South Carolina Department of Mental Health
House Legislative Oversight Committee Report

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Legislative Oversight Committee
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Program Evaluation Report

November 2018

PROGRAM EVALUATION REPORT

JULY 2018

The contents of this report are considered sworn testimony from the Agency Director.

South Carolina Department of Mental Health

Date of Submission: *November 19, 2018*

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Agency Online Resources

Website address: www.scdmh.net
For the website addresses of the Community Mental Health Centers –
https://scdmh.net/dmh-components/community-mental-health-services/
For Veterans Nursing Care Facilities, Patrick B. Harris Psychiatric Hospital and Morris Village Alcohol and Drug Addiction Treatment Facility please visit https://scdmh.net/division-of-inpatient-services/

Online Quick Links:

Please provide any links to the agency website agency representatives would like listed in the report for the benefit of the public.

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I. Glossary of Terms and Acronyms

A. Commonly used by the South Carolina Department of Mental Health

A&D – Alcohol and Drug; also, admissions and discharges

ADC – Average Daily Census - Average number of people served on an inpatient basis on a single day during the reporting period.

AG – SC Attorney General

AHRQ - Agency for Healthcare Research and Quality under the US Department of Health and Human Services.

BCBS – Blue Cross Blue Shield

BED DAY - A bed day is a day during which a patient stays overnight in a hospital.

BPH – Bryan Psychiatric Hospital or G. Werber Bryan Psychiatric Hospital (same facility)

BPHAP – Bryan Psychiatric Hospital – Adult Psychiatric

BPHFOR – Bryan Psychiatric Hospital – Forensics

Bryan – G. Werber Bryan Psychiatric Hospital

CABHI - SC Cooperative Agreement to Benefit Homeless Individuals for SC

CAF – Child, Adolescents, & Families

CARF- Commission on Accreditation of Rehabilitation Facilities

CBT – Cognitive Behavioral Therapy

CCRS – Correct Care Recovery Solutions, Inc. A private corporation which provides secure sub-acute medical services to inmates of federal, state, and local correctional agencies. SCDMH contracts with CCRS to provide up to 178 beds and associated treatment and office space for the Forensics program at Columbia Regional Care Center on the Crafts-Farrow campus. CCRS also provides support services (meals, laundry, etc.) nursing care, security, chaplains, and a medication formulary for the program. SCDMH provides the management and professional treatment staff Additionally, in 2016 CCRS was awarded a contract to operate the Department's Sexually Violent Predator Treatment Program.

CIT – Crisis Intervention Training

Client Contacts - A clinical service provided for or on behalf of a client by a clinical staff member and documented in the Client Information System. Not all clinical services are provided face-to-face.

CMS - Centers for Medicare & Medicaid Services

CMTNCC – C.M. Tucker Nursing Care Center

COD – Co-occurring Disorder; refers to an individual having one or more substance abuse disorders and one or more psychiatric disorders at the same time (previously called 'dual diagnosis').

CO-MORBIDITY - A concomitant but unrelated pathologic or disease process in the same individual.

COSY – Collaborative Organization Serving Youth

CPIP – Comprehensive Permanent Improvement Plan – SCDMH Agency submission to the Budget and Control Board for needed capital improvement projects listed in order of priority for the next five years.

CRCC – Columbia Regional Care Center.

CRCF – Community Residential Care Facility

DALY - Disability-adjusted life. DALYs represent the total number of years lost to illness, disability, or premature death within a given population. They are calculated by adding the number of years of life lost to the number of years lived with disability for a certain disease or disorder.

DAODAS - Department of Alcohol and Other Drug Abuse Services

DASIS – Drug and Alcohol Services Information System

DBT- Dialectical Behavioral Therapy - DBT maintains that some people, for whatever reasons, react abnormally to emotional stimulation. Their level of arousal goes up much more quickly, peaks at a higher levels, and takes more

time to return to baseline. This explains why people with Borderline Personality Disorder are known for being in constant crisis and experiencing emotional extremes. They often don't have any way to cope with these sudden, intense surges of emotion. DBT is a method for teaching skills that will help with these problems.

DHEC – Department of Health and Environmental Control

DIS – Division of Inpatient Services

DMH – South Carolina Department of Mental Health

DOC – South Carolina Department of Corrections

DSH – Disproportionate Share Medicaid - adjustment payments provide additional help to those hospitals that serve a significantly disproportionate number of low-income patients; eligible hospitals are referred to as DSH hospitals. States receive an annual DSH allotment to cover the costs of DSH hospitals that provide care to low-income patients that are not paid by other payers, such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP) or other health insurance. This annual allotment is calculated by law and includes requirements to ensure that the DSH payments to individual DSH hospitals are not higher than these actual uncompensated costs. (From hhs.gov web site)

DSS – Department of Social Services

ED – Emergency Department

FES – Forensic Evaluation Service

FMAP - Federal Medical Assistance Percentages (FMAP) are the percentage rates used to determine the matching funds rate allocated annually to certain medical and social service programs in the United States of America. FMAP eligible programs are joint federal-state partnerships between the federal government of the United States and state governments, which are administered by the states. Thus, FMAP is an example of administration of federal assistance in the US.

Funds that are eligible for FMAP match include Medicaid, State Children's Health Insurance Program (SCHIP) expenditures, Temporary Assistance for Needy Families (TANF) Contingency Funds, the Federal share of Child Support Enforcement collections, and Child Care Mandatory and Matching Funds of the Child Care and Development Fund. State governments use FMAP percentages to determine the federal government's contribution to specific state administered programs and assess their related budgetary outlays.

H-CUP - Healthcare Cost and Utilization Project (HCUP). October 2010. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/factsandfigures/2008/section5_TOC.jsp.

Hall – William S. Hall Psychiatric Institute

HPH – Harris Psychiatric Hospital

HOMESHARE – The Homeshare Program helps move psychiatrically disabled adults into the community with people who are willing to share their homes. The residence is owned or rented by the Homeshare provider as his own home. ONE consumer, for whom the provider is reimbursed, lives like a member of the household.

HSS – Department of Health and Human Services

HUD – US Department of Housing and Urban Development

Inpatient - A patient whose treatment needs at least one night's residence in a hospital; a hospitalized patient.

IPS – Individual Placement and Supported Employment Program

LOS – Length of Stay

LRADAC - Lexington/Richland Alcohol and Drug Abuse Commission

MHA- Mental Health America

MHC – Mental Health Center

MHP- Mental Health Professional

MHSA – Mental Health/Substance Abuse

MDE – Major depressive episode

MDT – Multidisciplinary Team

MeTCAC - Metropolitan Children's Advocacy Center

MOA – Memorandum of Agreement - is an agreement with an organization or governmental agency clarifying

responsibilities in areas of mutual concern but not involving the payment of funds or obligation and exchange of specific services.

MV – Morris Village - Morris Village Alcohol & Drug Addiction Treatment Center

NAMI – National Association on Mental Illness

NCS, NCS-R, NCS-A (adolescent) - National Comorbidity Survey – A series of national surveys from 1980-2005 using a fully structured research diagnostic interview to assess the prevalence and correlates of DSM-III-R disorders funded by the NIMH.

NGRI – Not Guilty by Reason of Insanity

NIMH – National Institute of Mental Health, National Institute of Health

NIDA - National Institute on Drug Abuse

NSDUH - National Survey on Drug Use and Health. A series of scientifically conducted annual surveys of approximately 67,500 people throughout the country. Because of its statistical power, it is a primary source of information on the levels of a wide range of behavioral health matters including mental health and substance abuse issues.

N-SSATS – National Survey of Substance Abuse Treatment Services

Number served - All fiscal year admissions. A client is counted more than once if s/he has multiple episodes of care during the year.

Outpatient - A patient who receives treatment at a hospital or clinic but is not admitted overnight; a receiver of ambulatory care; provided without requiring an overnight stay by the patient.

PASRR - Preadmission Screening and Resident Review program; requirement of state Medicaid programs for nursing homes to screen for mental illness in admissions.

PATH - US Department of Health and Human Services Projects for Assistance in Transition from Homelessness Formula Grant Program.

PIPS - Public Information Phone System Emergency Telephone System

PPP – South Carolina Department of Probation, Parole and Pardon

PRTF - Psychiatric Residential Treatment Facilities (PRTF) provide non-acute inpatient facility care for recipients who have a mental illness and/or substance abuse/dependency and need 24-hour supervision and specialized interventions.

PSS – Peer Support Service

PTSD – Post Traumatic Stress Disorder

RTF – Residential Treatment Facility

SA – Substance Abuse

SAMHSA - The Substance Abuse and Mental Health Services Administration

SC – South Carolina

SCDAH – South Carolina Department of Archives and History

SCDC – South Carolina Department of Corrections

SC ORS – South Carolina Office of Research and Statistics

SED – Severely Emotionally Disturbed (Children). Emotional Disturbance is one of thirteen disabilities outlined in the Individuals with Disabilities Education Act (IDEA). Section 1912(c) of the Public Health Service Act, as amended by Public Law 102-321 defines children with a serious emotional disturbance as those who are from birth to age of majority who have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM).

SMHA – State Mental Health Authority (Federal terminology)

SMHS – School Mental Health Services

SMI – Serious Mental Illness (Adults)

SOVA – State Office of Victim's Assistance

SPMI- Serious and Persistent Mental Illness

State Home - A home established by a state for Veterans disabled by age, disease, or otherwise who by reason of such disability are incapable of earning a living. A State Home may provide nursing home care, domiciliary care, hospital care, and/or adult day health care in combination with another level of care. Hospital care may be provided only when the State Home also provides domiciliary and/or nursing home care.

SVPA – Sexually Violent Predator Act of 1998

SVPTP – Sexually Violent Predators Treatment Program

TEDS – Treatment Episode Data Set

TJC – The Joint Commission - An independent, not-for-profit organization that accredits and certifies more than 18,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. (From TJC's web site)

TLC – Toward Local Care - community programs that provide residential and rehabilitative services to help clients integrate into their communities, while properly addressing clinical needs and the safety of the consumer and the community, and providing stabilization services that assist individuals in distress without hospitalization.

TX – Treatment

VVH – Veterans' Victory House

WSHPI – William S. Hall Psychiatric Institute

B. Acronyms Specific to South Carolina Enterprise Information System

AD	Active Directory
AMML	Agency Material Master Liaison
AM	Asset Management. A Finance submodule in SAP
AP	Accounts Payable. A Finance submodule in SAP
AR	Accounts Receivable. A Finance submodule in SAP
AST	Agency Support Team
ATC	Agency Training Coordinator
BI	Business Intelligence
BOM	Bill of Materials
BOR	Book of Record
BPP	Business Process Procedure, developed in uPerform
BW	Business Warehouse. The central storage system for business data.
CAFR	Comprehensive Annual Financial Report
CC	Cost Centers
CMMDT	Central Material Maintenance Data Team
CO	Controlling. A Finance submodule in SAP
CRM	Customer Relationship Management
DEV	Development. The technology landscape where business processes are originated
Doc	Document
ECC	Enterprise Core Component. The "brains" of SAP
ERP	Enterprise Resource Planning. An enterprise-wide, integrated system for managing business processes across multiple disciplines and locations
ESS	Employee Self Service. An HR/Payroll submodule in SAP which allows each employee to maintain his or her personal data directly
FI	Financial accounting
FM	Funds Management. A Finance submodule in SAP
FY	Fiscal Year
GL	General Ledger. A Finance submodule in SAP
GM	Grants Management. A Finance submodule in SAP
GR	Goods Receipt
HR	Human Resources. A module in SAP
HR/PY	Human Resources and Payroll

IDT	Interdepartmental Transfer
IFB	Invitation for Bid
IM	Inventory Management. A Materials Management submodule in SAP
IR	Invoice Receipts
ITMO	Information Technology Management Office. SC's purchasing office for information technology
JE	Journal entry
MM	Materials Management: Acquisition, management and retirement of goods and services
MML	Material Master Liaison
MMO	Materials Management Office. SC's purchasing office for non-information technology items
MRP	Material Master Records
MSS	Manager Self Service. An HR/Payroll submodule in SAP
NIGP	National Institute of Governmental Purchasing
OM	Organizational Management. An HR/Payroll submodule in SAP
PA	Personnel Administration. An HR/Payroll submodule in SAP
PM	Procurement Management
PO	Purchase Order
PRD	Production. The technology landscape where the live SCEIS system resides.
PS	Project Systems. A Controlling submodule in SAP Designed to handle large, multi-year projects.
PY	Payroll. An HR/Payroll submodule in SAP
QAS	Quality Assurance. The technology landscape where refined processes are tested
QRC	Quick Reference Card
SAP	"Systeme, Anwendungen, Produkte" (Systems, Applications and Products). The German-originated software which is the foundation of SCEIS
SBX	Sandbox. The technology landscape where developing processes are tested. Note: This is a different landscape from the Training practice system, in which end-users may practice the transactions presented in class.
SC	Shopping Cart
SCEIS	SC Enterprise Information System. The statewide integrated system to carry out financial, materials management, human resources and payroll processes in South Carolina government
SD	Sales and Distribution. A module in SAP
SME	Subject Matter Expert. Individuals within many state agencies whose expertise in state government business processes and input to the project are essential to building SCEIS to meet the state's needs

SRM	Supplier Relationship Management. The shopping functionalities in SCEIS
T-Code	Transaction Code
TR	Treasury. A Finance submodule in SAP
TRN	Training. The technology landscape that mirrors the live Production system. Supports classes and students' practice and testing
UA	Asset Unknown
WF	Work flow

A. Successes and Issues

1. What are 3-4 agency successes?

Thanks to the support of the Governor and the General Assembly, SCDMH has increased access to community mental health services and serves more patients than it ever has.

