services		"T2" Since Beginning Services (this year)		If Arrested at T1 (Prior 12 Months)		If Not Arrested at T1 (Prior 12 Months)		Since starting to receive MH Services, my encounters with the police have...			
South Carolina			OMB No. 0930-0168		Approved: 07/19/2011		Expires: 07/31/2014					

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

Time period in which services were received: 2012

Please Describe the Sources of your Criminal Justice Data

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

What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported

	Child/Adolescents	Adults
1. If data is from a survey, What is the total Number of people from which the sample was drawn?	24,451	51,323
2. What was your sample size? (How many individuals were selected for the sample)?		
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)		
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?	1,148	3,004
5. What was your response rate? (number of Completed surveys divided by number of Contacts)		

State Comments/Notes: Convenience Sample

footnote:

# V: Performance Indicators and Accomplishments

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

Age	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-12 years	0	0	0	0	0	23	0	11,581
13-17 years	0	0	0	0	0	106	0	10,550
18-20 years	0	0	34	2,224	0	0	0	0
21-64 years	0	0	597	41,515	0	0	0	0
65-74 years	0	0	11	2,244	0	0	0	0
75+ years	0	0	1	561	0	0	0	0
Not Available	0	320	15	5	0	2	0	0
Total	0	320	658	46,549	0	131	0	22,131



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

Ethnicity	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	0	0	1	193	0	1	0	54
Asian	0	0	3	190	0	0	0	34
Black / African American	0	0	447	18,328	0	58	0	9,805
Hawaiian / Pacific Islander	0	0	0	7	0	0	0	1

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

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

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

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

\* Hispanic is part of the total served.

Yes  No

Comments on Data (overall):

Comments on Data (Supported Housing):

Comments on Data (Supported Employment):

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

Comments on Data (Assertive Community Treatment):

Comments on Data (Therapeutic Foster Care):

Comments on Data (Multi-Systemic Therapy):

MST data is collected from MST Institute and matched back with the Client Information System. Age is not available for two participants.

---

Comments on Data (Family Functional Therapy):

---

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

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footnote:

## V: Performance Indicators and Accomplishments

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

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

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

Are Forensic Patients Included?  Yes  No

Comments on Data:

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

footnote:

## V: Performance Indicators and Accomplishments

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

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	260	5	39	1.92 %	15.00 %
<b>Age</b>					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	23	0	1	0.00 %	4.35 %
18-20 years	13	0	0	0.00 %	0.00 %
21-64 years	219	5	38	2.28 %	17.35 %
65-74 years	3	0	0	0.00 %	0.00 %
75+ years	2	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
<b>Gender</b>					
Female	34	0	5	0.00 %	14.71 %
Male	226	5	34	2.21 %	15.04 %
Gender Not Available	0	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	1	0	1	0.00 %	100.00 %
Black/African American	163	4	23	2.45 %	14.11 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

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

Comments on Data:

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

footnote:



## V: Performance Indicators and Accomplishments

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

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

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

1. Does this table include readmission from state psychiatric hospitals?  Yes  No

2. Are Forensic Patients Included?  Yes  No

Comments on Data:

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

footnote:

## I: State Information

### State Information

#### State DUNS Number

Number

112674036

Expiration Date

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

Agency Name

South Carolina Department of Mental Health

Organizational Unit

Office of the State Director

Mailing Address

2414 Bull Street/P.O. Box 485

City

Columbia

Zip Code

29202

#### II. Contact Person for the Grantee of the Block Grant

First Name

John H.

Last Name

Magill

Agency Name

South Carolina Department of Mental Health

Mailing Address

2414 Bull Street/P.O. Box 485

City

Columbia

Zip Code

29202

Telephone

803-898-8319

Fax

803-898-8590

Email Address

JHM03@scdmh.org

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

From

7/1/2012

To

6/30/2013

#### IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

Revision Date

#### V. Contact Person Responsible for Application Submission

First Name

D. Stewart

Last Name

Cooner

Telephone

803-898-8632

Fax

803-898-8311

Email Address

DSC18@scdmh.org

Footnotes:

## II: Annual Report

Table 1 - State Priorities

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

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

**footnote:**

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

## II: Annual Report

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

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

Reason Not Achieved:

Priority: Prevention and Promotion

Goal of the priority area:

Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.

Achieved: Yes

Proposed Changes:



Reason Not Achieved:

Priority: Collaboration

Goal of the priority area:

Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Integrating Primary Care and Behavioral Health Care

Goal of the priority area:

Incorporate Over-Arching Principle into Strategic Planning Process and Deliberations

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be set forth as a component of the analysis prepared to direct the evaluation, feasibility, implementation, and monitoring of the goal, objective and action step.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Strengthen Agency Position as State Mental Health Authority

Goal of the priority area:

Certify/Recertify Medicaid Providers for Behavioral Health Community-Based Services

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Strengthen Agency Position as State Mental Health Authority

Goal of the priority area:

Review Legal Statutes for Application to SCDMH Population

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

Emphasize Recruitment and Retention

Strategies to attain the goal:

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

Identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: Continuous.

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

Enhance Unified System of Care that Includes CMHCs and Inpatient Services

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

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



Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Control Expenditures and/or Increase Efficiency of Operations

Goal of the priority area:

Review Activities Essential to Clinical Service Delivery

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Conduct a Feasibility Analysis for Implementation of 1915i Medicaid State Plan Option

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Emphasize Targeted Case Management/Case Management to Coordinate Care Provision

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Establish a Liaison with Department of Insurance to Maximize Planning Opportunities

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Evaluate Options to Expand Community Housing Alternatives for Adults with SMI

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success  
Indicator: As Determined by the Lead Staff Assigned to the Objective

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Explore Medicaid State Plan Option for Patients 65 and Over in Inpatient Facilities

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Explore the Feasibility of Medical Rehabilitation at Nursing Care Facility

Strategies to attain the goal:

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Achieved: N/A

Proposed Changes:



Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Increase Integration of Financing and Service Delivery for Dual Eligibles

Strategies to attain the goal:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Increase Number of Partnerships with Other Agencies and Organizations

Strategies to attain the goal:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Maximize the Capacity for Entitlement Services and Payer-Sponsored Coverage

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Merge/Co-Locate with Other Health Providers

Strategies to attain the goal:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Pursue Opportunities for Enhanced County-Level Financial Support

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Expand Funding/Revenue Opportunities

Goal of the priority area:

Review Current Fee Schedule

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Improve Access to Care for Targeted Populations

Goal of the priority area:

Assess Opportunities for Collaborative Initiatives with Internal and External Hospitals

Strategies to attain the goal:

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Annual Performance Indicators to measure goal success

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Improve Access to Care for Targeted Populations

Goal of the priority area:

Expand the Use of Telepsychiatry

Strategies to attain the goal:

This recommendation is contained within the Agency Long-Term Planning Committee Report. While the recommendations stated in this report are



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

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Improve Access to Care for Targeted Populations

Goal of the priority area:

Reassess Current Initiatives Related to Emergency Rooms

Strategies to attain the goal:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Improve Access to Care for Targeted Populations

Goal of the priority area:

Review Populations Served in Inpatient Facilities and Community Mental Health Centers

Strategies to attain the goal:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Improve Access to Care for Targeted Populations

Goal of the priority area:

Update Definition of Core Community Mental Health Centers Services

Strategies to attain the goal:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Efficiency of Clinical Service Delivery

Goal of the priority area:

Continue Provision of Peer Support Services

Strategies to attain the goal:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Efficiency of Clinical Service Delivery

Goal of the priority area:

Identify and Address Barriers to Treatment Throughout Course of Care

Strategies to attain the goal:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Efficiency of Clinical Service Delivery

Goal of the priority area:

Maximize Capacity of the Electronic Medical Record in CMHCs and Inpatient Facilities

Strategies to attain the goal:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Develop Treatment Tracks

Strategies to attain the goal:

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Achieved: N/A

Proposed Changes:



Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Enhance, Expand, and Develop Group-Specific Services

Strategies to attain the goal:

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Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Enhance/Develop Supervisory Tools for Continuous Assessment of Clinicians' Skills

Strategies to attain the goal:

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Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Evaluate Capacity to Adjust Service Provision Based on Client Needs Throughout Treatment

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Expand Focus on Recovery

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Expand Patient-Endorsed Treatment Expectations and Plans of Care

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Explore Evidence-Based Suicide Prevention Programming in Coordination with Partners

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Increase Family Inclusion and Family Therapy from the Outset of Treatment as Appropriate

Strategies to attain the goal:

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



Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Increase Training for Clinicians in Evidence-Based Practices for Adults and Children

Strategies to attain the goal:

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

Identify, and constrain, any inadvertent, and unintended, collateral effects. Timeframe: 6 Months to 5 Years.

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

Maintain Partnership with Law Enforcement for Crisis Intervention Training/Client Safety

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Enhance Treatment Effectiveness

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

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

Description of Collecting and Measuring Changes in Performance Indicator:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Budget Preservation

Goal of the priority area:

Maintain or Increase Funding Levels

Strategies to attain the goal:

This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. The intent is to prevent the further degradation of funding for the South Carolina Department of Mental Health so that it will be able to continue to address the demand for mental health services across the State of South Carolina. Timeframe: Continuous.

Annual Performance Indicators to measure goal success  
Indicator: Maintain or Increase Funding Levels

Description of Collecting and Measuring Changes in Performance Indicator:  
The requirement to collect and measure changes in the performance indicator will be established at the business unit level and will be monitored by the Deputy Director of Administration, as well as by the Senior Management Team of the Department.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Recruitment and Retention  
Goal of the priority area:

Emphasize Recruitment and Retention

Strategies to attain the goal:

This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. This recommendation will be incorporated into the effort set forth towards the goal recommended in the Agency Long-term Planning Committee Report. Timeframe: Continuous.

Annual Performance Indicators to measure goal success

Indicator: See Also Control Expenditures and/or Increase Efficiency of Operations

Description of Collecting and Measuring Changes in Performance Indicator:

Cross-reference this goal with that set forth in Control Expenditures and/or Increase Efficiency of Operations

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Accreditation

Goal of the priority area:

Maintain Accreditation of All CMHCs and Inpatient Facilities

Strategies to attain the goal:

This recommendation is contained within the SAMHSA CMHS 2011 Monitoring Team Report. The intent is to maintain the high-quality level and types of services provided by the South Carolina Department of Mental Health as evidenced by the standards set forth by the accrediting bodies with which the Department is affiliated, and by which all of its Community Mental Health Centers and Inpatient Facilities are accredited. Timeframe: Continuous.

Annual Performance Indicators to measure goal success

Indicator: Maintain Accreditation of All CMHCs and Inpatient Facilities

Description of Collecting and Measuring Changes in Performance Indicator:

The requirement to collect and measure changes in the performance indicator will be established at the business unit level and will be monitored by the Deputy Director of Community Mental Health Services and the Deputy Director for Inpatient Services, as well as by the Senior Management Team of the Department.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

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

Goal of the priority area:

Address Issues and Concerns Raised by Community Forum Participants

Strategies to attain the goal:

This recommendation is contained within the Action Items from the 25 Community Forums. Many of the items contained within said report are actionable items on which the Division of Community Mental Health Services and the respective Community Mental Health Center are already engaged. As many of the Action Items are contained within the over-arching priorities previously set forth, each Action Item has not been delineated here, but can be referenced within the body of the report, attached in Step 2: Identify the unmet service needs and critical gaps within the current system. Timeframe: Based on Complexity of Issue to be Addressed.

Annual Performance Indicators to measure goal success

Indicator: As Delineated within the Action Items from the 25 Community Forums

Description of Collecting and Measuring Changes in Performance Indicator:

See Action Items from the 25 Community Forums. Expected outcomes have been set forth for each Action Items.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:



Footnotes:

### III: State Agency Expenditure Reports

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

Table 3A

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

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

	Total			American Indian or Alaska Native			Asian			Black or African American			Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for URS table 5b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
Medicaid (only Medicaid)	14,625	14,585	0	29,210	31	34	0	27	29	0	6,265	7,249	0	1	1	0	7,532	6,241	0	0	0	0	235	318	0	534	713	0
Non-Medicaid Sources (only)	20,085	15,546	160	35,791	61	46	0	85	59	0	5,931	5,169	32	6	5	0	13,377	9,748	96	0	0	0	80	70	0	545	449	32
People Served by Both Medicaid and Non-Medicaid Sources	6,843	6,041	0	12,884	27	25	0	18	21	0	3,097	3,234	0	0	0	0	3,496	2,537	0	0	0	0	57	71	0	148	153	0
Medicaid Status Not Available	450	964	2	1,416	1	3	0	2	8	0	160	409	1	0	1	0	274	516	0	0	0	0	2	2	0	11	25	1
<b>Total Served</b>	<b>42,003</b>	<b>37,136</b>	<b>162</b>	<b>79,301</b>	<b>120</b>	<b>108</b>	<b>0</b>	<b>132</b>	<b>117</b>	<b>0</b>	<b>15,453</b>	<b>16,061</b>	<b>33</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>24,679</b>	<b>19,042</b>	<b>96</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>374</b>	<b>461</b>	<b>0</b>	<b>1,238</b>	<b>1,340</b>	<b>33</b>

Data Based on Medicaid Services

Data Based on Medical Eligibility, not Medicaid Paid Services

'People Served By Both' includes people with any Medicaid

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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

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

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

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

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

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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

footnote:

### III: State Agency Expenditure Reports

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

Start Year: 2014  
End Year: 2014

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

Please indicate the expenditures are actual or estimated.

Actual  Estimated

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

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

Identify the date by when all estimates can be replaced with actual expenditures:

Footnotes:

### III: State Agency Expenditure Reports

Table 5 - MHBG Expenditures By Service

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

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

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

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

footnote:

See Exhibit 1 in Attachments.

**EXHIBIT 1**

**FY2013  
July 1, 2012 to June 30, 2013**

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

**Note**

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



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

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

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

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

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

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

#####

### III: State Agency Expenditure Reports

Table 6 - Primary Prevention Expenditures Checklist

Start Year:

End Year:

Strategy	IOM Target	MHBG Block Grant	Other Federal	State	Local	Other
Information Dissemination	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Total	\$	\$	\$	\$	\$
Education	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Total	\$	\$	\$	\$	\$
Alternatives	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Total	\$	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Total	\$	\$	\$	\$	\$

Community-Based Process	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Total	\$	\$	\$	\$	\$
Environmental	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Total	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Total	\$	\$	\$	\$	\$
Other	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Total	\$	\$	\$	\$	\$

Footnotes:

### III: State Agency Expenditure Reports

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

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

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

footnote:

### III: State Agency Expenditure Reports

Table 8 (URS Table 10) - Statewide Entity Inventory

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

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

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

Footnotes:

### III: State Agency Expenditure Reports

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

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

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2011      Yes      X      No    \_\_\_\_\_  
 SFY 2012      Yes      X      No    \_\_\_\_\_  
 SFY 2013      Yes      X      No    \_\_\_\_\_

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

Footnotes:

### III: State Agency Expenditure Reports

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

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

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

**footnote:**

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



## IV: Populations and Services Reports

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

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

	Current Report Year	Three Years Forward
Adults with Serious Illness (SMI)	<input type="text"/>	<input type="text"/>
Children with Serious Emotional Disturbances (SED)	<input type="text"/>	<input type="text"/>

*Note: This Table will be completed for the States by CMHS.*

footnote:

## IV: Populations and Services Reports

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

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

### Population Served

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

	Populations Covered:		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Aged 0 to 3	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
2. Aged 4 to 17	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
3. Adults Aged 18 and over	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
4. Forensics	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Comments on Data:				

2. Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?

Serious Mental Illness

Serious Emotional Disturbances

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance?

2.a.1. Percent of adults meeting Federal definition of SMI:

91.9 %

2.a.2. Percentage of children/adolescents meeting Federal definition of SED:

90.3 %

3. Co-Occurring Mental Health and Substance Abuse:

3.a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

3.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:

25.3 %

3.a.2. Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:

3.1 %

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse?

3.b.1. Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:

23.4 %

3.b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

2.8 %

3.b.3. Please describe how you calculate and count the number of persons with co-occurring disorders. Three diagnosis variables were examined for co-occurring substance abuse/use disorders in addition to mental health disorders.

4. State Mental Health Agency Responsibilities

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

- 1. State Medicaid Operating Agency
- 2. Setting Standards
- 3. Quality Improvement/Program Compliance
- 4. Resolving Consumer Complaints
- 5. Licensing
- 6. Sanctions
- 7. Other

b. Managed Care (Mental Health Managed Care)

Are Data for these programs reported on URS Tables?

- 4.b.1 Does the State have a Medicaid Managed Care initiative?  Yes  Yes
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?  Yes
- If yes, please check the responsibilities the SMHA has:
- 4.b.3 Direct contractual responsibility and oversight of the MCOs or BHOs  Yes
- 4.b.4 Setting Standards for mental health services  Yes
- 4.b.5 Coordination with state health and Medicaid agencies  Yes
- 4.b.6 Resolving mental health consumer complaints  Yes
- 4.b.7 Input in contract development  Yes
- 4.b.8 Performance monitoring  Yes
- 4.b.9 Other

5. Data Reporting: Please describe the extent to which your information systems allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for Table 2, which requires unduplicated counts of clients served across your entire mental health system.

*Are the data reporting in the tables?*

- 5.a. Unduplicated: counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.
- 5.b. Duplicated: across state hospital and community programs
- 5.c. Duplicated: within community programs
- 5.d. Duplicated: Between Child and Adult Agencies
- 5.e. Plans for Unduplication: If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

6. Summary Administrative Data

6.a. Report Year:

6.b. State Identifier:

*Summary Information on Data Submitted by SMHA:*

6.c. Year being reported: 7/1/2012 12:00:00 AM to 6/30/2013 12:00:00 AM

6.d. Person Responsible for Submission: Ellen M. Sparks

6.e. Contact Phone Number: 803-898-1839

6.f. Contact Address: 2414 Bull Street Columbia, SC 29202

6.g. E-mail: ems68@scdmh.org

footnote:

## IV: Populations and Services Reports

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

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

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

Table 13A

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for table 2b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	4,778	8,606	2	13,386	9	17	0	6	10	0	2,007	3,922	1	0	1	0	2,291	3,793	1	0	0	0	146	300	0	319	563	0
13-17 years	5,379	6,542	13	11,934	19	21	0	11	13	0	2,029	2,976	4	1	1	0	2,897	3,106	4	0	0	0	121	103	0	301	322	5
18-20 years	1,422	1,411	8	2,841	1	3	0	4	4	0	518	642	1	0	1	0	829	695	6	0	0	0	30	19	0	40	47	1
21-24 years	2,027	1,731	17	3,775	1	4	0	5	8	0	690	742	3	0	2	0	1,266	920	13	0	0	0	21	12	0	44	43	1
25-44 years	12,371	9,228	66	21,665	38	29	0	36	33	0	4,136	3,742	14	1	0	0	7,811	5,220	39	0	0	0	41	18	0	308	186	13
45-64 years	13,820	8,655	41	22,516	46	33	0	58	45	0	5,140	3,595	5	5	2	0	8,365	4,811	26	0	0	0	13	8	0	193	161	10
65-74 years	1,742	779	7	2,528	4	0	0	8	2	0	717	359	3	0	0	0	990	404	2	0	0	0	2	0	0	21	14	2
75+ years	450	167	5	622	2	1	0	4	2	0	210	77	1	0	0	0	223	84	3	0	0	0	0	1	0	11	2	1
Not Available	14	17	3	34	0	0	0	0	0	0	6	6	1	0	0	0	7	9	2	0	0	0	0	0	0	1	2	0
Total	42,003	37,136	162	79,301	120	108	0	132	117	0	15,453	16,061	33	7	7	0	24,679	19,042	96	0	0	0	374	461	0	1,238	1,340	33
Pregnant Women	0	0	0	0	0			0			0			0			0			0			0			0		

Are these numbers unduplicated?

Unduplicated

Duplicated : between Hospitals and Community

Duplicated : Among Community Programs

Duplicated between children and adults

Other : describe

Comments on Data (for Age):

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

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

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

Table 13B

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

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

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

footnote:

## IV: Populations and Services Reports

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

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

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

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	10,144	15,112	15	1,418	1,397	8	28,098	19,138	124	2,179	909	12	14	17	3	41,853	36,573	162	78,588
State Psychiatric Hospitals	135	209	0	23	56	0	423	930	0	26	48	0	1	0	0	608	1,243	0	1,851
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	32	0	0	3	0	0	0	0	0	0	0	0	0	0	0	35	0	35

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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

footnote:

IV: Populations and Services Reports

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

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

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

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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

Instructions:

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

footnote:



## IV: Populations and Services Reports

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

Table 15B

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

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for table 14b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	
0-12 years	4,136	7,787	1	11,924	8	17	0	6	9	0	1,763	3,617	1	0	0	0	1,964	3,377	0	0	0	0	125	262	0	270	505	0
13-17 years	4,935	6,000	8	10,943	18	19	0	10	13	0	1,848	2,756	3	1	1	0	2,686	2,824	1	0	0	0	114	91	0	258	296	4
18-20 years	1,240	1,124	5	2,369	1	2	0	4	3	0	436	507	1	0	1	0	739	555	3	0	0	0	26	14	0	34	42	1
21-64 years	26,616	17,515	87	44,218	81	57	0	96	76	0	9,463	7,380	15	6	2	0	16,394	9,627	54	0	0	0	70	34	0	506	339	18
65-74 years	1,694	727	5	2,426	4	0	0	8	1	0	704	340	1	0	0	0	957	372	2	0	0	0	2	0	0	19	14	2
75+ years	433	156	4	593	2	1	0	4	1	0	205	73	1	0	0	0	212	78	2	0	0	0	0	1	0	10	2	1
Not Available	12	12	0	24	0	0	0	0	0	0	5	5	0	0	0	0	6	7	0	0	0	0	0	0	0	1	0	0
Total	39,066	33,321	110	72,497	114	96	0	128	103	0	14,424	14,678	22	7	4	0	22,958	16,840	62	0	0	0	337	402	0	1,098	1,198	26

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

1. State Definitions Match the Federal Definitions

Yes  No Adults with SMI, if No describe or attach state definition:

The number of adults with a SMI qualifying diagnoses.

Diagnoses included in the state SMI definition:

All diagnoses that qualify as SMI

jm Yes jm No

Children with SED, if No describe or attach state definition:  5  
6

Diagnoses included in the state SED definition: All diagnoses that qualify as SED

Table 15C

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

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	2,798	5,225	0	190	324	0	1,148	2,238	1	4,136	7,787	1	11,924
13-17 years	3,352	4,028	0	160	179	0	1,423	1,793	8	4,935	6,000	8	10,943
18-20 years	926	796	0	33	30	0	281	298	5	1,240	1,124	5	2,369
21-64 years	20,903	13,385	0	574	335	0	5,139	3,795	87	26,616	17,515	87	44,218
65-74 years	1,148	494	0	48	19	0	498	214	5	1,694	727	5	2,426
75+ years	268	96	0	14	4	0	151	56	4	433	156	4	593
Not Available	10	11	0	0	0	0	2	1	0	12	12	0	24
Total	29,405	24,035	0	1,019	891	0	8,642	8,395	110	39,066	33,321	110	72,497
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													
Comments on Data (Overall):													

footnote:



## IV: Populations and Services Reports

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

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

Comments on Data (State Hospital):

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

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment):

---

Comments on Data  
(Community Programs):

---

Comments on Data (Overall):

---

footnote:

## V: Performance Indicators and Accomplishments

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

ADULTS WITH SERIOUS MENTAL ILLNESS				
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20	0	0	0	0
21-64	0	0	0	0
65-74	0	0	0	0
75	0	0	0	0
Not Available	0	0	0	0
TOTAL	0	0	0	0
Gender				
Female	0	0	0	0
Male	0	0	0	0
Not Available	0	0	0	0
Race				
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
White	0	0	0	0
Hispanic *	0	0	0	0
More Than One Race Reported	0	0	0	0

Race Not Available	0	0	0	0
--------------------	---	---	---	---

Hispanic / Latino Origin				
Hispanic / Latino origin	0	0	0	0
Non Hispanic / Latino	0	0	0	0
Not Available	0	0	0	0

Do you monitor fidelity for this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES,				
What fidelity measure do you use?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who measures fidelity?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often is fidelity measured?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have staff been specifically trained to implement the EBP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Hispanic is part of the total served.  Yes  No

Comments on Data (overall): <input type="text" value="Data not reported"/>
Comments on Data (Family Psychoeducation): <input type="text"/>
Comments on Data (Integrated Treatment for Co-occurring Disorders): <input type="text"/>
Comments on Data (Illness Self Management): <input type="text"/>
Comments on Data (Medication Management): <input type="text"/>

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

footnote: <input type="text"/>
-----------------------------------

## V: Performance Indicators and Accomplishments

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

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

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

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

How Often Does your State Measure Employment Status?

At Admission
  At Discharge
  Monthly
  Quarterly
  Other, describe:



What populations are included:  All clients  Only selected groups, describe:

---

Comments on Data (for Age):

---

Comments on Data (for Gender):

---

Comments on Data (Overall):

---

footnote:

## V: Performance Indicators and Accomplishments

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

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

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

Comments on Data (for Diagnosis):

footnote:

## V: Performance Indicators and Accomplishments

Table 19 (URS Table 15) - Living Situation Profile

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

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

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

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

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

Available											
TOTAL	66,894	1,156	3,557	0	142	563	547	913	369	5,160	79,301

Comments on Data:	
How Often Does your State Measure Living Situation?	<input type="radio"/> At Admission <input type="radio"/> At Discharge <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Other: Describe <input type="text"/>

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

footnote:

# V: Performance Indicators and Accomplishments

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

For Consumers in Service for at least 12 months

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

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

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

Female	27	99	5	22	106	3	16	11	0	4	94	1	27	36	11	43	14	131
Male	62	104	8	47	119	8	34	27	1	12	91	1	49	56	15	39	15	174
Not Available	13	37	7	14	36	4	7	6	0	6	30	1	13	15	3	19	7	57
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source of School Attendance Information:

- 1. Consumer survey (recommended items)
- 2. Other Survey: Please send us items
- 3. Mental health MIS
- 4. State Education Department
- 5. Local Schools/Education Agencies
- 6. Other (specify)

Measure of School Attendance:

- 1. School Attendance
- 2. Other (specify):

Mental health programs include:

- 1. Children with SED only
- 2. Other Children (specify)
- 3. Both

Region for which data are reported:

- 1. The whole state
- 2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported?

Child/Adolescents:

- If data is from a survey, what is the total number of people from which the sample was drawn?
- What was your sample size? (How many individuals were selected for the sample)?
- How many survey contacts were made? (surveys to valid phone numbers or addresses)
- How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?
- What was your response rate? (number of Completed surveys divided by number of Contacts)

25,271
854

State Comments/Notes:

footnote:

## V: Performance Indicators and Accomplishments

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

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

### Adult Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions?  Yes  No  
Measure used
- Did you use the recommended new Functioning Domain Questions?  Yes  No  
Measure used
- Did you collect these as part of your MHSIP Adult Consumer Survey?  Yes  No  
If No, what source did you use?

### Child/Family Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions?  Yes  No  
Measure used
- Did you use the recommended new Functioning Domain Questions?  Yes  No  
Measure used
- Did you collect these as part of your YSS-F Survey?  Yes  No  
If No, what source did you use?

footnote:



## V: Performance Indicators and Accomplishments

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

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

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

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

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

Comments on Data:

### Adult Consumer Surveys

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

1.a. If no, which version:

- 1. Original 40 Item Version  Yes
- 2. 21-Item Version  Yes
- 3. State Variation of MHSIP  Yes
- 4. Other Consumer Survey  Yes

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

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

2. Other Language:

Adult Survey Approach

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

- 2.a. If a sample was used, what sample methodology was used?  1. Random Sample  
 2. Stratified / Random Stratified Sample  
 3. Convenience Sample  
 4. Other Sample:

2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?  1. Persons Currently Receiving Services  
 2. Persons No Longer Receiving Services

3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)  1. All Adult Consumers In State  
 2. Adults With Serious Mental Illness  
 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care  
 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

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

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mail	<input type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-Based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

4.b. Who administered the Survey? (Check all that apply)  1. MH Consumers  
 2. Family Members  
 3. Professional Interviewers  
 4. MH Clinicians  
 5. Non Direct Treatment Staff  
 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?  1. Responses are Anonymous  
 2. Responses are Confidential

6. Sample Size and Response Rate

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

3,366

6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

6.c. How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e.

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

Yes

No

7. Who Conducted the Survey

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

Yes

No

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

Yes

No

7.c. Other, describe:

\* Report Confidence Intervals at the 95% confidence level

*Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.*

*The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level.*

*When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)*

Child / Family Consumer Surveys

1. Was the MHSIP Children / Family Survey (YSS-F) Used?

Yes

1.a. If no, what survey did you use?

*If no, please attach instrument used.*

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

1. Spanish

2. Other Language:

Child Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state)

All Consumers In State

Sample of MH Consumers

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

2. Stratified / Random Stratified Sample

3. Convenience Sample

4. Other Sample:

2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?  1. Persons Currently Receiving Services

2. Persons No Longer Receiving Services

2a. If yes to 2, please describe how your survey persons no longer receiving services.

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

1. All Child Consumers In State

- 2. Children With Serious Mental Illness
- 3. Children who were Medicaid Eligible or in Medicaid Managed Care
- 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

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

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mail	<input type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-Based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

4.b. Who administered the Survey? (Check all that apply)

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

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

- 1. Responses are Anonymous
- 2. Responses are Confidential
- 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

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

854

6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

6.c. How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e.

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

Yes

No

7. Who Conducted the Survey

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

Yes

No

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

Yes

No

7.c. Other, describe:

footnote:

## V: Performance Indicators and Accomplishments

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

### Adult Consumer Survey Results:

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

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

### Child/Adolescent Family Survey Results:

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

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	724	848	6	6	3	4	322	357	0	0	265	327	37	43	91	111	37	42
Reporting Positively About General	732	850	6	6	4	4	313	357	0	0	274	327	35	43	100	113	38	42

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

Comments on Data:

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

footnote:

## V: Performance Indicators and Accomplishments

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

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

For Consumers in Service for at least 12 months

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

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

	T1		T2		T1 to T2 Change				Assessment of the Impact of Services				
	"T1" 12 months prior to beginning services		"T2" Since Beginning Services (this year)		If Arrested at T1 (Prior 12 Months)		If Not Arrested at T1 (Prior 12 Months)		Since starting to receive MH Services, my encounters with the police have...				



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

Time period in which services were received: 2013

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information:

- 1. Consumer survey (recommended questions)
- 2. Other Consumer Survey: Please send copy of questions
- 3. Mental health MIS
- 4. State criminal justice agency
- 5. Local criminal justice agency
- 6. Other (specify)

Sources of children/youth criminal justice information:

- 1. Consumer survey (recommended questions)
- 2. Other Consumer Survey: Please send copy of questions
- 3. Mental health MIS
- 4. State criminal/juvenile justice agency
- 5. Local criminal/juvenile justice agency
- 6. Other (specify)

Measure of adult criminal justice involvement:

- 1. Arrests
- 2. Other (specify)

Measure of children/youth criminal justice involvement:

- 1. Arrests
- 2. Other (specify)

Mental health programs included:

- 1. Adults with SMI only
- 2. Other adults (specify)
- 3. Both (all adults)
- 1. Children with SED only
- 2. Other Children (specify)
- 3. Both (all Children)

Region for which adult data are reported:

- 1. The whole state
- 2. Less than the whole state (please describe)

Region for which children/youth data are reported:

- 1. The whole state
- 2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported

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

State Comments/Notes: Convenience Sample

footnote:

# V: Performance Indicators and Accomplishments

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

Age	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-12 years	0	0	0	0	0	0	0	11,922
13-17 years	0	0	0	0	0	0	0	10,943
18-20 years	0	0	0	2,369	0	0	0	0
21-64 years	0	0	0	44,218	0	0	0	0
65-74 years	0	0	0	2,426	0	0	0	0
75+ years	0	0	0	593	0	0	0	0
Not Available	0	368	0	22	0	0	0	4
Total	0	368	0	49,628	0	0	0	22,869

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

Ethnicity	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	0	0	0	149	0	0	0	61
Asian	0	0	0	193	0	0	0	38
Black / African American	0	0	0	19,136	0	0	0	9,988
Hawaiian / Pacific Islander	0	0	0	9	0	0	0	2

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

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

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

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

\* Hispanic is part of the total served.

Yes  No

Comments on Data (overall):

Comments on Data (Supported Housing):

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

Comments on Data (Supported Employment):

Comments on Data (Assertive Community Treatment):

Data for ACT not available this year

Comments on Data (Therapeutic Foster Care):

Comments on Data (Multi-Systemic  
Therapy):  
Data for MST not available this year

---

Comments on Data (Family  
Functional Therapy):

---

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

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footnote:

## V: Performance Indicators and Accomplishments

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

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



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

Are Forensic Patients Included?  Yes  No

Comments on Data:

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

footnote:

## V: Performance Indicators and Accomplishments

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

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

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

Comments on Data:

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

footnote:

## V: Performance Indicators and Accomplishments

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

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

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

1. Does this table include readmission from state psychiatric hospitals?  Yes  No

2. Are Forensic Patients Included?  Yes  No

Comments on Data:

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

footnote:

# I: State Information

## State Information

### State DUNS Number

Number 112674036

Expiration Date

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

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

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

City Columbia

Zip Code 29202

### II. Contact Person for the Grantee of the Block Grant

First Name John H.