From FY14 to FY18, the Community Mental Health Services Division increased the percentage of all appointments meeting agency access standards by 17.28%, increased the percentage of new cases (new/readmissions) by 7.29%, and increased the number of patients treated by 6.42%. In the Agency's community mental health centers, patients in crisis can see a Mental Health Professional on a walk in basis, and wait times for appointments with counselors have been reduced significantly. A number of SCDMH clinics offer extended hours of operation.

- DMH's Community Mental Health Services (CMHS) Division is using appropriated funds to increase community services for adults. The expected outcome of the funding is to increase outreach to patients living with chronic mental illness who are at risk of hospitalization, by securing appropriate community housing and delivering services in the community at an intensity to meet their needs.
- CMHS is also in the process of using additional appropriated funds to increase community services for children, adolescents, and their families. The additional funding available to Centers will increase the availability of intensive, evidence-based services to meet patients' needs in the community and prevent hospitalizations and out of home placements.

A $1.2 Million School Mental Health Services grant from The Duke Endowment, awarded in spring 2018, will help DMH implement a countywide school telehealth initiative integrating mental health and primary health care for children in Darlington County. DMH's Pee Dee Community Mental Health Center, in partnership with the Medical University of South Carolina, the South Carolina Telehealth Alliance, the Darlington One school district, and several local private providers, will make multiple healthcare services available in participating schools. Increased access to healthcare services for students and families is expected to improve student health, reduce absenteeism, and correspondingly improve student achievement.

In September 2015, SCDMH received a youth suicide prevention grant of $736,000 per year for five years from the Substance Abuse and Mental Health Services Administration (SAMHSA). The award supports the SC Youth Suicide Prevention Initiative (SCYSPI), an intensive, community-

based effort with the goal of reducing suicide among youths and young adults, aged 10 to 24, by 20% statewide by 2025.

- Using various multi-media platforms, SCYSPI has surpassed its outreach and awareness goal of 300,000 individuals by year five, having reached more than 360,000 individuals across the state from 2016-2018.
- SCYSPI offers trainings in suicide prevention to professional audiences and community members. To date, the Initiative has trained more than 9,000 individuals in suicide prevention.
- More than 45 school districts in SC have adopted the SCYSPI *Comprehensive School Suicide Prevention Program*.
- SCYSPI is implementing the ZEROSuicide model in Health Care settings throughout South Carolina. The foundational belief of ZEROSuicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. SCYSPI will begin piloting the ZEROSuicide approach this year in six SCDMH mental health centers: Anderson-Oconee-Pickens, Beckman, Berkeley, Lexington, Santee-Wateree, and Spartanburg, with the goal of eventual Agency-wide implementation.
- SCYSPI is also implementing a ZEROSuicide protocol among Federally Qualified Health Centers.
- In July 2018, SCDMH received a ZEROSuicide grant of $700,000 per year for five years from SAMHSA to increase the ability of organizations and professionals to provide coordinated, responsive, effective, rapid follow-up and aftercare to adults aged 25 and older who have attempted suicide and those who are assessed as being at risk of doing so.

In 2016, SCDMH collaborated with the SC chapters of the American Foundation for Suicide Prevention and Mental Health America, to form the SC Suicide Prevention Coalition with the goal of developing a State plan addressing suicide prevention. The Coalition, chaired by SCDMH State Director John H. Magill, comprises lawmakers and leaders in the non-profit arena, as well as public and private sectors and plans to unveil its Plan this fall.

SAMHSA's Center for Mental Health Services has awarded SCDMH a Healthy Transitions Grant, effective September 30, 2018, in the amount of $1 Million per year for five years, to improve access to treatment and support services for youth and young adults ages 16-25 who have a serious emotional disturbance or a serious mental illness in Sumter, Kershaw and Lee Counties.

With recurring funds appropriated by the SC General Assembly, SCDMH continues to expand its School Mental Health Program. School Mental Health services are now available in 653 schools across South Carolina and the Program anticipates being in more than 700 SC schools during the 2018-19 academic year.

DMH has launched a new crisis response program, Community Crisis and Response and Intervention (CCRI). CCRI is a partnership between SCDMH and the SC Department of Health and Human Services (HHS) that provides adults and children with clinical screening to de-escalate crises and provide linkage to ongoing treatment and other resources in one of three ways: in person at the location of crisis, in person at a CMHC clinic, or by phone. CCRI services can be accessed via a toll free number: (833) DMH-CCRI [364-2274].

- Since the May launch, the statewide line has received approximately 824 calls, 93% of which occurred after hours and weekends.
- Berkeley County launched mobile response services in May 2018, joining neighboring Charleston and Dorchester counties, which have provided mobile response services since 1987.

- On August 1, 2018, CCRI services launched in Horry and Beaufort counties.
- The Program plans to provide services to the entire coastal region by mid-October 2018.
- CCRI aims to establish statewide CCRI after-hours response coverage by the summer of 2019.
- Other goals of CCRI include providing clinical response to mental health crises within one hour to 50% of the state within two years and 100% of the state within four years. SCDMH is also working with HHS to enable clinical responses to mental health crises to be delivered via telehealth, which would significantly reduce clinical response time.

DMH is actively engaged in year three of its Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI-SC). The $1.8 Million per year, three-year SAMHSA grant, awarded in late 2015, serves individuals who are chronically homeless and have a serious mental illness and has expanded partnerships with a number of organizations, including Palmetto Health, the University of South Carolina School of Medicine, the United Way of the Midlands, and the South Carolina Interagency Council on Homelessness.

- Palmetto Health operates an Assertive Community Treatment (ACT) team in Columbia, which provides mental health services to homeless individuals wherever they are, and encourages them to accept available services.
- CABHI-SC is funding five grant-supported positions at Greenville Mental Health Center to expand its existing ACT team to serve an additional 34 chronically homeless patients by the end of the Grant.
- As of August 2018, the CABHI-SC treatment sites at Palmetto Health and Greenville Mental Health Center have enrolled 109 clients, meeting the target for the grant period.
- In addition to funding ACT teams, CABHI-SC also funds four SSI/SSDI Outreach, Access, and Recovery (SOAR) benefits specialist positions throughout South Carolina. SOAR specialists accelerate the establishment of Social Security benefits to eligible individuals. As of June 30, 2018, these specialists have submitted 88 applications that received decisions. Of this total, 71% were approvals that connected people with disabilities to SSI/SSDI income supports and Medicaid and/or Medicare to support their recovery.
- SOAR achieved a 71% approval rate and average decision time of 84 days based on 56 initial SSI/SSDI applications with decisions in FY17, and was highlighted in SAMHSA's *National Outcomes Report* for achieving" very good outcomes, in part due to a strong partnership with SSA, DDS, SCDMH, and nonprofit partners."
- In FY18, SOAR achieved a 69% approval rate and average decision time of 78 days based on 74 initial SSI/SSDI applications with decisions.
- The South Carolina Interagency Council on Homelessness has expanded, including representation from eight state agencies: SCDMH, DAODAS, Department of Corrections, Department of Education, HHS, SC Housing, DSS, and DHEC. The Council meets every other month and focuses on achieving better statewide coordination among stakeholders to address homelessness and mental health issues.

In August 2018, SAMHSA awarded SCDMH a grant of $1 Million per year for five years, to fund the continuation of the evidence-based intensive treatment services and benefits assistance for individuals with serious mental illnesses and co-occurring disorders who are experiencing homelessness.

- The Grant will also fund four new SOAR benefits specialist positions, one at the South Carolina Department of Corrections to assist offenders who have serious mental illnesses with applications prior to release, and one each at the Charleston Dorchester, Waccamaw and Greenville mental health centers. More than 500 individuals are expected to be served by the Grant over its five-year term.

Parcel sales of the Bull Street property have continued; additional parcel sales took place December 2017, with additional sales scheduled for the end of September 2018. The Buyer has continued to exceed – remain ahead of – the minimum payment schedule required in the Agreement.

- An accurate accounting of the funds received to date by the Department is maintained and the proceeds are deposited in a segregated account. The Commission has authorized the agency to use the initial sale proceeds to increase additional affordable housing for patients in the community.
- DMH has committed $1 Million in Bull Street proceeds for 40 units in four housing projects in FY18: Parkside at Drayton (Spartanburg), Northside Development (Spartanburg), Preserve at Logan Park (Greenville), and Mental Illness Recovery Center (MIRCI) Youth Home (Columbia). Parkside at Drayton and the MIRCI Youth Home are currently under construction, and closings for the other two projects are pending.

In FY17, SCDMH received a $1 Million appropriation from the General Assembly to develop crisis stabilization centers in communities.

- The Charleston-Dorchester Mental Health Center, in collaboration with MUSC, Roper Hospital, and the Charleston County Sheriff's Department, opened the 10-bed Tri-County Crisis Stabilization Center in June 2017. As of August 2018, the Center has served 893 individuals.
- Spartanburg Mental Health Center will open its model of a crisis stabilization center by the beginning of September 2018.
- Greenville Mental Health Center anticipates its model of a crisis stabilization center will open in early 2019.
- The Anderson-Oconee-Pickens, Pee Dee, Orangeburg, and Waccamaw mental health centers are currently working with local stakeholders and exploring options to develop Crisis Stabilization Units in their respective areas.

DMH has entered into agreements with community hospitals to embed mental health professionals to assist hospital emergency departments (EDs) in meeting the needs of psychiatric patients. SCDMH currently has this type of partnership in multiple community hospitals, resulting in more than 9,242 dispositions from EDs in FY18.

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

Since its inception, SCDMH's Telepsychiatry programs have provided more than 92,000 psychiatric services.

- As of June 30, 2018, SCDMH's innovative and award winning Emergency Department Telepsychiatry Program has provided more than 41,000 evaluations and treatment recommendations to emergency departments across South Carolina. The Program was developed to meet the critical shortage of psychiatrists in South Carolina's underserved areas, and assist hospital emergency rooms by providing appropriate treatment to persons in a behavioral crisis, using real-time, state-of-the-art video-and-voice technology that connects SCDMH psychiatrists to hospital emergency departments throughout the state.
- Built on the success of telepsychiatry services to emergency departments, SCDMH has equipped its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its patients via telepsychiatry. Since August 2013, the Community Telepsychiatry Program has provided more than 49,000 psychiatric treatment services to SCDMH patients throughout South Carolina.
- The Charleston Dorchester Mental Health Center received the prestigious *Leaders Innovating Telehealth* (LIT) *Award*, at the Vidyo Healthcare Summit in November 2017.

The Center was recognized for its EMS Mobile Crisis Telehealth Project, a partnership with Charleston County EMS, the Medical University of South Carolina, and the South Carolina Telehealth Alliance, that offers on-site emergency mental health assessments in real-time to the Charleston area community. Vidyo, which provides software-based collaboration technology, presents the LIT award to healthcare providers driving national innovation in healthcare by creating greater access to and simplifying the way care is provided to patients.

- At its 51st Annual Conference, the SC Association of Counties presented Charleston County with the J. Mitchell Graham Award for the EMS Mobile Crisis Telehealth Project. The Award is presented to counties that have shown great leadership and achievement in programs and services provided to the community.

In May 2018, The Duke Endowment announced that the SCDMH Community Telepsychiatry Program would receive a $600,000 award to increase access to psychiatric services by creating a varied roster of clinical care providers and administrative support, including the use of Advanced Practice Registered Nurses and Mental Health Professionals, and designing the most effective team structure for mental health service delivery.

In May 2018, SCDMH completed its yearlong implementation of the inpatient Electronic Health Record across the Agency's system of inpatient psychiatric facilities, helping ensure continuity of patient care and regulatory compliance.

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

In April 2018, SCDMH's Metropolitan Children's Advocacy Center (MetCAC) hosted a rededication of the Richland County Child Abuse Response Team Investigative Protocol, commemorating 20 years of partnership serving Richland County children who have suffered abuse and neglect. The MetCAC is a member of the Richland County Child Abuse Investigation Multi-Disciplinary Team, which comprises local law enforcement, Department of Social Services, The Solicitor's Office, forensic medical providers, mental health providers, and victims' services providers, dedicated to ensuring a collaborative approach to investigating child abuse in Richland County.

DMH has received a three-year grant from The Duke Endowment, totaling $1.2 Million, to support and expand Mental Health Courts in South Carolina. These Courts work by diverting non-violent offenders with a mental illness from the criminal justice system into treatment, all while under the supervision and monitoring of the Court. Funding from the Grant is also being used for an evaluation of outcomes of Mental Health Courts (conducted by the USC School of Medicine), including the extent to which they reduce public expenditures while improving the lives of participating defendants.

In 2015, then-Governor Nikki Haley created the Domestic Violence Task Force to study the issues surrounding domestic violence in South Carolina and make recommendations to respond to the problem. The Task Force, chaired by the Governor, included representatives from more than 40 organizations at the state and local levels. The Task Force and its subcommittees issued interim reports, resulting in a 2015 report of Proposed Recommendations identifying issues and proposing solutions to address domestic violence in SC.

- DMH remains an active member of the Task Force and the Domestic Violence Advisory Committee, the latter of which works toward implementing the recommendations in the August 2015 report. Recently, SCDMH drafted a summary of agency-specific initiatives that meet the recommendations of the report. SCDMH staff will share this information

with the Governor's staff as well as the members of the Advisory Committee members in the coming months.

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

In late July 2018, SCDMH's Division of Public Safety received a four-year accreditation from the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA), making it the only mental health law enforcement agency in the United States to hold this distinction, following a final review and vote by the CALEA Commission. Only 12% of law enforcement agencies in South Carolina are CALEA accredited; the accreditation program requires law enforcement agencies to demonstrate compliance with professional standards in multiple areas, including policy and procedures, administration, operations, and support services.

DMH Deputy Director, Inpatient Services Versie Bellamy, DNP, received the Mental Health Professional of the Year Award from the National Alliance on Mental Illness-SC at its 2018 awards ceremony August 24. The award recognized Dr. Bellamy for her many years of service to those with mental illness, their families, and NAMI SC.

Five of SCDMH's Nurses were recognized as 2018 Palmetto Gold Nurses. Elizabeth A. Brown, MS, RN; Jeanne G. Felder, MHA, BSN, RN; Christine J. Mayo, MSN, RN; Donna M. McLane, MA, BSN, RN; and Nicole D. Hamilton, DNP, MSN, MHA, MEd, were honored as "Registered Nurses who exemplify excellence in nursing practice and commitment to the nursing profession in South Carolina."

In February 2018, the Action Council for Cross Cultural Mental Health and Human Services presented two SCDMH employees with awards at its 40th Annual Cross Cultural Conference.

- Elizabeth Schrum, an employee at the Catawba Community Mental Health Center received the Irene H. Singleton Support Staff Award, which recognizes a SCDMH employee with an outstanding dedication to his or her work, commitment and loyalty to fellow staff and the Agency, compassion and concern for fellow employees and patients, personal resilience, and cross-cultural involvement.
- Tracy Richardson, from the Anderson-Oconee-Pickens Mental Health Center, received the Otis A. Corbitt Leadership & Community Service Award, honoring an individual who has provided exceptional leadership and support to the Conference and its success.

On July 16, 2018, the Joint Council on Children and Adolescents recognized SCDMH State Director John H. Magill for his years of dedicated service as chair of the Body. Established in August 2007 by SCDMH and the Department of Alcohol and Drug Abuse Services as a mechanism for transforming the service delivery system for youth and their families, the Council comprises the directors of multiple state agencies, advocacy groups, private organizations, and parents of children with serious mental illness. Its mission requires participating agencies to commit to the delivery of cost-effective, collaborative, quality service for children in need.

In June 2018, approximately 400 professionals participated in the third annual statewide Cultural and Linguistic Competency Summit, designed to increase professionals' and individuals' capacity to effectively address cultural differences among diverse children and families in South Carolina.

In April 2018, approximately 550 professionals from 18 states attended the 5th Annual Southeastern School Behavioral Health Conference, *Building Momentum for Effective School Behavioral Health,* of which SCDMH was a co-sponsor.

In early August 2018, approximately 1,300 mental health professionals and others with interest in mental health issues from across the country attended the 7th annual Lowcountry Mental Health Conference. The 2018 event, sponsored by the Charleston-Dorchester Mental Health Center and Mental Health Heroes, featured multiple mental health experts and advocates as speakers and boasted the largest group of attendees to date.

Each September, SCDMH and the USC School of Medicine jointly sponsor *A Psychiatric Update*, a daylong, continuing medical education training offered both in-person and via video conference to approximately 200 mental health professionals. This year's event, September 28, will be the 19th annual and will feature presentations from physicians and other professionals in various fields of study. The event offers Continuing education credit staff can use toward renewal of their professional licenses.

DMH continues to plan for the future:

Construction of a new Santee-Wateree Mental Health Center in Sumter was completed in July 2018, and the facility opened for services in early August. The new building allows the Center to provide comprehensive mental health services under one roof in a state-of-the-art facility.

Recognizing the need for additional capacity for the increasing census of residents, including the need to provide adequate treatment space the current location could not accommodate, the Department in 2016 secured funding from the General Assembly for a new Sexually Violent Predator Treatment Program facility. The 250-bed, secure facility will open in October 2018.

Anticipating a growing veteran population, SCDMH applied for funds in 2015 to construct three additional State Veterans nursing homes. With guidance from the State's Joint Bond Review Committee, SCDMH identified areas with significant need for new veterans' nursing homes and proposed new 104-bed facilities in Florence, Richland, and Cherokee counties. In April 2018, the Department received official notification from the U.S. Department of Veterans Affairs that construction grant funding for the three homes had become available. SCDMH expects conditional grant approval from the VA Undersecretary of Health in September 2018, and continues to manage aggressively the three projects. Leadership is confident the State will receive conditional grant approval for all three facilities and complete the remaining steps to receive final grant awards.

In late May 2018, SCDMH convened a Leadership Assembly, comprising approximately 100 senior staff from across the Department. The Assembly's three-fold goal was reaffirming the vision and mission of the Agency; recognizing the accomplishments, challenges, and opportunities of the Agency; and holding an open forum to discuss future Agency goals. Input from the day's event yielded objectives and action steps that will guide SCDMH's next Strategic Plan.

Like many healthcare providers, SCDMH faces enormous challenges in recruiting and retaining the healthcare professionals it needs. Increased competition with other public and private healthcare providers for psychiatrists, nurses, counselors, and other positions has placed more emphasis on how the Agency recruits. To that end, the Department launched the Talent Acquisition and Retention Program, which uses traditional methods (e.g. commercials, ads, and online postings), as well as newer technology and techniques (e.g. social media and geo-fencing) to reach applicants for hard-to-fill positions, and to retain high quality workers.
In addition, SCDMH's Human Resources Division is centralizing HR operations and streamlining the hiring process in an effort to shorten significantly the time between receiving applications and offering positions.

DMH's Office of Grants Administration, formed in 2008, seeks out funding opportunities and manages federal and non-federal grants in all aspects of grant management for the Department. In addition to the Mental Health Services Block Grant and the grants detailed above, the South Carolina Department of Mental Health was awarded the following grants in FY18-19:

- TDE – *Telepsychiatry*: $3,350,000
- The Blue Cross Blue Shield Foundation of South Carolina – Project PERSIST: $2,098,403
- SAMHSA – State Youth Suicide Prevention Cooperative Agreement: $3,680,000
- SAMHSA – Projects for Assistance in Transition from Homelessness: $680,000
- SAMHSA – Primary and Behavioral Health Care Integration: $1,523,308 over 4 years
- Department of Justice (DOJ) National Institute of Justice – Children Exposed to Violence: $576,214
- DOJ Department of Public Safety – Crime Victims Counseling I: $258,752
- DOJ Department of Public Safety – Crime Victims Counseling II: $406,898
- DOJ – Body Worn Cameras: $93,000
- MUSC – Victims of Crime Emanuel AME Church: $674,000
- Housing and Urban Development – Continuum of Care: $1,103,950

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

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

DMH's psychiatric hospitals are accredited by The Joint Commission, which aims to improve healthcare by evaluating healthcare providers and inspiring them to excel in the provision of safe, effective care of the highest quality and value.

Each of SCDMH's four nursing homes is licensed by DHEC and certified by CMS. Three of the four nursing homes (530 beds) serve veterans exclusively and are certified by the Department of Veterans Affairs. The Tucker Nursing Care Facility (Roddey-General Nursing Home and Stone-Veterans Nursing Home) is nationally accredited by The Joint Commission (TJC) and represents one of only six nursing homes in South Carolina with this distinction. **There are approximately 200 nursing homes in the State of South Carolina.*

DMH has more than 900 portals by which citizens can access mental health services, including:

- a network of 17 outpatient community mental health centers, 43 clinics, multiple psychiatric hospitals, one community nursing care center, and three veterans' nursing homes;
- more than 30 specialized clinical service sites (DMH offices that provide some type of clinical care, but do not offer a full array of services found in a center or clinic);
- more than 20 South Carolina hospitals with Telepsychiatry services;
- more than 140 community sites (non-DMH entities or businesses where SCDMH staff regularly and routinely provide clinical services), and
- more than 650 school mental health service program sites.

2. What are 3-4 agency challenges?

The South Carolina Department of Mental Health has identified several significant challenges that it will encounter in the future. A brief description of each issue is provided below.

Increasing Access to Veterans Nursing Home Beds – Based on a formula promulgated by the Department of Veterans Affairs, there exists in South Carolina the need for additional veterans long-term beds. Title 38, Part 59 provides the total number of allowed State Home beds, which, when netted with the number of current State Home beds (530), indicates a need for an additional 559 veterans nursing home beds.

Reducing the Time for Forensics Admissions – By law, criminal defendants found incompetent to stand trial due to a mental illness must go through a commitment process to a SCDMH hospital. Because of a significant increase in commitment orders, the length of time that defendants must wait for admission substantially increased. As a result, in June, 2016, SCDMH made reducing the wait time for forensic admissions its first priority and developed a multi-faceted Action Plan.