Last Name Magill

Agency Name South Carolina Department of Mental Health

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

City Columbia

Zip Code 29202

Telephone 803-898-8319

Fax 803-898-8590

Email Address JHM03@SCDMH.ORG

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

From 7/1/2013

To 6/30/2014

### IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

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

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

### V. Contact Person Responsible for Report Submission

First Name D. Stewart

Last Name Cooner

Telephone 803-898-8632

Fax 803-898-8311

Email Address dsc18@scdmh.org

footnote:

## II: Annual Report

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

Priority #: 1  
Priority Area: FY2012 Agency Accountability Report  
Priority Type: MHP, MHS  
Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

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

Strategies to attain the goal:

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

#### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Percentage of Children in the Clinical, Subclinical and Normal Range for Total Competence, Problem, Internalizing and Externalizing  
Baseline Measurement: Total Competence, Total Problem, Internalizing, Externalizing  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (*if needed*):

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (*if needed*):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

#### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (*optional*):

Indicator #: 2  
Indicator: Percentage of Children in Clinical Category Showing Improvement on CBCL  
Baseline Measurement: Percentage of Children in Clinical Category Showing Improvement on CBCL  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 3  
Indicator: GAF: Adult Level of Functioning  
Baseline Measurement: Percentage with Improved GAF Score at Discharge  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.



New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 4

Indicator: SCDMH Adult Community Patients - Percent Employed

Baseline Measurement: Percent Employed as Compared Internally and to National Average Low and National Average High

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

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

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

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 5

Indicator: IPS Employment Program - Consumers Employed Competitively

Baseline Measurement: Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark

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

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

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

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

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Indicator #: 6  
Indicator: Housing for Consumers  
Baseline Measurement: Number of Housing Units  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement *(if needed)*:

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

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Indicator #: 7  
Indicator: Nursing Home Life Expectancy

Baseline Measurement: Life Expectancy as Compared Internally and to National Average

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

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

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

Data Source:

South Carolina Department of Mental Health - Division of Inpatient Services (Long-Term Care).

New Data Source(*if needed*):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (*optional*):

Indicator #: 8

Indicator: Nursing Home Injury Rate from Falls

Baseline Measurement: Injury Rate from Falls as Compared Internally and to National Average

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

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

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

Data Source:

South Carolina Department of Mental Health - Division of Inpatient Services (Long-Term Care).

New Data Source(*if needed*):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 9

Indicator: Adult Client Satisfaction

Baseline Measurement: MHSIP Survey Results

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

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

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

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Compilation of survey results.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

Limited by actual percentage and number of responses.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 10

Indicator: Youth Satisfaction

Baseline Measurement: MHSIP Survey Results

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

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

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

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Compilation of survey results.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 11

Indicator: Family of Youth Satisfaction

Baseline Measurement: MHSIP Survey Results

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

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

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

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 12

Indicator: Nursing Home Resident and Family Satisfaction

Baseline Measurement: Level of Satisfaction Survey

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

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

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

Data Source:

South Carolina Department of Mental Health - Division of Inpatient Services (Long-Term Care).

New Data Source (if needed):

Description of Data:

Compilation of survey results.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Limited by actual percentage and number of responses.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 13  
Indicator: Total Operating Revenue  
Baseline Measurement: Total Operating Revenue  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

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

New Data Source (if needed):

Description of Data:

Fiscal Year Financial Report with YTD and Prior Year Comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 14  
Indicator: Revenue Source Trends  
Baseline Measurement: Proportion and Value of Revenue by Source  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

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

New Data Source (if needed):

Description of Data:

Fiscal Year Financial Report with YTD and Prior Year Comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 15  
Indicator: Total Grant Dollars Received  
Baseline Measurement: Total Grant Dollars Received  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Financial Services (Grants Administration).

New Data Source (if needed):

Description of Data:

Grants portfolio.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 16
Indicator: Workers' Compensation - Premiums and Claims
Baseline Measurement: Workers' Compensation - Premiums and Claims
First-year target/outcome measurement: Compare to Prior Year's Results.
Second-year target/outcome measurement: Compare to Prior Year's Results.
New Second-year target/outcome measurement (if needed):

Data Source:

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

New Data Source (if needed):

Description of Data:

Fiscal Year Financial Report with YTD and Prior Year Comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 17
Indicator: Toward Local Care (TLC): Cost Comparison
Baseline Measurement: Pre-TLC and Active-TLC Per Person Average Cost
First-year target/outcome measurement: Compare to Prior Year's Results.
Second-year target/outcome measurement: Compare to Prior Year's Results.
New Second-year target/outcome measurement (if needed):

Data Source:

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

New Data Source (if needed):

Description of Data:



Program indicators data.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 18  
Indicator: Community vs. Inpatient Expenditures  
Baseline Measurement: Community vs. Inpatient Expenditures  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement *(if needed)*:

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

Fiscal Year Financial Report with YTD and Prior Year Comparisons.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 19  
Indicator: Inpatient Bed Day Costs  
Baseline Measurement: Inpatient Bed Day Costs by Type of Bed (Psych, Nursing Home, SVPP)  
First-year target/outcome measurement: Compare to Prior Year's Results.

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

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

Data Source:

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

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

The Inpatient Bed Day Costs for FY2014 are not currently available. Therefore, the goal attainment status indicated above is based on the current trending from FY2011 to FY2013, which indicates a relatively horizontal trendline.

How first year target was achieved (optional):

Indicator #: 20  
Indicator: Out-of-Home Child and Adolescent Placement Costs  
Baseline Measurement: Out-of-Home Child and Adolescent Placement Costs  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

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

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 21

Indicator: Strategic Priorities Training

Baseline Measurement: Hours of Training

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

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

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

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 22

Indicator: Workers' Compensation Claims

Baseline Measurement: Number of Workers' Compensation Claims

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

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

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

Data Source:

South Carolina Department of Mental Health – Division of Administrative Services (Human Resources).

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #:

23

Indicator:

Employee Turnover Rates

Baseline Measurement:

Employee Turnover Rates as Compared Internally and to Comparable South Carolina State Agencies

First-year target/outcome measurement:

Compare to Prior Year's Results.

Second-year target/outcome measurement:

Compare to Prior Year's Results.

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

Data Source:

South Carolina Department of Mental Health – Division of Administrative Services (Human Resources).

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #:

24

Indicator:

Affirmative Action

Baseline Measurement:

Percent of Goal Met

First-year target/outcome measurement:

Compare to Prior Year's Results.

Second-year target/outcome measurement:

Compare to Prior Year's Results.

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

Data Source:

South Carolina Department of Mental Health – Division of Administrative Services (Human Resources).

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 25

Indicator: Community Services to Priority Populations

Baseline Measurement: Penetration Rate: Adults Served, Community Mental Health Services

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

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

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

Data Source:

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

New Data Source (if needed):

Description of Data:

Program indicators data.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator: Adult Contacts with Major Mental Illness  
Baseline Measurement: Adult Contacts with Major Mental Illness as a Percent of Total Adult Contacts  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 27

Indicator: Community Mental Health Services: Ages 0-17 Served

Baseline Measurement: Penetration Rate - Ages 0-17 Served

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

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

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

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 28

Indicator: Child and Adolescent Contacts with Major Mental Illness

Baseline Measurement: Child and Adolescent Contacts with Major Mental Illness as a Percent of Total Child and Adolescent Contacts

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

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

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

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source *(if needed)*:

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 29

Indicator: Children in Out-of-Home Placements

Baseline Measurement: Annual Average of Number of Children in Out-of-Home Placements

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

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

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

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

Program indicators data.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 30

Indicator: Total Number of People Served in Community Mental Health Centers

Baseline Measurement: Total Number of People Served in Community Mental Health Centers

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

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

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

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source *(if needed)*:

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 31

Indicator: Adult Psychiatric Hospital Admissions

Baseline Measurement: Number of Adult Psychiatric Hospital Admissions

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



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

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

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 32

Indicator: Contracts for Non-SCDMH Inpatient Beds

Baseline Measurement: Number of Contracts for Non-SCDMH Inpatient Beds

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

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

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

Data Source:

South Carolina Department of Mental Health - Division of Financial Services (Procurement/Contracts).

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

Contracts for Non-SCDMH Inpatient Beds are negotiated at various points during the year; though, typically near the end of the fiscal

year. At the time of this report, there were 11 contracts in place, but this does not include contracts that could be in process.

How first year target was achieved (optional):

Indicator #: 33  
Indicator: Persons Waiting in ER (Quarterly Averages) - Data from Monday Morning Snapshot  
Baseline Measurement: Number of Persons Waiting in ER (Quarterly Averages) - Data from Monday Morning Snapshot  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

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

New Data Source (if needed):

Description of Data:

Compilation of Externally-Sourced Data.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 34  
Indicator: Persons Visiting South Carolina ERs with a Primary Diagnosis of MH, Alcohol, or Other Drug Abuse  
Baseline Measurement: Number of Persons Visiting South Carolina ERs with a Primary Diagnosis of MH, Alcohol, or Other Drug Abuse  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

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

New Data Source (if needed):

Description of Data:

Compilation of Externally-Sourced Data.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 35

Indicator: TLC: Funded Community Placements - Long-Term MH Clients

Baseline Measurement: TLC: Number of Funded Community Placements - Long-Term MH Clients

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

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

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

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

Program indicators data.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 36

Indicator: Long-Term Psychiatric Patients - Inpatient Bed Occupancy

Baseline Measurement: Number of Long-Term Psychiatric Patients - Inpatient Bed Occupancy

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

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

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

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

Internally-generated data comparisons.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #:

37

Indicator:

Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment

Baseline Measurement:

Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment

First-year target/outcome measurement:

Compare to Prior Year's Results.

Second-year target/outcome measurement:

Compare to Prior Year's Results.

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

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 38  
Indicator: 30-Day Inpatient Readmission Rate  
Baseline Measurement: 30-Day Inpatient Readmission Rate  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

New Data Source (if needed):

Description of Data:

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 39  
Indicator: Inpatient Restraint Hour Rate  
Baseline Measurement: Inpatient Restraint Hour Rate as Compared Internally and to National Average  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

New Data Source (if needed):

Description of Data:

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 40

Indicator: Inpatient Seclusion Rate

Baseline Measurement: Inpatient Seclusion Rate as Compared Internally and to National Average

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

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

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

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

Internally-generated data comparisons.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 41

Indicator: Psychiatric Inpatient: Greater than 90-Day Length of Stay

Baseline Measurement: Psychiatric Inpatient: Percentage of Patients with Greater than 90-Day Length of Stay

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

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

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

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source *(if needed)*:

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 42

Indicator: Forensic Program Admissions

Baseline Measurement: Number of Admissions by Pre-Trial Evaluation and Psychosocial Rehabilitation Program

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

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

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

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

This particular measure is no longer tracked longitudinally by this method. The information is still available, but monitored utilizing alternative methods.

How first year target was achieved *(optional)*:

Indicator #: 43  
Indicator: Participating Hospitals - Telepsychiatry  
Baseline Measurement: Number of Participating Hospitals - Telepsychiatry  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health – Office of Medical Director (Telepsychiatry Consultation Program).

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 44

Indicator: Support Processes Outcomes - Key Business and Support Processes

Baseline Measurement: Support Processes Outcomes - Key Business and Support Processes: Finance, IT, Nutritional Services, Physical Plant, Vehicle Management, Human Resources

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

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

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

Data Source:

Various.

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.



New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 45

Indicator: Support Processes Outcomes - Legal and Regulatory Compliance

Baseline Measurement: Support Processes Outcomes - Legal and Regulatory Compliance: Accreditation, Program Integrity Audit, Program Field Review, Quality Assurance, Internal Audit, Compliance, Etc.

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

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

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

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Priority #: 2

Priority Area: FY2012-2013 Residual Planning Steps

Priority Type: MHP, MHS

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

Goal of the priority area:

Strategies to attain the goal:

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

### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Self-Directed Recovery  
Baseline Measurement: Self-Directed Recovery  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement(*if needed*):

Data Source:

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

New Data Source(*if needed*):

Description of Data:

The intent is to increase participant choice, control, and flexibility in selecting services to be rendered on the client's behalf. Through empowerment, and the ability to match perceived needs and desires with services received, clients are engaged and recovery is facilitated.

New Description of Data(*if needed*):

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (*optional*):

Indicator #: 2  
Indicator: Prevention and Promotion  
Baseline Measurement: Prevention and Promotion  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement(*if needed*):

Data Source:

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

New Data Source(*if needed*):

Description of Data:

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

This will occur by creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 3  
Indicator: Collaboration  
Baseline Measurement: Collaboration  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement *(if needed)*:

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

The intent is to seek partnerships among like-minded organizations to evaluate opportunities for enhancing services for such efforts as co-occurring disorders, physical health, employment, peer workforce, homelessness, returning veterans, youth in transition, reducing disparities, older adults, and employing and deploying technology. Through its myriad of partnerships, the South Carolina Department of Mental Health will evaluate the needs, resources, gaps, and solutions of the mental health continuum of care.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 4  
Indicator: Integrating Primary Care and Behavioral Health Care

Baseline Measurement: Integrating Primary Care and Behavioral Health Care

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

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

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

Data Source:

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

New Data Source (if needed):

Description of Data:

The intent is to place mental health and substance abuse services in primary care settings, and place primary care services in mental health and substance abuse settings. The South Carolina Department of Mental Health has experimented in the past with these concepts and currently has a grant to explore these partnerships in the present.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 5

Indicator: Strengthen Agency Position as State Mental Health Authority

Baseline Measurement: Strengthen Agency Position as State Mental Health Authority

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

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

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

Data Source:

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

New Data Source (if needed):

Description of Data:

The intent is to emphasize and exercise the primary role the South Carolina Department of Mental Health plays in the delivery of mental health services within the mental health continuum of care.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 6  
Indicator: Control Expenditures and/or Increase Efficiency of Operations  
Baseline Measurement: Control Expenditures and/or Increase Efficiency of Operations  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement *(if needed)*:

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

The intent is to evaluate the current operational environment of the South Carolina Department of Mental Health in order to identify areas of increased efficiency with the purpose of maximizing the return on investment of limited resources.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 7  
Indicator: Expand Funding/Revenue Opportunities  
Baseline Measurement: Expand Funding/Revenue Opportunities  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement *(if needed)*:

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

The intent is to evaluate the current revenue and funding streams of the South Carolina Department of Mental Health in order to identify areas of increased reimbursement with the purpose of maximizing the use of limited resources to achieve the greatest benefit for clients.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 8  
Indicator: Improve Access to Care for Targeted Populations  
Baseline Measurement: Improve Access to Care for Targeted Populations  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement *(if needed)*:

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

The intent is to evaluate the current access to care for clients and potential clients of the South Carolina Department of Mental Health in order to identify areas of need, and corresponding gaps in access, with the purpose of maximizing the use of limited resources so that the Department can continue to impact the prevalence rate of mental illness in the State.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 9

Indicator: Enhance Efficiency of Clinical Service Delivery

Baseline Measurement: Enhance Efficiency of Clinical Service Delivery

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

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

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

Data Source:

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

New Data Source (*if needed*):

Description of Data:

The intent is to evaluate the current clinical service delivery model of the South Carolina Department of Mental Health in order to identify areas of increased efficiency with the purpose of maximizing the use of limited resources. This may be achieved through enhancement of the Department's internally-developed electronic medical record, addressing barriers to treatment, or deployment of other evidenced efficiencies.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (*optional*):

Indicator #: 10

Indicator: Enhance Treatment Effectiveness

Baseline Measurement: Enhance Treatment Effectiveness

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

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

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

Data Source:

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

New Data Source (*if needed*):

Description of Data:

The intent is to evaluate the current treatment effectiveness of the South Carolina Department of Mental Health in order to refine treatment services with the purpose of supporting the recovery of people with mental illnesses.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 11

Indicator: Budget Preservation

Baseline Measurement: Budget Preservation

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

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

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

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

The intent is to prevent the further degradation of funding for the South Carolina Department of Mental Health so that it will be able to continue to address the demand for mental health services across the State of South Carolina.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 12

Indicator: Recruitment and Retention

Baseline Measurement: Recruitment and Retention

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

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

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

Data Source:

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

New Data Source *(if needed)*:



Description of Data:

The intent is to address the shortage of clinical staff across the provider spectrum of the South Carolina Department of Mental Health and to ameliorate the significant disparities in compensation between the public and private sectors.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 13

Indicator: Accreditation

Baseline Measurement: Accreditation

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

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

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

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

The intent is to maintain the high-quality level and types of services provided by the South Carolina Department of Mental Health as evidenced by the standards set forth by the accrediting bodies with which the Department is affiliated, and by which all of its Community Mental Health Centers and Inpatient Facilities are accredited.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 14

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

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

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

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

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

Data Source:

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

New Data Source (if needed):

Description of Data:

The intent is to ensure that the issues and concerns raised by participants in feedback processes, such as the Community Forums, are reviewed, and, when appropriate, acted upon in order to affect positive change, and ensure a dynamic environment, for behavioral health services in the State of South Carolina.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 3

Priority Area: FY2013 Forum Summary Action Plans

Priority Type: MHP, MHS

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

Goal of the priority area:

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

Strategies to attain the goal:

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

### Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

First-year target/outcome measurement: Each facility will hold similar forums yearly to monitor program progress, assess needs, and keep stakeholders in the community informed and involved.

Second-year target/outcome measurement: Each facility will hold similar forums yearly to monitor program progress, assess needs, and keep stakeholders in the community informed and involved.

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

Data Source:

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

New Data Source (if needed):

Description of Data:

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

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 4

Priority Area: FIN Group Summary

Priority Type: MHP, MHS

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

Goal of the priority area:

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

Strategies to attain the goal:

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

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Productivity of Clinicians

Baseline Measurement: Productivity of Clinicians

First-year target/outcome measurement: Baseline Benchmarks Established.

Second-year target/outcome measurement: Baseline Benchmarks Established.

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

Data Source:

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

New Data Source(*if needed*):

Description of Data:

Productivity is centered on the number of service hours that are being provided by clinicians. The number of services provided has a direct impact on the agency's budget. The number of service hours provided was reviewed by each Community Mental Health Center.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (*optional*):

Indicator #: 2  
Indicator: Access to Care  
Baseline Measurement: Access to Care  
First-year target/outcome measurement: Baseline Benchmarks Established.  
Second-year target/outcome measurement: Baseline Benchmarks Established.  
New Second-year target/outcome measurement(*if needed*):

Data Source:

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

New Data Source(*if needed*):

Description of Data:

Consistent timeframes for emergent, urgent and routine appointments. As of November 1, 2012, all centers will have the capacity to see emergencies the same day, offer urgent appointments within two working days and routine appointments within seven working days.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 3

Indicator: Provider Caseloads

Baseline Measurement: Provider Caseloads

First-year target/outcome measurement: Baseline Benchmarks Established.

Second-year target/outcome measurement: Baseline Benchmarks Established.

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

Data Source:

New Data Source (if needed):

Description of Data:

Caseloads are being attached to levels of care. Clinicians can go below the cap, but they cannot exceed the cap.  
  
Level 5 – No caseload.  
Level 4 – Children and adults, caseload cap is 35.  
Level 3 – Adults – 80; Children – 60.  
Level 2 – 120  
Level 1 – 200; to be served by RNs.  
  
Among the other strategies to maximize on current clinician resources is a review of the needs of clients who have not been seen within 180 days.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 4

Indicator: Staffing and Staff Retention

Baseline Measurement: Staffing and Staff Retention

First-year target/outcome measurement: Baseline Benchmarks Established.

Second-year target/outcome measurement: Baseline Benchmarks Established.

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

Data Source:

New Data Source(*if needed*):

Description of Data:

In order to comply with the levels of care and caseload caps protocols, staffing must be addressed to ensure that clients receive the right level of care within the prescribed access timeframes.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (*optional*):

Indicator #: 5

Indicator: Levels of Care

Baseline Measurement: Levels of Care

First-year target/outcome measurement: Baseline Benchmarks Established.

Second-year target/outcome measurement: Baseline Benchmarks Established.

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

Data Source:

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

New Data Source(*if needed*):

Description of Data:

Five levels of care have been identified. FIN is currently drafting a level of care standard that includes caseload size caps.

Level 5 – Individuals who are in crisis, either current clients or new to the center. These persons are seen at a center on a daily basis.

Level 4 – Individuals who are ACT-like team participants. These individuals will be seen a minimum of once a week.

Level 3 – These are people who are doing pretty well and will benefit from therapy. These people would be seen a minimum of once a month.

Level 2 – People who are pretty stable and doing well and don't have many needs. These people would be seen a minimum of once every two months.

Level 1 – These are people who are doing well, and only need medication management. These people could be seen every 3-4 months.

Caseloads are being attached to each of these levels. Clinicians can go below the cap, but they cannot exceed the cap.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 6  
Indicator: Clinical Supervision  
Baseline Measurement: Clinical Supervision  
First-year target/outcome measurement: Baseline Benchmarks Established.  
Second-year target/outcome measurement: Baseline Benchmarks Established.  
New Second-year target/outcome measurement *(if needed)*:

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

A draft policy is currently being reviewed to implement across the system. Skill level development is a key component to effective clinical supervision.

New Description of Data *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Priority #: 5  
Priority Area: FY2014 Budget Requests  
Priority Type: MHP, MHS  
Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Sustainability of Mental Health Services

Baseline Measurement: Sustainability of Mental Health Services

First-year target/outcome measurement: Provision of Appropriations.

Second-year target/outcome measurement: Provision of Appropriations.

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

Data Source:

South Carolina Department of Mental Health.

New Data Source (if needed):

Description of Data:

The agency's goal is to maintain services to it patients at current levels. In order to do that, SCDMH must replace non-recurring funds from Medicaid cost settlements – which will be ending – with State recurring appropriations by FY 2015.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 2

Indicator: Sexually Violent Predator Program

Baseline Measurement: Sexually Violent Predator Program

First-year target/outcome measurement: Provision of Appropriations.

Second-year target/outcome measurement: Provision of Appropriations.

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

Data Source:

South Carolina Department of Mental Health.

New Data Source (if needed):

Description of Data:

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



New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 3

Indicator: Forensic Inpatient Services

Baseline Measurement: Forensic Inpatient Services

First-year target/outcome measurement: Provision of Appropriations.

Second-year target/outcome measurement: Provision of Appropriations.

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

Data Source:

South Carolina Department of Mental Health.

New Data Source *(if needed)*:

Description of Data:

Another legislatively mandated inpatient program is the Department's secure hospital for adult patients committed following adjudication by a Court of General Sessions as being incapable of standing trial due to a mental illness [S.C. Code Ann. §44-23-430] or committed to SCDMH following a finding of Not Guilty by Reason of Insanity [S.C. Code Ann. §17-24-40]. Due to increased numbers of commitments, the agency has had difficulty timely admitting individuals committed by the criminal courts, resulting in a growing waiting list.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 4

Indicator: Telepsychiatry Consultation Program

Baseline Measurement: Telepsychiatry Consultation Program

First-year target/outcome measurement: Provision of Appropriations.

Second-year target/outcome measurement: Provision of Appropriations.

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

Data Source:

South Carolina Department of Mental Health.

New Data Source (if needed):

Description of Data:

Because of its success and its promise as a model of cost-effectiveness and efficiency in the future delivery of healthcare, SCDMH has received continuing grant funding for the program from The Duke Endowment. However, it has been understood that eventually grant funding for the program will end. Last year SCDMH instituted user fees for the participating hospitals and the agency received \$500,000 in appropriated funds. SCDHHS continues to financially support the program, as well. The requested funds are necessary to ensure the financial viability of the program following the expected reduction or elimination of further grant funding.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #:

5

Indicator:

Capital Funding Requests

Baseline Measurement:

Capital Funding Requests

First-year target/outcome measurement: Provision of Appropriations.

Second-year target/outcome measurement: Provision of Appropriations.

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

Data Source:

South Carolina Department of Mental Health.

New Data Source (if needed):

Description of Data:

The Department has requested certain funds to ensure the efficient and effective operation of its physical plant.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

The South Carolina General Assembly appropriated limited additional requested funds to be used for this purpose.

How first year target was achieved *(optional)*:

Indicator #: 6  
Indicator: One-Time Funding Requests  
Baseline Measurement: One-Time Funding Requests  
First-year target/outcome measurement: Provision of Appropriations.  
Second-year target/outcome measurement: Provision of Appropriations.  
New Second-year target/outcome measurement *(if needed)*:

Data Source:

South Carolina Department of Mental Health.

New Data Source *(if needed)*:

Description of Data:

The Department has requested certain funds to ensure the efficient and effective operation of its service delivery system.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

footnote:

### III: Expenditure Reports

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

Start Year: 2013

End Year: 2014

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

Please indicate the expenditures are actual or estimated.

Actual  Estimated

Footnotes:

### III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

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

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

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

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

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

footnote:



### III: Expenditure Reports

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

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

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

footnote:

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

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

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

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

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

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

**FIVE PERCENT SET ASIDE**

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

**MEMORANDUM**

TO: Asha Stanly, MSW, LICSW, Public Health Advisor  
CMHS/DSCSD

FROM: Stewart Cooner, Director of Special Programs  
Division of Administrative Services

DATE: December 1, 2014

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

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

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

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

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

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

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

DSC

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

**MEMORANDUM**

TO: Center Directors, Community Mental Health Centers

FROM: Geoff Mason, Deputy Director  
Division of Community Mental Health Services

DATE: September 17, 2014

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

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

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

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

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

GJM/dsc

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

**REQUEST FOR FUNDING (RFF)**

**Federal Community Mental Health Services Block Grant**

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

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

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

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

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

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

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

**Program Overview from SAMHSA**

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

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

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

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

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

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

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

### **FY2015 Funding**

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

### **Approach to Meeting MHBG Five Percent Set-Aside**

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

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

effectiveness is attainable when the two modalities are deployed together. MI serves as the engagement modality and CBT serves as the therapy modality. A description of each treatment modality, as presented in the original proposal, is provided below for ease of reference.

Motivational Interviewing (MI): From the practitioner perspective, “MI is a person-centered counseling style for addressing the common problem about ambivalence about change.” From the technical perspective, “MI is a collaborative, goal style of communication with particular attention to the language of change. It is designed to strengthen personal motivation and commitment to a specific goal by eliciting and exploring the person’s own reason for change within an atmosphere of acceptance and compassion.” This evidence-based practice is very effective with adolescents and young adults.

Cognitive Behavioral Therapy (CBT): CBT is a form of psychotherapy that is present-focused, time limited and problem-solving oriented. Clients learn to “identify distorted thinking, modify thoughts, relate to others in different ways and change behaviors...” CBT is based on the cognitive model: the way we perceive situations influences how we feel emotionally. This evidence-based practice is useful with targeted populations.

In addition to each modality’s individual benefits, the combination of the two also lends itself to ease of linkage with other program activities such as Dialectical Behavioral Therapy (DBT), Certified Peer Support Specialists (CPSS), Telemedicine, Mental Health Courts, Supported Apartments for Youth-in-Transition, Care Coordination for Youth and Families, and Individual Placement & Supported Employment (IPS). These value-added linkages enhance the total effectiveness of this approach – deploying a combined model of MI and CBT – and provide a return-on-investment that extends beyond the deployment of MI and CBT individually.

### **Targeting Funding to the FEP Population**

The Department utilizes masters-level clinicians to provide the proffered treatment modalities: MI and CBT. These masters-level clinicians are integrated into a behavioral health team that supports the delivery of overall treatment services. It is with these master-level clinicians that the Department proposes to serve the estimated need in the State of South Carolina of persons experiencing FEP.

#### *Target Population*

Given that FEP typically occurs while a person is between the ages of 16-25, the Department will expand the target population to ages 15-30 under the program(s) funded by the Five Percent Set-Aside in order to capture as many persons most likely to experience FEP. However, when appropriate, it will serve other persons experiencing FEP, even if said persons fall outside of the prescribed age range.

#### *Prevalence and Unmet Need*

Based on the 2013 Population Estimate for the State of South Carolina as reported by the United States Census Bureau, there are approximately 1,289,207 persons aged 15-34 (these are the age breakouts available from said resource). According to the Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings, Figure 2.2 Serious Mental Illness in the Past Year among Adults Aged 18 or Older, by Age and Gender: 2012, the prevalence of serious mental illness (SMI) for persons 18 or Older is 4.1% (this is the age breakout available from said resource). Extrapolating upon two data points that are not exactly concurrent, the Department estimates the prevalence of SMI in persons aged 15-34 in South Carolina is approximately 52,857 persons. On average, the Department serves approximately 27,372 persons aged 15-30 with SMI. The difference between those needing service (approximately 52,857) and those being served (approximately 27,372) is a gap (unmet need) of approximately 25,485.

### *Incidence and Unmet Need*

Added to the prevalent unmet need is the rate of incidence. Based on FEP incidence rates presented by Humensky, Dixon, and Essok (2013) of 20 to 30 cases per 10,000 population, there are approximately 2,578 to 3,867 incident cases of FEP annually in South Carolina for persons aged 15-34. Likewise, based on derived incidence rates calculated from McGrath, Saha, Chant, et. al. (2008), there are approximately 1,510 incident cases of FEP annually in South Carolina for adolescents and young adults. Comparing the incident cases above to the number of persons aged 30 and below with diagnoses of schizophrenia and other psychotic disorders – who, incidentally, have also never been seen by a provider prior to seeking services from SCDMH – a total of 391 – there is a unmet need in incidence between approximately 1,119 and 3,476. Note that the ‘need’ assumes that those individuals have only foregone treatment because access to treatment was limited and not because of any other factors (e.g. lack of desire to seek treatment services, stigma, etc.). The total unmet need (prevalence and incidence) illustrates that this is an underserved population.

### *Identification of the Target Population*

From a practice standpoint, each responding CMHC must ensure that funding is targeted to the FEP population by ensuring that said individuals are properly identified at intake and thereafter routed to the designated clinician(s). This approach will provide accountability for all Five Percent Set-Aside expenditures.

To wit, SCDMH has the capability to quickly and routinely discern if a person asking for services is between the ages of 15-30 and is likely experiencing an FEP through the use of its screening form, the C-20, and its intake form, the Initial Clinical Assessment (ICA). When a person calls to inquire about services, most of SCDMH’s CMHCs have intake teams that receive the requests for service. These designated teams then conduct a screening using the C-20. If it seems as though the individual would benefit from services of the CMHC based on the information gathered from the C-20, the individual is then given an “intake” appointment. If the request is considered emergent, that appointment is offered the same day as the request. If the request is considered urgent, the intake appointment is offered within 2 working days. If the request is considered to be routine, the intake appointment is offered within 7 working days.

Once the intake is conducted, the intake clinician will have made a provisional diagnosis based on the history given by the client and any available collateral sources, to include records from previous providers, family members, teachers, etc. Based on all of the gathered information, the intake clinician should be able to determine if the need for services is the result of an FEP. If so, the intake clinician will then route the individual to the specified clinician who has been designated to work with the target population of those young adults experiencing an FEP. This intake and routing process ensures that the clinicians funded by the Five Percent Set-Aside are only offering services to the intended population.

Therefore, each responding CMHC must target services to persons aged 15-30 who upon intake and further investigation are deemed to be experiencing an FEP and whose diagnosis is on the psychosis spectrum, including appropriate serious mental illnesses that warrant psychosis interventions best addressed by MI and CBT.

### **Award**

The Department will award the Five Percent Set-Aside funds in an RFF process for the purpose of deploying masters-level clinicians to deliver the treatment modalities of MI and CBT to persons experiencing FEP who are aged 15-30 years. This award approach provides an opportunity for each of the Department’s 17 CMHCs to respond with a proposal, including a statement of need based on demand, and ensures that the funds are allocated to the communities with the greatest need and to the CMHCs offering the greatest return on investment.



The RFF will, at minimum, but not be limited to, fund seven (7) masters-level clinicians – a minimum total investment of \$350,000 to satisfy the required Five Percent Set-Aside of \$333,585 – who have been trained in and who have demonstrated proficiency in the identified treatment modalities of MI and CBT. These seven (7), or more, masters-level clinicians will be deployed to enhance existing program activities and will be readily identifiable by an appropriate number of positions whose funding is directly attributed to the CMHS Block Grant and whose position description (job description) defines the role as one established to provide MI and CBT to persons experiencing FEP, primarily of the age range 15-30. Note that said clinicians will deploy a person-centered planning approach, so that the clinicians may be able, and may need, to provide other modalities, as well, based on the client's individual needs.

Each masters-level clinician will be expected to carry a caseload of approximately 30 persons. SCDMH's experience with young adults who are newly diagnosed with SMI is that they often resist the diagnosis and the engagement in services. Consequently, clinicians must be mobile enough to, literally, meet the young adults where they are in order to engage them. In addition, many times the families and support systems of the newly diagnosed young adults need substantial education and support to help themselves and the client. Both efforts require a significant amount of staff time. Providing services in such a dynamic environment necessitates a caseload of approximately 30 persons.

The Five Percent Set-Aside will not be used to supplant existing positions. While current employees may assume the proffered roles, Federal funds may not be used to replace state, or other funds.

SCDMH will absorb the cost of any training, so that the Five Percent Set-Aside funds can be maximized by funding as many positions as possible. Any ancillary expenses will also be the responsibility of the responding CMHC, so that the Five Percent Set-Aside will only be used to fund salaries and fringe benefits.

Upon award of the Five Percent Set-Aside to one, or more, of the CMHCs, the Department will utilize its ability to track client-level data via its electronic medical records to provide aggregated outputs (counts) and outcomes (results) to SAMHSA to demonstrate the effective and efficient use of the Five Percent Set-Aside funds.

### **Proposal Guidelines**

- A) Proposals must **not exceed four (4) pages in length including budget.** Submit the proposal electronically to Stewart Cooner, [dsc18@scdmh.org](mailto:dsc18@scdmh.org).
- B) Proposals should include the following:
  - a. Identify the contact person for the proposal.
  - b. Describe the program model and justify the need for the proposed position(s) as supported by data substantiating the lack of services, or the need for services.
  - c. Identify operational/resource needs to create, or expand, the current program of services with a projected timeline of full operation of the proposed position(s).
  - d. Identify expected aggregated outputs (counts) and outcomes (results) to demonstrate the effective and efficient use of the Five Percent Set-Aside funds.
  - e. Provide position(s) budget and demonstrate the methodology by which position(s) will be readily identifiable as funded by the Five Percent Set-Aside funds.
  - f. Provide a position description (job description) under which the position(s) will operate that defines the role as one established to provide MI and CBT to persons experiencing FEP, primarily of the age range 15-30.
- C) Proposals should commit to provide quarterly reports and other ad hoc data as requested. Quarterly reports should include:
  - a. Actual aggregated outputs (counts) and outcomes (results) to demonstrate the effective and efficient use of the Five Percent Set-Aside funds.

- b. Actual expenditures associated with the position(s) designated as participating in this program and funded by the Five Percent Set-Aside funds.
- c. A description of the methodology by which position(s) are identifiable as funded by the Five Percent Set-Aside funds.

**Proposals are to be submitted to Stewart Cooner, Director of Special Programs via email at [dsc18@scdmh.org](mailto:dsc18@scdmh.org) no later than 4:00PM on Wednesday, October 8, 2014. Confirmation of receipt of proposal will be provided via email.**

**Review/Selection**

The SCDMH Division of Community Mental Health Services in collaboration with the SCDMH Division of Administrative Services will comprise a Review Committee that will review all proposals and rate each according to the guidelines provided above, including determinations of greatest need. Proposals will be awarded to the limit of available funding. Each responding CMHC will be notified via email of the disposition of its proposal. Those CMHCs selected for funding will also receive written notification indicating the award amount. [End]

## Revision Request – January 23, 2015

1. Did the state use the set aside for their assessed targeted population? Describe below.  
Yes. On December 11, 2014, the Central Office of the South Carolina Department of Mental Health (Department) awarded funds totaling \$350,000 to three (3) of its Community Mental Health Centers (CMHC) through a Request for Proposal (RFP) process that prescribed the criteria by which the funds would be used, as referenced above. Each response to the RFP addressed the targeted population of persons aged 15-30. The Department determined that this age range would capture as many persons most likely to experience First Episode Psychosis (FEP). Through a comprehensive intake process, each of the CMHCs receiving this award will identify individuals in said age range who are experiencing FEP and direct them to a specific clinician who will provide the identified treatments, and who will be specifically identified with and funded by this RFP. This approach will allow the Department to report aggregated financial and clinical outcomes idiosyncratic to this program. However, it was noted that when appropriate, the Department would serve other persons experiencing FEP, even if said persons fall outside of the prescribed age range.
  
2. Did the state identify the diagnostic group they targeted? Describe below.  
Yes. Each CMHC must target services to persons aged 15-30 who upon intake and further investigation are deemed to be experiencing an FEP and whose diagnosis is on the psychosis spectrum, including appropriate serious mental illnesses that warrant psychosis interventions best addressed by MI and CBT.
  
3. Did the state implement evidence-based programs using the set-aside? Describe below.  
Yes. The Department has specifically cited Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) as the treatment modalities it will deploy utilizing the Five Percent Set-Aside. These treatment modalities have been identified as appropriate and effective for persons experiencing FEP. It has also been found that maximum effectiveness is attainable when the two modalities are deployed together. MI serves as the engagement modality and CBT serves as the therapy modality. A description of each treatment modality, as presented in the original proposal, is provided below for ease of reference.

Motivational Interviewing (MI): From the practitioner perspective, “MI is a person-centered counseling style for addressing the common problem about ambivalence about change.” From the technical perspective, “MI is a collaborative, goal style of communication with particular attention to the language of change. It is designed to strengthen personal motivation and commitment to a specific goal by eliciting and exploring the person’s own reason for change within an atmosphere of acceptance and compassion.” This evidence-based practice is very effective with adolescents and young adults.

Cognitive Behavioral Therapy (CBT): CBT is a form of psychotherapy that is present-focused, time limited and problem-solving oriented. Clients learn to “identify distorted thinking, modify thoughts, relate to others in different ways and change behaviors...” CBT is based on the cognitive model: the way we perceive situations influences how we feel emotionally. This evidence-based practice is useful with targeted populations.

In addition to each modality's individual benefits, the combination of the two also lends itself to ease of linkage with other program activities such as Dialectical Behavioral Therapy (DBT), Certified Peer Support Specialists (CPSS), Telemedicine, Mental Health Courts, Supported Apartments for Youth-in-Transition, Care Coordination for Youth and Families, and Individual Placement & Supported Employment (IPS). These value-added linkages enhance the total effectiveness of this approach – deploying a combined model of MI and CBT – and provide a return-on-investment that extends beyond the deployment of MI and CBT individually.

4. Did the state expand use of EBP's to any additional populations (other than its targeted population)? Describe below.

MI and CBT are currently deployed across the Department's community mental health system. The Department did not expand the use of either modality as both were fully implemented at the time of award.

5. Did the state identify alternative use of the funds other than EBP's (i.e. staff development, regional plan, etc.)? Describe below.

No. The Department cited in the RFP specific instructions related to the use of the awarded funds, as quoted below.

“The Five Percent Set-Aside will not be used to supplant existing positions. While current employees may assume the proffered roles, Federal funds may not be used to replace state, or other funds.

SCDMH will absorb the cost of any training, so that the Five Percent Set-Aside funds can be maximized by funding as many positions as possible. Any ancillary expenses will also be the responsibility of the responding CMHC, so that the Five Percent Set-Aside will only be used to fund salaries and fringe benefits.”

6. Did the state complete the planned activities described in the plan? Describe below.

Yes. The planned activities described in the plan principally addressed the award of the Five Percent Set Aside funds and the implementation of their use. The funds have been awarded and the implementation is in progress.

7. Did the state use the 5% and was there any additional funding used? Request an updated budget and describe below.

Yes. According to the prescribed criteria from SAMHSA, the Department was expected to allocate \$333,585 for use toward FEP. The Department actually allocated \$350,000 of Mental Health Block Grant funds to the Five Percent Set Aside program and awarded the entire amount. However, due to the protracted approval process for the Department's proposal of how it intended to use the Five Percent Set Aside funds and the necessity to use the RFP process in order to equalize the opportunity for all of the Department's seventeen (17) CMHCs to have a fair chance at being awarded, the first year of use of said funds will only be a partial year.

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
2015 MHBG BEHAVIORAL HEALTH REPORT  
COLUMBIA, SOUTH CAROLINA**

**STATE BEHAVIORAL HEALTH ADVISORY COUNCIL**

November 19, 2014

Ms. Virginia Simmons, Grants Management Officer  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 7-1109  
Rockville, Maryland 20857

Dear Ms. Simmons:

On behalf of the South Carolina Mental Health State Planning Council, I am pleased to report the activity of the State Planning Council for Fiscal Year 2014. Our State Planning Council includes representation from consumers, family members, consumer groups, community mental health centers, inpatient facilities, and a number of state agencies. It reflects a cross-cultural sample of the diversity of the greater population. The complete list of State Planning Council members is provided in the FY2014-2015 CMHS Block Grant Application.

The State Planning Council met five times in FY2014. Beginning in 2012, the State Planning Council changed its meeting frequency from quarterly to bi-monthly. We acknowledge and appreciate the focus that the State Director of Mental Health shares during each of our meetings.

Throughout the year, State Planning Council members have advocated for mental health services for adults with serious mental illness and for children and adolescents with serious emotional disorders. We have worked to learn about existing mental health services and to monitor, review and evaluate services via bi-monthly updates from the SCDMH Divisions of Administrative Services, Community Mental Health Services, and Inpatient Services, respectively.

In 2012, the State Planning Council reconvened its sub-committee structure and established a meeting schedule. At present, the sub-committees meet for approximately one hour prior to the general meeting of the State Planning Council. The sub-committee chairs then report on the activities of their respective groups. The subcommittees are Adult/Recovery, Legislative, and Child/Adolescent. They are comprised not only of State Planning Council members but also of subject-matter experts as both standing participants and invited guests.

In 2013, the State Planning Council began an informal evaluation of its overall structure. As a product of its evaluation and the resultant insights, the State Planning Council instituted the use of a State Planning Council Application, State Planning Council Member Description, and State Planning Council Invitation Letter. Also as a result of its evaluation, the State Planning Council established a Bylaws Review Committee to review said document and ensure that it and the State Planning Council were acting in concert. One deliverable from the Bylaws Review Committee was the recommended dissolution of the Adult/Recovery, Legislative, and Child/Adolescent sub-committees and the recommended establishment of the Mental Health Block Grant Review, Advocacy, and Outcomes Measurement sub-committees which better align the actions of the State Planning Council with its stated purpose in the Bylaws. As is evident across the years, the State Planning Council is constantly evaluating itself and evolving to ensure that it is functioning in a capacity that best serves the needs of the mental health continuum in South Carolina.

Therefore, it is with pleasure that the South Carolina Mental Health State Planning Council endorses the State Plan as it exists and reports on its own activities to support said plan. The South Carolina Mental Health State Planning Council and the South Carolina Department of Mental Health will continue to act in partnership to support the recovery of people with mental illness.

Sincerely,



Debbie Nieri, Chairperson  
South Carolina Mental Health State Planning Council

### III: Expenditure Reports

#### MHBG Table 5 (URS Table 8) - Profile Of Community Mental Health Block Grant Expenditures For Non-Direct Service Activities

*This table is used to describe the use of CMHS BG funds for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority*

Service		Estimated Total Block Grant
MHA Technical Assistance Activities		\$
MHA Planning Council Activities		\$
MHA Administration		\$62,401
MHA Data Collection/Reporting		\$
MHA Activities Other Than Those Above		\$
Total Non-Direct Services		\$62,401
Comments on Data:		
Footnotes:		



### III: Expenditure Reports

MHBG Table 6 (URS Table 10) - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Entity Number	I-SATS ID (for SABG)	Area Served (Statewide or Sub-State Planning Area)	Provider/Program/Agency Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults with serious mental illness	CMHS Block Grant - G. Children with serious emotional disturbance
1		Statewide	Aiken MHC	1135 Gregg Hwy	Aiken	SC	29801						\$85,802.59	\$52,332.64
2		Statewide	Anderson MHC	200 McGee Rd.	Anderson	SC	29625						\$135,317.23	\$181,212.98
3		Statewide	Beckman MHC	1547 Parkway, Suite 100	Greenwood	SC	29646						\$193,342.33	\$336,517.81
4		Statewide	Berkeley MHC	403 Stoney Landing Rd.	Moncks Corner	SC	29464						\$96,705.59	\$44,835.11
5		Statewide	Catawba MHC	225 E Main St.	Rock Hill	SC	29730						\$228,551.25	\$170,008.45
6		Statewide	Charleston MHC	2100 Charlie Hall Blvd.	Charleston	SC	29414						\$126,993.12	\$155,732.11
7		Statewide	Coastal MHC	1050 Ribaut Rd.	Beaufort	SC	29902						\$225,248.59	\$242,694.50
8		Statewide	Columbia MHC	2715 Colonial Dr.	Columbia	SC	29203						\$258,708.44	\$120,023.38
22		Sub-State Planning Area	Dee Norton RFP	1061 King St.	Charleston	SC	29403						\$0.00	\$12,866.00
20		Statewide	Federation of Families RFP	810 Dutch Square Blvd.	Columbia	SC	29210						\$0.00	\$57,800.00
9		Statewide	Greenville MHC	124 Mallard St.	Greenville	SC	29601						\$98,631.37	\$98,631.37
10		Statewide	Lexington MHC	301 Palmetto Park Blvd.	Lexington	SC	29072						\$225,633.66	\$43,228.30
19		Sub-State Planning Area	MHA Greenville	301 University Ridge	Greenville	SC	29601						\$46,757.00	\$0.00
23		Statewide	NAMI	P.O. Box 1267	Columbia	SC	29202						\$56,000.00	\$0.00
11		Statewide	Orangeburg MHC	2319 St. Matthews Rd.	Orangeburg	SC	29116						\$80,517.69	\$271,425.69
12		Statewide	Pee Dee MHC	125 E Chevez St.	Florence	SC	29506						\$107,599.40	\$107,599.40
13		Statewide	Piedmont MHC	20 Powerhorn Rd.	Simpsonville	SC	29681						\$165,031.98	\$276,079.53
18		Statewide	Projects and Grants (32)	2414 Bull St.	Columbia	SC	29202						\$1,000.00	\$126,000.00
14		Statewide	Santee MHC	215 N. Magnolia St.	Sumter	SC	29151						\$269,191.94	\$144,431.67
24		Statewide	SHARE	427 Meeting St.	West Columbia	SC	29169						\$53,547.00	\$0.00
15		Statewide	Spartanburg MHC	250 Dewey Dr.	Spartanburg	SC	29303						\$132,362.92	\$132,362.92
16		Statewide	Tri-County MHC	1035 Cheraw Hwy.	Bennettsville	SC	29512						\$117,135.63	\$117,135.63
17		Statewide	Waccamaw MHC	164 Waccamaw Med. Prk. Dr.	Conway	SC	29526						\$122,840.01	\$168,735.77

21		Sub-State Planning Area	Work-in-Progress	1413 Calhoun St.	Columbia	SC	29201						\$41,733.00	\$0.00
Total								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,868,650.74	\$2,859,653.26

Footnotes:

### III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2012) + B2(2013)</u> 2 (C)
SFY 2012 (1)	\$63,834,842	
SFY 2013 (2)	\$66,940,745	\$65,387,794
SFY 2014 (3)	\$69,027,628	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2012	Yes	<u>X</u>	No	_____
SFY 2013	Yes	<u>X</u>	No	_____
SFY 2014	Yes	<u>X</u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

footnote:

### III: Expenditure Reports

#### MHBG Table 8A & 8B (URS Table 5A and 5B) - Profile of Clients by Type of Funding Support

Table 8A

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for URS table 5b are not available			More Than One Race Reported			Race Not Available		
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
Medicaid (only Medicaid)	15,149	14,384	4	29,537	49	30	0	31	32	0	6,382	7,143	0	0	1	0	7,725	6,059	0	0	0	0	278	356	0	684	763	4
Non-Medicaid Sources (only)	19,894	15,944	8	35,846	57	51	0	82	64	0	5,856	5,304	1	6	3	0	13,160	9,897	4	0	0	85	68	0	648	557	3	
People Served by Both Medicaid and Non-Medicaid Sources	7,142	6,453	3	13,598	24	15	0	20	23	0	3,307	3,469	0	1	0	0	3,548	2,674	2	0	0	61	58	0	181	214	1	
Medicaid Status Not Available	851	1,032	0	1,883	1	3	0	5	8	0	351	502	0	0	0	0	478	497	0	0	0	3	3	0	13	19	0	
Total Served	43,036	37,813	15	80,864	131	99	0	138	127	0	15,896	16,418	1	7	4	0	24,911	19,127	6	0	0	427	485	0	1,526	1,553	8	

Data Based on Medicaid Services

Data Based on Medical Eligibility, not Medicaid Paid Services

'People Served By Both' includes people with any Medicaid

Comments on Data (for Race):

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Table 8B

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 5A.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total
Medicaid Only	11,317	10,317	0	483	499	0	3,349	3,568	4	15,149	14,384	4	29,537
Non-Medicaid Only	15,287	12,082	0	604	426	0	4,003	3,436	8	19,894	15,944	8	35,846
People Served by Both Medicaid and Non-Medicaid Sources	5,447	4,704	0	181	168	0	1,514	1,581	3	7,142	6,453	3	13,598
Medicaid Status Unknown	588	470	0	17	29	0	246	533	0	851	1,032	0	1,883
Total Served	32,639	27,573	0	1,285	1,122	0	9,112	9,118	15	43,036	37,813	15	80,864

Comments on Data (for Ethnicity):

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

Footnotes:

## IV: Populations and Services Reports

### MHBG Table 9 (URS Table 1) - Profile of the State Population by Diagnosis

*This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. CMHS will provide this data to States based on the standardized methodology developed and published in the Federal Register and the State level estimates for both adults with SMI and children with SED.*

	Current Report Year	Three Years Forward
Adults with Serious Illness (SMI)	<input type="text"/>	<input type="text"/>
Children with Serious Emotional Disturbances (SED)	<input type="text"/>	<input type="text"/>

*Note: This Table will be completed for the States by CMHS.*

Footnotes:
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## IV: Populations and Services Reports

### MHBG Table 10 (URS Table 12) - State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

#### Population Served

1. Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	Populations Covered:		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Aged 0 to 3	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
2. Aged 4 to 17	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
3. Adults Aged 18 and over	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
4. Forensics	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Comments on Data:				

2. Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?

Serious Mental Illness

Serious Emotional Disturbances

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance?

2.a.1. Percent of adults meeting Federal definition of SMI:

92.2 %

2.a.2. Percentage of children/adolescents meeting Federal definition of SED:

90.2 %

#### 3. Co-Occurring Mental Health and Substance Abuse:

3.a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

3.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:

25.6 %

3.a.2. Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:

2.8 %

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse?

3.b.1. Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:

23.7 %

3.b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

2.5 %

3.b.3. Please describe how you calculate and count the number of persons with co-occurring disorders.

#### 4. State Mental Health Agency Responsibilities

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

- 1. State Medicaid Operating Agency
- 2. Setting Standards
- 3. Quality Improvement/Program Compliance
- 4. Resolving Consumer Complaints
- 5. Licensing
- 6. Sanctions
- 7. Other

b. Managed Care (Mental Health Managed Care)

Are Data for these programs reported on URS Tables?

- 4.b.1 Does the State have a Medicaid Managed Care initiative?  Yes  Yes
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?  Yes
- If yes, please check the responsibilities the SMHA has:
- 4.b.3 Direct contractual responsibility and oversight of the MCOs or BHOs  Yes
- 4.b.4 Setting Standards for mental health services  Yes
- 4.b.5 Coordination with state health and Medicaid agencies  Yes
- 4.b.6 Resolving mental health consumer complaints  Yes
- 4.b.7 Input in contract development  Yes
- 4.b.8 Performance monitoring  Yes
- 4.b.9 Other

5. Data Reporting: Please describe the extent to which your information systems allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for Table 2, which requires unduplicated counts of clients served across your entire mental health system.

*Are the data reporting in the tables?*

- 5.a. Unduplicated: counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.
- 5.b. Duplicated: across state hospital and community programs
- 5.c. Duplicated: within community programs
- 5.d. Duplicated: Between Child and Adult Agencies
- 5.e. Plans for Unduplication: If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

6. Summary Administrative Data

6.a. Report Year:

6.b. State Identifier:

*Summary Information on Data Submitted by SMHA:*

6.c. Year being reported: 7/1/2013 12:00:00 AM to 6/30/2014 12:00:00 AM

6.d. Person Responsible for Submission: Sarah Osborne

6.e. Contact Phone Number: 803-898-1413

6.f. Contact Address: 2414 Bull Street Columbia, SC 29202

6.g. E-mail: SAO41@scdmh.org

Footnotes:



# IV: Populations and Services Reports

## MHBG Table 11 A and MHBG Table 11 B (URS Tables 2A and 2B) - Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 11A

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for Table 2b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	5,002	8,557	2	13,561	18	19	0	3	15	0	2,067	3,902	0	0	0	0	2,324	3,686	1	0	0	0	181	304	0	409	631	1
13-17 years	5,802	6,535	3	12,340	22	12	0	14	13	0	2,238	3,025	1	1	1	0	3,012	2,986	0	0	0	0	137	110	0	378	388	2
18-20 years	1,402	1,394	0	2,796	3	3	0	3	5	0	514	609	0	0	0	0	806	695	0	0	0	0	19	22	0	57	60	0
21-24 years	2,034	1,831	0	3,865	8	2	0	11	9	0	709	808	0	0	0	0	1,216	947	0	0	0	0	29	13	0	61	52	0
25-44 years	12,471	9,635	1	22,107	30	30	0	42	39	0	4,201	3,941	0	2	2	0	7,785	5,375	1	0	0	0	47	23	0	364	225	0
45-64 years	14,031	8,824	3	22,858	43	32	0	57	44	0	5,219	3,654	0	4	1	0	8,471	4,904	3	0	0	0	12	12	0	225	177	0
65-74 years	1,855	865	0	2,720	5	0	0	5	0	0	743	400	0	0	0	0	1,078	448	0	0	0	0	2	0	0	22	17	0
75+ years	438	167	1	606	2	1	0	3	2	0	204	76	0	0	0	0	219	84	1	0	0	0	0	1	0	10	3	0
Not Available	1	5	5	11	0	0	0	0	0	0	1	3	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	5
Total	43,036	37,813	15	80,864	131	99	0	138	127	0	15,896	16,418	1	7	4	0	24,911	19,127	6	0	0	0	427	485	0	1,526	1,553	8
Pregnant Women	0	0	0	0	0			0			0			0			0					0				0		

Are these numbers unduplicated?

Unduplicated

Duplicated : between Hospitals and Community

Duplicated : Among Community Programs

Duplicated between children and adults

Other : describe

Comments on Data (for Age):

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 11A.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 11B

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	3,429	5,872	0	248	373	0	1,325	2,312	2	5,002	8,557	2	13,561
13-17 years	3,999	4,562	0	220	224	0	1,583	1,749	3	5,802	6,535	3	12,340
18-20 years	1,047	985	0	32	41	0	323	368	0	1,402	1,394	0	2,796
21-24 years	1,606	1,423	0	69	36	0	359	372	0	2,034	1,831	0	3,865
25-44 years	10,112	7,536	0	349	236	0	2,010	1,863	1	12,471	9,635	1	22,107
45-64 years	10,864	6,509	0	300	189	0	2,867	2,126	3	14,031	8,824	3	22,858
65-74 years	1,297	578	0	53	19	0	505	268	0	1,855	865	0	2,720
75+ years	285	105	0	14	4	0	139	58	1	438	167	1	606
Not Available	0	3	0	0	0	0	1	2	5	1	5	5	11
Total	32,639	27,573	0	1,285	1,122	0	9,112	9,118	15	43,036	37,813	15	80,864
Pregnant Women	0			0			0			0	0	0	0

Comments on Data (for Age):	
-----------------------------	--

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

Footnotes:

## IV: Populations and Services Reports

MHBG Table 12 (URS Table 3) - Profile Of Persons Served In The Community Mental Health Settings, State Psychiatric Hospitals And Other Settings

*This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.*

*Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.*

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	10,779	15,062	5	1,394	1,378	0	28,383	19,751	4	2,278	992	1	1	5	5	42,835	37,188	15	80,038
State Psychiatric Hospitals	154	230	0	33	63	0	573	1,043	1	24	53	0	0	0	0	784	1,389	1	2,174
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	26	0	0	4	0	0	0	0	0	0	0	0	0	0	0	30	0	30

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Data for those inpatient in the Sexual Violent Predator and forensic programs are included under State Hospital.

Footnotes:

# IV: Populations and Services Reports

## MHBG Tables 13 A, B, C (URS Tables 14A/14B) - Profile of Persons With SMI/SED Served by Age, Gender and Race/Ethnicity

Table 13A,B

This is a developmental table similar to Table 2A. and 2B. This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. Table 2A. and 2B. included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as Tables 2A. and 2B. For 2007, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition. Please report the data under the categories listed - "Total" are calculated automatically.

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for Table 14b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	
0-12 years	4,282	7,766	2	12,050	17	19	0	3	13	0	1,792	3,587	0	0	0	0	1,989	3,312	1	0	0	0	147	267	0	334	568	1
13-17 years	5,357	5,946	3	11,306	20	12	0	14	13	0	2,043	2,780	1	0	1	0	2,809	2,692	0	0	0	0	130	97	0	341	351	2
18-20 years	1,227	1,094	0	2,321	3	2	0	3	5	0	428	474	0	0	0	0	727	543	0	0	0	0	18	19	0	48	51	0
21-64 years	26,995	18,162	3	45,160	78	51	0	107	85	0	9,657	7,682	0	6	3	0	16,467	9,892	3	0	0	0	78	41	0	602	408	0
65-74 years	1,810	810	0	2,620	5	0	0	5	0	0	729	380	0	0	0	0	1,047	414	0	0	0	0	2	0	0	22	16	0
75+ years	426	149	1	576	2	1	0	3	2	0	200	72	0	0	0	0	213	70	1	0	0	0	0	1	0	8	3	0
Not Available	1	1	0	2	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>40,098</b>	<b>33,928</b>	<b>9</b>	<b>74,035</b>	<b>125</b>	<b>85</b>	<b>0</b>	<b>135</b>	<b>118</b>	<b>0</b>	<b>14,850</b>	<b>14,976</b>	<b>1</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>23,252</b>	<b>16,923</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>375</b>	<b>425</b>	<b>0</b>	<b>1,355</b>	<b>1,397</b>	<b>3</b>

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

1. State Definitions Match the Federal Definitions

Yes  No Adults with SMI, if No describe or attach state definition:

The number of adults with a SMI qualifying diagnoses.

Diagnoses included in the state SMI definition:

All diagnoses that qualify as SMI

jm Yes jm No Children with SED, if No describe or attach state definition:  5  
6

Diagnoses included in the state SED definition: All diagnoses that qualify as SED

Table 13C

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A. Please report the data under the categories listed - "Total" are calculated automatically.

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	2,927	5,284	0	203	340	0	1,152	2,142	2	4,282	7,766	2	12,050
13-17 years	3,696	4,152	0	202	198	0	1,459	1,596	3	5,357	5,946	3	11,306
18-20 years	926	789	0	28	34	0	273	271	0	1,227	1,094	0	2,321
21-64 years	21,368	14,019	0	681	417	0	4,946	3,726	3	26,995	18,162	3	45,160
65-74 years	1,265	553	0	52	19	0	493	238	0	1,810	810	0	2,620
75+ years	274	94	0	13	4	0	139	51	1	426	149	1	576
Not Available	0	0	0	0	0	0	1	1	0	1	1	0	2
Total	30,456	24,891	0	1,179	1,012	0	8,463	8,025	9	40,098	33,928	9	74,035
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													
Comments on Data (Overall):													

Footnotes:



## IV: Populations and Services Reports

MHBG Table 14 (URS Table 6) - Profile of Client Turnover

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospitals	617	1,746	1,722	0	0	0	0	0	0
Children (0 to 17 years)	20	396	389	26	16	31	18	0	0
Adults (18 yrs and over)	597	1,350	1,333	119	21	107	63	1,777	1,433
Age Not Available	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Residential Tx Centers	11	20	24	0	0	0	0	0	0
Children (0 to 17 years)	8	19	20	125	112	93	83	0	0
Adults (18 yrs and over)	3	1	4	130	140	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Community Programs	44,714	43,012	0	0	0	0	0	0	0
Children (0 to 17 years)	11,853	16,485							
Adults (18 yrs and over)	32,861	26,509							
Age Not Available	0	18							

**Comments on Data (State Hospital):**

There are no children in the State Hospital for a period longer than one year. State Hospital data includes Forensic population and the Sexually Violent Predator Program (SVP). Increase in State Hospital admissions due to increase in number of beds.

**Comments on Data (Other Inpatient):**

**Comments on Data (Residential Treatment):**

There are no children in residential treatment for a period longer than one year.



Comments on Data (Community Programs):

---

Comments on Data (Overall):

---

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 15 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services During the Year

*This table provides a profile of adults with serious mental illness receiving specific evidence-based practices in the reporting year. The reporting year should be the latest state fiscal year for which data are available.*

ADULTS WITH SERIOUS MENTAL ILLNESS				
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management and Recovery	Receiving Medication Management
Age				
18-20	0	0	0	0
21-64	0	0	0	0
65-74	0	0	0	0
75+	0	0	0	0
Not Available	0	0	0	0
TOTAL	0	0	0	0
Gender				
Female	0	0	0	0
Male	0	0	0	0
Not Available	0	0	0	0
Race				
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
White	0	0	0	0

Hispanic *	0	0	0	0
More Than One Race	0	0	0	0
Unknown	0	0	0	0

Hispanic / Latino Origin				
Hispanic / Latino origin	0	0	0	0
Non Hispanic / Latino	0	0	0	0
Not Available	0	0	0	0

Do you monitor fidelity for this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES,				
What fidelity measure do you use?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who measures fidelity?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often is fidelity measured?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have staff been specifically trained to implement the EBP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Hispanic is part of the total served.  Yes  No

Comments on Data (overall): <input type="text" value="This table is not reported."/>
Comments on Data (Family Psychoeducation): <input type="text"/>
Comments on Data (Integrated Treatment for Co-occurring Disorders): <input type="text"/>
Comments on Data (Illness Self Management and Recovery): <input type="text"/>
Comments on Data (Medication Management): <input type="text"/>

\*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Footnotes: <input type="text"/>
------------------------------------

# V: Performance Indicators and Accomplishments

MHBG Table 16A (URS Table 4) - Profile of Adult Clients By Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force"). Unemployed refers to persons who are looking for work but have not found employment.

Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Adults Served	18-20			21-64			65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	109	65	0	3,316	2,027	0	102	35	0	0	0	0	3,527	2,127	0	5,654
Unemployed	408	367	0	12,780	8,454	0	459	182	0	0	2	0	13,647	9,005	0	22,652
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	678	737	0	7,833	5,733	0	1,262	555	0	0	1	0	9,773	7,026	0	16,799
Not Available	199	209	0	4,454	3,537	0	455	220	0	0	2	0	5,108	3,968	0	9,076
<b>Total</b>	<b>1,394</b>	<b>1,378</b>	<b>0</b>	<b>28,383</b>	<b>19,751</b>	<b>0</b>	<b>2,278</b>	<b>992</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>32,055</b>	<b>22,126</b>	<b>0</b>	<b>54,181</b>

How Often Does your State Measure Employment Status?

At Admission
  At Discharge
  Monthly
  Quarterly
  Other, describe:

When there is a change.