Increasing Hospital Capacity without Increasing Hospital Beds – If SCDMH is able to increase the availability of intensive community mental health services and increase the availability of supported community housing, it will lead to shorter hospital lengths of stay. In effect, expanding community housing and intensive mental health services will result in SCDMH being able to hospitalize more patients with its current number of beds. The challenge is to fund increased community housing and additional mental health services delivered at a patient's residence. SCDMH has requested recurring appropriations to support these services.

Addressing Crisis Stabilization – It is critical the SCDMH be able to partner with local hospitals and other community officials to increase residential crisis stabilization programs. Such programs help divert individuals in a psychiatric crisis who can be safely cared for outside of a hospital from emergency departments. Charleston has opened a 10-bed Crisis Stabilization Center and discussions are ongoing with other communities.

Addressing Workforce Recruitment and Retention - Like many healthcare providers, SCDMH is faced with enormous challenges in recruiting and retaining all of the healthcare professionals it needs, including competing with other public and private healthcare providers for a limited supply of psychiatrists, nurses, and counselors. SCDMH is pursuing a number of new measures to reach prospective employees, including dedicating recruiting staff to attend job fairs, expanding its presence on social media, and placing job announcements in professional publications. SCDMH's Human Resources office is also streamlining the hiring process with the goal of significantly shortening the time between receiving job applications and being able to offer positions.

This list of significant challenges that SCDMH will encounter in the future is not complete. However, the items listed above are ongoing and, consequently, require ongoing consideration.

3. What are 3-4 emerging issues agency representatives anticipate having an impact on agency operations in the upcoming five years?

Changes continue to occur throughout healthcare regarding third party payors and proposed models of reimbursement. Whether this will increase the demand on the Department or possibly increase services by private sector is uncertain.

Population growth, especially along coast, is increasing demand for services in those areas.

Cost of housing and appropriate services affect ability people to remain in their home communities will continue to bring challenges.

B. Records Management

4. Is the agency current with transferring records, including electronic ones, to the Department of Archives and History? If not, why?

SCDMH no longer transfers records in any form to S.C. Dept. of Archives and History. Records Management digitally images (scans) and or monitors all closed records according to retention schedules. The designated Records Officer submits an ARM-13 Authorization for Disposal of Original Paper Records Stored as Digital Images to SCDAH for approval to destroy. The scanned records are housed on the SCDMH server. All closed records monitored and stored at Records Management are current to the record's year of retention and are scanned in accordance with set SCDMH retention schedules (16338, 16516, 16723, 12-417).

5. Please provide the Committee a copy of the agency's records management policy. If the agency does not have a records management policy, what is the agency's plan to create one?

The South Carolina Department of Mental Health does not have a separate records management policy for transferring records, including electronic records, to the South Carolina Department of Archives and History. It would default to the South Carolina Department of Archives and History (see https://scdah.sc.gov/records-management/schedules). While SCDMH Records Management has a standard operation policy of procedures (below) referencing the above procedures; SCDMH does not have an official directive. Records Management is in the process of creating a directive and updating SCDMH retention schedules as necessary. Per SCDAH, SCDMH is approved to have its Records Officer to use SCDAH General Retention Schedules as a source for updating/superseding outdated SCDMH retention schedules (Resources: South Carolina Department of Archives and History, General Records Retention Schedules, State Agency General Schedules: General Records Retention Schedules for Administrative Records; General Records Retention Schedules for Personnel Records; General Records Retention Schedules for Financial Records; and, General Records Retention Schedules for Data Processing).

The following is the procedure for sending records as referenced above:

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Shipments, Scanning and Requests for Charts Policies & Procedures
Shipments

These specifications for Records Management Imaging Services require each Center/Facility to follow procedures for document preparation and record indexing.

A) Thin files if needed.
B) Please follow each step listed below.
   1) All metal (staples, paper clips, fasteners, etc.) is removed from each record.
   2) Corners and edges of document or the document itself is are not folded in a manner which may obstruct important information such as dates and signatures.
C) Records are listed on the AS-86 in the exact order as filed in the (15X12X10) records

storage box.

The **original** AS-86 worksheets are filled out completely and filed in the box to which they pertain. **Index Worksheets (AS-86) revised APR. 2017 and HRS Index Worksheet (AS-86A) revised APR. 2017 are located on R2Web.** Center/Facility will retain copy of AS-86 for reference purposes.

Each box is taped at the bottom with a **clear packing tape**. File integrity is compromised when the boxes are not sufficiently secured. **Please do not tape tops or inside of boxes. Please do not over fill or under fill a box. Over filling increases the weight of the box and makes it difficult to remove charts; under filling leads to the collapse of the boxes when stacked.**

The Container Label must be **completed in ink and placed under the hand held hole on the front of the box**. The label should include the Facility/Center name, terminated year of the records, box number and **total number of boxes in the shipment** at that time is **essential**. Labels are provided by Records Management upon request.

End-user will need to make contact with Records Management by e-mail: RECORDSMGMT@scdmh.org requesting authorization to ship. They must provide Records Management with the necessary information from the container label at that time. Records Management will complete the Shipment Request Authorization Form (AS-92), and email a shipment date.

D) When the shipment is delivered the driver and Records Management staff review the AS-92 to ensure the correct shipment is received. Boxes are audited for contents and compared with the enclosed original AS-86. Auditing is done to ensure all charts are logged, filed and accounted for in order in the box(es). ***During audit, if any of the following occur the shipment will be rejected***.

a. approval to ship was not scheduled
b. charts are not prepped or are incorrectly prepped (*including Clinical Service Notes*)
c. paperwork is missing or incorrect versions are used (*current versions located on R2W*)
d. paperwork is incomplete
e. chart years are mixed
f. incorrect year shipped
g. incomplete shipment
h. top of the box is taped
i. chart are backwards or upside down

At this point, driver will be asked to return rejected shipment to the Center/Facility. Once shipment is approved, driver signs AS-92. Records are stored in designated locations for retention and/or scanning.

SCANNING

1) A coversheet is created for each chart, chart is scanned, enhancement(s) are done as

needed. Document indexes are verified, after all procedures are complete, the chart is released to the server.

2) Once imaged, Center/Facility will be notified of availability in IaFolder for QA by trained users with authorization and that records are marked for immediate destruction upon approval from SC Department of Archives & History.

3) Records Management prepares ARM-13 and forwards to the SC Department of Archives & History for approval. After the SC Department Archives & History completes the ARM-13 and returns it to Records Management, the hard copy records will then be destroyed.

Note: User scanner/IaFolder training and Detailed Scanning Procedures are available upon request.

REQUESTING AN INDIVIDUAL CHART

E) Medical records request prior to scanning.

If medical record is requested prior to shipment being scanned, Center/Facility contact person will notify Records Management by e-mail: RECORDSMGMT@scdmh.org of priority request to include:

a. Center Location
b. Client Name
c. Client ID #
d. Box #
e. Terminated year

Once file is scanned, contact person will be notified by e-mail that chart is available for viewing using TeamIA software.

F) Sharbain Oxley Act of 2002 may not apply to SCDMH. Act may only apply to corporations with 401K and pension plan; State Government is control by statute. However, SCDMH General Counsel is investigating. Findings to be included in Records Management Policy and Procedures' final version.

A. History

The History of the South Carolina Department of Mental Health

- 1694
  - The Lord Proprietors of the Carolinas decreed the indigent mentally ill should be taken care of locally at public expense.
- 1762
  - The Fellowship Society of Charleston established an infirmary for the mentally ill.
- 1821
  - December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving $30,000 to build the S.C. Lunatic Asylum and a school for the deaf and dumb. This legislation made South Carolina one of the first states in the country to provide funds specifically for the care and treatment of people with mental illnesses.
- 1827
  - The S.C. Lunatic Asylum was completed. Designed by Washington Monument architect Robert Mills, the new hospital's many innovations included fireproof ceilings, a central heating system, and one of the country's first roof gardens. The building, referred to as the "Mills building," is presently occupied by the administration of the SC Department of Health and Environmental Control.
- 1828
  - The Asylum's first patient, a female, was admitted. Her mother worked as a matron at the hospital during her daughter's stay. The hospital admitted patients wealthy enough to pay for their own care, as well as the middle-class and paupers. Although a few black people, mostly slaves, were admitted during the first 20 years, they were not officially permitted until 1848.
- 1840s
  - U.S. reformer Dorothea Dix observed mentally ill patients incarcerated with criminals, in squalid living conditions. Over the next 40 years, Dix lobbied to establish 32 state hospitals for the mentally ill, including in South Carolina.
- 1850s
  - The average patient paid $250 annually. A separate room and eating area cost another $100. Paupers were admitted for an annual fee of $135, which was billed to the patient's home district. As more paupers were admitted, it became harder to collect fees, and the asylum grew more dependent on state funding.
- 1853
  - Due to increases in the patient population, the State Legislature authorized the construction of a second asylum. (later known as the Babcock Building)
- 1860
  - The S.C. Lunatic Asylum reached its capacity of 192.
- 1864-65
  - Superintendent, Dr. John W. Parker
  - Although the Confederate Army did not commandeer the asylum, the grounds were used as a prison camp for Union officers from October 1864 to February 1865.

- The asylum became a refuge for many Columbia residents when the city was burned during Union General William T. Sherman's occupation in February 1865.

- 1870
  - Superintendent, Joshua Fulton Ensor was the second superintendent of the South Carolina Lunatic Asylum from August 5, 1870 until he resigned on December 31, 1877, a Maryland native and former Union Army surgeon, tried hard to find adequate funds for the institution. Several citizens from around the state contributed, and he received a $10,000 subscription from some Philadelphia Quakers, which helped repair the buildings. Ensor frequently supplemented the institution's meager budgets with his own funds.
- 1871
  - The state government assumed the cost of patient care of the mentally ill from the counties. Overcrowding in the asylum remained a problem as County jails readily transferred mentally ill prisoners to the State Hospital.
- 1877
  - The patient cost of care in the State Hospital was $202 per year (55¢ per day).

Post-Civil War

- Late 1800s
  - Following the Civil War, large numbers of indigent and disabled veterans who were no longer able to earn their own livelihood needed care. While the federal government operated national homes for disabled Union volunteer soldiers, the total number of veterans needing care was overwhelming. In recognition of this need and the debt that a grateful nation owed its defenders, a number of southern states independently established State Veterans Homes to help care for those who had "borne the battle."
- 1883
  - After being unfunded for 28 years, construction was completed on the second asylum and it became operational. The Board of Regents of the S.C. State Lunatic Asylum had commissioned noted architect Samuel Sloan to design the main building based on the “Kirkbride System,” which advocated building design and environment as an important component of patient therapy and recovery. This building later became known as “The Babcock Building”.
- 1891
  - Superintendent: Dr. James Woods Babcock, served as superintendent and a physician of the S.C. State Lunatic Asylum/SC State Hospital for the Insane from 1891 to 1914.
- 1892
  - Dr. James W. Babcock founded a School of Nursing, one of the earliest schools for psychiatric nursing, which operated until 1950.

- 1894
  - Dr. Sarah Allen became South Carolina's first licensed female physician. From 1895-1907 she provided patient care as a psychiatrist at the SC Lunatic Asylum. The Allen Building was named in her honor in 1954, the year of her death.
- 1896
  - The SC Lunatic Asylum was renamed the S.C. State Hospital for the Insane (State Hospital).

Early 20th Century

- 1900s
  - The State Hospital built more additions to house the growing number of patients.
- 1908
  - By an act of the South Carolina General Assembly, the Confederate Soldiers and Sailors Home, located on the corner of Confederate Avenue and Bull Street at 1417 Confederate Avenue in Columbia, SC was established. In 1925, eligibility for admission extended to wives and widows of confederate veterans. The home closed in 1957, when too few residents remained.
- 1909
  - State Hospital Superintendent James Babcock, M.D., with fellow State Hospital doctor, J.J. Watson, M.D., made a historic presentation on pellagra to the New York Medical Society. Dr. Babcock was the first doctor to identify the outbreak of pellagra in the country by observing it in the hospital's patients. Pellagra, a potentially fatal disease characterized by severe skin lesions, diarrhea, hallucinations and dementia, had reached epidemic proportions in the impoverished South. Dr. Babcock's work led to the discovery that a niacin deficiency causes the disease.
- 1910
  - After a legislative committee reported the asylum was too small, South Carolina legislators approved funding for an annex to house African American patients. Land was purchased north of Columbia, and plans were submitted for a new complex that became known as "State Park." Development of the State Park site moved slowly and was plagued with building and funding problems.
- 1913
  - The first permanent building at State Park Unit was completed. The asylum complex was for black patients only. It was renamed Palmetto State Hospital in 1963 and renamed Crafts-Farrow state hospital in 1966.
- 1914
  - Superintendent: Dr. James Woods Babcock resigned.
  - African American patients were moved into the State Park complex.
- 1915
  - Superintendent: Dr. C. Fred Williams served as superintendent from 1915 – 1945. He realized the need for community mental health clinics. He encouraged a program to educate the public about mental illness, its causes and methods of prevention.
  - The monthly superintendent's report from 1915 underscores the impact of the niacin deficiency disease, pellagra, on admissions to the state hospital, especially among African

American patients. Pellagra was the leading cause of discharge by death for African Americans patients.

- 1920
  - The first outpatient clinic to provide services for the mentally ill who did not need hospitalization opened at the State Hospital, Columbia, SC.
- 1922
  - Palmetto State Hospital opened in State Park.
- 1923
  - The first permanent outpatient clinic opened in Columbia. Due to its success, many more opened around the state.
  - Traveling mental health clinics in Greenville and Spartanburg counties were established.
- 1924
  - South Carolina instituted social services fairly early in its operations. The June 1924 monthly report provides a summary of the work of field social worker, Ethel Sharpe. She provided pre-and post-discharge community visits, special investigations, social histories and follow-up work for clinicians.
- 1927
  - Mental health clinics were established in Florence, Orangeburg, and Anderson.
- 1928
  - A mental health clinic opened in Charleston.
  - Greenville Mental Health Center opened. It currently Serves: North Greenville County
- 1930s
  - The U.S. Department of Veterans Affairs was established. State programs expanded to include three levels of care, and increased per diem payments and federal funding for construction of facilities.
- 1938
  - Dr. William S. Hall was hired as an assistant physician at the State Hospital, which began his 47 years of service with the Agency.
  - With the approval of the General Assembly construction on a research laboratory began. Builders completed it in April of 1939. Activities launched in the building on May 27, 1939. However, the building remained unnamed until three years later. It is unclear who was producing the funds for this project until July 27, 1942, when the will of Mrs. Grace Ensor Brown was probated and the South Carolina State Mental Hospital became the beneficiary of a her entire estate. Her will stipulated that the funds be put towards a research laboratory in memory of Henrietta Kemp Ensor and Joshua Fulton Ensor, her mother and father. The Ensor building housed research labs, a morgue, and the parasitology department.

- 1943
  - Superintendent Williams informed all the mental health outpatient clinics they would close for the remainder of WWII due to the majority of staff serving the war effort.
- 1945
  - Three years after Mrs. Grace Ensor Brown's passing, the General Assembly matched the funds from her estate and the Ensor Research Foundation was established. SCDMH continues to award Ensor grants for the study of a variety of topics pertaining to mental health.
- 1946
  - SC State Hospital opens the first Clinical Pastoral Training Program in the Southeast.
  - Passage of Public Law 487, the "National Mental Health Act of 1946", provided federal funds from the Surgeon General, U.S. Public Health Service, for adequate mental hygiene clinics.
- 1947
  - Although WWII, ended September 2, 1945, reopening of the clinics was delayed until late 1947 due to the lack of adequately trained personnel.
  - A Spartanburg Area mental health clinic opened, from 1947 through 1963 the clinic served a large area, first 14 counties then 6.
  - The Charleston Mental Hygiene Clinic opened on July 1, 1947.
- 1950s
  - The discovery of phenothiazine, "miracle drugs" that controlled many severe symptoms of mental illness, made it possible to "unlock" centralized hospital wards, and treat patients within their local communities in an outpatient setting.
- 1950
  - The SCDMH School of Psychiatric Nursing, founded in 1892, closed.
- 1952
  - March 7, 1952, passage of the Mental Health Act (Title 44 – Health- CHAPTER 9 State Department of Mental Health- SECTION 44-9-10) provided for a Mental Health Commission to be responsible for all SC state run mental health facilities and programs. The Board of Regents was renamed the SC Mental Health Commission. The Act also specified that communities were required to contribute one-third of the cost of a clinic or center operation, and the state would furnish the remaining two-thirds.
- 1956
  - "Darlington-Florence Mental Health Center" began operations on August 15, 1956.
- 1957
  - By 1957 clinics were in operation in Charleston, Greenville, Richland, Spartanburg, Darlington, and Florence counties. Major functions of theses clinics included: cooperation and consultation with other agencies and professional people in the community; evaluation and treatment of emotional disturbances in adults and children; public education; and training psychiatric and pediatric resident doctors from the Medical College Hospital.

Era of Deinstitutionalization

- 1960s
    - Major changes in the delivery of services to and treatment for the mentally ill began the era of deinstitutionalization. Significant advances in caring for patients in their communities were made. Initiatives included the establishment of a transitional living project to help patients return to their communities after long hospital stays, a facility for psychiatric patients who need long-term care, a program for autistic children, and an alcohol and drug addiction treatment center.

    - The Department of Mental Health's inpatient occupancy peaked in the 1960's with an average daily population of more than 6,000 patients housed in the Crafts-Farrow and Bull Street Campuses.
- 1961
    - South Carolina's Community Mental Health Services Act developed a plan for mental health clinics and established grants-in-aid for all counties on a 50-50 matching basis.

    - The "York-Chester-Lancaster Mental Health Center" was established in June of 1961.
- 1962
    - The S.C. Mental Health Services Act of 1962 established legal status for Center's Board of Trustees.

    - The mental health board serving Anderson, Oconee, and Pickens counties organized on November 20, 1962. A small clinic serving all three counties operated in Anderson, SC.
- 1963
    - On October 31, 1963, President John F. Kennedy signed into law the Community Mental Health Act (also known as the Mental Retardation and Community Mental Health Centers Construction Act of 1963), which drastically altered the delivery of mental health services and inspired a new era of optimism in mental healthcare. The Federal Community Mental Health Centers Act provided matching federal funds for constructing community mental health centers and led to the establishment of comprehensive community mental health centers throughout the country. It helped people with mental illnesses who were "warehoused" in hospitals and institutions move back into their communities.

      Along with this law, the development of more effective psychotropic medications and new approaches to psychotherapy made community-based care for people with mental illnesses a feasible solution. A growing body of evidence at that time demonstrated that mental illnesses could be treated more effectively and in a more humane and cost-effective manner in community settings rather than in traditional psychiatric hospitals.

    - "State Park" was renamed Palmetto State Hospital. (And renamed Crafts-Farrow State Hospital in 1966.)

    - The Area Five Mental Health Center opened January 7, 1963, to serve the counties of Abbeville, Edgefield, Greenwood, Laurens and McCormick.

- 1964
    - State Commissioner: March 26, 1964 – June 1985, Dr. William Stone Hall served as the first SC State Commissioner of the Department of Mental Health.

    - The S.C. Department of Mental Health was created as an independent agency of state government to develop a more comprehensive system, which combined medical care and treatment with expanded community services, mental health education, consultation, professional training, and research.

    - The Veterans Administration began a grant program for construction of State veteran's homes. State Home Grant Program history: the State Home Program is a partnership between the U.S. Department of Veterans Affairs (VA) and States to construct nursing home, domiciliary, and/or adult day health care facilities. The program was authorized in Title 38 United States Code (USC) Section 8131-8137 and regulated in Title 38 Code of Federal Regulation (CFR) Part 59. VA may participate in up to 65 percent of the cost of construction or acquisition of State nursing homes or domiciliaries or for renovations to existing State Homes. A State Home is owned and operated by the State. VA assures Congress that State Homes provide quality care through inspections, audits, and reconciliation of records conducted by the State Home program managers and the VA medical center of jurisdiction. Under a separate program, VA also provides per diem payments to States for the care of eligible veterans in State Homes.

    - Sumter-Clarendon Mental Health Clinic opened.

    - Marion County joined the Darlington-Florence Mental Health Center and the name was changed to Pee Dee Mental Health Center. Counties Served: Florence, Darlington, and Marion.

    - The Area Five Mental Health Center began serving Saluda County.
- 1965
    - The Area Five Mental Health Center began serving Newberry County.

    - Palmetto State Hospital, formerly "State Park", was renamed Crafts-Farrow State Hospital, and became a geriatric facility.

    - The William S. Hall Psychiatric Institute was established as a teaching hospital by Act No. 342.

    - The Tri-County Community Mental Health Center opened. Counties Served: Chesterfield, Marlboro, Dillon.

    - Aiken-Barnwell Community Mental Health Center opened.

    - Authorized by Title XIX of the Social Security Act, The Social Security Amendments of 1965, Pub.L. 89–97, 79 Stat. 286, were enacted July 30, 1965, The legislation's most important provisions resulted in creation of two programs: Medicare and Medicaid which provides federal health insurance for the elderly (over 65) and for low-income families.

- 1966
    - Palmetto State Hospital, (formerly State Park) is renamed Crafts-Farrow State Hospital.
    - The Area Five Mental Health Center changed its name to The Beckman Center for Mental Health Services. It is the only SC community mental health center named for an individual rather than a geographic territory. Named in memory of W. P. Beckman, M. D., a pioneer in the state community mental health movement of the 1930s thru 1950s. Counties Served: Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, and Saluda .
    - The Coastal Empire Community Mental Health Center opened. Counties Served: Allendale, Beaufort, Colleton, Jasper, Hampton.
- 1967
    - The Columbia Area Mental Health Center, the first comprehensive community mental health center in the Southeast, serves Richland and Fairfield counties.
    - The Waccamaw Center for Mental Health opened. Counties Served: Georgetown, Horry, Williamsburg.
    - Cherokee and Union counties each had mental health clinics which operated one day a week.
    - DMH's Department of Archives and History was authorized by the SC Mental Health Commission to set up in the Mills Building.
- 1968
    - An innovative and comprehensive plan for a treatment environment was developed in conjunction with Clemson University's School of Architecture known as The Village System. The new treatment concept is designed to provide a therapeutic, small community environment which is still in use today.
    - The Charleston Mental Hygiene Clinic served Berkeley, Charleston, and Dorchester counties and changed its name to the Charleston Area Mental Health Center.
- 1969
    - South Carolina becomes the first state in the Southeast and one of the 18 states in the nation to have all its mental institutions fully accredited.
    - In March 1969, The Anderson-Oconee-Pickens Mental Health Center (AOPMHC), located at 200 McGee Road, Anderson, SC, was completed and ready for occupancy.
    - The SC General Assembly passed laws to authorize the SCDMH Commission to establish a South Carolina War Veterans Home "to provide treatment for SC War Veterans who are mentally ill."
    - Community Mental Health Services begins operating Camp Logan, a summer camp for children with behavioral health problems. Camp Logan moved to Lake Hartwell in 1975.
    - The first SCDMH central administration building opened in Columbia.

- 1970s
    - During the 1970s, South Carolina experienced a number of firsts, including the establishment of a transitional living project to help patients return to the community after long hospital stays, a facility for psychiatric patients who need long-term care, a program for autistic children, and an alcohol and drug addiction treatment center.

    - In the 1970's, the Spartanburg Area Mental Health Center satellite clinics in Cherokee and Union counties began operating full-time.
- 1970
    - On June 25, 1970, the first patient was admitted to the C.M. Tucker, Jr. Nursing Care Center John M. Fewell Pavilion. It was a facility for psychiatric patients whose physical problems required long-term skilled nursing care.
- 1971
    - April 1, 1971, the first patients were admitted to C.M. Tucker, Jr. Nursing Care Center, E. Roy Stone, Jr. Veterans Pavilion, a state veterans' home offering nursing care for both psychiatric and physical disorders for honorably discharged veterans who are SC residents.