---

What populations are included:  All clients  Only selected groups, describe:

---

Comments on Data (for Age):

---

Comments on Data (for Gender):

---

Comments on Data (Overall):

---

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 16B (URS Table 4A) - Profile of Adult Clients By Employment Status: By Primary Diagnosis Reported

*The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.*

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (295)	716	4,168	5,263	1,965	12,112
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	3,309	12,391	7,426	3,899	27,025
Other Psychoses (297, 298)	173	1,067	723	457	2,420
All Other Diagnoses	1,335	4,640	3,132	2,463	11,570
No Dx and Deferred DX (799.9, V71.09)	121	386	255	292	1,054
Diagnosis Total	5,654	22,652	16,799	9,076	54,181

Comments on Data (for Diagnosis):

Footnotes:

## V: Performance Indicators and Accomplishments

### MHBG Table 17 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period  
All Mental Health Programs by Age, Gender, and Race/Ethnicity

*Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.*

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	22,981	1,115	536	0	26	51	19	16	184	969	25,897
18-64	43,344	63	2,655	0	4	653	653	928	157	3,169	51,626
65+	2,604	1	411	0	0	92	12	5	10	191	3,326
Not Available	12	1	0	0	0	0	0	0	0	2	15
<b>TOTAL</b>	<b>68,941</b>	<b>1,180</b>	<b>3,602</b>	<b>0</b>	<b>30</b>	<b>796</b>	<b>684</b>	<b>949</b>	<b>351</b>	<b>4,331</b>	<b>80,864</b>
Female	37,515	577	1,715	0	0	238	140	379	178	2,294	43,036
Male	31,414	603	1,886	0	30	558	544	570	173	2,035	37,813
Not Available	12	0	1	0	0	0	0	0	0	2	15
<b>TOTAL</b>	<b>68,941</b>	<b>1,180</b>	<b>3,602</b>	<b>0</b>	<b>30</b>	<b>796</b>	<b>684</b>	<b>949</b>	<b>351</b>	<b>4,331</b>	<b>80,864</b>

American Indian/Alaska Native	197	3	10	0	0	2	0	2	0	16	230
Asian	218	0	12	0	0	6	4	3	0	21	264
Black/African American	27,663	488	1,681	0	7	397	271	374	145	1,286	32,312
Hawaiian/Pacific Islander	11	0	0	0	0	0	0	0	0	0	11
White/Caucasian	37,366	556	1,790	0	21	376	401	541	191	2,796	44,038
Hispanic *	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	780	62	22	0	1	2	1	8	6	30	912
Race/Ethnicity Not Available	2,706	71	87	0	1	13	7	21	9	182	3,097
<b>TOTAL</b>	<b>68,941</b>	<b>1,180</b>	<b>3,602</b>	<b>0</b>	<b>30</b>	<b>796</b>	<b>684</b>	<b>949</b>	<b>351</b>	<b>4,331</b>	<b>80,864</b>

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	2,130	26	72	0	0	13	9	7	8	120	2,385
Non Hispanic or Latino Origin	51,871	834	2,682	0	16	327	453	830	289	2,701	60,003
Hispanic											



or Latino Origin Not Available	14,940	320	848	0	14	456	222	112	54	1,510	18,476
TOTAL	68,941	1,180	3,602	0	30	796	684	949	351	4,331	80,864

Comments on Data:	Services are provided across the system in jails and correctional facilities which may account for increased numbers of people with this living arrangement.
How Often Does your State Measure Living Situation?	<input checked="" type="radio"/> At Admission <input type="radio"/> At Discharge <input type="radio"/> Monthly <input type="radio"/> Quarterly <input checked="" type="radio"/> Other: Describe <input type="text" value="When changed"/>

\*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available

Footnotes:
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## V: Performance Indicators and Accomplishments

MHBG Table 18 (URS Table 19B) - Profile of Change in School Attendance

1. This is a developmental measure. To assist in the development process, we are asking states to report information on the school attendance outcomes of mental health consumers with their December 2007 MHBG submission.
2. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.
3. If your SMHA has data on School Attendance from alternative sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in the Attendance from T1 to T2, please use all these columns.
4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
5. Please tell us anything else that would help us to understand your indicator (e. g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

T1		T2			T1 to T2 Change			Impact of Services										
"T1" Prior 12 months (more than 1 year ago)		"T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have							
# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses	
Total	113	294	30	123	288	26	84	29	0	38	253	3	93	149	32	104	59	437
Gender																		
Female	26	105	11	30	103	9	20	6	0	10	95	0	25	41	13	39	24	142
Male	67	151	13	73	145	13	48	19	0	24	125	2	54	85	13	50	29	231
Not Available	20	38	6	20	40	4	16	4	0	4	33	1	14	23	6	15	6	64
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

T1	T2	T1 to T2 Change		Impact of Services
"T1" 12 months prior to beginning services	"T2" Since Beginning Services (this year)	If Suspended at T1 (Prior 12 Months)	If Not Suspended at T1 (Prior 12 Months)	Since starting to receive MH Services, the number of days my child was in school have

	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	91	366	39	87	378	31	45	42	4	39	326	1	86	152	48	151	59	496
Gender																		
Female	20	148	21	22	151	16	7	13	0	14	133	1	31	59	10	64	25	189
Male	59	159	10	53	168	7	32	25	2	19	140	0	41	71	23	68	25	228
Not Available	12	59	8	12	59	8	6	4	2	6	53	0	14	22	15	19	9	79
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source of School Attendance Information:

- 1. Consumer survey (recommended items)
- 2. Other Survey: Please send us items
- 3. Mental health MIS
- 4. State Education Department
- 5. Local Schools/Education Agencies
- 6. Other (specify)

Measure of School Attendance:

- 1. School Attendance
- 2. Other (specify):

Mental health programs include:

- 1. Children with SED only
- 2. Other Children (specify)
- 3. Both

Region for which data are reported:

- 1. The whole state
- 2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported?

Child/Adolescents:

- If data is from a survey, what is the total number of people from which the sample was drawn?
- What was your sample size? (How many individuals were selected for the sample)?
- How many survey contacts were made? (surveys to valid phone numbers or addresses)
- How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?
- What was your response rate? (number of Completed surveys divided by number of Contacts)


State Comments/Notes:

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 19 (URS Table 9) - Social Connectedness and Improved Functioning

Adult Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness		2,656	3,948	67%
2. Functioning		2,869	4,194	68%
Child/Adolescent Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness		1,385	1,598	87%
4. Functioning		1,052	1,675	63%
Comments on Data:				

### Adult Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions?  Yes  No  
Measure used
- Did you use the recommended new Functioning Domain Questions?  Yes  No  
Measure used
- Did you collect these as part of your MHSIP Adult Consumer Survey?  Yes  No  
If No, what source did you use?

### Child/Family Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions?  Yes  No  
Measure used
- Did you use the recommended new Functioning Domain Questions?  Yes  No  
Measure used
- Did you collect these as part of your YSS-F Survey?  Yes  No  
If No, what source did you use?

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 20A (URS Table 11) - Summary Profile of Client Evaluation of Care

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	3,613	4,254	1.44
2. Reporting Positively About Quality and Appropriateness for Adults	3,770	4,248	1
3. Reporting Positively About Outcomes.	2,869	4,206	1
4. Adults Reporting on Participation In Treatment Planning.	3,346	4,236	1
5. Adults Positively about General Satisfaction with Services.	3,773	4,250	1

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	1,458	1,680	2
2. Reporting Positively about General Satisfaction for Children.	1,427	1,685	2
3. Reporting Positively about Outcomes for Children.	1,046	1,675	2
4. Family Members Reporting on Participation In Treatment Planning for their Children	1,491	1,681	2
5. Family Members Reporting High Cultural Sensitivity of Staff.	1,578	1,681	2

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

\* Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.

Comments on Data:

See General Notes.

### Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used?  Yes  No

1.a. If no, which version:

- 1. Original 40 Item Version  Yes
- 2. 21-Item Version  Yes
- 3. State Variation of MHSIP  Yes
- 4. Other Consumer Survey  Yes

1.b. If other, please attach instrument used.

- 1.c. Did you use any translations of the MHSIP into another language?  1. Spanish  
 2. Other Language:

Adult Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state)  1. All Consumers In State  2. Sample of MH Consumers

- 2.a. If a sample was used, what sample methodology was used?  1. Random Sample  
 2. Stratified / Random Stratified Sample  
 3. Convenience Sample  
 4. Other Sample:

- 2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?  1. Persons Currently Receiving Services  
 2. Persons No Longer Receiving Services

3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)  1. All Adult Consumers In State  
 2. Adults With Serious Mental Illness  
 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care  
 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Mail	<input checked="" type="checkbox"/> Yes	
Face-to-face	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Web-Based	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes

- 4.b. Who administered the Survey? (Check all that apply)  1. MH Consumers  
 2. Family Members  
 3. Professional Interviewers  
 4. MH Clinicians  
 5. Non Direct Treatment Staff  
 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?  1. Responses are Anonymous

- 2. Responses are Confidential
- 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

6.a. How Many Surveys were Attempted (sent out or calls initiated)?

4,279

6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

6.c. How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e.

If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?  Yes  No

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)  Yes  No

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)  Yes  No

7.c. Other, describe:

\* Report Confidence Intervals at the 95% confidence level

*Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.*

*The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level.*

*When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)*

Child / Family Consumer Surveys

1. Was the MHSIP Children / Family Survey (YSS-F)  Yes Used?

If no, what survey did you use?

*If no, please attach instrument used.*

1.c. Did you use any translations of the Child MHSIP into another language?  1. Spanish  2. Other Language:

Child Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state)  1. All Consumers In State  2. Sample of MH Consumers

2.a. If a sample was used, what sample methodology was used?  1. Random Sample  2. Stratified / Random Stratified Sample  3. Convenience Sample  4. Other Sample:

2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?  1. Persons Currently Receiving Services  2. Persons No Longer Receiving Services

2a. If yes to 2, please describe how your survey persons no longer receiving services.

3. Please Describe the populations included in your sample: (e.g., all children, only children with SED, etc.)

- 1. All Child Consumers In State
- 2. Children with Serious Emotional Disturbances
- 3. Children who were Medicaid Eligible or in Medicaid Managed Care
- 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mail	<input type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-Based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

4.b. Who administered the Survey? (Check all that apply)

- 1. MH Consumers
- 2. Family Members
- 3. Professional Interviewers
- 4. MH Clinicians
- 5. Non Direct Treatment Staff
- 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

- 1. Responses are Anonymous
- 2. Responses are Confidential
- 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

6.a. How Many Surveys were Attempted (sent out or calls initiated)?

1,702

6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

6.c. How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e.

If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?

Yes

No

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

Yes

No

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

Yes

No

7.c. Other, describe:



Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 20B (URS Table 11A) - Consumer Evaluation of Care By Consumer Characteristics: Race/Ethnicity

### Adult Consumer Survey Results:

\*State used the 2 question version for Hispanic Origin  Yes  No Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	3,613	4,254	39	52	9	12	1,263	1,452	9	12	1,738	2,045	52	66	503	615	0	0
2. Reporting Positively About Quality and Appropriateness.	3,770	4,248	44	51	9	12	1,306	1,451	7	12	1,809	2,042	54	66	541	614	0	0
3. Reporting Positively About Outcomes.	2,869	4,206	33	51	7	12	1,096	1,443	4	12	1,297	2,027	43	65	389	596	0	0
4. Reporting Positively about Participation in Treatment Planning	3,346	4,236	40	51	11	12	1,158	1,444	8	12	1,621	2,037	49	66	459	614	0	0
5. Reporting Positively about General Satisfaction	3,773	4,250	42	52	10	12	1,289	1,450	8	12	1,845	2,044	56	66	523	614	0	0
6. Social Connectedness	2,656	3,948	25	51	8	11	1,023	1,365	6	12	1,165	1,866	41	66	388	577	0	0
7. Functioning	2,869	4,194	27	51	8	12	1,099	1,441	5	12	1,289	2,020	42	65	399	593	0	0

### Child/Adolescent Family Survey Results:

\*State used the 2 question version for Hispanic Origin  Yes  No Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	1,458	1,680	9	10	3	4	455	510	1	1	636	739	73	88	281	328	0	0
Reporting Positively About General	1,427	1,685	10	11	4	4	451	510	1	1	621	741	68	88	272	330	0	0

Satisfaction																		
Reporting Positively About Outcomes.	1,046	1,675	6	11	4	4	334	510	1	1	441	735	56	88	204	326	0	0
Reporting Positively Participation in Treatment Planning for their Children.	1,491	1,681	8	11	4	4	457	509	1	1	657	740	74	87	290	329	0	0
Reporting Positively About Cultural Sensitivity of Staff.	1,578	1,681	11	11	4	4	487	510	1	1	689	740	81	88	305	327	0	0
6. Social Connectedness	1,385	1,598	7	11	3	4	455	507	0	1	633	735	73	88	214	252	0	0
7. Functioning	1,052	1,675	6	11	4	4	340	510	1	1	439	735	56	88	206	326	0	0

Comments on Data:

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Footnotes:

# V: Performance Indicators and Accomplishments

MHBG Table 21 (URS Table 19A) - Profile Of Criminal Justice Or Juvenile Justice Involvement

1. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
2. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
3. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	159	2274	121	128	2293	133	59	96	4	66	2162	46	215	144	41	1901	253	2554
Total Children/Youth (under age 18)	12	399	26	16	393	28	5	7	0	11	378	10	29	19	9	342	38	437
Female	5	127	10	8	121	13	2	3	0	6	116	5	7	9	3	110	13	142
Male	5	215	11	7	213	11	3	2	0	4	207	4	16	9	4	187	15	231
Not Available	2	57	5	1	59	4	0	2	0	1	55	1	6	1	2	45	10	64
Total Adults (age 18 and over)	147	1875	95	112	1900	105	54	89	4	55	1784	36	186	125	32	1559	215	2117
Female	84	1037	44	49	1067	49	28	53	3	19	1001	17	93	47	16	898	111	1165
Male	47	642	27	56	623	37	22	24	1	33	595	14	78	63	14	498	63	716
Not Available	16	196	24	7	210	19	4	12	0	3	188	5	15	15	2	163	41	236

For Consumers Who Began Mental Health Services during the past 12 months

	T1		T2		T1 to T2 Change				Assessment of the Impact of Services			
	"T1" 12 months prior to beginning services		"T2" Since Beginning Services (this year)		If Arrested at T1 (Prior 12 Months)		If Not Arrested at T1 (Prior 12 Months)		Since starting to receive MH Services, my encounters with the police have...			

	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	110	1151	135	64	1219	113	29	78	3	31	1104	16	147	75	30	964	180	1396
Total Children/Youth (under age 18)	24	443	29	9	466	21	6	18	0	3	434	6	46	15	10	369	56	496
Female	5	168	16	2	175	12	1	4	0	1	165	2	17	1	4	142	25	189
Male	15	207	6	6	218	4	4	11	0	2	203	2	24	8	5	175	16	228
Not Available	4	68	7	1	73	5	1	3	0	0	66	2	5	6	1	52	15	79
Total Adults (age 18 and over)	86	708	106	55	753	92	23	60	3	28	670	10	101	60	20	595	124	900
Female	32	439	41	14	463	35	4	25	3	9	425	5	39	25	11	386	51	512
Male	46	209	42	32	228	37	14	32	0	17	190	2	55	29	5	166	42	297
Not Available	8	60	23	9	62	20	5	3	0	2	55	3	7	6	4	43	31	91

Time period in which services were received: FY 2014

Please Describe the Sources of your Criminal Justice Data

- Source of adult criminal justice information:
- 1. Consumer survey (recommended questions)
  - 2. Other Consumer Survey: Please send copy of questions
  - 3. Mental health MIS
  - 4. State criminal justice agency
  - 5. Local criminal justice agency
  - 6. Other (specify)
- Sources of children/youth criminal justice information:
- 1. Consumer survey (recommended questions)
  - 2. Other Consumer Survey: Please send copy of questions
  - 3. Mental health MIS
  - 4. State criminal/juvenile justice agency
  - 5. Local criminal/juvenile justice agency
  - 6. Other (specify)
- Measure of adult criminal justice involvement:
- 1. Arrests
  - 2. Other (specify)
- Measure of children/youth criminal justice involvement:
- 1. Arrests
  - 2. Other (specify)
- Mental health programs included:
- 1. Adults with SMI only
  - 2. Other adults (specify)
  - 3. Both (all adults)
  - 1. Children with SED only
  - 2. Other Children (specify)
  - 3. Both (all Children)
- Region for which adult data are reported:
- 1. The whole state
  - 2. Less than the whole state (please describe)
- Region for which children/youth data are reported:
- 1. The whole state
  - 2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported

1. If data is from a survey, What is the total Number of people from which the sample was drawn?
2. What was your sample size? (How many individuals were selected for the sample)?
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?
5. What was your response rate? (number of Completed surveys divided by number of Contacts)

State Comments/Notes:

Footnotes:

# V: Performance Indicators and Accomplishments

MHBG Table 22 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Age	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-12 years	0	0	0	0	0	0	0	12,050
13-17 years	0	0	0	0	0	0	0	11,306
18-20 years	0	0	0	0	0	0	0	0
21-64 years	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0
Not Available	0	339	0	50,677	0	0	0	2
Total	0	339	0	50,677	0	0	0	23,358

Gender	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	0	0	0	0	0	0	0	9,640
Male	0	0	0	0	0	0	0	13,713
Not Available	0	339	0	50,677	0	0	0	5

Ethnicity	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	0	0	0	0	0	0	0	68
Asian	0	0	0	0	0	0	0	43
Black / African American	0	0	0	0	0	0	0	10,205
Hawaiian / Pacific Islander	0	0	0	0	0	0	0	1



White	0	0	0	0	0	0	0	10,803
Hispanic *	0	0	0	0	0	0	0	0
More than one race	0	0	0	0	0	0	0	641
Not Available	0	339	0	50,677	0	0	0	1,597

Hispanic/Latino Origin	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino origin	0	0	0	0	0	0	0	943
Non Hispanic / Latino	0	0	0	0	0	0	0	16,059
Not Available	0	339	0	50,677	0	0	0	6,356

	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED

Do you monitor fidelity for this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES,								
What fidelity measure do you use?	<input type="text"/>	Dartmouth Model	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Who measures fidelity?	<input type="text"/>	Central Office	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
How often is fidelity measured?	<input type="text"/>	Annually	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have staff been specifically trained to implement the EBP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Hispanic is part of the total served.  Yes  No

Comments on Data (overall):

Comments on Data (Supported Housing):

Comments on Data (Supported Employment):

We receive this data only in the aggregate so we do not have demographic information.

Comments on Data (Assertive Community Treatment):

Data for ACT not available this year

Comments on Data (Therapeutic Foster Care):

Comments on Data (Multi-Systemic Therapy):  
Data for MST not available this year

---

Comments on Data (Family Functional Therapy):

---

\* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

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Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 23A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	1285	38	156	2.96 %	12.14 %
<b>Age</b>					
0-12 years	77	1	6	1.30 %	7.79 %
13-17 years	251	2	17	0.80 %	6.77 %
18-20 years	79	1	4	1.27 %	5.06 %
21-64 years	858	34	124	3.96 %	14.45 %
65-74 years	17	0	4	0.00 %	23.53 %
75+ years	3	0	1	0.00 %	33.33 %
Not Available	0	0	0	0.00 %	0.00 %
<b>Gender</b>					
Female	558	14	66	2.51 %	11.83 %
Male	725	24	90	3.31 %	12.41 %
Gender Not Available	2	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	1	0	0	0.00 %	0.00 %
Asian	7	0	0	0.00 %	0.00 %
Black/African American	429	12	58	2.80 %	13.52 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	811	25	95	3.08 %	11.71 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	37	1	3	2.70 %	8.11 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	23	0	2	0.00 %	8.70 %
Non Hispanic/Latino	526	26	94	4.94 %	17.87 %
Hispanic/Latino Origin Not Available	736	12	60	1.63 %	8.15 %

Are Forensic Patients Included?  Yes  No

Comments on Data:  
Increase in available beds may account for an increase in the 180 day readmission rate.

\*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 23B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	240	7	32	2.92 %	13.33 %
<b>Age</b>					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	19	0	2	0.00 %	10.53 %
18-20 years	15	0	1	0.00 %	6.67 %
21-64 years	195	5	26	2.56 %	13.33 %
65-74 years	8	2	3	25.00 %	37.50 %
75+ years	3	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
<b>Gender</b>					
Female	32	1	6	3.13 %	18.75 %
Male	208	6	26	2.88 %	12.50 %
Gender Not Available	0	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	2	0	0	0.00 %	0.00 %
Black/African American	134	4	20	2.99 %	14.93 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	100	3	12	3.00 %	12.00 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	4	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	6	0	0	0.00 %	0.00 %
Non Hispanic/Latino	18	1	2	5.56 %	11.11 %
Hispanic/Latino Origin Not Available	216	6	30	2.78 %	13.89 %

Comments on Data:

*\*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available*

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 24 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	0	0	0	0.00 %	0.00 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	0	0	0	0.00 %	0.00 %
21-64 years	0	0	0	0.00 %	0.00 %
65-74 years	0	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	0	0	0	0.00 %	0.00 %
Male	0	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	0	0	0	0.00 %	0.00 %
Black/African American	0	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %



White	0	0	0	0.00 %	0.00 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %

1. Does this table include readmission from state psychiatric hospitals?  Yes  No

2. Are Forensic Patients Included?  Yes  No

Comments on Data:

*\*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available*

Footnotes:

# South Carolina

## UNIFORM APPLICATION

### FY 2016 BEHAVIORAL HEALTH REPORT

### COMMUNITY MENTAL HEALTH SERVICES

### BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016  
(generated on 11/22/2016 6.50.11 AM)

Center for Mental Health Services

Division of State and Community Systems Development

# I: State Information

## State Information

### State DUNS Number

Number 112674036

Expiration Date

### I. State Agency to be the Grantee for the Block Grant

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia

Zip Code 29202

### II. Contact Person for the Grantee of the Block Grant

First Name John H.

Last Name Magill

Agency Name South Carolina Department of Mental Health

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia

Zip Code 29202

Telephone 803-898-8319

Fax 803-898-8590

Email Address

### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2014

To 6/30/2015

### IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 12/1/2015 12:15:32 PM

Revision Date

### V. Contact Person Responsible for Report Submission

First Name D. Stewart

Last Name Cooner, MHA

Telephone 803-898-8632

Fax 803-898-8311

Email Address douglas.cooner@scdmh.org

Footnotes:

## II: Annual Report

### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1  
Priority Area: FY2012 Agency Accountability Report  
Priority Type: MHP, MHS  
Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

The intent is to measure the activities and achievements of the Department and compare said measurements to internal and external benchmarks established over time.

Strategies to attain the goal:

Given the comprehensiveness of the measurement tools, changes in results from one year to the next generally are a reasonable gauge of the effectiveness of the mental health continuum - understanding that South Carolina has an integrated system of care over which the Department has significant influence and control since it is the primary service provider for inpatient and community services.

#### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Percentage of Children in the Clinical, Subclinical and Normal Range for Total Competence, Problem, Internalizing and Externalizing  
Baseline Measurement: Total Competence, Total Problem, Internalizing, Externalizing  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

#### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #:

2

Indicator:

Percentage of Children in Clinical Category Showing Improvement on CBCL

Baseline Measurement:

Percentage of Children in Clinical Category Showing Improvement on CBCL

First-year target/outcome measurement:

Compare to Prior Year's Results.

Second-year target/outcome measurement:

Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

New Data Source (if needed):

Description of Data:

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #:

3

Indicator:

GAF: Adult Level of Functioning

Baseline Measurement:

Percentage with Improved GAF Score at Discharge

First-year target/outcome measurement:

Compare to Prior Year's Results.

Second-year target/outcome measurement:

Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

New Data Source (if needed):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

This clinical indicator is no longer in use.

Indicator #: 4

Indicator: SCDMH Adult Community Patients - Percent Employed

Baseline Measurement: Percent Employed as Compared Internally and to National Average Low and National Average High

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source *(if needed)*:

Description of Data:

Program indicators data.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 5  
Indicator: IPS Employment Program - Consumers Employed Competitively  
Baseline Measurement: Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:  
South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:  
Program indicators data.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:  
None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 6  
Indicator: Housing for Consumers  
Baseline Measurement: Number of Housing Units  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:  
South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:





Indicator #: 8  
Indicator: Nursing Home Injury Rate from Falls  
Baseline Measurement: Injury Rate from Falls as Compared Internally and to National Average  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Inpatient Services (Long-Term Care).

New Data Source (if needed):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

This clinical indicator is no longer in use.

Indicator #: 9

Indicator: Adult Client Satisfaction

Baseline Measurement: MHSIP Survey Results

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Compilation of survey results.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Limited by actual percentage and number of responses.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Indicator #: 10

Indicator: Youth Satisfaction

Baseline Measurement: MHSIP Survey Results

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source *(if needed)*:

Description of Data:

Compilation of survey results.

New Description of Data *(if needed)*:

Data issues/caveats that affect outcome measures:

Limited by actual percentage and number of responses.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Indicator #: 11

Indicator: Family of Youth Satisfaction  
Baseline Measurement: MHSIP Survey Results  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Compilation of survey results.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Limited by actual percentage and number of responses.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 12

Indicator: Nursing Home Resident and Family Satisfaction

Baseline Measurement: Level of Satisfaction Survey

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Inpatient Services (Long-Term Care).

New Data Source (if needed):

Description of Data:

Compilation of survey results.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Limited by actual percentage and number of responses.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Indicator #: 13

Indicator: Total Operating Revenue

Baseline Measurement: Total Operating Revenue

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Indicator #: 14

Indicator: Revenue Source Trends

Baseline Measurement: Proportion and Value of Revenue by Source

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Financial Services.

New Data Source (if needed):

Description of Data:

Fiscal Year Financial Report with YTD and Prior Year Comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 15

Indicator: Total Grant Dollars Received

Baseline Measurement: Total Grant Dollars Received

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Financial Services (Grants Administration).

New Data Source (if needed):

Description of Data:

Grants portfolio.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 16

Indicator: Workers' Compensation - Premiums and Claims

Baseline Measurement: Workers' Compensation - Premiums and Claims

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Financial Services.

New Data Source (if needed):

Description of Data:

Fiscal Year Financial Report with YTD and Prior Year Comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 17

Indicator: Toward Local Care (TLC): Cost Comparison

Baseline Measurement: Pre-TLC and Active-TLC Per Person Average Cost

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:



How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 19

Indicator: Inpatient Bed Day Costs

Baseline Measurement: Inpatient Bed Day Costs by Type of Bed (Psych, Nursing Home, SVPP)

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Inpatient Services.

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The Inpatient Bed Day Costs for FY2014 are not currently available. Therefore, the goal attainment status indicated above is based on the current trending from FY2011 to FY2013, which indicates a relatively horizontal trendline.

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 20

Indicator: Out-of-Home Child and Adolescent Placement Costs

Baseline Measurement: Out-of-Home Child and Adolescent Placement Costs

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.





Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 22

Indicator: Workers' Compensation Claims

Baseline Measurement: Number of Workers' Compensation Claims

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health – Division of Administrative Services (Human Resources).

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 23

Indicator: Employee Turnover Rates

Baseline Measurement: Employee Turnover Rates as Compared Internally and to Comparable South Carolina State Agencies

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health – Division of Administrative Services (Human Resources).

New Data Source (if needed):



How second year target was achieved (optional):

Indicator #: 25

Indicator: Community Services to Priority Populations

Baseline Measurement: Penetration Rate: Adults Served, Community Mental Health Services

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

Program indicators data.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 26

Indicator: Adult Contacts with Major Mental Illness

Baseline Measurement: Adult Contacts with Major Mental Illness as a Percent of Total Adult Contacts

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

---

Indicator #: 27

Indicator: Community Mental Health Services: Ages 0-17 Served

Baseline Measurement: Penetration Rate - Ages 0-17 Served

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

---

Indicator #: 28

Indicator: Child and Adolescent Contacts with Major Mental Illness  
Baseline Measurement: Child and Adolescent Contacts with Major Mental Illness as a Percent of Total Child and Adolescent Contacts  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source (if needed):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 29

Indicator: Children in Out-of-Home Placements

Baseline Measurement: Annual Average of Number of Children in Out-of-Home Placements

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

Program indicators data.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Indicator #: 30

Indicator: Total Number of People Served in Community Mental Health Centers

Baseline Measurement: Total Number of People Served in Community Mental Health Centers

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source *(if needed)*:

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Indicator #: 31

Indicator: Adult Psychiatric Hospital Admissions

Baseline Measurement: Number of Adult Psychiatric Hospital Admissions

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement(*if needed*):

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source(*if needed*):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

Second Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (*optional*):

Indicator #:

32

Indicator:

Contracts for Non-SCDMH Inpatient Beds

Baseline Measurement:

Number of Contracts for Non-SCDMH Inpatient Beds

First-year target/outcome measurement:

Compare to Prior Year's Results.

Second-year target/outcome measurement:

Compare to Prior Year's Results.

New Second-year target/outcome measurement(*if needed*):

Data Source:

South Carolina Department of Mental Health – Division of Financial Services (Procurement/Contracts).

New Data Source(*if needed*):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment



First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Contracts for Non-SCDMH Inpatient Beds are negotiated at various points during the year; though, typically near the end of the fiscal year. At the time of this report, there were 11 contracts in place, but this does not include contracts that could be in process.

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 33

Indicator: Persons Waiting in ER (Quarterly Averages) - Data from Monday Morning Snapshot

Baseline Measurement: Number of Persons Waiting in ER (Quarterly Averages) - Data from Monday Morning Snapshot

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

Compilation of Externally-Sourced Data.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 34

Indicator: Persons Visiting South Carolina ERs with a Primary Diagnosis of MH, Alcohol, or Other Drug Abuse

Baseline Measurement: Number of Persons Visiting South Carolina ERs with a Primary Diagnosis of MH, Alcohol, or Other Drug Abuse

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

Compilation of Externally-Sourced Data.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 35

Indicator: TLC: Funded Community Placements - Long-Term MH Clients

Baseline Measurement: TLC: Number of Funded Community Placements - Long-Term MH Clients

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

Program indicators data.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 36

Indicator: Long-Term Psychiatric Patients - Inpatient Bed Occupancy

Baseline Measurement: Number of Long-Term Psychiatric Patients - Inpatient Bed Occupancy

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Inpatient Services.

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 37

Indicator: Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment

Baseline Measurement: Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):



While the Department has experienced a slight increase in its internal benchmark measurement, it has maintained a 30-Day Inpatient Readmission Rate significantly below the national average.

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 39

Indicator: Inpatient Restraint Hour Rate

Baseline Measurement: Inpatient Restraint Hour Rate as Compared Internally and to National Average

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

New Data Source (if needed):

Description of Data:

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 40

Indicator: Inpatient Seclusion Rate

Baseline Measurement: Inpatient Seclusion Rate as Compared Internally and to National Average

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

New Data Source *(if needed)*:

Description of Data:

Internally-generated data comparisons.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Indicator #:

41

Indicator:

Psychiatric Inpatient: Greater than 90-Day Length of Stay

Baseline Measurement:

Psychiatric Inpatient: Percentage of Patients with Greater than 90-Day Length of Stay

First-year target/outcome measurement:

Compare to Prior Year's Results.

Second-year target/outcome measurement:

Compare to Prior Year's Results.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

South Carolina Department of Mental Health - Division of Evaluation, Training and Research (ETR).

New Data Source *(if needed)*:

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 42

Indicator: Forensic Program Admissions

Baseline Measurement: Number of Admissions by Pre-Trial Evaluation and Psychosocial Rehabilitation Program

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Inpatient Services.

New Data Source (if needed):

Description of Data:

Client-level data summarized into aggregate outcomes.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

This particular measure is no longer tracked longitudinally by this method. The information is still available, but monitored utilizing alternative methods.

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

This particular measure is no longer tracked longitudinally by this method. The information is still available, but monitored utilizing alternative methods.

Indicator #: 43

Indicator: Participating Hospitals - Telepsychiatry

Baseline Measurement: Number of Participating Hospitals - Telepsychiatry

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health – Office of Medical Director (Telepsychiatry Consultation Program).





Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

This operational indicator is no longer used to evaluate performance, but, rather as information only.

Indicator #:

45

Indicator:

Support Processes Outcomes - Legal and Regulatory Compliance

Baseline Measurement:

Support Processes Outcomes - Legal and Regulatory Compliance: Accreditation, Program Integrity Audit, Program Field Review, Quality Assurance, Internal Audit, Compliance, Etc.

First-year target/outcome measurement:

Compare to Prior Year's Results.

Second-year target/outcome measurement:

Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

Various.

New Data Source (if needed):

Description of Data:

Internally-generated data comparisons.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:

Achieved

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

This operational indicator is no longer used to evaluate performance, but, rather as information only.

Priority #:

2

Priority Area:

FY2012-2013 Residual Planning Steps

Priority Type:

MHP, MHS

Population(s):

SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless)

Goal of the priority area:

The 14 State Priorities and their respective Priority Areas included in the FY2012-2013 CMHS Block Grant Application are still relevant to the FY2014-2015 CMHS Block Grant Application.

Strategies to attain the goal:

Many of the state priorities and priority areas by goal, strategy, and performance indicator that were included in the FY2012-2013 CMHS Block Grant Application were not intended to be endpoints to be achieved, but rather, waypoints to be reached in an evolving continuum of health care provision and refinement.

### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Self-Directed Recovery  
Baseline Measurement: Self-Directed Recovery  
First-year target/outcome measurement: Compare to Prior Year's Results.  
Second-year target/outcome measurement: Compare to Prior Year's Results.  
New Second-year target/outcome measurement(*if needed*):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source(*if needed*):

Description of Data:

The intent is to increase participant choice, control, and flexibility in selecting services to be rendered on the client's behalf. Through empowerment, and the ability to match perceived needs and desires with services received, clients are engaged and recovery is facilitated.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

Second Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (*optional*):

Indicator #: 2

Indicator: Prevention and Promotion

Baseline Measurement: Prevention and Promotion

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement(*if needed*):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source(*if needed*):



How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 4

Indicator: Integrating Primary Care and Behavioral Health Care

Baseline Measurement: Integrating Primary Care and Behavioral Health Care

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

The intent is to place mental health and substance abuse services in primary care settings, and place primary care services in mental health and substance abuse settings. The South Carolina Department of Mental Health has experimented in the past with these concepts and currently has a grant to explore these partnerships in the present.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 5

Indicator: Strengthen Agency Position as State Mental Health Authority

Baseline Measurement: Strengthen Agency Position as State Mental Health Authority

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source(*if needed*):

Description of Data:

The intent is to emphasize and exercise the primary role the South Carolina Department of Mental Health plays in the delivery of mental health services within the mental health continuum of care.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

Second Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (*optional*):

Indicator #:

6

Indicator:

Control Expenditures and/or Increase Efficiency of Operations

Baseline Measurement:

Control Expenditures and/or Increase Efficiency of Operations

First-year target/outcome measurement:

Compare to Prior Year's Results.

Second-year target/outcome measurement:

Compare to Prior Year's Results.

New Second-year target/outcome measurement (*if needed*):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source(*if needed*):

Description of Data:

The intent is to evaluate the current operational environment of the South Carolina Department of Mental Health in order to identify areas of increased efficiency with the purpose of maximizing the return on investment of limited resources.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 7

Indicator: Expand Funding/Revenue Opportunities

Baseline Measurement: Expand Funding/Revenue Opportunities

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

The intent is to evaluate the current revenue and funding streams of the South Carolina Department of Mental Health in order to identify areas of increased reimbursement with the purpose of maximizing the use of limited resources to achieve the greatest benefit for clients.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 8

Indicator: Improve Access to Care for Targeted Populations

Baseline Measurement: Improve Access to Care for Targeted Populations

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source(*if needed*):

Description of Data:

The intent is to evaluate the current access to care for clients and potential clients of the South Carolina Department of Mental Health in order to identify areas of need, and corresponding gaps in access, with the purpose of maximizing the use of limited resources so that the Department can continue to impact the prevalence rate of mental illness in the State.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

Second Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (*optional*):

Indicator #: 9

Indicator: Enhance Efficiency of Clinical Service Delivery

Baseline Measurement: Enhance Efficiency of Clinical Service Delivery

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement(*if needed*):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source(*if needed*):

Description of Data:

The intent is to evaluate the current clinical service delivery model of the South Carolina Department of Mental Health in order to identify areas of increased efficiency with the purpose of maximizing the use of limited resources. This may be achieved through enhancement of the Department's internally-developed electronic medical record, addressing barriers to treatment, or deployment of other evidenced efficiencies.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 10

Indicator: Enhance Treatment Effectiveness

Baseline Measurement: Enhance Treatment Effectiveness

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

The intent is to evaluate the current treatment effectiveness of the South Carolina Department of Mental Health in order to refine treatment services with the purpose of supporting the recovery of people with mental illnesses.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 11

Indicator: Budget Preservation

Baseline Measurement: Budget Preservation

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.





How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 13

Indicator: Accreditation

Baseline Measurement: Accreditation

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source(if needed):

Description of Data:

The intent is to maintain the high-quality level and types of services provided by the South Carolina Department of Mental Health as evidenced by the standards set forth by the accrediting bodies with which the Department is affiliated, and by which all of its Community Mental Health Centers and Inpatient Facilities are accredited.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 14

Indicator: Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders

Baseline Measurement: Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders

First-year target/outcome measurement: Compare to Prior Year's Results.

Second-year target/outcome measurement: Compare to Prior Year's Results.

New Second-year target/outcome measurement(if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source(*if needed*):

Description of Data:

The intent is to ensure that the issues and concerns raised by participants in feedback processes, such as the Community Forums, are reviewed, and, when appropriate, acted upon in order to affect positive change, and ensure a dynamic environment, for behavioral health services in the State of South Carolina.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:                     Achieved     Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

Second Year Target:                     Achieved     Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (*optional*):

Priority #:    3

Priority Area:    FY2013 Forum Summary Action Plans

Priority Type:    MHP, MHS

Population(s):    SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Facilitated by State Director John H. Magill, the Department has held 18 of 25 community forums statewide during FY2013. The Forums occur at each of the Department's 17 community mental health centers, four hospitals, and four nursing homes. Thus far, a total of 1,100 participants have attended the Forums. Elected officials, state agency representatives, doctors, clinicians, clergy, teachers, police, judges, social workers, parents, advocates, federal, state, and city officials and others are invited to participate in open discussion. Local voices are heard and action plans are formed to address issues that are raised.

Strategies to attain the goal:

The Department's administration management and center liaisons monitor the progress of the action plans. Due to the success of the FY2011 Forums, it was decided that each facility will hold similar forums yearly to monitor program progress, assess needs, and keep stakeholders in the community informed and involved.

### Annual Performance Indicators to measure goal success

Indicator #:    1

Indicator:    Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders

Baseline Measurement:    Address Issues and Concerns Raised by Behavioral Health Continuum of Care Stakeholders

First-year target/outcome measurement:    Each facility will hold similar forums yearly to monitor program progress, assess needs, and keep stakeholders in the community informed and involved.

Second-year target/outcome measurement:    Each facility will hold similar forums yearly to monitor program progress, assess needs, and keep stakeholders in the community informed and involved.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

It is the intent of the Department to ensure that community involvement is an integral component of its strategic plan. Based on feedback-to-date, the Department will address issues related to community education (law enforcement, clergy, etc.), military assistance, school-based programs, minority populations, emergency room avoidance and assistance, and crisis stabilization. (See Planning Steps for action plans).

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 4

Priority Area: FIN Group Summary

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

The FIN Group has been tasked with redesigning and realigning the Community Mental Health System to increase access, service capacity, and earlier treatment of South Carolina citizens with mental illness.

Strategies to attain the goal:

All SCDMH Community Mental Health Centers and Mental Health Clinics will implement the same access requirements and, with more flexible admission criteria, non-SPMI clients will be increasingly treated, often through brief therapy as appropriate.

### Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Productivity of Clinicians
Baseline Measurement:	Productivity of Clinicians
First-year target/outcome measurement:	Baseline Benchmarks Established.
Second-year target/outcome measurement:	Baseline Benchmarks Established.

New Second-year target/outcome measurement (if needed):



First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 3

Indicator: Provider Caseloads

Baseline Measurement: Provider Caseloads

First-year target/outcome measurement: Baseline Benchmarks Established.

Second-year target/outcome measurement: Baseline Benchmarks Established.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

Caseloads are being attached to levels of care. Clinicians can go below the cap, but they cannot exceed the cap.

Level 5 – No caseload.

Level 4 – Children and adults, caseload cap is 35.

Level 3 – Adults – 80; Children – 60.

Level 2 – 120

Level 1 – 200; to be served by RNs.

Among the other strategies to maximize on current clinician resources is a review of the needs of clients who have not been seen within 180 days.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 4

Indicator: Staffing and Staff Retention

Baseline Measurement: Staffing and Staff Retention  
First-year target/outcome measurement: Baseline Benchmarks Established.  
Second-year target/outcome measurement: Baseline Benchmarks Established.  
New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

In order to comply with the levels of care and caseload caps protocols, staffing must be addressed to ensure that clients receive the right level of care within the prescribed access timeframes.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 5

Indicator: Levels of Care

Baseline Measurement: Levels of Care

First-year target/outcome measurement: Baseline Benchmarks Established.

Second-year target/outcome measurement: Baseline Benchmarks Established.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source (if needed):

Description of Data:

Five levels of care have been identified. FIN is currently drafting a level of care standard that includes caseload size caps.

Level 5 – Individuals who are in crisis, either current clients or new to the center. These persons are seen at a center on a daily basis.

Level 4 – Individuals who are ACT-like team participants. These individuals will be seen a minimum of once a week.

Level 3 – These are people who are doing pretty well and will benefit from therapy. These people would be seen a minimum of once a month.

Level 2 – People who are pretty stable and doing well and don't have many needs. These people would be seen a minimum of once every two months.

Level 1 – These are people who are doing well, and only need medication management. These people could be seen every 3-4 months.

Caseloads are being attached to each of these levels. Clinicians can go below the cap, but they cannot exceed the cap.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Indicator #: 6  
Indicator: Clinical Supervision  
Baseline Measurement: Clinical Supervision  
First-year target/outcome measurement: Baseline Benchmarks Established.  
Second-year target/outcome measurement: Baseline Benchmarks Established.  
New Second-year target/outcome measurement *(if needed)*:

Data Source:

South Carolina Department of Mental Health - Division of Community Mental Health Services.

New Data Source *(if needed)*:

Description of Data:

A draft policy is currently being reviewed to implement across the system. Skill level development is a key component to effective clinical supervision.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:



How second year target was achieved (optional):

Priority #: 5

Priority Area: FY2014 Budget Requests

Priority Type: MHP, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

The budget requests establish the funding priorities for the Department and effectively define the monetary strategic initiatives relevant to the Strategic Plan.

Strategies to attain the goal:

The FY2014 Budget Requests focus on three areas: maintaining the current capacity of the mental health system; addressing the areas in which the Department is experiencing increased demand; and capitalizing on promising technologies that relieve certain strains on the system. These requests are particularly relevant for inclusion in the FY2014-2015 CMHS Block Grant Application because the approval of said requests will bring about the culmination of a three-year endeavor to undergird the eroding funding experienced since FY2008.

#### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Sustainability of Mental Health Services

Baseline Measurement: Sustainability of Mental Health Services

First-year target/outcome measurement: Provision of Appropriations.

Second-year target/outcome measurement: Provision of Appropriations.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health.

New Data Source (if needed):

Description of Data:

The agency's goal is to maintain services to its patients at current levels. In order to do that, SCDMH must replace non-recurring funds from Medicaid cost settlements – which will be ending – with State recurring appropriations by FY 2015.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

#### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 2  
Indicator: Sexually Violent Predator Program  
Baseline Measurement: Sexually Violent Predator Program  
First-year target/outcome measurement: Provision of Appropriations.  
Second-year target/outcome measurement: Provision of Appropriations.

New Second-year target/outcome measurement (if needed):

Data Source:

New Data Source (if needed):

Description of Data:

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 3  
Indicator: Forensic Inpatient Services  
Baseline Measurement: Forensic Inpatient Services  
First-year target/outcome measurement: Provision of Appropriations.  
Second-year target/outcome measurement: Provision of Appropriations.  
New Second-year target/outcome measurement (if needed):

Data Source:

New Data Source (if needed):

Description of Data:



Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #:

5

Indicator:

Capital Funding Requests

Baseline Measurement:

Capital Funding Requests

First-year target/outcome measurement:

Provision of Appropriations.

Second-year target/outcome measurement:

Provision of Appropriations.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health.

New Data Source (if needed):

Description of Data:

The Department has requested certain funds to ensure the efficient and effective operation of its physical plant.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The South Carolina General Assembly appropriated limited additional requested funds to be used for this purpose.

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #:

6

Indicator:

One-Time Funding Requests

Baseline Measurement:

One-Time Funding Requests

First-year target/outcome measurement:

Provision of Appropriations.

Second-year target/outcome measurement:

Provision of Appropriations.

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health.



### III: Expenditure Reports

#### MHBG Table 2 (URS Table 7) - State Agency Expenditure Report

Start Year: 2014

End Year: 2015

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	\$	\$	\$	\$	\$	\$	\$
2. Primary Prevention	\$	\$	\$	\$	\$	\$	\$
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. State Hospital	\$	\$	\$	\$	\$	\$	\$
6. Other 24 Hour Care	\$	\$	\$	\$	\$	\$	\$
7. Ambulatory/Community Non-24 Hour Care	\$	\$	\$	\$	\$	\$	\$
8. Administration (Excluding Program and Provider Level)	\$	\$	\$	\$	\$	\$	\$
9. Total	\$	\$	\$	\$	\$	\$	\$

Please indicate the expenditures are actual or estimated.

Actual  Estimated

Footnotes:

### III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2014      Expenditure Period End Date: 6/30/2015

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)			\$0
Student Assistance Programs (Problem Identification and Referral)			\$0
Employee Assistance programs (Problem Identification and Referral)			\$0
Community Team Building (Community Based Process)			\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			\$0
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach			\$0
Outpatient Services			\$0
Evidenced-based Therapies			\$0
Group Therapy			\$0
Family Therapy			\$0
Multi-family Therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$0
Medication Management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Community Support (Rehabilitative)			\$0
Parent/Caregiver Support			\$0
Skill Building (social, daily living, cognitive)			\$0
Case Management			\$0



Behavior Management			\$0
Supported Employment			\$0
Permanent Supported Housing			\$0
Recovery Housing			\$0
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$0
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters			\$0
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$0
Substance Abuse Intensive Outpatient (IOP)			\$0
Partial Hospital			\$0
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$0

Intensive Case Management			\$0
Out-of-Home Residential Services			\$0
Children's Mental Health Residential Services			\$0
Crisis Residential/Stabilization			\$0
Clinically Managed 24 Hour Care (SA)			\$0
Clinically Managed Medium Intensity Care (SA)			\$0
Adult Mental Health Residential			\$0
Youth Substance Abuse Residential Services			\$0
Therapeutic Foster Care			\$0
Acute Intensive Services			\$0
Mobile Crisis			\$0
Peer-based Crisis Services			\$0
Urgent Care			\$0
23-hour Observation Bed			\$0
Medically Monitored Intensive Inpatient (SA)			\$0
24/7 Crisis Hotline Services			\$0
Other (please list)			\$0
Total			\$0

Footnotes:

### III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2014	Estimated/Actual SFY 2015
\$26,040,177	\$12,046,862	\$14,119,869

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

### III: Expenditure Reports

#### MHBG Table 5 (URS Table 8) - Profile Of Mental Health Block Grant Expenditures For Non-Direct Service Activities

*This table is used to describe the use of CMHS BG funds for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority*

Service		Estimated Total Block Grant
MHA Technical Assistance Activities		\$
MHA Planning Council Activities		\$
MHA Administration		\$
MHA Data Collection/Reporting		\$
MHA Activities Other Than Those Above		\$
Total Non-Direct Services		\$
Comments on Data:	No expenditures this fiscal year in this area of the Block Grant.	

Footnotes:

### III: Expenditure Reports

MHBG Table 6 (URS Table 10) - Statewide Entity Inventory

Expenditure Period Start Date: Expenditure Period End Date:

Entity Number	I-BHS ID (for SABG)	Area Served (Statewide or Sub-State Planning Area)	Provider/Program/Agency Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults with serious mental illness	CMHS Block Grant - G. Children with serious emotional disturbance
1		Statewide	Aiken MHC	1135 Gregg Hwy	Aiken	SC	29801						\$85,803.00	\$52,333.00
2		Statewide	Anderson MHC	200 McGee Rd.	Anderson	SC	29625						\$135,317.00	\$181,213.00
3		Statewide	Beckman MHC	1547 Parkway, Suite 100	Greenwood	SC	29646						\$193,342.00	\$336,518.00
4		Statewide	Berkeley MHC	403 Stoney Landing Rd.	Moncks Corner	SC	29464						\$96,706.00	\$44,835.00
5		Statewide	Catawba MHC	225 E Main St.	Rock Hill	SC	29730						\$228,551.00	\$170,008.00
6		Statewide	Charleston MHC	2100 Charlie Hall Blvd.	Charleston	SC	29414						\$252,401.00	\$126,993.00
7		Statewide	Coastal MHC	1050 Ribaut Rd.	Beaufort	SC	29902						\$276,549.00	\$242,694.00
8		Statewide	Columbia MHC	2715 Colonial Dr.	Columbia	SC	29203						\$358,708.00	\$120,023.00
22		Sub-State Planning Area	Dee Norton RFP	1061 King St.	Charleston	SC	29403						\$0.00	\$34,704.00
20		Statewide	Federation of Families RFP	810 Dutch Square Blvd.	Columbia	SC	29210						\$23,132.00	\$23,132.00
9		Statewide	Greenville MHC	124 Mallard St.	Greenville	SC	29601						\$98,631.00	\$98,631.00
10		Statewide	Lexington MHC	301 Palmetto Park Blvd.	Lexington	SC	29072						\$326,906.00	\$43,228.00
19		Sub-State Planning Area	MHA Greenville	301 University Ridge	Greenville	SC	29601						\$47,000.00	\$0.00
26		Sub-State Planning Area	MHA-SC	1823 Gadsden Street	Columbia	SC	29201						\$0.00	\$30,000.00
25		Statewide	MHA-SC PC Travel	1823 Gadsden Street	Columbia	SC	29201						\$500.00	\$500.00
23		Statewide	NAMI	P.O. Box 1267	Columbia	SC	29202						\$57,100.00	\$42,900.00
11		Statewide	Orangeburg MHC	2319 St. Matthews Rd.	Orangeburg	SC	29116						\$80,518.00	\$321,426.00
12		Statewide	Pee Dee MHC	125 E Chevez St.	Florence	SC	29506						\$230,919.00	\$107,599.00
13		Statewide	Piedmont MHC	20 Powerhorn Rd.	Simpsonville	SC	29681						\$180,062.00	\$276,080.00
18		Statewide	Projects and Grants (32)	2414 Bull St.	Columbia	SC	29202						\$14,890.00	\$140,890.00
14		Statewide	Santee MHC	215 N. Magnolia St.	Sumter	SC	29151						\$269,192.00	\$144,432.00
24		Statewide	SC SHARE	427 Meeting St.	West Columbia	SC	29169						\$47,032.00	\$0.00
15		Statewide	Spartanburg MHC	250 Dewey Dr.	Spartanburg	SC	29303						\$418,065.00	\$141,381.00

1035

16		Statewide	Tri-County MHC	Cheraw Hwy.	Bennettsville	SC	29512						\$117,136.00	\$117,136.00
17		Statewide	Waccamaw MHC	164 Waccamaw Med. Prk. Dr.	Conway	SC	29526						\$122,840.00	\$168,736.00
21		Sub-State Planning Area	Work-in-Progress	1413 Calhoun St.	Columbia	SC	29201						\$45,000.00	\$0.00
Total								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,706,300.00	\$2,965,392.00

Footnotes:

### III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$66,940,745	
SFY 2014 (2)	\$69,027,628	\$67,984,187
SFY 2015 (3)	\$69,870,114	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2013	Yes	<u>X</u>	No	_____
SFY 2014	Yes	<u>X</u>	No	_____
SFY 2015	Yes	<u>X</u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

Footnotes:

### III: Expenditure Reports

#### MHBG Table 8A & 8B (URS Table 5A and 5B) - Profile of Clients by Type of Funding and Support

Table 8A

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for URS table 5b are not available			More Than One Race Reported			Race Not Available		
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
Medicaid (only Medicaid)	18,879	17,432	74	36,385	63	49	0	40	40	0	7,967	8,636	36	1	2	0	9,531	7,283	28	0	0	0	301	347	0	976	1,075	10
Non-Medicaid Sources (only)	17,984	14,555	53	32,592	48	63	0	74	51	0	4,995	4,699	12	4	3	0	12,138	9,119	36	0	0	0	51	53	0	674	567	5
People Served by Both Medicaid and Non-Medicaid Sources	7,322	5,996	7	13,325	18	14	0	25	20	0	3,257	3,036	4	0	1	0	3,823	2,726	2	0	0	0	27	35	0	172	164	1
Medicaid Status Not Available	269	704	1	974	0	4	0	3	3	0	101	348	0	0	0	0	156	321	1	0	0	0	1	0	0	8	28	0
Total Served	44,454	38,687	135	83,276	129	130	0	142	114	0	16,320	16,719	52	5	6	0	25,648	19,449	67	0	0	0	380	435	0	1,830	1,834	16

Data Based on Medicaid Services

Data Based on Medical Eligibility, not Medicaid Paid Services

'People Served By Both' includes people with any Medicaid

Comments on Data (for Race):

Comments on Data (for Gender):

Comments on Data (Overall):

See General Notes.

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.



Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 5A. Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total
Medicaid Only	14,163	12,663	49	591	607	4	4,125	4,162	21	18,879	17,432	74	36,385
Non-Medicaid Only	13,767	10,930	32	508	423	0	3,709	3,202	21	17,984	14,555	53	32,592
People Served by Both Medicaid and Non-Medicaid Sources	1,672	1,521	2	179	147	0	5,471	4,328	5	7,322	5,996	7	13,325
Medicaid Status Unknown	136	159	0	8	23	0	125	522	1	269	704	1	974
Total Served	29,738	25,273	83	1,286	1,200	4	13,430	12,214	48	44,454	38,687	135	83,276

Comments on Data (for Ethnicity):

People of Hispanic or Latino ethnicity may be of any race, therefore, can be included in the other races in Table 5A.

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

Footnotes:

## IV: Populations and Services Reports

### MHBG Table 9 (URS Table 1) - Profile of the State Population by Diagnosis

*This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. CMHS will provide this data to States based on the standardized methodology developed and published in the Federal Register and the State level estimates for both adults with SMI and children with SED.*

	Current Report Year	Three Years Forward
Adults with Serious Illness (SMI)	<input type="text"/>	<input type="text"/>
Children with Serious Emotional Disturbances (SED)	<input type="text"/>	<input type="text"/>

*Note: This Table will be completed for the States by CMHS.*

Footnotes:
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## IV: Populations and Services Reports

### MHBG Table 10 (URS Table 12) - State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

#### Population Served

1. Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	Populations Covered:		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Aged 0 to 3	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
2. Aged 4 to 17	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
3. Adults Aged 18 and over	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
4. Forensics	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Comments on Data:	See General Notes.			

2. Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?

Serious Mental Illness

Serious Emotional Disturbances

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance?

2.a.1. Percent of adults meeting Federal definition of SMI:

93.2 %

2.a.2. Percentage of children/adolescents meeting Federal definition of SED:

91.2 %

#### 3. Co-Occurring Mental Health and Substance Abuse:

3.a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

3.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:

20.4 %

3.a.2. Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:

3.0 %

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse?

3.b.1. Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:

18.8 %

3.b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

3.0 %

3.b.3. Please describe how you calculate and count the number of persons with co-occurring disorders. By diagnosis codes.

#### 4. State Mental Health Agency Responsibilities

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

- 1. State Medicaid Operating Agency
- 2. Setting Standards
- 3. Quality Improvement/Program Compliance
- 4. Resolving Consumer Complaints
- 5. Licensing
- 6. Sanctions
- 7. Other

b. Managed Care (Mental Health Managed Care)

Are Data for these programs reported on URS Tables?

- 4.b.1 Does the State have a Medicaid Managed Care initiative?  Yes  Yes
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?  Yes
- If yes, please check the responsibilities the SMHA has:
- 4.b.3 Direct contractual responsibility and oversight of the MCOs or BHOs  Yes
- 4.b.4 Setting Standards for mental health services  Yes
- 4.b.5 Coordination with state health and Medicaid agencies  Yes
- 4.b.6 Resolving mental health consumer complaints  Yes
- 4.b.7 Input in contract development  Yes
- 4.b.8 Performance monitoring  Yes
- 4.b.9 Other

5. Data Reporting: Please describe the extent to which your information systems allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for Table 2, which requires unduplicated counts of clients served across your entire mental health system.

*Are the data reporting in the tables?*

- 5.a. Unduplicated: counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.
- 5.b. Duplicated: across state hospital and community programs
- 5.c. Duplicated: within community programs
- 5.d. Duplicated: Between Child and Adult Agencies
- 5.e. Plans for Unduplication: If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

6. Summary Administrative Data

6.a. Report Year:

6.b. State Identifier:

*Summary Information on Data Submitted by SMHA:*

6.c. Year being reported: 7/1/2014 12:00:00 AM to 6/30/2015 12:00:00 AM

6.d. Person Responsible for Submission: Sarah A. Osborne

6.e. Contact Phone Number: (803) 898-8507

6.f. Contact Address: 2414 Bull Street Columbia, SC 29202

6.g. E-mail: sarah.osborne@scdmh.org

Footnotes:

## IV: Populations and Services Reports

### MHBG Table 11 A and MHBG Table 11 B (URS Tables 2A and 2B) - Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 11A

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for Table 2b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	5,127	8,620	32	13,779	16	16	0	6	12	0	2,122	3,944	18	0	1	0	2,385	3,674	8	0	0	0	139	242	0	459	731	6
13-17 years	6,124	6,682	36	12,842	16	15	0	19	13	0	2,264	3,074	18	1	1	0	3,186	2,986	13	0	0	0	141	133	0	497	460	5
18-20 years	1,571	1,512	6	3,089	2	8	0	6	2	0	536	638	0	0	1	0	942	767	5	0	0	0	21	13	0	64	83	1
21-24 years	2,089	1,873	10	3,972	2	3	0	3	5	0	747	809	3	0	0	0	1,232	976	6	0	0	0	18	14	0	87	66	1
25-44 years	12,780	9,833	33	22,646	40	42	0	40	33	0	4,330	4,048	11	0	2	0	7,917	5,425	21	0	0	0	46	19	0	407	264	1
45-64 years	14,269	9,037	14	23,320	44	43	0	58	44	0	5,305	3,704	2	4	1	0	8,567	5,026	11	0	0	0	13	14	0	278	205	1
65-74 years	2,027	960	1	2,988	7	0	0	8	4	0	802	423	0	0	0	0	1,178	513	1	0	0	0	2	0	0	30	20	0
75+ years	465	166	2	633	2	3	0	2	1	0	213	79	0	0	0	0	240	80	2	0	0	0	0	0	0	8	3	0
Not Available	2	4	1	7	0	0	0	0	0	0	1	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	2	1
Total	44,454	38,687	135	83,276	129	130	0	142	114	0	16,320	16,719	52	5	6	0	25,648	19,449	67	0	0	0	380	435	0	1,830	1,834	16
Pregnant Women	0	0	0	0	0			0			0			0			0			0			0			0		

Are these numbers unduplicated?

Unduplicated

Duplicated : between Hospitals and Community

Duplicated : Among Community Programs

Duplicated between children and adults

Other : describe

Comments on Data (for Age):

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	No selection for Spanish American or Other race selection therefore was included in the Race Not Available category. If race is unknown it was included in the count for Race Not Available.
Comments on Data (Overall):	

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 11A.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 11B

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	3,592	6,011	23	240	382	2	1,295	2,227	7	5,127	8,620	32	13,779
13-17 years	4,230	4,685	23	249	253	2	1,645	1,744	11	6,124	6,682	36	12,842
18-20 years	1,152	1,058	3	37	48	0	382	406	3	1,571	1,512	6	3,089
21-24 years	1,602	1,401	5	52	42	0	435	430	5	2,089	1,873	10	3,972
25-44 years	10,238	7,594	24	335	241	0	2,207	1,998	9	12,780	9,833	33	22,646
45-64 years	11,016	6,592	6	302	203	0	2,951	2,242	8	14,269	9,037	14	23,320
65-74 years	1,424	634	1	56	26	0	547	300	0	2,027	960	1	2,988
75+ years	283	104	1	15	5	0	167	57	1	465	166	2	633
Not Available	0	1	0	0	0	0	2	3	1	2	4	1	7
Total	33,537	28,080	86	1,286	1,200	4	9,631	9,407	45	44,454	38,687	135	83,276
Pregnant Women	0			0			0			0	0	0	0

Comments on Data (for Age):	
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Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	People of Hispanic or Latino ethnicity may be of any race, therefore, can be included in the other races in Table 2A.
Comments on Data (Overall):	

Footnotes:

## IV: Populations and Services Reports

MHBG Table 12 (URS Table 3) - Profile Of Persons Served In The Community Mental Health Settings, State Psychiatric Hospitals And Other Settings

*This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.*

*Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.*

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	11,226	15,263	68	1,565	1,494	6	28,993	20,226	57	2,472	1,075	3	2	4	1	44,258	38,062	135	82,455
State Psychiatric Hospitals	180	261	1	30	51	0	561	1,028	2	28	56	0	0	0	0	799	1,396	3	2,198
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	32	0	0	2	0	0	0	0	0	0	0	0	0	0	0	34	0	34

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Data for those inpatient in the Sexual Violent Predator and forensic programs are included under State Hospital.

Footnotes:



# IV: Populations and Services Reports

## MHBG Tables 13 A, B, C (URS Tables 14A/14B) - Profile of Persons With SMI/SED Served by Age, Gender and Race/Ethnicity

Table 13A,B

This is a developmental table similar to Table 2A. and 2B. This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. Table 2A. and 2B. included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as Tables 2A. and 2B. For 2007, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition. Please report the data under the categories listed - "Total" are calculated automatically.

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for Table 14b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	
0-12 years	4,442	7,928	21	12,391	16	16	0	6	10	0	1,826	3,656	11	0	1	0	2,077	3,351	6	0	0	0	117	225	0	400	669	4
13-17 years	5,714	6,078	27	11,819	16	15	0	19	13	0	2,092	2,814	14	1	1	0	2,989	2,704	10	0	0	0	132	121	0	465	410	3
18-20 years	1,418	1,229	5	2,652	2	5	0	6	2	0	469	508	0	0	1	0	866	632	5	0	0	0	18	10	0	57	71	0
21-64 years	27,542	18,404	45	45,991	82	79	0	97	77	0	9,823	7,693	11	4	3	0	16,725	10,030	32	0	0	0	71	45	0	740	477	2
65-74 years	1,978	875	0	2,853	7	0	0	8	3	0	778	386	0	0	0	0	1,153	468	0	0	0	0	2	0	0	30	18	0
75+ years	444	148	1	593	2	3	0	2	0	0	207	74	0	0	0	0	227	69	1	0	0	0	0	0	0	6	2	0
Not Available	2	1	0	3	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Total	41,540	34,663	99	76,302	125	118	0	138	105	0	15,196	15,131	36	5	6	0	24,038	17,255	54	0	0	0	340	401	0	1,698	1,647	9

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

1. State Definitions Match the Federal Definitions

Yes  No Adults with SMI, if No describe or attach state definition:

The number of adults with a SMI qualifying diagnoses.

Diagnoses included in the state SMI definition:

All diagnoses that qualify as SMI

Yes No Children with SED, if No describe or attach state definition:  5  
6

Diagnoses included in the state SED definition: All diagnoses that qualify as SED

Table 13C

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A. Please report the data under the categories listed - "Total" are calculated automatically.

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	3,077	5,504	14	203	352	2	1,162	2,072	5	4,442	7,928	21	12,391
13-17 years	3,955	4,270	17	231	228	0	1,528	1,580	10	5,714	6,078	27	11,819
18-20 years	1,041	861	3	35	42	0	342	326	2	1,418	1,229	5	2,652
21-64 years	21,692	14,203	27	664	437	0	5,186	3,764	18	27,542	18,404	45	45,991
65-74 years	1,396	602	0	55	23	0	527	250	0	1,978	875	0	2,853
75+ years	268	95	0	14	4	0	162	49	1	444	148	1	593
Not Available	0	1	0	0	0	0	2	0	0	2	1	0	3
Total	31,429	25,536	61	1,202	1,086	2	8,909	8,041	36	41,540	34,663	99	76,302
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):	People of Hispanic or Latino ethnicity may be of any race, therefore, can be included in the other races in Table 14A.												
Comments on Data (Overall):													

Footnotes:



## IV: Populations and Services Reports

MHBG Table 14 (URS Table 6) - Profile of Client Turnover

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospitals	655	1,715	1,708	0	0	0	0	0	0
Children (0 to 17 years)	25	468	468	23	13	17	6	0	0
Adults (18 yrs and over)	630	1,247	1,240	117	20	113	75	18,472	1,538
Age Not Available	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Residential Tx Centers	8	27	23	0	0	0	0	0	0
Children (0 to 17 years)	8	26	22	123	145	110	110	0	0
Adults (18 yrs and over)	0	1	1	109	109	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Community Programs	45,856	44,478	0	0	0	0	0	0	0
Children (0 to 17 years)	12,051	16,983							
Adults (18 yrs and over)	33,804	27,488							
Age Not Available	1	7							

**Comments on Data (State Hospital):**

There are no children in the State Hospital for a period longer than one year. State Hospital data includes Forensic population and the Sexually Violent Predator Program (SVP). Increase in State Hospital admissions due to increase in number of beds.

**Comments on Data (Other Inpatient):**

**Comments on Data (Residential Treatment):**

There are no children in residential treatment for a period longer than one year.

Comments on Data (Community Programs):

---

Comments on Data (Overall):  
See General Notes.

---

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 15 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services During the Year

*This table provides a profile of adults with serious mental illness receiving specific evidence-based practices in the reporting year. The reporting year should be the latest state fiscal year for which data are available.*

ADULTS WITH SERIOUS MENTAL ILLNESS				
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management and Recovery	Receiving Medication Management
Age				
18-20	0	0	0	0
21-64	0	0	0	0
65-74	0	0	0	0
75+	0	0	0	0
Not Available	0	0	0	0
TOTAL	0	0	0	0
Gender				
Female	0	0	0	0
Male	0	0	0	0
Not Available	0	0	0	0
Race				
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
White	0	0	0	0

Hispanic *	0	0	0	0
More Than One Race	0	0	0	0
Unknown	0	0	0	0

Hispanic / Latino Origin				
Hispanic / Latino origin	0	0	0	0
Non Hispanic / Latino	0	0	0	0
Not Available	0	0	0	0

Do you monitor fidelity for this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES,				
What fidelity measure do you use?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who measures fidelity?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often is fidelity measured?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have staff been specifically trained to implement the EBP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Hispanic is part of the total served.  Yes  No

Comments on Data (overall): <input type="text" value="This table is not reported."/>
Comments on Data (Family Psychoeducation): <input type="text"/>
Comments on Data (Integrated Treatment for Co-occurring Disorders): <input type="text"/>
Comments on Data (Illness Self Management and Recovery): <input type="text"/>
Comments on Data (Medication Management): <input type="text"/>

\*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Footnotes: <input type="text"/>
------------------------------------

# V: Performance Indicators and Accomplishments

MHBG Table 16A (URS Table 4) - Profile of Adult Clients By Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force"). Unemployed refers to persons who are looking for work but have not found employment.

Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Adults Served	18-20			21-64			65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	17	5	0	824	503	0	83	43	0	0	0	0	924	551	0	1,475
Unemployed	22	16	0	2,597	2,293	0	677	306	0	0	0	0	3,296	2,615	0	5,911
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	120	120	1	2,652	1,896	1	317	114	0	0	0	0	3,089	2,130	2	5,221
Not Available	1,406	1,353	5	22,920	15,534	56	1,395	612	3	0	0	0	25,721	17,499	64	43,284
<b>Total</b>	<b>1,565</b>	<b>1,494</b>	<b>6</b>	<b>28,993</b>	<b>20,226</b>	<b>57</b>	<b>2,472</b>	<b>1,075</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33,030</b>	<b>22,795</b>	<b>66</b>	<b>55,891</b>

How Often Does your State Measure Employment Status?

At Admission  At Discharge  Monthly  Quarterly  Other, describe:

When a change occurs.



---

What populations are included:  All clients  Only selected groups, describe:

---

Comments on Data (for Age):  
"Age Not Available" is not included due to not being able to determine if they are 18 or older.

---

Comments on Data (for Gender):

---

Comments on Data (Overall):  
See General Notes

---

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 16B (URS Table 4A) - Profile of Adult Clients By Employment Status: By Primary Diagnosis Reported

*The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.*

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (295)	382	3,130	1,759	6,989	12,260
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	862	2,055	2,474	24,500	29,891
Other Psychoses (297, 298)	59	269	276	1,731	2,335
All Other Diagnoses	166	449	696	9,126	10,437
No Dx and Deferred DX (799.9, V71.09)	6	8	16	938	968
Diagnosis Total	1,475	5,911	5,221	43,284	55,891

Comments on Data (for Diagnosis):

"Age Not Available" is not included due to not being able to determine if they are 18 or older.

Footnotes:

## V: Performance Indicators and Accomplishments

### MHBG Table 17 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period  
All Mental Health Programs by Age, Gender, and Race/Ethnicity

*Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.*

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	324	124	59	0	32	145	5	3	12	25,917	26,621
18-64	6,423	6	1,047	0	2	826	28	90	40	44,565	53,027
65+	1,152	1	268	0	0	68	2	3	5	2,122	3,621
Not Available	0	0	0	0	0	0	0	0	0	7	7
<b>TOTAL</b>	<b>7,899</b>	<b>131</b>	<b>1,374</b>	<b>0</b>	<b>34</b>	<b>1,039</b>	<b>35</b>	<b>96</b>	<b>57</b>	<b>72,611</b>	<b>83,276</b>
Female	4,501	57	552	0	0	324	6	41	15	38,958	44,454
Male	3,398	73	822	0	34	715	29	55	42	33,519	38,687
Not Available	0	1	0	0	0	0	0	0	0	134	135
<b>TOTAL</b>	<b>7,899</b>	<b>131</b>	<b>1,374</b>	<b>0</b>	<b>34</b>	<b>1,039</b>	<b>35</b>	<b>96</b>	<b>57</b>	<b>72,611</b>	<b>83,276</b>

American Indian/Alaska Native	15	0	5	0	0	2	0	0	0	237	259
Asian	37	0	5	0	0	2	0	1	0	211	256
Black/African American	4,294	58	789	0	13	511	15	44	27	27,340	33,091
Hawaiian/Pacific Islander	1	0	0	0	0	0	0	0	0	10	11
White/Caucasian	3,438	56	558	0	19	485	19	49	29	40,511	45,164
Hispanic *	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	5	6	2	0	1	6	0	0	0	795	815
Race/Ethnicity Not Available	109	11	15	0	1	33	1	2	1	3,507	3,680
<b>TOTAL</b>	<b>7,899</b>	<b>131</b>	<b>1,374</b>	<b>0</b>	<b>34</b>	<b>1,039</b>	<b>35</b>	<b>96</b>	<b>57</b>	<b>72,611</b>	<b>83,276</b>

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	240	2	31	0	0	25	3	0	2	2,187	2,490
Non Hispanic or Latino Origin	5,210	95	935	0	14	488	26	81	48	54,806	61,703
Hispanic											

or Latino Origin Not Available	2,449	34	408	0	20	526	6	15	7	15,618	19,083
TOTAL	7,899	131	1,374	0	34	1,039	35	96	57	72,611	83,276

Comments on Data:	See General Notes.
How Often Does your State Measure Living Situation?	<input checked="" type="radio"/> At Admission <input type="radio"/> At Discharge <input type="radio"/> Monthly <input type="radio"/> Quarterly <input checked="" type="radio"/> Other: Describe <input type="text" value="Living situation changes."/>

*\*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available*

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 18 (URS Table 19B) - Profile of Change in School Attendance

1. This is a developmental measure. To assist in the development process, we are asking states to report information on the school attendance outcomes of mental health consumers with their December 2007 MHBG submission.
2. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.
3. If your SMHA has data on School Attendance from alternative sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in the Attendance from T1 to T2, please use all these columns.
4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
5. Please tell us anything else that would help us to understand your indicator (e. g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

T1			T2			T1 to T2 Change						Impact of Services					
"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have					
# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
169	419	41	189	410	30	122	45	2	60	352	7	152	225	42	136	74	629
Gender																	
40	167	10	48	162	7	26	14	0	21	143	3	60	73	13	51	20	217
100	212	21	112	207	14	75	24	1	33	177	2	79	123	18	73	40	333
29	40	10	29	41	9	21	7	1	6	32	2	13	29	11	12	14	79
Age																	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

T1			T2			T1 to T2 Change						Impact of Services				
"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Since starting to receive MH Services, the number of days my child was in school have				

	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	147	470	47	144	480	40	89	56	2	49	414	7	111	244	48	162	99	664
Gender																		
Female	37	190	12	37	189	13	22	15	0	15	171	4	30	84	22	64	39	239
Male	90	227	24	88	232	21	56	32	2	30	194	3	65	128	21	85	42	341
Not Available	20	53	11	19	59	6	11	9	0	4	49	0	16	32	5	13	18	84
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source of School Attendance Information:

- 1. Consumer survey (recommended items)
- 2. Other Survey: Please send us items
- 3. Mental health MIS
- 4. State Education Department
- 5. Local Schools/Education Agencies
- 6. Other (specify)

Measure of School Attendance:

- 1. School Attendance
- 2. Other (specify):

Mental health programs include:

- 1. Children with SED only
- 2. Other Children (specify)
- 3. Both

Region for which data are reported:

- 1. The whole state
- 2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported?

Child/Adolescents:

- If data is from a survey, what is the total number of people from which the sample was drawn?
- What was your sample size? (How many individuals were selected for the sample)?
- How many survey contacts were made? (surveys to valid phone numbers or addresses)
- How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?
- What was your response rate? (number of Completed surveys divided by number of Contacts)


State Comments/Notes:

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 19 (URS Table 9) - Social Connectedness and Improved Functioning

Adult Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness		3,278	4,836	68%
2. Functioning		3,243	4,780	68%
Child/Adolescent Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness		1,288	1,503	86%
4. Functioning		946	1,516	62%
Comments on Data:				

### Adult Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions?  Yes  No  
Measure used
- Did you use the recommended new Functioning Domain Questions?  Yes  No  
Measure used
- Did you collect these as part of your MHSIP Adult Consumer Survey?  Yes  No  
If No, what source did you use?

### Child/Family Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions?  Yes  No  
Measure used
- Did you use the recommended new Functioning Domain Questions?  Yes  No  
Measure used
- Did you collect these as part of your YSS-F Survey?  Yes  No  
If No, what source did you use?

Footnotes:



## V: Performance Indicators and Accomplishments

MHBG Table 20A (URS Table 11) - Summary Profile of Client Evaluation of Care

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	4,261	4,999	
2. Reporting Positively About Quality and Appropriateness for Adults	4,362	4,912	
3. Reporting Positively About Outcomes.	3,247	4,770	
4. Adults Reporting on Participation In Treatment Planning.	3,823	4,852	
5. Adults Positively about General Satisfaction with Services.	4,553	5,121	

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	1,296	1,489	
2. Reporting Positively about General Satisfaction for Children.	1,311	1,548	
3. Reporting Positively about Outcomes for Children.	925	1,518	
4. Family Members Reporting on Participation In Treatment Planning for their Children	1,383	1,537	
5. Family Members Reporting High Cultural Sensitivity of Staff.	1,424	1,521	

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

\* Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.

Comments on Data:

### Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used?  Yes  No

1.a. If no, which version:

- 1. Original 40 Item Version  Yes
- 2. 21-Item Version  Yes
- 3. State Variation of MHSIP  Yes
- 4. Other Consumer Survey  Yes

1.b. If other, please attach instrument used.

1.c. Did you use any translations of the MHSIP into another language?  1. Spanish

€ 2. Other Language:

Adult Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state) jn 1. All Consumers In State jn 2. Sample of MH Consumers

2.a. If a sample was used, what sample methodology was used? jn 1. Random Sample

jn 2. Stratified / Random Stratified Sample

jn 3. Convenience Sample

jn 4. Other Sample:

2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service? b 1. Persons Currently Receiving Services

€ 2. Persons No Longer Receiving Services

3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.) b 1. All Adult Consumers In State

€ 2. Adults With Serious Mental Illness

€ 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care

€ 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	€ Yes	€ Yes
Mail	€ Yes	
Face-to-face	b Yes	€ Yes
Web-Based	€ Yes	€ Yes

4.b. Who administered the Survey? (Check all that apply) € 1. MH Consumers

€ 2. Family Members

€ 3. Professional Interviewers

b 4. MH Clinicians

b 5. Non Direct Treatment Staff

€ 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases? b 1. Responses are Anonymous

b 2. Responses are Confidential

6. Sample Size and Response Rate

6.a. How Many Surveys were Attempted (sent out or calls initiated)?

5,221

6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

6.c. How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e.

If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?

Yes

No

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

Yes

No

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

Yes

No

7.c. Other, describe:

\* Report Confidence Intervals at the 95% confidence level

*Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.*

*The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level.*

*When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)*

Child / Family Consumer Surveys

1. Was the MHSIP Children / Family Survey (YSS-F) Used?

Yes

If no, what survey did you use?

*If no, please attach instrument used.*

1.c. Did you use any translations of the Child MHSIP into another language?

1. Spanish

€ 2. Other Language:

Child Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state)

1. All Consumers In State

2. Sample of MH Consumers

2.a. If a sample was used, what sample methodology was used?

1. Random Sample

2. Stratified / Random Stratified Sample

3. Convenience Sample

4. Other Sample:

2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?

1. Persons Currently Receiving Services

€ 2. Persons No Longer Receiving Services

2a. If yes to 2, please describe how your survey persons no longer receiving services.

3. Please Describe the populations included in your sample: (e.g., all children, only children with SED, etc.)

1. All Child Consumers In State

- 2. Children with Serious Emotional Disturbances
- 3. Children who were Medicaid Eligible or in Medicaid Managed Care
- 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input type="radio"/> Yes	<input type="radio"/> Yes
Mail	<input type="radio"/> Yes	
Face-to-face	<input type="radio"/> Yes	<input type="radio"/> Yes
Web-Based	<input type="radio"/> Yes	<input type="radio"/> Yes

4.b. Who administered the Survey? (Check all that apply)

- 1. MH Consumers
- 2. Family Members
- 3. Professional Interviewers
- 4. MH Clinicians
- 5. Non Direct Treatment Staff
- 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

- 1. Responses are Anonymous
- 2. Responses are Confidential
- 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

6.a. How Many Surveys were Attempted (sent out or calls initiated)?

1,576

6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

6.c. How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e.

If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?

Yes

No

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

Yes

No

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

Yes

No

7.c. Other, describe:



## V: Performance Indicators and Accomplishments

MHBG Table 20B (URS Table 11A) - Consumer Evaluation of Care By Consumer Characteristics: Race/Ethnicity

### Adult Consumer Survey Results:

\*State used the 2 question version for Hispanic Origin  Yes  No Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	4,261	4,999	54	65	19	25	1,502	1,734	8	10	1,971	2,297	61	85	646	783	95	118
2. Reporting Positively About Quality and Appropriateness.	4,362	4,912	59	67	23	27	1,491	1,699	8	10	2,062	2,266	68	82	651	761	101	118
3. Reporting Positively About Outcomes.	3,247	4,770	45	66	17	24	1,240	1,671	9	10	1,413	2,202	53	81	470	716	73	110
4. Reporting Positively about Participation in Treatment Planning	3,823	4,852	47	62	20	25	1,303	1,679	6	10	1,812	2,240	61	83	574	753	90	116
5. Reporting Positively about General Satisfaction	4,553	5,121	60	68	23	26	1,566	1,767	9	10	2,124	2,351	76	88	695	811	103	120
6. Social Connectedness	3,278	4,836	41	67	16	24	1,256	1,690	7	10	1,433	2,252	50	82	475	711	77	114
7. Functioning	3,243	4,780	38	63	19	24	1,253	1,677	6	10	1,407	2,218	48	80	472	708	82	116

### Child/Adolescent Family Survey Results:

\*State used the 2 question version for Hispanic Origin  Yes  No Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	1,296	1,489	20	22	4	4	481	537	5	6	559	644	73	87	154	189	101	114
Reporting Positively About General	1,311	1,548	21	22	4	4	479	555	5	6	551	665	81	94	170	202	112	119

Satisfaction																		
Reporting Positively About Outcomes.	925	1,518	18	22	4	4	342	550	6	6	391	651	49	91	115	194	78	115
Reporting Positively Participation in Treatment Planning for their Children.	1,383	1,537	21	22	4	4	486	553	5	6	604	657	77	91	186	204	110	117
Reporting Positively About Cultural Sensitivity of Staff.	1,424	1,521	21	22	4	4	515	550	5	6	618	651	82	91	179	197	109	114
6. Social Connectedness	1,288	1,503	19	21	4	4	474	544	5	6	553	652	73	90	160	186	100	113
7. Functioning	946	1,516	18	22	4	4	347	548	6	6	401	652	53	91	117	193	81	115

Comments on Data: Other/Not Available is for respondents who selected "Other" on the survey or who did not select a race on the survey. Note: People of Hispanic or Latino ethnicity may be of any race, therefore, can be included in the other races in this table.

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 21 (URS Table 19A) - Profile Of Criminal Justice Or Juvenile Justice Involvement

1. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
2. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
3. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	181	2824	156	164	2841	156	67	106	8	90	2676	58	336	194	64	2307	260	3161
Total Children/Youth (under age 18)	26	578	25	37	546	46	20	6	0	16	535	27	59	40	15	461	54	629
Female	8	204	5	11	191	15	6	2	0	5	186	13	17	13	6	169	12	217
Male	12	310	11	16	297	20	8	4	0	8	292	10	31	19	7	246	30	333
Not Available	6	64	9	10	58	11	6	0	0	3	57	4	11	8	2	46	12	79
Total Adults (age 18 and over)	155	2246	131	127	2295	110	47	100	8	74	2141	31	277	154	49	1846	206	2532
Female	67	1294	59	55	1315	50	20	45	2	34	1245	15	116	64	28	1108	104	1420
Male	74	786	41	59	800	42	22	46	6	36	736	14	131	79	15	613	63	901
Not Available	14	166	31	13	180	18	5	9	0	4	160	2	30	11	6	125	39	211

For Consumers Who Began Mental Health Services during the past 12 months

	T1		T2		T1 to T2 Change				Assessment of the Impact of Services			
	"T1" 12 months prior to beginning services		"T2" Since Beginning Services (this year)		If Arrested at T1 (Prior 12 Months)		If Not Arrested at T1 (Prior 12 Months)		Since starting to receive MH Services, my encounters with the police have...			



	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	148	1573	129	126	1600	124	51	95	2	73	1475	25	204	130	37	1289	190	1850
Total Children/Youth (under age 18)	34	596	34	42	593	29	19	15	0	23	565	8	57	47	14	479	67	664
Female	9	218	12	7	222	10	2	7	0	5	210	3	14	18	6	180	21	239
Male	19	308	14	25	305	11	12	7	0	13	291	4	31	27	6	244	33	341
Not Available	6	70	8	10	66	8	5	1	0	5	64	1	12	2	2	55	13	84
Total Adults (age 18 and over)	114	977	95	84	1007	95	32	80	2	50	910	17	147	83	23	810	123	1186
Female	45	593	55	29	610	54	9	36	0	18	566	9	56	27	12	523	75	693
Male	57	287	27	43	302	26	18	37	2	25	259	3	66	48	9	215	33	371
Not Available	12	97	13	12	95	15	5	7	0	7	85	5	25	8	2	72	15	122

Time period in which services were received: FY 2015

Please Describe the Sources of your Criminal Justice Data

- Source of adult criminal justice information:
- 1. Consumer survey (recommended questions)
  - 2. Other Consumer Survey: Please send copy of questions
  - 3. Mental health MIS
  - 4. State criminal justice agency
  - 5. Local criminal justice agency
  - 6. Other (specify)
- Sources of children/youth criminal justice information:
- 1. Consumer survey (recommended questions)
  - 2. Other Consumer Survey: Please send copy of questions
  - 3. Mental health MIS
  - 4. State criminal/juvenile justice agency
  - 5. Local criminal/juvenile justice agency
  - 6. Other (specify)
- Measure of adult criminal justice involvement:
- 1. Arrests
  - 2. Other (specify)
- Measure of children/youth criminal justice involvement:
- 1. Arrests
  - 2. Other (specify)
- Mental health programs included:
- 1. Adults with SMI only
  - 2. Other adults (specify)
  - 3. Both (all adults)
  - 1. Children with SED only
  - 2. Other Children (specify)
  - 3. Both (all Children)
- Region for which adult data are reported:
- 1. The whole state
  - 2. Less than the whole state (please describe)
- Region for which children/youth data are reported:
- 1. The whole state
  - 2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported

1. If data is from a survey, What is the total Number of people from which the sample was drawn?
2. What was your sample size? (How many individuals were selected for the sample)?
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?
5. What was your response rate? (number of Completed surveys divided by number of Contacts)

State Comments/Notes:

Footnotes:

# V: Performance Indicators and Accomplishments

MHBG Table 22 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Age	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-12 years					0	0	0	12,391
13-17 years					0	0	0	11,819
18-20 years	0	0	0	2,652	0	0	0	0
21-64 years	0	0	0	45,991				
65-74 years	0	0	0	2,853				
75+ years	0	0	0	593				
Not Available	0	339	0	3	0	0	0	0
Total	0	339	0	52,092	0	0	0	24,210

Gender	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	0	0	0	31,384	0	0	0	10,156
Male	0	0	0	20,657	0	0	0	14,006
Not Available	0	339	0	51	0	0	0	48

Race/Ethnicity	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	0	0	0	180	0	0	0	63
Asian	0	0	0	195	0	0	0	48
Black / African American	0	0	0	19,950	0	0	0	10,413
Hawaiian / Pacific Islander	0	0	0	8	0	0	0	3

White	0	0	0	30,210	0	0	0	11,137
Hispanic *	0	0	0	0	0	0	0	0
More than one race	0	0	0	146	0	0	0	595
Not Available	0	339	0	1,403	0	0	0	1,951

Hispanic/Latino Origin	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino origin	0	0	0	1,274	0	0	0	1,016
Non Hispanic / Latino	0	0	0	40,189	0	0	0	16,837
Not Available	0	339	0	10,629	0	0	0	6,357

	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED

Do you monitor fidelity for this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES,								
What fidelity measure do you use?	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Who measures fidelity?	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
How often is fidelity measured?	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have staff been specifically trained to implement the EBP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Hispanic is part of the total served.

Yes  No

Comments on Data (overall):

Comments on Data (Supported Housing):

Comments on Data (Supported Employment):

We receive this data only in the aggregate so we do not have demographic information.

Comments on Data (Assertive Community Treatment):

Data for ACT not available this year

Comments on Data (Therapeutic Foster Care):

Comments on Data (Multi-Systemic

Therapy):  
Data for MST not available this year

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Comments on Data (Family  
Functional Therapy):

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\* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

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Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 23A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	1452	51	168	3.51 %	11.57 %
<b>Age</b>					
0-12 years	98	5	11	5.10 %	11.22 %
13-17 years	273	2	23	0.73 %	8.42 %
18-20 years	81	2	6	2.47 %	7.41 %
21-64 years	970	40	122	4.12 %	12.58 %
65-74 years	27	2	6	7.41 %	22.22 %
75+ years	3	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
<b>Gender</b>					
Female	687	25	88	3.64 %	12.81 %
Male	765	26	80	3.40 %	10.46 %
Gender Not Available	0	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	4	0	0	0.00 %	0.00 %
Black/African American	468	8	51	1.71 %	10.90 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %



White	914	38	108	4.16 %	11.82 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	66	5	9	7.58 %	13.64 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	34	3	3	8.82 %	8.82 %
Non Hispanic/Latino	723	29	99	4.01 %	13.69 %
Hispanic/Latino Origin Not Available	695	19	66	2.73 %	9.50 %

Are Forensic Patients Included?  Yes  No

Comments on Data:  
Increase in available beds may account for an increase in the 30 day readmission rate.

\*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 23B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	252	6	33	2.38 %	13.10 %
<b>Age</b>					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	15	0	1	0.00 %	6.67 %
18-20 years	9	0	1	0.00 %	11.11 %
21-64 years	220	5	29	2.27 %	13.18 %
65-74 years	8	1	2	12.50 %	25.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
<b>Gender</b>					
Female	49	3	13	6.12 %	26.53 %
Male	203	3	20	1.48 %	9.85 %
Gender Not Available	0	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	3	1	2	33.33 %	66.67 %
Black/African American	157	3	19	1.91 %	12.10 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	87	2	11	2.30 %	12.64 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	5	0	1	0.00 %	20.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	7	0	0	0.00 %	0.00 %
Non Hispanic/Latino	17	0	2	0.00 %	11.76 %
Hispanic/Latino Origin Not Available	228	6	31	2.63 %	13.60 %

Comments on Data:

*\*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available*

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 24 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	0	0	0	0.00 %	0.00 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	0	0	0	0.00 %	0.00 %
21-64 years	0	0	0	0.00 %	0.00 %
65-74 years	0	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	0	0	0	0.00 %	0.00 %
Male	0	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	0	0	0	0.00 %	0.00 %
Black/African American	0	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	0	0	0	0.00 %	0.00 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %

1. Does this table include readmission from state psychiatric hospitals?  Yes  No

2. Are Forensic Patients Included?  Yes  No

Comments on Data:

*\*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available*

Footnotes:

# South Carolina

## UNIFORM APPLICATION

### FY 2017 BEHAVIORAL HEALTH REPORT

### COMMUNITY MENTAL HEALTH SERVICES

### BLOCK GRANT

OMB - Approved 09/01/2016 - Expires 12/01/2016

(generated on 02/14/2017 3:56:08 PM)

Center for Mental Health Services

Division of State and Community Systems Development

# I: State Information

## State Information

### State DUNS Number

Number 112674036

Expiration Date

### I. State Agency to be the Grantee for the Block Grant

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia

Zip Code 29202

### II. Contact Person for the Grantee of the Block Grant

First Name John H.

Last Name Magill

Agency Name South Carolina Department of Mental Health

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia

Zip Code 29202

Telephone 803-898-8319

Fax 803-898-8590

Email Address john.magill@scdmh.org

### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2015

To 6/30/2016

### IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 12/1/2016 11:03:32 AM

Revision Date 2/14/2017 3:56:00 PM

### V. Contact Person Responsible for Report Submission

First Name D. Stewart

Last Name Cooner

Telephone 803-898-8632

Fax 803-898-8311

Email Address stewart.cooner@scdmh.org

Footnotes:

**Attachment 1**  
**Review of 2017 MHBG Behavioral Health Report**

**Review – South Carolina Mental Health State Planning Council**

On Monday, October 31, 2016, a Request for Comments on the 2017 MHBG Behavioral Health Report (Report) was distributed via email to all members of the South Carolina Mental Health State Planning Council (Council). Attached to the email was a draft copy of the Report. The body of the email contained a summary of the Report including information on the following sections: Priority Area and Annual Performance Indicators - Progress Report; MHBG Expenditures by Service; Set-Aside for Children's Mental Health Services; and, Maintenance of Effort for State Expenditures on Mental Health Services. Council members were provided with a 30-day review and comment period with all feedback requested by 12:00 Noon on Wednesday, November 30, 2016. The Council was notified to whom any comments should be directed.

In order to provide continual access not only to the Report, but also to the Uniform Application submitted on September 1, 2015 and the Mini-App submitted on September 1, 2016, all three (3) documents were posted on SCDMH's internet home page. The Council was notified of this fact.

On Wednesday, November 16, 2016, the Agenda for the General Meeting of the Council included items to address the following: Ten Percent Set-Aside Update; MHBG Proposed Allocation from SAMHSA; and, 2017 MHBG Behavioral Health Report. An overview of the 2017 MHBG Behavioral Health Report was provided with additional details related to the Ten Percent Set-Aside.

As of 12:00 Noon on Wednesday, November 30, 2016, no recommendations for modifications to the 2017 MHBG Behavioral Health Report have been offered by the members of the South Carolina Mental Health State Planning Council.

**Public Notice – Media Alert**

On Monday, October 31, 2016, a Request for Public Comment on the 2017 MHBG Behavioral Health Report (Report) was issued via SCDMH's standard procedure to provide statewide public notice by sending a 'media alert' notification to all daily and non-daily (non-daily count = 55) newspapers in the State. Members of the public were provided with a 30-day review and comment period with all feedback requested by 12:00 Noon on Wednesday, November 30, 2016. Members of the public were notified to whom any comments should be directed.

In order to provide continual access not only to the Report, but also to the Uniform Application submitted on September 1, 2015 and the Mini-App submitted on September 1, 2016, all three (3) documents were posted on SCDMH's internet home page. Members of the public were notified of this fact.

As of 12:00 Noon on Wednesday, November 30, 2016, no recommendations for modifications to the 2017 MHBG Behavioral Health Report have been offered by members of the public.

**Public Notice – Social Media**

On Monday, October 31, 2016, a Facebook Event announcing a Request for Public Comment on the 2017 MHBG Behavioral Health Report (Report) was established on SCDMH's Facebook page. Members of the public were provided with a 30-day review and comment period with all feedback requested by 12:00 Noon on Wednesday, November 30, 2016. Members of the public were notified to whom any comments should be directed.



In order to provide continual access not only to the Report, but also to the Uniform Application submitted on September 1, 2015 and the Mini-App submitted on September 1, 2016, all three (3) documents were posted on SCDMH's internet home page. Members of the public were notified of this fact.

As of 12:00 Noon on Wednesday, November 30, 2016, no recommendations for modifications to the 2017 MHBG Behavioral Health Report have been offered by members of the public.

**Notice – Internet Home Page**

In order to provide unlimited access not only to the Report, but also to the Uniform Application submitted on September 1, 2015 and the Mini-App submitted on September 1, 2016, all three (3) documents were posted on SCDMH's internet home page on Friday, October 28, 2016. Members of the public visiting SCDMH's internet website were immediately presented with a Request for Public Comment: Mental Health Block Grant Report.

Members of the public were provided with a 30-day review and comment period with all feedback requested by Wednesday, November 30, 2016. Members of the public were notified to whom any comments should be directed.

As of Wednesday, November 30, 2016, no recommendations for modifications to the 2017 MHBG Behavioral Health Report have been offered by members of the public.

**Notice – Intranet Home Page**

In order to provide unlimited access not only to the Report, but also to the Uniform Application submitted on September 1, 2015 and the Mini-App submitted on September 1, 2016, all three (3) documents were posted on SCDMH's intranet home page on Friday, October 28, 2016. Staff of SCDMH visiting SCDMH's intranet website were immediately presented with a Request for Public Comment: Mental Health Block Grant Report.

Staff of SCDMH was provided with a 30-day review and comment period with all feedback requested by Wednesday, November 30, 2016. Staff of SCDMH was notified to whom any comments should be directed.

As of Wednesday, November 30, 2016, no recommendations for modifications to the 2017 MHBG Behavioral Health Report have been offered by staff of SCDMH.

[End]

## II: Annual Report

### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1  
Priority Area: FY2015 Agency Accountability Report  
Priority Type: MHS  
Population(s): SMI, SED, Other (All Persons Served)

#### Goal of the priority area:

The intent is to measure the activities and achievements of the Department and compare said measurements to internal and external benchmarks, as available and appropriate, established over time.

#### Strategies to attain the goal:

Given the comprehensiveness of the measurement tools, changes in results from one year to the next generally are a reasonable determinant of the effectiveness of the mental health continuum - understanding that South Carolina has an integrated system of care over which SCDMH has significant influence and control since it is the primary service provider for inpatient and community services.

#### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Employees Trained Related to Strategic Goals  
Baseline Measurement: Total Number of Hours of Training (Baseline = 4,100)  
First-year target/outcome measurement: 4,000  
Second-year target/outcome measurement: 4,000  
New Second-year target/outcome measurement (*if needed*): 4,250

#### Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

#### New Data Source (*if needed*):

#### Description of Data:

Internally-Generated Subject-Specific Information Resources

#### New Description of Data: (*if needed*)

#### Data issues/caveats that affect outcome measures:

None

#### New Data issues/caveats that affect outcome measures:

#### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

#### Reason why target was not achieved, and changes proposed to meet target:

#### How first year target was achieved (*optional*):

FY2016 Result: 4,350

Indicator #: 2  
Indicator: SCDMH Patient Total Employment  
Baseline Measurement: Percent Employed as Compared Internally and to National Average Low and National Average High (Baseline = 12%)  
First-year target/outcome measurement: 12%  
Second-year target/outcome measurement: 12%  
New Second-year target/outcome measurement (if needed):

Data Source:

SCDMH - Division of Community Mental Health Services

New Data Source (if needed):

Description of Data:

Program Indicators Data

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 11.5% - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

Indicator #: 3  
Indicator: SCDMH Patient Competitive Employment  
Baseline Measurement: Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%)  
First-year target/outcome measurement: 45%  
Second-year target/outcome measurement: 45%  
New Second-year target/outcome measurement (if needed): 50%

Data Source:

SCDMH - Division of Community Mental Health Services

New Data Source (if needed):

Description of Data:

Program Indicators Data

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

FY2016 Result: 62%

Indicator #: 4

Indicator: Life Expectancy - Skilled Nursing Facilities

Baseline Measurement: Life Expectancy as Compared Internally and to National Average (Baseline = 3.8)

First-year target/outcome measurement: 5.0

Second-year target/outcome measurement: 5.0

New Second-year target/outcome measurement *(if needed)*:

Data Source:

SCDMH - Division of Inpatient Services

New Data Source *(if needed)*:

Description of Data:

Client-Level Data Summarized Into Aggregate Outcomes

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

FY2016 Result: 6.0 Average

Indicator #: 5

Indicator: Hospital Restraint Rate

Baseline Measurement: Inpatient Restraint Hours Rate as Compared Internally and to National Average (Baseline = 0.17)

First-year target/outcome measurement: Less than 0.12 per 1,000 inpatient hours

Second-year target/outcome measurement: Less than 0.12 per 1,000 inpatient hours

New Second-year target/outcome measurement *(if needed)*: Less than 0.10 per 1,000 inpatient hours

Data Source:

SCDMH - Division of Inpatient Services

New Data Source(*if needed*):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:                     Achieved     Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

FY2016 Result: 0.08

Indicator #:

6

Indicator:

Hospital Seclusion Rate

Baseline Measurement:

Inpatient Seclusion Rate as Compared Internally and to National Average (Baseline = 0.29)

First-year target/outcome measurement:

Less than 0.23 per 1,000 inpatient hours

Second-year target/outcome measurement:

Less than 0.23 per 1,000 inpatient hours

New Second-year target/outcome measurement (*if needed*): Less than 0.15 per 1,000 inpatient hours

Data Source:

SCDMH - Division of Inpatient Services

New Data Source(*if needed*):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:                     Achieved     Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

FY2016 Result: 0.12

Indicator #: 7  
Indicator: Inpatient Discharge/Outpatient Appointment  
Baseline Measurement: Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8)  
First-year target/outcome measurement: 7 or less  
Second-year target/outcome measurement: 7 or less  
New Second-year target/outcome measurement (if needed):

Data Source:

SCDMH - Division of Inpatient Services  
SCDMH - Division of Community Mental Health Services

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

FY2016 Result: Data Not Yet Available.