    - The William S. Hall Psychiatric Institute opened the Ensor Research Laboratory.

    - A pilot project for alcohol and drug addicts was established at Crafts-Farrow State Hospital.
- 1972
    - The pilot Village Project opened at Hall Institute, affiliated with Santee-Wateree Mental Health Center.

    - The first program in the State for autistic children began in Charleston.
- 1973
    - Genetics Research Laboratory opened at Hall Institute.

    - The Oconee County satellite clinic opened on February 20, 1973. (AOPMHC)

    - Lee County joins the Santee-Wateree Mental Health Center.

    - The first separate children's psychiatric treatment center in the state opened in the SC State Hospital's Blanding House.
- 1974
    - The Pickens county satellite clinic opened in 1974. (AOPMHC)

    - The "York-Chester-Lancaster Mental Health Center" opened satellite offices in Chester and Lancaster Counties. (Catawba MHC)

    - State Hospital is reorganized into a unit system with treatment programs based on four geographic units of the state; a children's unit; a court unit; an aftercare unit; and a medical surgical unit.

- Project Center of Orientation to Independent Living begins as a transitional living project to help patients return to community after long hospital stays.

- 1975
  - Patients and staff move into Morris Village alcohol and drug addiction treatment facility.
  - New commitment laws go into effect establishing strict timetables, including emergency admissions and defining patient's rights in the courtroom and hospital.
  - Construction began outside Columbia on Village A, the first regional psychiatric hospital in the Village System.
- 1976
  - Sumter-Clarendon Mental Health Clinic incorporated Kershaw and Lee counties. The Board of Directors applied for and received status as a "community mental health center" pursuant to Section 44-9-10 and 44-9-70 of the Code of Laws of South Carolina as amended in 1976, and became what is now known as the Santee-Wateree Community Mental Health Center. Counties served: Sumter, Clarendon, Kershaw, and Lee
  - The State Plan Advisory Council was created to expand the opportunity for citizen's input into SCDMH programs.
- 1978
  - The G. Werber Bryan Psychiatric Hospital opened in Columbia.
  - Piedmont Mental Health Center opened. Serves South Greenville County.
  - Orangeburg Area Mental Health Center satellite clinics established in Bamberg, Calhoun, and Orangeburg Counties.
- 1979
  - The Lexington Community Mental Health Center opened.
- 1980s
  - Although the 1980s began with great promise for people with mental illnesses, those hopes were short-lived. The 1980 Mental Health Systems Act, which promised new resources and refocused federal support of the care of persons with severe mental illnesses, was effectively repealed by the Omnibus Budget Reconciliation Act of 1981. The result: federal resources, available as block grants, shrank dramatically.
- 1980
  - Autistic children's services expand to six areas: Charleston, Columbia, Spartanburg, Florence, Conway, and Greenwood.
- 1981
  - Berkeley County detached from the Charleston Area Mental Health Center, to form its own catchment area. Berkeley Community Mental Health Center opened.
  - The Charleston Area Mental Health Center was renamed the Charleston-Dorchester Mental Health Center.
- 1983
  - The SC Department of Mental Health adopted a plan calling for the development of community-based services, the decentralization of hospital services, and a significant decrease in the population of its psychiatric facilities in Columbia. A comprehensive

Community Support Program was created to maximize the shift of care from institutionally based services to community-based services and an Emergency Stabilization Program was implemented to find alternatives in the community for treating patients in psychiatric crises.

- February 1, 1983, the C.M. Tucker, Jr. Nursing Care Center opened the Frank L. Roddey Pavilion, named in honor of State Senator Frank "Son" Laney Roddey, who served in the state senate representing Kershaw, Lancaster, and York counties from 1963 until his death in 1979.

- May 11, 1983, SCDMH Academy for Pastoral Education established to consolidate pastoral education and to provide a unified curriculum for pastoral care training.

- October 1, 1983, establishment of the James F. Byrnes Medical Center, formerly a unit of State Hospital, as a medical/surgical hospital.

- 1984
  - The Dowdy-Gardner Nursing Care Center opened as an Institute for Mental Disease for the elderly over 65 under the original Medicaid legislation of 1965. These residents needed long-term nursing care for medical needs secondary to psycho-behavioral problems and were eligible for Medicaid reimbursement.

  - State Hospital reorganized all treatment programs from four geographically based units into seven units based on the level-of-care needed by patients.
- 1985
  - State Commissioner: June 1985, William S. Hall, M.D., retired after 44 years with SCDMH, 22 of which he served as State Commissioner.

  - State Commissioner: July - December 1985, Dr. Jaime Condom served as Interim Commissioner of Mental Health.

  - State Commissioner/State Director: December 1985 – August 1995, Dr. Joseph Bevilacqua served as Commissioner of Mental Health/State Director. In 1993, the title of the Commissioner of Mental Health changed to State Director of Mental Health. Prior to this position, Dr. Bevilacqua had served as commissioner of the Virginia Department of Mental Health and Mental Retardation.

  - June 28, 1985, dedication ceremonies held for Patrick B. Harris Psychiatric Hospital, a 206-bed acute psychiatric care facility located in Anderson, SC.

  - "Toward Local Care," an initiative to help patients return to their communities, began. In two separate waves of programs from 1992 to 1995, 265 patients were discharged from inpatient facilities to Toward Local Care projects that had a total budget of $4 million. In a second wave, 44 clients were discharged to programs in six community mental health centers (Anderson, Charleston/ Dorchester, Columbia, Greenville, Pee Dee and Piedmont).

- A U.S. Justice Department's critique of the S.C. State Hospital said conditions there were "flagrantly unconstitutional." Fiscal restraints led to frustrations on the state level, particularly in funding proper care for patients in the state hospitals.

- 1986
  - The Justice Department entered into a four-year consent decree with the state of South Carolina to provide increased services for all patients.

  - April 11, 1986, the 17 community mental health centers are designated Pre-Admission Screening Facilities, mandating that all psychiatric admissions, voluntary or involuntary, be screened and evaluated at the community level.

  - State Hospital Child and Adolescent Unit was transferred to Hall Institute. Hall Institute increased its focus on the unique needs of children and adolescents with mental illness and substance abuse disorders, providing treatment for some of the state's most severely mentally ill children, adolescents, and their families.

  - State Hospital Forensics Unit is operationally transferred to Hall Institute.

  - Management created three positions – Senior Deputy Commissioner for Clinical Services, Deputy Commissioner for Inpatient Services, and Deputy Commissioner for Community Mental Health Services. The Division of Quality Assurance was also created.
- 1987
  - The Babcock building, which had housed patients since 1883, 104 years, was vacated in January.

  - January 1987, opening ceremony of Dowdy-Gardner, Rock Hill, a 220-bed intermediate/skilled nursing care facility, the first inpatient facility operated by SCDMH under contract with an outside firm to manage and operate.

  - January 1, 1987, involuntary alcohol and drug commitment law becomes effective, allowing for the involuntary commitment of persons with chronic addiction to alcohol and/or drugs.

  - South Carolina Code of Laws - Title 44 – Health - CHAPTER 52 - Alcohol and Drug Abuse Commitment SECTION 44-52-5. History: 1986 Act No. 487, Section 1

  - The State shall develop a public service system designed to provide a continuum of services for patients at the state and local level while considering the availability of services in the private sector.
- 1987
  - Open House ceremony for the state's first Alzheimer's Day Treatment Program at Hall Institute for Adults with Alzheimer's.

  - In 1987, Congress established the Interagency Council on Homelessness to coordinate the federal response as part of the McKinney-Vento Homeless Assistance Act.

- 1988
    - January 5, 1988, Governor Campbell proclaims this day as Good Mental Health Day, the kick-off campaign of an intensive public awareness campaign and the introduction of the department's mascot, Chipper the Chipmunk.

    - November 2, 1988, groundbreaking ceremony held for the new 220-bed state veterans' nursing home, the Richard M. Campbell Veterans Nursing Home, located in Anderson, SC. The home originally served veterans from both South Carolina and Georgia.

    - The Crisis Intervention Team (CIT) training model was developed in 1988 in Memphis following the police killing of 27-year-old Joseph Dewayne Robinson. SCDMH continues to collaborate with the National Alliance on Mental Illness (NAMI) to provide CIT training to first responders in South Carolina.

- 1989
    - The SCDMH Housing and Homeless Program began. It has funded the development of more than 1,600 housing units for persons with mental illnesses and co-occurring substance use disorders. Housing developments range from one-bedroom apartments to family units in both congregate and scattered site locations across the state.

    - The Housing and Homeless Program also administers the US Department of Health and Human Services Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program, which provides funding for targeted outreach and clinical services to persons with mental illnesses and co-occurring disorders who are homeless.

    - Toward Local Care (TLC) was formed to assist patients in transitioning from inpatient institutions into the community; help patients remain in their communities and avoid re-hospitalization; facilitate downsizing of the Agency's long-term psychiatric facilities, and reduce acute care psychiatric admissions.

    - Every SCDMH community mental health center has a TLC program, with capacity ranges from 10-149. Program types include community care residence, Homeshare, supported apartments, rental assistance, and level of service.

    - The SC Emergency Planning Committee for People with Functional Needs formed. It's a committee of organizations and agencies that came together after Hurricane Hugo to improve emergency and disaster planning; policy development and response to the functional needs of individuals and communities; to involve the participation of state, local and voluntary agencies in educating South Carolina citizens in preparing for emergencies and disasters with regard to the needs of people with disabilities. Each mental health center has staff available to provide mental health supportive services wherever needed. SCDMH also provides supportive services to the Public Information Phone System (PIPS) Emergency Telephone System when called.

- 1990
    - Thirteen academic programs from seven SC Colleges and universities established the SC Public Academic Mental Health Consortium to foster collaborations to improve public mental health services; help ensure that future graduates would possess the knowledge, skills, attitudes, and abilities to work in the public mental health system; and promote research that will benefit the public mental health system.

- November 14, 1990, Richard M. Campbell Veterans' Nursing Home, Anderson, SC, was dedicated.

- 1991
  - In March, the Richard M. Campbell Veteran's Nursing Home, located in Anderson, SC, admitted its first resident.
- 1992
  - Byrnes Medical Center became affiliated with the USC School of Medicine to develop an in-patient, out-patient research and education center dedicated to the problems of the elderly.

  - Seven SCDMH community mental health centers were awarded $3.2 to develop eight Towards Local Care (TLC) projects to place 144 clients into community programs. TLC clients had been either long-time state hospital patients or patients who had repeated failures in community living. As funding is allocated, TLC grows; and since 1992, it has funded more than 1,000 community residential and treatment options.

- 1993
  - Government restructuring legislation transferred programs for those with autism from SCDMH to the newly created Department of Disabilities and Special Needs.

  - The title of the Commissioner of Mental Health changed to Director of Mental Health.

  - DMH's first full-time school-based mental health (SBMH) program was developed in Simpsonville at Bryson Middle School as a pilot project of Piedmont Center for Mental Health Services. As of 8/23/18, SCDMH School Mental Health Services (SMHS) provide mental health services in more than 650 South Carolina public schools.

  - Columbia Area Mental Health Center implemented the first Dialectical Behavior Therapy (DBT) site in the state of South Carolina. It has been in operation for more than 24 years, remaining one of the only DBT programs in the State maintaining fidelity to the model. DBT is a cognitive behavioral treatment, originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder. It is recognized as the gold standard psychological treatment for this population.

  - The S.C. Mental Health Commission approved the consolidation of C.M. Tucker Jr. Human Resources Center and Dowdy Gardner Nursing Care Center, Columbia, into CM Tucker Jr./Dowdy Gardner Nursing Care Center. The original Columbia Dowdy Gardner Nursing Care Center facility was closed.