How first year target was achieved (optional):

Indicator #: 8  
Indicator: 30-Day Hospital Readmission Rate  
Baseline Measurement: 30-Day Hospital Readmission Rate (Baseline = 5.29%)  
First-year target/outcome measurement: 5.0%  
Second-year target/outcome measurement: 5.0%  
New Second-year target/outcome measurement (if needed):

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source (if needed):

Description of Data:

Client-Level Data Summarized Into Aggregate Outcomes

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

FY2016 Result: 5.97% - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

Indicator #: 9

Indicator: Patient Satisfaction Rate - Adult

Baseline Measurement: MHSIP Survey Results (Baseline = 89%)

First-year target/outcome measurement: 88%

Second-year target/outcome measurement: 88%

New Second-year target/outcome measurement *(if needed)*:

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source *(if needed)*:

Description of Data:

Compilation of Survey Results

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

FY2016 Result: 89.0%

Indicator #: 10

Indicator: Patient Satisfaction Rate - Youth

Baseline Measurement: MHSIP Survey Results (Baseline = 84%)

First-year target/outcome measurement: 85%

Second-year target/outcome measurement: 85%

New Second-year target/outcome measurement *(if needed)*:

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source *(if needed)*:

Description of Data:

Compilation of Survey Results

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

FY2016 Result: 86.3%

Indicator #: 11

Indicator: Patient Satisfaction Rate - Youth Families

Baseline Measurement: MHSIP Survey Results (Baseline = 85%)

First-year target/outcome measurement: 86%

Second-year target/outcome measurement: 86%

New Second-year target/outcome measurement *(if needed)*:

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source *(if needed)*:

Description of Data:

Compilation of Survey Results

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

FY2016 Result: 87.5%



Indicator #: 12  
Indicator: Total Number Served  
Baseline Measurement: Total Number of Individuals Served by SCDMH Community Mental Health Services (Baseline = 80,792)  
First-year target/outcome measurement: 82,811  
Second-year target/outcome measurement: 82,811  
New Second-year target/outcome measurement (if needed): 82,000

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 82,241 - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

Indicator #: 13  
Indicator: Youth Served  
Baseline Measurement: Percentage of Youth Population Served by SCDMH (Baseline = 27,016)  
First-year target/outcome measurement: 27,690  
Second-year target/outcome measurement: 27,690  
New Second-year target/outcome measurement (if needed): 27,762

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 27,762

Indicator #: 14

Indicator: Persons Visiting SC ERs with a Primary Diagnosis of MH or SA and Seen By SCDMH with the Past Three Years

Baseline Measurement: Number of Persons Visiting SC ERs with a Primary Diagnosis of MH or SA and Seen By SCDMH with the Past Three Years (Baseline = 24%)

First-year target/outcome measurement: Less than 25%

Second-year target/outcome measurement: Less than 25%

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

Compilation of Externally-Sourced Data

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 24%

Indicator #: 15

Indicator: ED Patients - 24-Hour Wait

Baseline Measurement: Number of Persons Waiting in ER Longer than 24 Hours - Data from Monday Morning Reports (Baseline = 1,733 Annually)

First-year target/outcome measurement: 1,600 Annually

Second-year target/outcome measurement: 1,600 Annually

New Second-year target/outcome measurement (if needed): Less than 1,500 Annually

Data Source:

SCDMH - Division of Community Mental Health Services

New Data Source (if needed):

Description of Data:

Compilation of Externally-Sourced Data

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 1,432 (Note the target is less than 1,600 annually)

Indicator #:

16

Indicator:

SCDMH Hospital Admissions

Baseline Measurement:

Number of Psychiatric Hospital Admissions (Baseline = 1,021 Annually)

First-year target/outcome measurement:

1,025 Annually

Second-year target/outcome measurement:

1,025 Annually

New Second-year target/outcome measurement (if needed): 675 Annually

Data Source:

Avatar - Inpatient Information System

New Data Source (if needed):

Description of Data:

Client-Level Data Summarized Into Aggregate Outcomes

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 676 - (SCDMH reclassified the inpatient facilities that are included in the calculation in order to refine the alignment to fit

the baseline measurement "Number of Psychiatric Hospital Admissions." The first-year target under the new definition would have been 675. The second-year target will be adjusted to 675.

Indicator #: 17  
Indicator: Computerized Training for Employees  
Baseline Measurement: Number of Staff Training Programs Available by Computer (Baseline = 132)  
First-year target/outcome measurement: 130  
Second-year target/outcome measurement: 130  
New Second-year target/outcome measurement (*if needed*): 205

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR) - Pathlore (SCDMH Training Database)

New Data Source (*if needed*):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

FY2016 Result: 201

Indicator #: 18  
Indicator: Participating Hospitals - ED Telepsychiatry  
Baseline Measurement: Number of Participating Hospitals - ED Telepsychiatry (Baseline = 21)  
First-year target/outcome measurement: 23  
Second-year target/outcome measurement: 25  
New Second-year target/outcome measurement (*if needed*): 23

Data Source:

SCDMH - Office of the Medical Director (Telepsychiatry Consultation Program)

New Data Source (*if needed*):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 25

Indicator #:

19

Indicator:

School-Based Services - Total Schools

Baseline Measurement:

Number of Schools in School-Based Program (Baseline = 480)

First-year target/outcome measurement:

490

Second-year target/outcome measurement:

490

New Second-year target/outcome measurement (if needed): 520

Data Source:

SCDMH - Division of Community Mental Health Services

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 519

Indicator #:

20

Indicator:

CMHC Appointment Timeframes

Baseline Measurement:

Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%)

First-year target/outcome measurement:

90%

Second-year target/outcome measurement:

90%

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source(*if needed*):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:             Achieved                             Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

FY2016 Result: 94%

Indicator #:

21

Indicator:

CMHC Billed Hours

Baseline Measurement:

Hours of Billed Services in Community Mental Health Services (Baseline = 971,916)

First-year target/outcome measurement:

975,000

Second-year target/outcome measurement:

975,000

New Second-year target/outcome measurement (*if needed*):

985,334

Data Source:

South Carolina Department of Mental Health

New Data Source(*if needed*):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:             Achieved                             Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

FY2016 Result: 985,334

Indicator #: 22  
Indicator: CMHC New Cases  
Baseline Measurement: Total Number of New Cases (New Cases/Readmissions) in Community Mental Health Services (Baseline = 41,791)  
First-year target/outcome measurement: 42,835  
Second-year target/outcome measurement: 42,835  
New Second-year target/outcome measurement(*if needed*): 42,000

Data Source:

South Carolina Department of Mental Health

New Data Source(*if needed*):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

FY2016 Result: 42,490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

Indicator #: 23  
Indicator: ED Patients - Total  
Baseline Measurement: Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually)  
First-year target/outcome measurement: 2,200  
Second-year target/outcome measurement: 2,200  
New Second-year target/outcome measurement(*if needed*): Less than 2,000

Data Source:

SCDMH - Division of Community Mental Health Services

New Data Source(*if needed*):

Description of Data:

Compilation of Externally-Sourced Data

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Indicator #: 24

Indicator: Inpatient Services - Total Bed Days

Baseline Measurement: Total Number of Inpatient Bed Days (Baseline = 528,504)

First-year target/outcome measurement: 520,000

Second-year target/outcome measurement: 520,000

New Second-year target/outcome measurement *(if needed)*: 527,250

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Priority #: 2

Priority Area: Five Percent Set Aside for First Episode Psychosis

Priority Type: MHS

Population(s): SMI, SED, Other (Population Defined in Section IV, Item 5)

Goal of the priority area:



The intent is to address the needs of persons with early psychotic disorders, specifically first episode psychosis, either through enhancing existing program activities or development of new activities.

Strategies to attain the goal:

The Department has specifically cited Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) as the treatment modalities it will deploy utilizing the Five Percent Set Aside. These treatment modalities have been identified as appropriate and effective for persons experiencing First Episode Psychosis (FEP). It has also been found that maximum effectiveness is attainable when the two modalities are deployed together. MI serves as the engagement modality and CBT serves as the therapy modality.

#### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: First Episode Psychosis Program  
Baseline Measurement: Total Number of Patients Served (Baseline = 247, Partial Year)  
First-year target/outcome measurement: 500  
Second-year target/outcome measurement: 500  
New Second-year target/outcome measurement (if needed): 260

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

SCDMH plans to work with Dr. Meera Narasimhan and her team at the University of South Carolina, School of Medicine to evaluate outcomes at the three initial sites that have begun this Program. Outcomes will include clinical and social parameters. Clinical measures of outcome will include psychopathology, hospitalization, and suicidality. Social parameters will include quality of life functioning, employability and the ability to live independently.

SCDMH will work with Dr. Narasimhan to determine those outcome measurements appropriate to demonstrate the efficacy of the Programs beyond reporting only number of patients served.

New Data issues/caveats that affect outcome measures:

#### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

FY2016 Update:

The Traditional Program

The Traditional Program served a total of 255 individuals – Charleston-Dorchester Mental Health Center (36), Pee Dee Mental Health Center (121), and Lexington County Community Mental Health Center (98). SCDMH did not meet its target because the target estimate was not appropriately calculated. As outlined in Section IV - Item 5 - Evidence-Based Practices for Early Intervention (5 Percent), "[e]ach masters-level clinician will be expected to carry a caseload of approximately 30 persons." Based on awards for 6.5 FTEs, and a conservative total annual number served by each FTE of 40, a reasonable total annual number served by all FTEs would be 260. Therefore, SCDMH is, upon agreement with SAMHSA, proposing to change its second-year target/outcome measurement to 260.

As of October 11, 2016, the South Carolina Department of Mental Health (SCDMH) had actual expenditures on the 2015 MHBG of \$341,824.30. The allotted amount was \$350,000.00. SCDMH has actual expenditures on the 2016 MHBG of \$26,521.68, thus far. The allotted amount is \$355,998.00.

The CSC Program

As noted in IV - Item 5 - Revised March 2016 included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, "[a]s has been previously noted with The Traditional Program, staffing The CSC Program in Year 1 will be one of the more significant challenges to full implementation of the program." In fact, in The CSC Program - CDMHC, also included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, the timeline for hiring all staff was July 2, 2016. SCDMH did not meet this goal.

However, as of October 12, 2016, Charleston-Dorchester Mental Health Center (CDMHC) has hired the Team Leader and identified two (2) therapists who will transition to The CSC Program in November 2016. One (1) of the two (2) identified therapists is trained in alcohol and drug treatment. CDMHC has also identified staff from the South Carolina Vocational Rehabilitation Department to serve on The CSC Program team, as well as, a Peer Support Specialist. Lastly, CDMHC is coordinating with SCDMH Care Coordination to identify a Care Coordinator to serve on The CSC Program team. As a result of the significant progress towards establishing The CSC Program team, CDMHC will soon engage NAVIGATE program trainers to implement the Evidence-Based Practice.

Also as noted in IV - Item 5 - Revised March 2016 included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, "[g]iven SCDMH's proposal to implement a new program late in the MHBG award year to meet its revised annual obligation for the Set Aside for First Episode Psychosis (FEP), which will require technical assistance, planning, implementation, and first-year phase-in, it is estimated that SCDMH will not expend the total amount budgeted for The CSC Program." SCDMH estimated correctly. SCDMH will not draw down MHBG funds associated with the difference between actual expenditures and the allocation to The CSC Program.

As of October 11, 2016, SCDMH has actual expenditures on the 2016 MHBG of \$13,451.77, thus far. The allotted amount is \$393,578.00.

How first year target was achieved (optional):

Priority #: 3  
Priority Area: Comprehensive Assessment  
Priority Type: MHS  
Population(s): SMI, SED, Other (All Persons Served)

Goal of the priority area:

SCDMH identified certain opportunities in its operations that would lead to cost savings and increased efficiencies. Many of the identified opportunities illuminate unmet service needs and critical gaps within the current system.

Strategies to attain the goal:

The strategy is defined by the Performance Indicator and may vary depending upon the nature of the effort, but all are related to the enhancement of the overall mental health continuum.

Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Expand Training Opportunities  
Baseline Measurement: Increase in Productivity Due to Offline Training Resources (As Measured by Person-Hour Cost Savings)  
First-year target/outcome measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH  
Second-year target/outcome measurement: Compare to Prior Year's Results  
New Second-year target/outcome measurement (if needed):

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Indicator #: 2

Indicator: Implement Use of Electronic Medical Record

Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

First-year target/outcome measurement: Baseline

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement *(if needed)*:

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Indicator #: 3

Indicator: Expand Use of Telepsychiatry  
Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH  
First-year target/outcome measurement: Baseline  
Second-year target/outcome measurement: Compare to Prior Year's Results  
New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

SCDMH partnered with the Duke Endowment, South Carolina Department of Health and Human Services, the University of South Carolina School of Medicine and the South Carolina Hospital Association to create the SCDMH telepsychiatry program to address the overcrowding of psychiatric patients in local hospital emergency departments ("ED"). It is a cutting-edge statewide service delivery model that provides remote access for EDs in rural areas of South Carolina to psychiatrists whenever psychiatric consultation services are required. And it is the first of its kind nationally, and has been widely recognized for its effectiveness. Just as with the previously mentioned program, which is still expanding, SCDMH has begun the expanded use of telepsychiatry in its Community Mental Health Centers (CMHC) and Inpatient Facilities. The CMHCs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to-Center. Center-to-Clinic Telepsychiatry connects the primary CMHC with its satellite mental health clinics. Center-to-Center Telepsychiatry connects the CMHCs to each other. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, as well. This expanded use of technology, in the form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 46 Mental Health Clinics, and 4 Inpatient Facilities to utilize a common pool of physicians to deliver services to clients and patients without the loss of productivity associated with travel time, and to deliver services to clients and patients in rural areas where physician availability may be non-existent.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH has currently deployed its Emergency Department Telepsychiatry Consultation Program in 25 Emergency Departments (ED) across the State of South Carolina, and is considering expansion into additional hospitals with a focus on rural EDs. SCDMH has also deployed telepsychiatry equipment to all of its Community Mental Health Centers.

Indicator #: 4  
Indicator: Expand Use of School-Based Services  
Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH  
First-year target/outcome measurement: Baseline  
Second-year target/outcome measurement: Compare to Prior Year's Results  
New Second-year target/outcome measurement (if needed):

Data Source:

SCDMH - Division of Community Mental Health Services

New Data Source (if needed):

Description of Data:

SCDMH school-based mental health (SBMH) services improve access to needed mental health services for children and their families. The information exchange and collaboration that develops between school teachers, school counselors and administrators and school based mental health staff improves early identification and treatment for children in need; and, for those children and families in need of services, the SBMH program services increase school attendance, reduce discipline referrals and decrease drop-out rates. These positive outcomes for the student and their families also positively correlate to a decreased risk for violence in the school and community.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:                     Achieved                                     Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

FY2016 Result: SCDMH has expanded school-based services into 520 schools across the State of South Carolina.

Indicator #: 5

Indicator: Expand Use of MHP in ED

Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

First-year target/outcome measurement: Baseline

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement *(if needed)*:

Data Source:

SCDMH - Division of Community Mental Health Services

New Data Source *(if needed)*:

Description of Data:

The MHP provides consultative services to patients experiencing psychiatric emergencies in the emergency department and facilitates linkage to appropriate resources. Evidence supports the assertion that MHPs placed in Emergency Departments to augment the mental health resources currently available have a direct impact on the overall treatment of patients presenting with possible mental health issues. MHPs support the determination process for appropriateness for inpatient admission, and therein the absolute number of patients admitted versus those discharged the same day, and they positively affect the overall effectiveness of navigating patients presenting with potential mental health issues through the Emergency Department process. These placements create partnerships between SCDMH and the placement hospitals and leverage the resources of all.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH currently has deployed Mental Health Professionals (MHP) from multiple Community Mental Health Centers in multiple Emergency Departments. As opportunities present, SCDMH offers this partnership as an option to local hospitals.

Indicator #: 6

Indicator: Enhance Workforce Development

Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

First-year target/outcome measurement: Baseline

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

As summarized in a recent article, "the pool of qualified mental health professionals is not keeping pace with the population that needs their services, and in some cases, is decreasing. For example, the number of graduates from psychiatry training programs decreased by 14 percent from 2000 to 2008, and more than half of all psychiatrists are at least 55 years of age.<sup>9</sup> In 2013, SAMSHA reported to Congress that 55 percent of U.S. counties, all rural, have no practicing psychiatrists, psychologists, or social workers.<sup>10</sup>" In addition, according to the South Carolina GME Advisory Group in response to Proviso 33.34 (E), "the demographics of the physician workforce in South Carolina do not reflect the racial composition of South Carolina's population." And, there exists a bottleneck in medical residency slots. These circumstances, exacerbated by the low salaries offered by state government, will necessitate creative solutions to recruitment, retention, and graduate medical education.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH has enhanced its workforce development efforts with utilization of advertising, attendance at industry-specific conferences, participation in recruitment events, coordination of employment fairs, and participation in workgroups related to the topic, such as the recently held SAMHSA Regional Workforce Development Workshop.

Indicator #: 7

Indicator: Increase in Community Supportive Housing

Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

First-year target/outcome measurement: Baseline

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement (if needed):

Data Source:

SCDMH - Division of Community Mental Health Services

New Data Source (if needed):

Description of Data:

SCDMH has a long history of making efforts to foster more permanent supportive community housing for its patients. Appropriate housing is often the single biggest factor in determining whether a patient with serious psychiatric impairments is able to be successfully discharged or is able to remain successful in their recovery in the community. SCDMH is seeking new funds in each of the next three years to increase community supportive housing for its patients. Funds will be used for rental assistance in supported apartments and for transitioning patients into independent living.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: With additional funds received in FY2015 and FY2016, SCDMH now supports 261 units throughout the state with rental assistance for clients and their families. All units are located in scattered sites and are integrated into the community.

Indicator #: 8  
Indicator: Enhance Partnerships  
Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH  
First-year target/outcome measurement: Baseline  
Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

The South Carolina Department of Mental Health has affiliations with more than 50 educational institutions in South Carolina and more than five other states. SCDMH's affiliation with the University of South Carolina includes activity therapy, clinical counseling, medical students, social work, psychology interns, psychology graduate studies, and residents and fellows in psychiatry. Residents from the MUSC Residency Training Program receive educational experiences and supervision in Psychiatry, through scheduled rotations at the Charleston Dorchester Mental Health Center (CDMHC). SCDMH also works closely with independent advocacy organizations to improve the quality of lives for the persons with mental illness, their families, and the citizens in South Carolina.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH continues to seek opportunities to enhance its partnerships with other entities. Among other examples, SCDMH has worked with the University of South Carolina School of Nursing to identify opportunities for students enrolled in its programs; Catawba Community Mental Health Center will be partnering with its local Federally Qualified Health Center (FQHC) in a coordination of services; and, SCDMH has partnered with the South Carolina Telehealth Alliance to expand the role of telepsychiatry services across the State of South Carolina.

Indicator #: 9

Indicator: Develop Behavioral Health Homes

Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH

First-year target/outcome measurement: Baseline

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

Health homes build a comprehensive array of services around the particular needs of a client, including coordinating and integrating behavioral health care and primary health care, and establishing linkages to community supports and resources. Rather than expecting a client to navigate a complex medical environment of dispersed and sometimes fragmented services, the behavioral health home creates a single point of contact for clients around which the sphere of services circulates.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH is moving forward with its plan to develop Behavioral Health Homes. SCDMH has completed technical assistance with the National Academy for State Health Policy (NASHP) and is implementing its recommendations in collaboration with the South Carolina Department of Health and Human Services (Medicaid).

Indicator #: 10

Indicator: Expand Emergency Psychiatric Services

Baseline Measurement: Provided as Reference Information for Possible Future Emphasis for SCDMH



First-year target/outcome measurement: Baseline

Second-year target/outcome measurement: Compare to Prior Year's Results

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

In addition to the Telepsychiatry ED consultation program, SCDMH, through its Community Mental Health Centers, utilizes a number of measures to divert individuals in a behavioral health crisis from community hospital emergency departments. The crisis intervention measures include entering into contracts with hospitals with community psychiatric beds to admit patients referred by Centers; funding all or part of a mental health professional's salary to provide on-site consultation to hospital emergency departments; and funding the mobile crisis program in Charleston.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH continues to focus on emergency psychiatric services. The Department purchases local/private inpatient beds; outstations Mental Health Professionals (MHP) in Emergency Departments; and, funds mobile crisis programs, including the Mobile Crisis Unit and Highway to Hope. It also has provided center crisis stabilization interventions and staff for crisis teams, co-occurring disorder teams, peer support, nurse care coordinators, case service funding for medications and other essentials, suicide prevention, intensive case management teams, jail liaisons, and support for center-to-clinic telepsychiatry.

Priority #: 4

Priority Area: FY2016 Budget Requests

Priority Type: MHS

Population(s): SMI, SED, Other (All Persons Served)

Goal of the priority area:

The budget requests establish the funding priorities for SCDMH and effectively define the monetary strategic initiatives relevant to the strategic direction of SCDMH.

Strategies to attain the goal:

The FY2016 Budget Requests focus on three areas: maintaining the current capacity of the mental health system; addressing the areas in which SCDMH is experiencing increasing demand; and, capitalizing on promising technologies that relieve certain strains on the mental health system. These requests are particularly relevant for inclusion in the FY2016-2017 CMHS Block Grant Application because the approval of said requests will bring about the conclusion of a multi-year endeavor to restore a portion of the funding reductions of prior fiscal years.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Sustainability of Mental Health Services

Baseline Measurement: \$6,400,000  
First-year target/outcome measurement: Provision of Appropriations  
Second-year target/outcome measurement: Provision of Appropriations  
New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

Indicator #: 2  
Indicator: Forensic Inpatient Services  
Baseline Measurement: \$3,200,000  
First-year target/outcome measurement: Provision of Appropriations  
Second-year target/outcome measurement: Provision of Appropriations  
New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 3  
Indicator: School-Based Services  
Baseline Measurement: \$1,000,000  
First-year target/outcome measurement: Provision of Appropriations  
Second-year target/outcome measurement: Provision of Appropriations  
New Second-year target/outcome measurement (if needed):

Data Source:

New Data Source (if needed):

Description of Data:

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 4  
Indicator: Emergency Department Telepsychiatry Program Sustainability  
Baseline Measurement: \$500,000  
First-year target/outcome measurement: Provision of Appropriations  
Second-year target/outcome measurement: Provision of Appropriations  
New Second-year target/outcome measurement (if needed):

Data Source:

New Data Source (if needed):

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

Indicator #: 5

Indicator: Information Network Security Required Improvements

Baseline Measurement: \$750,000

First-year target/outcome measurement: Provision of Appropriations

Second-year target/outcome measurement: Provision of Appropriations

New Second-year target/outcome measurement *(if needed)*:

Data Source:

South Carolina Department of Mental Health

New Data Source *(if needed)*:

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

FY2016 Result: SCDMH received neither all, nor a portion, of the funds requested through the Budget Request process.

How first year target was achieved *(optional)*:

Indicator #: 6

Indicator: Increase in Community Supportive Housing

Baseline Measurement: \$400,000

First-year target/outcome measurement: Provision of Appropriations

Second-year target/outcome measurement: Provision of Appropriations

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

Indicator #:

7

Indicator:

Capital Funding Requests

Baseline Measurement:

\$36,603,605

First-year target/outcome measurement:

Provision of Appropriations

Second-year target/outcome measurement:

Provision of Appropriations

New Second-year target/outcome measurement (if needed):

Data Source:

South Carolina Department of Mental Health

New Data Source (if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

Footnotes:

### III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2015      Expenditure Period End Date: 6/30/2016

Service	Expenditures
Healthcare Home/Physical Health	\$
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
Prevention (Including Promotion)	\$
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
Substance Abuse (Primary Prevention)	\$
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
Engagement Services	\$
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
Outpatient Services	\$
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
Medication Services	\$
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
Community Support (Rehabilitative)	\$
Parent/Caregiver Support;	



Skill Building (social, daily living, cognitive);	
Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$
Substance Abuse Intensive Outpatient (IOP);	

Partial Hospital;	
Assertive Community Treatment;	
Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
Out-of-Home Residential Services	\$
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
Acute Intensive Services	\$
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
Other (please list)	\$
Total	\$0

Footnotes:

### III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2015	Estimated/Actual SFY 2016
\$26,040,177	\$14,119,869	\$15,563,858

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

### III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2014) + B2(2015)</u> 2 (C)
SFY 2014 (1)	\$69,027,628	
SFY 2015 (2)	\$69,870,114	\$69,448,871
SFY 2016 (3)	\$72,905,252	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2014	Yes	<u>X</u>	No	_____
SFY 2015	Yes	<u>X</u>	No	_____
SFY 2016	Yes	<u>X</u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

Footnotes:

South Carolina  
UNIFORM APPLICATION  
FY 2018 BEHAVIORAL HEALTH REPORT  
COMMUNITY MENTAL HEALTH SERVICES  
BLOCK GRANT

OMB - Approved 06/07/2017 - Expires  
(generated on 12/01/2017 8.51.41 AM)

Center for Mental Health Services  
Division of State and Community Systems Development

# I: State Information

## State Information

### State DUNS Number

Number 043980093

Expiration Date

### I. State Agency to be the Grantee for the Block Grant

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia

Zip Code 29202

### II. Contact Person for the Grantee of the Block Grant

First Name John H.

Last Name Magill

Agency Name South Carolina Department of Mental Health

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia

Zip Code 29202

Telephone 803-898-8319

Fax 803-898-8590

Email Address john.magill@scdmh.org

### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2016

To 6/30/2017

### IV. Date Submitted

**NOTE: This field will be automatically populated when the application is submitted.**

Submission Date 12/1/2017 8:51:15 AM

Revision Date

### V. Contact Person Responsible for Report Submission

First Name Stewart

Last Name Cooner

Telephone 803-898-8632

Fax 803-898-2206

Email Address stewart.cooner@scdmh.org

**Footnotes:**

**Attachment 1**  
**Review of 2018 MHBG Behavioral Health Report**

**Review – South Carolina Mental Health State Planning Council**

On Thursday, November 16, 2017, a Request for Comments on the 2018 MHBG Behavioral Health Report (Report) was distributed via email to all members of the South Carolina Mental Health State Planning Council (Council). Attached to the email was a draft copy of the Report. The body of the email contained a summary of the Report including information on the following sections: Priority Area and Annual Performance Indicators - Progress Report; MHBG Expenditures by Service; Set-Aside for Children's Mental Health Services; and, Maintenance of Effort for State Expenditures on Mental Health Services. Council members were provided with a 13-day review and comment period with all feedback requested by close of business on Wednesday, November 29, 2017. The Council was notified to whom any comments should be directed.

On Wednesday, November 15, 2017, the Agenda for the General Meeting of the Council included an item to address the following: 2018 MHBG Behavioral Health Report. An overview of the 2018 MHBG Behavioral Health Report was provided.

As of close of business on Wednesday, November 29, 2017, one recommendation for modification to the 2018 MHBG Behavioral Health Report had been offered by the members of the South Carolina Mental Health State Planning Council – inclusion of the Community Crisis Response and Intervention (CCRI) Program under the FY2017 Result for Priority 3. Comprehensive Assessment, Indicator 10. Expand Emergency Psychiatric Services. The modification was included.

[End]

## II: Annual Report

### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

**Priority #:** 1  
**Priority Area:** FY2015 Agency Accountability Report  
**Priority Type:** MHS  
**Population(s):** SMI, SED, Other (All Persons Served)

**Goal of the priority area:**

The intent is to measure the activities and achievements of the Department and compare said measurements to internal and external benchmarks, as available and appropriate, established over time.

**Strategies to attain the goal:**

Given the comprehensiveness of the measurement tools, changes in results from one year to the next generally are a reasonable determinant of the effectiveness of the mental health continuum - understanding that South Carolina has an integrated system of care over which SCDMH has significant influence and control since it is the primary service provider for inpatient and community services.

#### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Employees Trained Related to Strategic Goals  
**Baseline Measurement:** Total Number of Hours of Training (Baseline = 4,100)  
**First-year target/outcome measurement:** 4,000  
**Second-year target/outcome measurement:** 4,000  
**New Second-year target/outcome measurement(if needed):** 4,250

**Data Source:**

SCDMH - Division of Evaluation, Training, and Research (ETR)

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

#### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 4,350

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**



**How second year target was achieved (optional):**

FY2017 Result: 4,550

**Indicator #:** 2

**Indicator:** SCDMH Patient Total Employment

**Baseline Measurement:** Percent Employed as Compared Internally and to National Average Low and National Average High (Baseline = 12%)

**First-year target/outcome measurement:** 12%

**Second-year target/outcome measurement:** 12%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

Program Indicators Data

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 11.5% - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: 14.0%

**Indicator #:** 3

**Indicator:** SCDMH Patient Competitive Employment

**Baseline Measurement:** Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%)

**First-year target/outcome measurement:** 45%

**Second-year target/outcome measurement:** 45%

**New Second-year target/outcome measurement(if needed):** 50%

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 62%

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Indicator #:**

4

**Indicator:**

Life Expectancy - Skilled Nursing Facilities

**Baseline Measurement:**

Life Expectancy as Compared Internally and to National Average (Baseline = 3.8)

**First-year target/outcome measurement:**

5.0

**Second-year target/outcome measurement:**

5.0

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 6.0 Average

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: This measure has been replaced with "Length of Stay." Length of Stay for C.M. Tucker Nursing Care Center is 4.5 years. The respective pavilions' results are Roddey Pavilion, 6.2 years, and Stone Pavilion, 3.3 years.

**Indicator #:** 5

**Indicator:** Hospital Restraint Rate

**Baseline Measurement:** Inpatient Restraint Hours Rate as Compared Internally and to National Average (Baseline = 0.17)

**First-year target/outcome measurement:** Less than 0.12 per 1,000 inpatient hours

**Second-year target/outcome measurement:** Less than 0.12 per 1,000 inpatient hours

**New Second-year target/outcome measurement(if needed):** Less than 0.10 per 1,000 inpatient hours

**Data Source:**

SCDMH - Division of Inpatient Services

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 0.08

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: 0.06

**Indicator #:** 6

**Indicator:** Hospital Seclusion Rate

**Baseline Measurement:** Inpatient Seclusion Rate as Compared Internally and to National Average (Baseline = 0.29)

**First-year target/outcome measurement:** Less than 0.23 per 1,000 inpatient hours

**Second-year target/outcome measurement:** Less than 0.23 per 1,000 inpatient hours

**New Second-year target/outcome measurement(if needed):** Less than 0.15 per 1,000 inpatient hours

**Data Source:**

SCDMH - Division of Inpatient Services

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 0.12

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

FY2017 Result: 0.19 (The target value for this performance measure was refined too steeply. The FY2017 Result is still below the previous Second-year target/outcome measurement and below the Baseline Measure.)

**How second year target was achieved (optional):**

**Indicator #:**

7

**Indicator:**

Inpatient Discharge/Outpatient Appointment

**Baseline Measurement:**

Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8)

**First-year target/outcome measurement:** 7 or less

**Second-year target/outcome measurement:** 7 or less

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

SCDMH - Division of Inpatient Services  
SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

FY2016 Result: Data Not Yet Available.

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

FY2017 Result: 5 days (Median)

Indicator #: 8
Indicator: 30-Day Hospital Readmission Rate
Baseline Measurement: 30-Day Hospital Readmission Rate (Baseline = 5.29%)
First-year target/outcome measurement: 5.0%
Second-year target/outcome measurement: 5.0%
New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

Client-Level Data Summarized Into Aggregate Outcomes

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 5.97% - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

FY2017 Result: 0.28%

Indicator #: 9
Indicator: Patient Satisfaction Rate - Adult
Baseline Measurement: MHSIP Survey Results (Baseline = 89%)

**First-year target/outcome measurement:** 88%

**Second-year target/outcome measurement:** 88%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

SCDMH - Division of Evaluation, Training, and Research (ETR)

**New Data Source(if needed):**

**Description of Data:**

Compilation of Survey Results

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Limited by Actual Percentage and Number of Responses

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 89.0%

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Data not yet available.

**How second year target was achieved (optional):**

**Indicator #:** 10

**Indicator:** Patient Satisfaction Rate - Youth

**Baseline Measurement:** MHSIP Survey Results (Baseline = 84%)

**First-year target/outcome measurement:** 85%

**Second-year target/outcome measurement:** 85%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

SCDMH - Division of Evaluation, Training, and Research (ETR)

**New Data Source(if needed):**

**Description of Data:**

Compilation of Survey Results

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 86.3%

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

Data not yet available.

How second year target was achieved (optional):

Indicator #: 11

Indicator: Patient Satisfaction Rate - Youth Families

Baseline Measurement: MHSIP Survey Results (Baseline = 85%)

First-year target/outcome measurement: 86%

Second-year target/outcome measurement: 86%

New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

Compilation of Survey Results

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 87.5%

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

Data not yet available.

How second year target was achieved (optional):

Indicator #: 12

Indicator: Total Number Served

**Baseline Measurement:** Total Number of Individuals Served by SCDMH Community Mental Health Services (Baseline = 80,792)

**First-year target/outcome measurement:** 82,811

**Second-year target/outcome measurement:** 82,811

**New Second-year target/outcome measurement(if needed):** 82,000

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 82,241 - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: 82,560

**Indicator #:** 13

**Indicator:** Youth Served

**Baseline Measurement:** Percentage of Youth Population Served by SCDMH (Baseline = 27,016)

**First-year target/outcome measurement:** 27,690

**Second-year target/outcome measurement:** 27,690

**New Second-year target/outcome measurement(if needed):** 27,762

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**



None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 27,762

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: 26,335 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

**Indicator #:** 14

**Indicator:** Persons Visiting SC ERs with a Primary Diagnosis of MH or SA and Seen By SCDMH with the Past Three Years

**Baseline Measurement:** Number of Persons Visiting SC ERs with a Primary Diagnosis of MH or SA and Seen By SCDMH with the Past Three Years (Baseline = 24%)

**First-year target/outcome measurement:** Less than 25%

**Second-year target/outcome measurement:** Less than 25%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Compilation of Externally-Sourced Data

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 24%

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: This performance measure is no longer included in the SCDMH Accountability Report.

**Indicator #:** 15  
**Indicator:** ED Patients - 24-Hour Wait  
**Baseline Measurement:** Number of Persons Waiting in ER Longer than 24 Hours - Data from Monday Morning Reports (Baseline = 1,733 Annually)  
**First-year target/outcome measurement:** 1,600 Annually  
**Second-year target/outcome measurement:** 1,600 Annually  
**New Second-year target/outcome measurement(if needed):** Less than 1,500 Annually

**Data Source:**  
SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**  
Compilation of Externally-Sourced Data

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**  
None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**  
FY2016 Result: 1,432 (Note the target is less than 1,600 annually)

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**  
FY2017 Result: 1,566 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

**Indicator #:** 16  
**Indicator:** SCDMH Hospital Admissions  
**Baseline Measurement:** Number of Psychiatric Hospital Admissions (Baseline = 1,021 Annually)  
**First-year target/outcome measurement:** 1,025 Annually  
**Second-year target/outcome measurement:** 1,025 Annually  
**New Second-year target/outcome measurement(if needed):** 675 Annually

**Data Source:**  
Avatar - Inpatient Information System

**New Data Source(if needed):**

**Description of Data:**

Client-Level Data Summarized Into Aggregate Outcomes

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 676 - (SCDMH reclassified the inpatient facilities that are included in the calculation in order to refine the alignment to fit the baseline measurement "Number of Psychiatric Hospital Admissions." The first-year target under the new definition would have been 675. The second-year target will be adjusted to 675.

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: 700 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

**Indicator #:** 17

**Indicator:** Computerized Training for Employees

**Baseline Measurement:** Number of Staff Training Programs Available by Computer (Baseline = 132)

**First-year target/outcome measurement:** 130

**Second-year target/outcome measurement:** 130

**New Second-year target/outcome measurement(if needed):** 205

**Data Source:**

SCDMH - Division of Evaluation, Training, and Research (ETR) - Pathlore (SCDMH Training Database)

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 201

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

FY2017 Result: 201 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

Indicator #: 18

Indicator: Participating Hospitals - ED Telepsychiatry

Baseline Measurement: Number of Participating Hospitals - ED Telepsychiatry (Baseline = 21)

First-year target/outcome measurement: 23

Second-year target/outcome measurement: 25

New Second-year target/outcome measurement(if needed): 23

Data Source:

SCDMH - Office of the Medical Director (Telepsychiatry Consultation Program)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 25

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

FY2017 Result: 23

Indicator #: 19

Indicator: School-Based Services - Total Schools

Baseline Measurement: Number of Schools in School-Based Program (Baseline = 480)

First-year target/outcome measurement: 490

Second-year target/outcome measurement: 490

New Second-year target/outcome measurement(if needed): 520

Data Source:

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 519

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: 540

**Indicator #:** 20

**Indicator:** CMHC Appointment Timeframes

**Baseline Measurement:** Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%)

**First-year target/outcome measurement:** 90%

**Second-year target/outcome measurement:** 90%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 94%

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: 96%

**Indicator #:** 21  
**Indicator:** CMHC Billed Hours  
**Baseline Measurement:** Hours of Billed Services in Community Mental Health Services (Baseline = 971,916)  
**First-year target/outcome measurement:** 975,000  
**Second-year target/outcome measurement:** 975,000  
**New Second-year target/outcome measurement(if needed):** 985,334

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 985,334

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: 920,836 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

**Indicator #:** 22  
**Indicator:** CMHC New Cases  
**Baseline Measurement:** Total Number of New Cases (New Cases/Readmissions) in Community Mental Health Services (Baseline = 41,791)  
**First-year target/outcome measurement:** 42,835

**Second-year target/outcome measurement:** 42,835

**New Second-year target/outcome measurement(if needed):** 42,000

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: 42,490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: 42,470

**Indicator #:** 23

**Indicator:** ED Patients - Total

**Baseline Measurement:** Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually)

**First-year target/outcome measurement:** 2,200

**Second-year target/outcome measurement:** 2,200

**New Second-year target/outcome measurement(if needed):** Less than 2,000

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

Compilation of Externally-Sourced Data

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 1,853 (Note the target is less than 2,200 annually)

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

FY2017 Result: 2,111 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

Indicator #: 24

Indicator: Inpatient Services - Total Bed Days

Baseline Measurement: Total Number of Inpatient Bed Days (Baseline = 528,504)

First-year target/outcome measurement: 520,000

Second-year target/outcome measurement: 520,000

New Second-year target/outcome measurement(if needed): 527,250

Data Source:

South Carolina Department of Mental Health

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

FY2016 Result: 529,909

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

FY2017 Result: 529,909



**Priority Area:** Five Percent Set Aside for First Episode Psychosis  
**Priority Type:** MHS  
**Population(s):** SMI, SED, Other (Population Defined in Section IV, Item 5)

**Goal of the priority area:**

The intent is to address the needs of persons with early psychotic disorders, specifically first episode psychosis, either through enhancing existing program activities or development of new activities.

**Strategies to attain the goal:**

The Department has specifically cited Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) as the treatment modalities it will deploy utilizing the Five Percent Set Aside. These treatment modalities have been identified as appropriate and effective for persons experiencing First Episode Psychosis (FEP). It has also been found that maximum effectiveness is attainable when the two modalities are deployed together. MI serves as the engagement modality and CBT serves as the therapy modality.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** First Episode Psychosis Program  
**Baseline Measurement:** Total Number of Patients Served (Baseline = 247, Partial Year)  
**First-year target/outcome measurement:** 500  
**Second-year target/outcome measurement:** 500  
**New Second-year target/outcome measurement(if needed):** 260

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

SCDMH plans to work with Dr. Meera Narasimhan and her team at the University of South Carolina, School of Medicine to evaluate outcomes at the three initial sites that have begun this Program. Outcomes will include clinical and social parameters. Clinical measures of outcome will include psychopathology, hospitalization, and suicidality. Social parameters will include quality of life functioning, employability and the ability to live independently.

SCDMH will work with Dr. Narasimhan to determine those outcome measurements appropriate to demonstrate the efficacy of the Programs beyond reporting only number of patients served.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

FY2016 Update:

The Traditional Program

The Traditional Program served a total of 255 individuals – Charleston-Dorchester Mental Health Center (36), Pee Dee Mental Health Center (121), and Lexington County Community Mental Health Center (98). SCDMH did not meet its target because the target estimate was not appropriately calculated. As outlined in Section IV - Item 5 - Evidence-Based Practices for Early Intervention (5 Percent), “[e]ach masters-level clinician will be expected to carry a caseload of approximately 30 persons.” Based on awards for 6.5 FTEs, and a conservative total annual number served by each FTE of 40, a reasonable total annual number served by all FTEs would be 260. Therefore, SCDMH is, upon

agreement with SAMHSA, proposing to change its second-year target/outcome measurement to 260.

As of October 11, 2016, the South Carolina Department of Mental Health (SCDMH) had actual expenditures on the 2015 MHBG of \$341,824.30. The allotted amount was \$350,000.00. SCDMH has actual expenditures on the 2016 MHBG of \$26,521.68, thus far. The allotted amount is \$355,998.00.

#### The CSC Program

As noted in IV - Item 5 - Revised March 2016 included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, "[a]s has been previously noted with The Traditional Program, staffing The CSC Program in Year 1 will be one of the more significant challenges to full implementation of the program." In fact, in The CSC Program - CDMHC, also included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, the timeline for hiring all staff was July 2, 2016. SCDMH did not meet this goal.

However, as of October 12, 2016, Charleston-Dorchester Mental Health Center (CDMHC) has hired the Team Leader and identified two (2) therapists who will transition to The CSC Program in November 2016. One (1) of the two (2) identified therapists is trained in alcohol and drug treatment. CDMHC has also identified staff from the South Carolina Vocational Rehabilitation Department to serve on The CSC Program team, as well as, a Peer Support Specialist. Lastly, CDMHC is coordinating with SCDMH Care Coordination to identify a Care Coordinator to serve on The CSC Program team. As a result of the significant progress towards establishing The CSC Program team, CDMHC will soon engage NAVIGATE program trainers to implement the Evidence-Based Practice.

Also as noted in IV - Item 5 - Revised March 2016 included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, "[g]iven SCDMH's proposal to implement a new program late in the MHBG award year to meet its revised annual obligation for the Set Aside for First Episode Psychosis (FEP), which will require technical assistance, planning, implementation, and first-year phase-in, it is estimated that SCDMH will not expend the total amount budgeted for The CSC Program." SCDMH estimated correctly. SCDMH will not draw down MHBG funds associated with the difference between actual expenditures and the allocation to The CSC Program.

As of October 11, 2016, SCDMH has actual expenditures on the 2016 MHBG of \$13,451.77, thus far. The allotted amount is \$393,578.00.

#### How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

#### Reason why target was not achieved, and changes proposed to meet target:

#### How second year target was achieved (optional):

FY2017 Update:

Total Served: 442 – The Traditional Programs 411, The CSC Program 31.

##### The Traditional Programs

The Traditional Program served a total of 411 individuals – Charleston-Dorchester Mental Health Center (38), Pee Dee Mental Health Center (116), and Lexington County Community Mental Health Center (257). Individual program updates are provided below.

##### Program Update – Charleston-Dorchester Mental Health Center

"The Navigate & New Directions Programs served approximately 69 patients, some weekly & some bi-monthly, for FY17. All team personnel were trained intensely with the Navigate model in June 2017. Everyone is currently using the Navigate model with their patients. New Directions utilizes other resources to provide psychoeducation for diagnosis not on the Schizophrenia spectrum."

##### Program Update – Pee Dee Mental Health Center

"In FY 17, 116 clients were served (pls see attached) in Pee Dee's FEP Program --- Prevention and Recovery in Early Psychosis (PREP). Current Active Caseload for the 2.5 FTE is 44 clients.

PREP clinicians have presented at Pee Dee CMHC Community Forum and they participate in the first Friday homeless connect with Lighthouse Ministries. Jenness presented at New Ebenezer Baptist Church Symposium.

##### Accomplishments include:

One has obtained his Driving license after ten years.

One successfully completed an intense substance abuse program to have his DL restored.

One has completed his GED and is now working.

Three are full time college students.

Two have enrolled in the Florence literacy program to help improve their education goals.

Two have successfully obtained apartments on their own and seemed to be adjusting well.

One that is working on completing his GED.

Two clients enrolled in college.

Two began working.

One returned to school after she was on a leave of absence due to mental health related issues.

One received his permit.  
One got disability and moved out on his own.”

Program Update – Lexington County Community Mental Health Center  
“Provided 1140 hours of direct client contact.

During FY 2017, LCCMHC added another full time position to this program and was able to expand treatment services to more clients within our center. Although LCCMHC currently has one staff vacancy in this program, the supervisor is actively working to fill this staff vacancy. LCCMHC has been extremely fortunate to retain the same psychiatrist who is very supportive of this program and our clients. Despite turnover in clinical staff, LCCMHC has worked to implement new group curriculums in FY 2017 and provided intensive individual treatment services to clients experiencing their first episode of psychosis.”

As of November 11, 2017, the South Carolina Department of Mental Health (SCDMH) had actual expenditures in FY2017 of \$391,567.88. The allotted amount was \$350,000.00.

The CSC Program

The CSC Program served a total of 31 individuals – Charleston-Dorchester Mental Health Center (31). A program update is provided below.

Program Update – Charleston-Dorchester Mental Health Center

“The Navigate & New Directions Programs served approximately 69 patients, some weekly & some bi-monthly, for FY17. All team personnel were trained intensely with the Navigate model in June 2017. Everyone is currently using the Navigate model with their patients. New Directions utilizes other resources to provide psychoeducation for diagnosis not on the Schizophrenia spectrum.

Although our program is fairly new, several of our patients are making significant progress. We have patients who presented very symptomatic, engaged in components of Navigate & are now working/in school. Some are actively engaged in looking for employment/school. Other successes include decreased hospitalizations. When looking at DLA 20 scores for our patients, 41% of those that had at least 2 administered for FY’17 maintained their score or showed improvement.”

As of November 11, 2017, the South Carolina Department of Mental Health (SCDMH) had actual expenditures in FY2017 of \$178,027.73. The allotted amount was \$393,578.00.

**Priority #:** 3  
**Priority Area:** Comprehensive Assessment  
**Priority Type:** MHS  
**Population(s):** SMI, SED, Other (All Persons Served)

**Goal of the priority area:**

SCDMH identified certain opportunities in its operations that would lead to cost savings and increased efficiencies. Many of the identified opportunities illuminate unmet service needs and critical gaps within the current system.

**Strategies to attain the goal:**

The strategy is defined by the Performance Indicator and may vary depending upon the nature of the effort, but all are related to the enhancement of the overall mental health continuum.

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Expand Training Opportunities
<b>Baseline Measurement:</b>	Increase in Productivity Due to Offline Training Resources (As Measured by Person-Hour Cost Savings)
<b>First-year target/outcome measurement:</b>	Provided as Reference Information for Possible Future Emphasis for SCDMH
<b>Second-year target/outcome measurement:</b>	Compare to Prior Year’s Results
<b>New Second-year target/outcome measurement(if needed):</b>	
<b>Data Source:</b>	

SCDMH - Division of Evaluation, Training, and Research (ETR)

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH currently has 201 staff training programs available by computer.

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: SCDMH currently has 201 staff training programs available by computer.

**Indicator #:** 2

**Indicator:** Implement Use of Electronic Medical Record

**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH

**First-year target/outcome measurement:** Baseline

**Second-year target/outcome measurement:** Compare to Prior Year's Results

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

SCDMH - Division of Inpatient Services

**New Data Source(if needed):**

**Description of Data:**

The Department's goal is to provide technologically-appropriate resources for the efficient and effective provision of care for patients receiving inpatient services. Electronic Medical Records reduce required storage space for physical storage media (i.e. paper records), assimilate various components of a patient's medical record into a single access point, reduce the cost of record transference, improve overall operating efficiency, increase portability and accessibility of health information, reduce medical errors, provide for ease of updating to current technologies including coding, and will transition the Department into compliance with Medicare and Medicaid preferred technologies.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

### Reason why target was not achieved, and changes proposed to meet target:

#### How first year target was achieved (optional):

FY2016 Result: SCDMH currently utilizes an Electronic Medical Record (EMR) in its Community Mental Health Centers, and is in the implementation phase of deployment of an Electronic Health Record (EHR) in its Inpatient facilities.

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

### Reason why target was not achieved, and changes proposed to meet target:

#### How second year target was achieved (optional):

FY2017 Result: SCDMH currently utilizes an Electronic Medical Record (EMR) in its Community Mental Health Centers, and is in the final implementation phase of deployment of an Electronic Health Record (EHR) in its Inpatient facilities.

**Indicator #:** 3

**Indicator:** Expand Use of Telepsychiatry

**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH

**First-year target/outcome measurement:** Baseline

**Second-year target/outcome measurement:** Compare to Prior Year's Results

#### New Second-year target/outcome measurement(if needed):

##### Data Source:

South Carolina Department of Mental Health

##### New Data Source(if needed):

##### Description of Data:

SCDMH partnered with the Duke Endowment, South Carolina Department of Health and Human Services, the University of South Carolina School of Medicine and the South Carolina Hospital Association to create the SCDMH telepsychiatry program to address the overcrowding of psychiatric patients in local hospital emergency departments ("ED"). It is a cutting-edge statewide service delivery model that provides remote access for EDs in rural areas of South Carolina to psychiatrists whenever psychiatric consultation services are required. And it is the first of its kind nationally, and has been widely recognized for its effectiveness. Just as with the previously mentioned program, which is still expanding, SCDMH has begun the expanded use of telepsychiatry in its Community Mental Health Centers (CMHC) and Inpatient Facilities. The CMHCs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to-Center. Center-to-Clinic Telepsychiatry connects the primary CMHC with its satellite mental health clinics. Center-to-Center Telepsychiatry connects the CMHCs to each other. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, as well. This expanded use of technology, in the form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 46 Mental Health Clinics, and 4 Inpatient Facilities to utilize a common pool of physicians to deliver services to clients and patients without the loss of productivity associated with travel time, and to deliver services to clients and patients in rural areas where physician availability may be non-existent.

##### New Description of Data:(if needed)

##### Data issues/caveats that affect outcome measures:

None

##### New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

### Reason why target was not achieved, and changes proposed to meet target:

#### How first year target was achieved (optional):

FY2016 Result: SCDMH has currently deployed its Emergency Department Telepsychiatry Consultation Program in 25 Emergency

Departments (ED) across the State of South Carolina, and is considering expansion into additional hospitals with a focus on rural EDs. SCDMH has also deployed telepsychiatry equipment to all of its Community Mental Health Centers.

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: SCDMH has currently deployed its Emergency Department Telepsychiatry Consultation Program in 23 Emergency Departments (ED) across the State of South Carolina, and is considering expansion into additional hospitals with a focus on rural EDs, and into other service delivery locations in partnership with the South Carolina Telehealth Alliance (SCTA). SCDMH has also deployed telepsychiatry equipment to all of its Community Mental Health Centers.

**Indicator #:** 4

**Indicator:** Expand Use of School-Based Services

**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH

**First-year target/outcome measurement:** Baseline

**Second-year target/outcome measurement:** Compare to Prior Year's Results

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

SCDMH school-based mental health (SBMH) services improve access to needed mental health services for children and their families. The information exchange and collaboration that develops between school teachers, school counselors and administrators and school based mental health staff improves early identification and treatment for children in need; and, for those children and families in need of services, the SBMH program services increase school attendance, reduce discipline referrals and decrease drop-out rates. These positive outcomes for the student and their families also positively correlate to a decreased risk for violence in the school and community.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH has expanded school-based services into 520 schools across the State of South Carolina.

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: SCDMH has expanded school-based services into 540 schools across the State of South Carolina as reported in the SCDMH Accountability Report.

**Indicator #:** 5

**Indicator:** Expand Use of MHP in ED  
**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH  
**First-year target/outcome measurement:** Baseline  
**Second-year target/outcome measurement:** Compare to Prior Year's Results  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

The MHP provides consultative services to patients experiencing psychiatric emergencies in the emergency department and facilitates linkage to appropriate resources. Evidence supports the assertion that MHPs placed in Emergency Departments to augment the mental health resources currently available have a direct impact on the overall treatment of patients presenting with possible mental health issues. MHPs support the determination process for appropriateness for inpatient admission, and therein the absolute number of patients admitted versus those discharged the same day, and they positively affect the overall effectiveness of navigating patients presenting with potential mental health issues through the Emergency Department process. These placements create partnerships between SCDMH and the placement hospitals and leverage the resources of all.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH currently has deployed Mental Health Professionals (MHP) from multiple Community Mental Health Centers in multiple Emergency Departments. As opportunities present, SCDMH offers this partnership as an option to local hospitals.

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: SCDMH currently has deployed Mental Health Professionals (MHP) from multiple Community Mental Health Centers in multiple Emergency Departments. As opportunities present, SCDMH offers this partnership as an option to local hospitals.

**Indicator #:** 6  
**Indicator:** Enhance Workforce Development  
**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH  
**First-year target/outcome measurement:** Baseline  
**Second-year target/outcome measurement:** Compare to Prior Year's Results  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

As summarized in a recent article, "the pool of qualified mental health professionals is not keeping pace with the population that needs their services, and in some cases, is decreasing. For example, the number of graduates from psychiatry training programs decreased by 14 percent from 2000 to 2008, and more than half of all psychiatrists are at least 55 years of age.<sup>9</sup> In 2013, SAMSHA reported to Congress that 55 percent of U.S. counties, all rural, have no practicing psychiatrists, psychologists, or social workers.<sup>10</sup>" In addition, according to the South Carolina GME Advisory Group in response to Proviso 33.34 (E), "the demographics of the physician workforce in South Carolina do not reflect the racial composition of South Carolina's population." And, there exists a bottleneck in medical residency slots. These circumstances, exacerbated by the low salaries offered by state government, will necessitate creative solutions to recruitment, retention, and graduate medical education.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH has enhanced its workforce development efforts with utilization of advertising, attendance at industry-specific conferences, participation in recruitment events, coordination of employment fairs, and participation in workgroups related to the topic, such as the recently held SAMHSA Regional Workforce Development Workshop.

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: SCDMH has enhanced its workforce development efforts with utilization of advertising, attendance at industry-specific conferences, participation in recruitment events, coordination of employment fairs, and participation in workgroups related to the topic. Its Talent Acquisition and Retention Program (TARP) has demonstrated positive outcomes for SCDMH.

**Indicator #:** 7  
**Indicator:** Increase in Community Supportive Housing  
**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH  
**First-year target/outcome measurement:** Baseline  
**Second-year target/outcome measurement:** Compare to Prior Year's Results

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

SCDMH has a long history of making efforts to foster more permanent supportive community housing for its patients. Appropriate housing is often the single biggest factor in determining whether a patient with serious psychiatric impairments is able to be successfully discharged or is able to remain successful in their recovery in the community. SCDMH is seeking new funds in each of the next three years to increase community supportive housing for its patients. Funds will be used for rental assistance in supported apartments and for transitioning patients into independent living.

**New Description of Data:(if needed)**



**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: With additional funds received in FY2015 and FY2016, SCDMH now supports 261 units throughout the state with rental assistance for clients and their families. All units are located in scattered sites and are integrated into the community.

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: SCDMH now supports 270 units/534 people throughout the state with rental assistance for clients and their families through the agency's Community Housing Program. All units are located in scattered sites and are integrated into the community. This is in addition to the rental assistance provided through SCDMH HUD grants for almost 200 individuals with mental illnesses and their family members who are formerly homeless in six counties.

**Indicator #:** 8

**Indicator:** Enhance Partnerships

**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH

**First-year target/outcome measurement:** Baseline

**Second-year target/outcome measurement:** Compare to Prior Year's Results

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

The South Carolina Department of Mental Health has affiliations with more than 50 educational institutions in South Carolina and more than five other states. SCDMH's affiliation with the University of South Carolina includes activity therapy, clinical counseling, medical students, social work, psychology interns, psychology graduate studies, and residents and fellows in psychiatry. Residents from the MUSC Residency Training Program receive educational experiences and supervision in Psychiatry, through scheduled rotations at the Charleston Dorchester Mental Health Center (CDMHC). SCDMH also works closely with independent advocacy organizations to improve the quality of lives for the persons with mental illness, their families, and the citizens in South Carolina.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH continues to seek opportunities to enhance its partnerships with other entities. Among other examples, SCDMH has worked with the University of South Carolina School of Nursing to identify opportunities for students enrolled in its programs; Catawba Community Mental Health Center will be partnering with its local Federally Qualified Health Center (FQHC) in a coordination of services; and, SCDMH has partnered with the South Carolina Telehealth Alliance to expand the role of telepsychiatry services across the State of South Carolina.

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: SCDMH continues to seek opportunities to enhance its partnerships with other entities. Among other examples, SCDMH has worked with the University of South Carolina School of Nursing to identify opportunities for students enrolled in its programs; SCDMH has worked with the University of South Carolina School of Social Work to identify opportunities for students enrolled in its programs; Catawba Community Mental Health Center will be partnering with its local Federally Qualified Health Center (FQHC) in a coordination of services; and, SCDMH has partnered with the South Carolina Telehealth Alliance to expand the role of telepsychiatry services across the State of South Carolina, including seeking permission to use Nurse Practitioners to deliver mental health services via telehealth.

**Indicator #:** 9  
**Indicator:** Develop Behavioral Health Homes  
**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH  
**First-year target/outcome measurement:** Baseline  
**Second-year target/outcome measurement:** Compare to Prior Year's Results

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Health homes build a comprehensive array of services around the particular needs of a client, including coordinating and integrating behavioral health care and primary health care, and establishing linkages to community supports and resources. Rather than expecting a client to navigate a complex medical environment of dispersed and sometimes fragmented services, the behavioral health home creates a single point of contact for clients around which the sphere of services circulates.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH is moving forward with its plan to develop Behavioral Health Homes. SCDMH has completed technical assistance with the National Academy for State Health Policy (NASHP) and is implementing its recommendations in collaboration with the South Carolina Department of Health and Human Services (Medicaid).

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: This performance measure has been redefined to include developing and strengthening Integrated Care Partnerships to support care coordination, population health management and improvements in care gaps for individuals with mental illness.

**Indicator #:** 10

**Indicator:** Expand Emergency Psychiatric Services

**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH

**First-year target/outcome measurement:** Baseline

**Second-year target/outcome measurement:** Compare to Prior Year's Results

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

In addition to the Telepsychiatry ED consultation program, SCDMH, through its Community Mental Health Centers, utilizes a number of measures to divert individuals in a behavioral health crisis from community hospital emergency departments. The crisis intervention measures include entering into contracts with hospitals with community psychiatric beds to admit patients referred by Centers; funding all or part of a mental health professional's salary to provide on-site consultation to hospital emergency departments; and funding the mobile crisis program in Charleston.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH continues to focus on emergency psychiatric services. The Department purchases local/private inpatient beds; outstations Mental Health Professionals (MHP) in Emergency Departments; and, funds mobile crisis programs, including the Mobile Crisis Unit and Highway to Hope. It also has provided center crisis stabilization interventions and staff for crisis teams, co-occurring disorder teams, peer support, nurse care coordinators, case service funding for medications and other essentials, suicide prevention, intensive case management teams, jail liaisons, and support for center-to-clinic telepsychiatry.

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

FY2017 Result: On May 1, 2017, the Assessment Mobile Crisis (AMC) team at Charleston Dorchester Mental Health Center (CDMHC) began a Telehealth Pilot Project with Charleston County EMS (CCEMS). Funded by an MUSC Telehealth Grant, the pilot project was created in an effort to appropriately divert behavioral health patients from local Emergency Departments and hospitals. CCEMS uses the telehealth technology on all 911 calls which are identified as psychiatric in nature. It first sends a staffed ambulance to evaluate the individual for medical needs for emergency transport. If there are no medical concerns, a CCEMS supervisor, with the telehealth equipment, is dispatched to the scene. At this time, the ambulance is able to leave the scene, returning to service for other calls. AMC is contacted by the supervisor, and they establish a video connection using HIPAA compliant software called Vidyo. The AMC clinicians are able to use this platform to gather information from police, EMS, the patient, and any friends/family on scene. AMC staff provide a full emergency mental health assessment, and coordinate the linking of the patient to the appropriate level of care. Possible dispositions include: follow-up with outpatient treatment; admission to the Tri-County Crisis Stabilization Center; inpatient treatment (voluntary and

involuntary); and/or a link to treatment for substance use disorders.

Prior to this pilot project, CCEMS only called AMC 4-5 times a year, due to its need to quickly return the ambulance to service for other emergency calls in the community. CCEMS reports transporting most of the behavioral health patients to the ED as a result of its need to quickly complete the call. Using telehealth assessments has significantly decreased the amount of time needed to complete the intervention, and has allowed for the ambulance to quickly return to service without transporting to the ED. In the first 3 months of the project, CCEMS has called AMC 163 times. Of these 163 calls, 51% were diverted from an ED. Also, due to AMC helping patients use their natural support systems to access care, only 29% of all of the calls required EMS transport to an ED. The estimated cost savings for the healthcare system in the first 3 months (cost of ambulance transport and a basic ED visit) is approximately \$206,600.

Community Crisis Response and Intervention (CCRI) Program: CCRI is a newly developed partnership between SC Department of Mental Health and SC Department of Health and Human Services. SC DHHS has contracted with the agency to provide a dynamic service to the residents of South Carolina. CCRI services will provide adults and children with clinical screening either in person at the location of crisis, in person at a CMHC clinic, or telephonically, in order to de-escalate the crisis and provide linkage to ongoing treatment and other resources. The Office of CCRI operates at the South Carolina Department of Mental Health state administration level within the Community Mental Health Services Division and addresses statewide program monitoring during after-hours, weekends, and holidays. The Office of CCRI and local staff will work closely with local law enforcement, judges, hospitals, other community partners and other mental health providers when not performing direct crisis services to identify areas of need, build relationships and resources with community partners. The Office of CCRI will maintain a statewide answering service to provide a direct connection to Community Crisis Responders afterhours to address the caller's need. CCRI staff will provide follow-up with individuals accessing CCRI, train law enforcement and first responders in evidence based practices for crisis intervention and mental health issues.

**Priority #:** 4  
**Priority Area:** FY2016 Budget Requests  
**Priority Type:** MHS  
**Population(s):** SMI, SED, Other (All Persons Served)

**Goal of the priority area:**

The budget requests establish the funding priorities for SCDMH and effectively define the monetary strategic initiatives relevant to the strategic direction of SCDMH.

**Strategies to attain the goal:**

The FY2016 Budget Requests focus on three areas: maintaining the current capacity of the mental health system; addressing the areas in which SCDMH is experiencing increasing demand; and, capitalizing on promising technologies that relieve certain strains on the mental health system. These requests are particularly relevant for inclusion in the FY2016-2017 CMHS Block Grant Application because the approval of said requests will bring about the conclusion of a multi-year endeavor to restore a portion of the funding reductions of prior fiscal years.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Sustainability of Mental Health Services  
**Baseline Measurement:** \$6,400,000  
**First-year target/outcome measurement:** Provision of Appropriations  
**Second-year target/outcome measurement:** Provision of Appropriations  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

No longer applicable.

**Indicator #:** 2

**Indicator:** Forensic Inpatient Services

**Baseline Measurement:** \$3,200,000

**First-year target/outcome measurement:** Provision of Appropriations

**Second-year target/outcome measurement:** Provision of Appropriations

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

No longer applicable.

**Indicator #:** 3  
**Indicator:** School-Based Services  
**Baseline Measurement:** \$1,000,000  
**First-year target/outcome measurement:** Provision of Appropriations  
**Second-year target/outcome measurement:** Provision of Appropriations

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

No longer applicable.

**Indicator #:** 4  
**Indicator:** Emergency Department Telepsychiatry Program Sustainability  
**Baseline Measurement:** \$500,000  
**First-year target/outcome measurement:** Provision of Appropriations  
**Second-year target/outcome measurement:** Provision of Appropriations

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

No longer applicable.

**Indicator #:** 5

**Indicator:** Information Network Security Required Improvements

**Baseline Measurement:** \$750,000

**First-year target/outcome measurement:** Provision of Appropriations

**Second-year target/outcome measurement:** Provision of Appropriations

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

FY2016 Result: SCDMH received neither all, nor a portion, of the funds requested through the Budget Request process.

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

No longer applicable.

**Indicator #:** 6  
**Indicator:** Increase in Community Supportive Housing  
**Baseline Measurement:** \$400,000  
**First-year target/outcome measurement:** Provision of Appropriations  
**Second-year target/outcome measurement:** Provision of Appropriations  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

No longer applicable.

**Indicator #:** 7  
**Indicator:** Capital Funding Requests  
**Baseline Measurement:** \$36,603,605  
**First-year target/outcome measurement:** Provision of Appropriations  
**Second-year target/outcome measurement:** Provision of Appropriations  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources



**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

Second Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Footnotes:**

### III: Expenditure Reports

**MHBG Table 3 - MHBG Expenditures By Service.**

Expenditure Period Start Date: 7/1/2015      Expenditure Period End Date: 6/30/2016

Service	Expenditures
<b>Healthcare Home/Physical Health</b>	<b>\$</b>
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
<b>Prevention (Including Promotion)</b>	<b>\$</b>
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
<b>Substance Abuse (Primary Prevention)</b>	<b>\$</b>
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
<b>Engagement Services</b>	<b>\$</b>
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
<b>Outpatient Services</b>	<b>\$</b>
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
<b>Medication Services</b>	<b>\$</b>
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
<b>Community Support (Rehabilitative)</b>	<b>\$</b>
Parent/Caregiver Support;	
Skill Building (social, daily living, cognitive);	

Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
<b>Recovery Supports</b>	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
<b>Other Supports (Habilitative)</b>	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
<b>Intensive Support Services</b>	\$
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	
Assertive Community Treatment;	

Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
<b>Out-of-Home Residential Services</b>	<b>\$</b>
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
<b>Acute Intensive Services</b>	<b>\$</b>
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
<b>Other (please list)</b>	<b>\$</b>
<b>Total</b>	<b>\$0</b>

**Footnotes:**

### III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2016	Estimated/Actual SFY 2017
\$26,040,177	\$15,563,858	\$16,244,118

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

**Footnotes:**

The reported amounts are actual.

### III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2015) + B2(2016)</u> 2 (C)
SFY 2015 (1)	\$69,870,114	
SFY 2016 (2)	\$72,905,252	\$71,387,683
SFY 2017 (3)	\$80,302,077	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2015      Yes      X      No    \_\_\_\_\_  
 SFY 2016      Yes      X      No    \_\_\_\_\_  
 SFY 2017      Yes      X      No    \_\_\_\_\_

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

**Footnotes:**  
 The reported amounts are actual.