Mid-1990s

  - The "York-Chester-Lancaster Mental Health Center" was officially renamed the Catawba Community Mental Health Center. Counties served: York, Chester, and Lancaster.
- 1994
  - Established the community-based McKinney House Community Residential Care Facility for individuals who are mentally ill and deaf. In 2003, this program was nationally recognized as the first state where individuals who are mentally ill and deaf can receive mental health services from clinicians fluent in American Sign Language, regardless of

where they live. The specialized inpatient unit closed in 2000, when many deaf patients moved into community supported independent living environments. They continue to receive mental health care services at out-patient clinics or via telepsychiatry.

- 1995
  - State Director: August 1995- March 1997, John Morris served as Interim State Director.
- 1996
  - The S.C. State Hospital and Crafts-Farrow State Hospital consolidated their services to create the Division of Psychiatric Rehabilitation Services.
- 1997
  - State Director: March 1997 – April 2000, Dr. Stephen M. Soltys served as State Director.
  - DMH residency training programs: Child and Adolescent, General and Forensic, which were costly to operate, were transferred to Palmetto Health Richland Hospital, which operates other residency training programs associated with the University of South Carolina-School of Medicine. There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psych) that rotate through SCDMH centers and facilities, which SCDMH supports via contract.
- 1998
  - The SCDMH Sexually Violent Predator Treatment Program was established by legislation to provide treatment for persons adjudicated as sexually violent predators. The Sexually Violent Predator Act (SVPA) of 1998, created a new civil commitment process. Under the SVPA, persons previously convicted of a sexually violent offense are screened prior to their release from confinement. Those meeting the criteria in the SVPA are referred by the Department of Corrections for possible involuntary civil commitment. If subsequently adjudicated as a "sexually violent predator," the SVPA requires that they be committed to SCDMH for mental health treatment and kept segregated from other SCDMH patients. More patients enter this program than leave, which means the program needs continue to grow.
- 1999
  - The Dr. Irwin E. Phillips fund, with descriptive guidelines and procedures for fund dispersal, was established. Dr. Phillips, a physician at the SC State Hospital in the 1960s, bequeathed part of his estate to SCDMH. With the SC Mental Health Commission named as Trustee, the will dictates the funds to be used for the comfort and convenience of patients. The funds provide emergency financial assistance to clients for the purchases of eyeglasses, rent evictions, dental work, utilities, etc.
- 2000
  - State Director: April 14, 2000 – January 2001, Dr. James Scully served as Interim State Director.
  - SCDMH Shelter Plus Care programs received a HUD Best Practices Award for South Carolina.
- 2001
  - State Director: January 2001 – May 2005, George P. Gintoli served as State Director. One of his major contributions to SCDMH was the development and implementation of the Recovery Model, which focuses on shorter, yet effective, inpatient care with the goal of patients returning to their families and communities and continuing treatment through outpatient facilities.

- Spartanburg Area Mental Health Center opened. Counties served by SAMHC: Spartanburg, Union, and Cherokee.

- 2002
  - DMH and the Department of Vocational Rehabilitation collaborated to implement the Individual Placement and Supported Employment Program (IPS) which provides consultation, training, and fidelity monitoring for the establishment and growth of client employment, focusing on evidence-based practices that result in gainful employment of seriously mentally ill clients.

  - The SC Mental Health Commission transferred 45 acres on the site of the Richard M. Campbell Veterans Nursing Home from the SCDMH to the Office of Veterans Affairs for a veterans' cemetery, the *M. J. Dolly Cooper Veterans Cemetery, Anderson, SC*.
- 2003
  - SCDMH provided $500,000 to start or enhance four crisis programs recognizing that a significant number of public and private psychiatric hospital beds had closed.

  - With grant funding from the Department of Public Safety, Charleston opened the first Mental Health Court in SC, followed by Columbia and Greenville. County governments and SCDMH partner to fund the mental health courts.
- 2004
  - January 30, 2004, SCDMH received $1,295,460 from the U.S. Department of Housing and Urban Development (HUD) to provide housing assistance for homeless people with mental illnesses. The money was made available through HUD's Shelter Plus Care Program and aides residents of Columbia, Aiken, Barnwell, Orangeburg, Bamberg, and Allendale counties.

  - May 28, 2004, groundbreaking ceremony for Veterans Victory House, Walterboro, SC.

  - South Carolina became the second state to negotiate a reimbursable peer support service (PSS) with the Department of Health and Human Services.
- 2005
  - State Director: June 2005 – August 2006, John Connery served as Interim State Director.
- 2006
  - State Director: September 1, 2006-present, John H. Magill serves as State Director.

  - Veterans' Victory House (VVH) nursing home was dedicated November 11 in Walterboro, SC, in observance of Veterans Day. It admits eligible veterans from across the state and is operated by an independent health care contractor, HMR.

  - The SCDMH Art of Recovery Program received the 2006 Elizabeth O'Neill Verner Governor's Award for the Arts, the highest honor the state gives in the arts (Category: Government).

  - The SC Mental Health Commission transferred an additional 12.29 acres on the site of the Richard M. Campbell Veterans Nursing Home from SCDMH to the Office of Veterans Affairs for a veterans' cemetery, expanding the *M. J. Dolly Cooper Veterans Cemetery, Anderson, SC* to 57.29 acres.

- 2007
    - In November of 2007, SCDMH received the first grant from The Duke Endowment (TDE) to develop a statewide telepsychiatry network for SC hospitals operating emergency departments, which became the SCDMH Telepsychiatry Consultation Program.

    - In August 2007, the Joint Council on Children and Adolescents was established as a mechanism for transforming the service delivery system for youth and their families. The Council's mission requires participating agencies to commit to the delivery of cost effective, quality service that emphasizes a "No Wrong Door" approach.
- 2008
    - The General Assembly mandated a 12%, $26 million reduction in state appropriations to SCDMH. In FY09, SCDMH expenditure reduction efforts included a mandatory five-day furlough for almost all agency employees including the State Director and senior managers.

    - Johnson & Johnson, Inc. recognized the Charleston-Dorchester Mental Health Center (CDMHC) with National IPS Program of the Year Award.

    - South Carolina joined nine other states and federal groups in Bethesda, MD, for the Substance Abuse and Mental Health Services Administration (SAMSHA) summit dedicated to assisting veterans and their families in returning to civilian life. Following the summit, State Director Magill founded the SC Veteran's Policy Academy.
- 2009
    - March 29, 2009 – SCDMH conducts its first telepsychiatry consultation in a hospital emergency department (ED). This innovative statewide program was made possible through a series of grants from The Duke Endowment. Telepsychiatry reduces ED overcrowding, increases psychiatrist productivity by reducing drive-time, and provides patients with excellent treatment from a board certified psychiatrist in a timely manner, even in rural areas where access to a psychiatrist typically is limited.

    - Forensic Services moved to Bryan Psychiatric Hospital.

    - In September 2009, SCDMH created its first directive on cultural competency to outline goals and objectives. A Multi-cultural Council was created and charged with the responsibility of advising and guiding Agency leadership in the creation and maintenance of a linguistically and culturally competent workforce, service divisions, program and collaborative endeavors, which are reflective of the diversity of the population served and local communities. Every facility and mental health center has a cultural competency committee.

    - Brian Cripps, Director of the Art Alliance Team of Hilton Head, SC, began a project, which enlisted talented local artists to generously donate approximately 900 works of art to beautify SCDMH's three veteran nursing homes.
- 2010
    - On December 16, 2010, SCDMH signed a contract with Hughes Development Corporation of Greenville, SC, to purchase the SC State Hospital property on Bull Street in a phased manner over seven years for $15 million. The proceeds from the sale of the property

must go to SCDMH in a trust for the care and treatment of the mentally ill, as determined by a declaratory judgment issued by the SC Supreme Court on February 20, 2007.

- In an effort to encourage community involvement and interagency cooperation, State Director John H. Magill orchestrated a PR initiative to hold a community forum at each of the Agency's facilities. This was the first of three state-wide rounds of forums.

- Launch of the Charleston Dorchester Mental Health Center's Highway to Hope Mobile Crisis renovated recreational vehicle.

- 2011
  - On October 27, 2011, the American Psychiatric Association (APA) awarded SCDMH and the Department of Neuropsychiatry and Behavioral Science of the University of South Carolina, School of Medicine (USCSOM) the Psychiatric Services Achievement Award, Silver Medal, the second highest achievement award that the APA grants.
- 2012
  - Spring boarding off the Telepsychiatry Consultation Program, Community Mental Health Centers began using Telepsychiatry to connect centers to outlying clinics for providing psychiatric medical assessment on patients when there was not a physician available locally. All SCDMH centers and clinics connected to telepsychiatry capability.

  - DMH began planning to create a new branch of service called Care Coordination, a patient-centered, assessment-based, multidisciplinary approach for individuals with high-risk, multiple, chronic, and complex conditions.

  - State appropriations were reduced to levels equivalent to 1987. Based on increases in the Consumer Price Index, this effectively cut in half the Department's 2012 purchasing power when compared to 1987. The loss of state appropriations had a direct impact on the number of people the department has been able to serve through its Community Mental Health Centers and Psychiatric Inpatient Facilities. The loss of state appropriations also directly affected the staffing level of the Department's workforce.

  - The Future is Now (FIN) initiative began in August of 2012, as a result of SCDMH's ongoing long-term planning efforts. FIN is a blueprint for SCDMH's community mental health centers to provide timely access and effective treatment to patients and create a cohesively aligned system of care to survive in a changing healthcare market.

  - Charleston-Dorchester Mental Health Center held its 1st Annual Lowcountry Mental Health Conference.
- 2013
  - In January 2013, SCDMH created a new division under the Medical Affairs/Dept. of Quality Management called the Office of Clinical Care Coordination dedicating staff solely to helping patients access needed services in the community.

  - On July 1, 2013 the South Carolina Department of Mental Health (SCDMH) joined the South Carolina State Firefighters' Association (SCSFA), the South Carolina Fire Academy (SCFA), and the National Fallen Firefighters Foundation (NFFF), in launching a pilot program to provide behavioral health support to South Carolina's 17,500 firefighters. The

Behavioral Health Support for First Responders – South Carolina Pilot Program is based on a new model for firefighter behavioral health developed as a result of the NFFF's first-hand experience in supporting the New York City Fire Department immediately after September 11, 2001 and its efforts to assist the Charleston Fire Department after the Sofa Super Store fire on June 18, 2007.

- 2014
  - DMH received the first installment of the sale price for the Bull Street Property from a parcel sale in October, 2014.
  - In the summer of 2014, work began to relocate William S. Hall (Hall) Psychiatric Institute, SCDMH's inpatient hospital for children, to the campus of the Bryan Psychiatric Hospital, creating a separate admissions building and entrance road and renovating two unoccupied lodges of Bryan.
  - Johnson & Johnson-Dartmouth selected Greenville Mental Health Center (Greenville MHC) as the recipient of the 2014 Achievement Award for its Independent Individual Placement & Supported Employment (IPS) program.
  - In December 2014, Charleston Dorchester MHC received the Connect 4 Mental Health Community Innovation Award from The National Council for Behavioral Health for its successful Mobile Crisis response program.
  - Mental Health ED Telepsychiatry Program Reached 20,000 Consultations.
- 2015
  - All Hall patients and staff relocated to the new facility in December 2015. This ended all agency operations on the Bull Street campus.
  - DMH received a grant of $1.8 million per year for 3 years from the Substance Abuse and Mental Health Services Administration (SAMHSA), funding a new initiative, the Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI-SC).
  - DMH received a Youth Suicide Prevention grant of $736,000 per year for five years from the Substance Abuse and Mental Health Services Administration (SAMHSA). The award, which will begin September 30, 2015, will support the Young Lives Matter Project, an intensive community-based effort with a goal of reducing suicide among youths and young adults, aged 10 to 24, by 20% statewide by 2025.
  - School-based Services were available in 502 schools in 43 counties across South Carolina. SCDMH received a grant from the Blue Cross Blue Shield Foundation of South Carolina to further expand school mental health services, $1.4 Million awarded to expand the program in counties with high levels of poverty and stressors affecting childhood development.
  - The Charleston-Dorchester Mental Health Center collaborated with the Charleston Police Department to embed a mental health clinician in their Family Violence Unit.
  - Berkeley Community Mental Health Center added a Mobile Team to its Access/Admission/Emergency Services Program. Two mental health professionals respond to psychiatric emergencies with local law enforcement officers, to intervene and engage individuals in crisis to link them with appropriate community services.

- The Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government, Harvard University recognized the SCDMH Emergency Department Telepsychiatry Consultation Program as part of the 2015 Bright Ideas program.

- In October 2015, the SCDMH Emergency Department Telepsychiatry Consultation Program was named as a Statewide Telehealth Program of Excellence at the 4th Annual Telehealth Summit.

- Columbia-based SCDMH Neurology Service began providing teleneurology consultations to its Patrick B. Harris Hospital in Anderson. The service, established as an addition to previously available neurological services, increases accessibility of such consultations for clients in this Upstate facility, while reducing travel time and expense.

- Charleston Dorchester Mental Health Center responded immediately to the mass murder at the Emanuel A.M.E. Church, Wednesday, June 17, and provides ongoing support to families of the victims.

- DMH faced many difficulties due to the flooding event October 3-22, 2015, however, staff preparation and response ensured the Agency continued to provide services to people in need. In November, SCDMH launched Carolina United, a program designed to guide members of communities affected by the October floods to resources to aid in their recovery. Carolina United was fully funded by the Federal Emergency Management Administration with monitoring and support by the Substance Abuse and Mental Health Services Administration.

- 2016
  - Charleston Dorchester Mental Health Center Director Deborah Blalock presented on the Center's response at the 2016 National Association of State Mental Health Program Directors Annual Meeting, as well as the Substance Abuse and Mental Health Administration's 2016 Block Grant Conference.

  - The South Carolina Coalition for the Homeless expanded to an interagency council and included representation from eight state agencies: SCDMH, DAODAS, Department of Corrections, Department of Education, HHS, SC Housing, DSS, and DHEC. The council focuses on achieving better statewide coordination among stakeholders to address homelessness and behavioral health issues.

  - The Joint Bond Review Committee and the State Fiscal Accountability Authority gave Phase II approval for a new Santee-Wateree Mental Health Center in June, 2016. The new building will allow the Center to provide children's services and medical services under one roof.

  - SC Mental Health Commission Chair Alison Y. Evans, Psy.D., received the President's Award at the 38th Annual Cross-Cultural Conference in Myrtle Beach. The Action Council for Cross-Cultural Mental Health and Human Services recognized Dr. Evans for "both her dedicated involvement with mental health advocacy in our state, as well as her work in the field of Education."

- In March 2016, the Senate Medical Affairs Oversight Subcommittee issued a favorable report based on its evaluation of the Agency.

- In May, the Pee Dee Mental Health Center received the Johnson & Johnson-Dartmouth College 2016 National Achievement Award for its Independent Individual Placement & Supported Employment program. Pee Dee joined the Agency's Charleston-Dorchester and Greenville Mental Health Centers in this honor; the Centers received this prestigious award in 2008 and 2014, respectively.

- Following the September 28, 2016 school shooting in Townville, SC, the Anderson-Oconee-Pickens Community Mental Health Center (AOP), with additional personnel from other SCDMH upstate community mental health centers, provided crisis counseling and support to the victims, families, and school personnel. AOP provides ongoing support for the community affected by this tragic event.

- DMH entered into agreements with multiple community hospitals to embed mental health professionals to assist EDs in meeting the needs of psychiatric patients.

- 2017
  - DMH has equipped all of its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its patients via telepsychiatry.

  - Charleston Dorchester Mental Health Center and Berkeley Mental Health Center were awarded a Victims of Crime Act grant to expand on the Family Violence Unit model by embedding four clinicians with four additional law enforcement agencies in Charleston and Berkeley counties.

  - DMH received a $1 Million appropriation to develop crisis stabilization centers in communities. The Charleston community, through a funding partnership comprising local hospitals, the Charleston-Dorchester Community Mental Health Center, law enforcement and others, opened a 10-12 bed center. Discussions are ongoing in Spartanburg, Anderson, and Greenville with local community stakeholders to develop of crisis stabilization centers in those areas.

  - Six SCDMH nurses were recognized April 22 as Palmetto Gold Nurses; the award honors registered nurses "who exemplify excellence in nursing practice and commitment to the nursing profession in South Carolina."

  - On April 12, Heather Smith received the Victims' Rights Week 2017 Distinguished Humanitarian Award from the SC Victim Assistance Network.

  - DMH School Mental Health Services are available in 540 schools across South Carolina, with plans for expansion.

- 2018
  - July 19, 2018, the Santee-Wateree Community Mental Health Center held grand opening ceremony for their new Center facility and the Myrtis Logan Training Center, located at 801 North Pike West, Sumter, SC.

- August 2018, SCDMH School Mental Health Services are available in 643 schools across South Carolina.

- The Telepsychiatry Program reached the milestone of providing 100,000 telepsychiatry services on October 12, 2018.

This brief account of the S.C. Department of Mental Health's illustrious history has only skimmed the surface of a deep and abiding commitment to provide quality services to people with mental illnesses.

B. Governing Body

The SC Mental Health Commission is the governing body of the SC Department of Mental Health and has jurisdiction over the state's public mental health system. Its seven members are appointed for five-year terms by the governor with advice and consent of the Senate.

Commissioners:

Note: SCDMH is aware that the information on the South Carolina Secretary of State's website is incorrect and will inform the responsible person that the information below is accurate.

Alison Y. Evans, Psy.D., Chair - Dr. Evans is a licensed professional counselor. She received her bachelor's degree from Trevecca Nazarene University, Nashville, her master's degree from Middle Tennessee State University, Murfreesboro, and her doctor of psychology degree from California Coast University. She has been a member of the Mental Health Association of South Carolina since 1994, and was chairman of the Board. She is also a member of the Mental Health Association of Darlington County, serving since 1986. She is a member of numerous organizations and has received many distinguished service awards. She and her husband, Dr. Kenneth Evans, live in Hartsville, SC.

Louise Haynes - Ms. Haynes is an Assistant Professor in the Department of Psychiatry at the Medical University of South Carolina (MUSC). Since 2002, she has served as a liaison between academic research and community treatment programs. In addition to her research experience, Ms. Haynes has worked in clinical and administrative roles in South Carolina. She was Director of Women's Services for the S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS) and was Director of Morris Village Alcohol and Drug Addiction Treatment Center operated by the S.C. Department of Mental Health. Ms. Haynes joined the South Carolina Mental Health Commission in 2016.

Robert E. Hiott, Jr. - Mr. Hiott brings to the Commission an extensive background in substance abuse treatment programming and behavioral health management services. He is executive director of the Pickens County Commission on Alcohol and Drug Abuse, DBA Behavioral Services of Pickens County, a position he has held since 2007. In his previous role as deputy director of the Pickens County Commission, Hiott was responsible for planning, organizing, and directing behavioral treatment, prevention, and research programs, and supervised a staff of both professional and technical employees. He began his tenure with the organization in 1986. Hiott received a Bachelor of Arts degree from Central Wesleyan College and a Master of Education in Counseling and Guidance from Clemson University. He is a member of the South Carolina Behavioral Health Services Association and serves on its Treatment Services Committee. In addition, he is a member of the Pickens County Prescription Drug Abuse Alliance.

Sharon L. Wilson, M.A., FACHE, CEAP, Vice-Chair - Ms. Wilson, of Piedmont, SC, serves as Director of Conscious Leadership Development at the Greenville Health System (GHS) Academy of

Leadership and Professional Development. Prior to that role, she served as Director of Behavioral Health Operations at GHS, where she has worked since 1994. The Pittsburgh native has also worked in community mental health centers and inpatient psychiatric hospitals in Pennsylvania and Virginia. Wilson received her bachelor's degree in Psychology from Indiana University of Pennsylvania, and a master's degree in Management from Webster University. She currently holds a Certification in Employee Assistance Programs (CEAP) and is a Fellow in the American College of Health Care Executives (FACHE). Ms. Wilson joined the South Carolina Mental Health Commission in 2012.

Vacancy

Vacancy

Vacancy

C. Internal Audit and/or Other Risk Mitigation Practices

6. Please provide information about the agency's internal audit process and/or other risk mitigation positions or practices, including: applicable agency positions; a copy of the policy or charter; the date the agency first started performing audits or other risk mitigation practices; the general subject matters audited or for which there are risk mitigation practices; the position of the person who makes the decision of when an internal audit or risk mitigation review is conducted; whether internal auditors or other agency personnel conduct an agency-wide risk assessment routinely; whether internal auditors or other agency personnel routinely evaluate the agency's performance measurement and improvement systems; the total number of audits or reviews performed in the last five fiscal years; and the date of the most recent Peer Review or Self-Assessment by the SC State Internal Auditors Association or other entity (if other entity, name of that entity), if any.

Internal Audit:

The following information is copied verbatim from Directive Number 598-83 which went into effect in 1983.

"TO: All Organizational Components

SUBJECT: Internal Auditing

It is the intent of the South Carolina Mental Health Commission, the governing board of the South Carolina Department of Mental Health, to provide and support an internal audit division as an independent appraisal function to examine and evaluate agency activities as a service to management and the Mental Health Commission. The internal audit division reports administratively to the State Commissioner and functionally to the Audit Committee whose membership consists of members of the Mental Health Commission and the State Commissioner. In carrying out their responsibilities, members of the internal audit division will have full, free, and unrestricted access to all agency activities, records, property and personnel.

The primary objective of the internal audit division is to assist members of management and the Commission in the effective discharge of their responsibilities. To this end, internal audit will furnish them with analyses, recommendations, counsel and information concerning activities reviewed.

Internal audit is a staff function and as such does not have any responsibility or authority over audit areas; therefore, any review or recommendation by internal audit will not in any way relieve the supervisor of the assigned responsibilities inherent with his position.

The missions of the internal audit division are as follows:

1. Review organizations within the agency at appropriate intervals to determine whether they are efficiently and effectively carrying out their functions of planning, organizing, directing and controlling in accordance with Commission or Committee policy, or with management instruction, policies, and procedures, and in a manner that is consonant with both agency objectives and high standards of administrative practice.

2. Determine the adequacy and effectiveness of the agency's systems of internal accounting and operating controls.

3. Review the reliability and integrity of financial information and the means used to identify, measure, classify and report such information.

4. Review the established systems to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations and reports and determine whether the organization is in compliance. Suggest policy where required.

5. Review the means of safeguarding assets and, as appropriate, verify the existence of such assets.

6. Appraise the economy and efficiency with which resources are employed, identify opportunities to improve operating performance, and recommend solutions to problems where appropriate.

7. Review operations and programs to ascertain whether results are consistent with established objectives and goals and whether the operations or programs are being carried out as planned.

8. Coordinate audit efforts with those of the State Auditor's Office and other external auditors and monitor the progress being made to resolve audit exceptions.

9. Participate in the planning, design, development, implementation, and operation of computer-based systems to determine whether (a) adequate controls are incorporated in the systems, (b) system testing is performed at appropriate stages, (c) system documentation is complete and accurate, and (d) the needs of user organizations are met. Conduct periodic audits of computer service areas to determine whether these systems meet their intended purposes and objectives.

10. Submit annual audit plans to the Audit Committee for review and approval.

11. Report to the Audit Committee on whether:

Appropriate action has been taken on significant audit findings.
Audit activities have been directed toward highest exposures to risk and toward increasing efficiency, economy, and effectiveness of operations.
Internal and external audits are coordinated so as to avoid duplications.
Internal audit plans are adequate.
There is any unwarranted restrictions on the staffing and authority of the internal audit division or an access by internal auditors to all agency activities, records, property, and personnel.

12. Report to those members of management who should be informed or who should take corrective action, the result of audit examinations, the audit opinions formed, and the recommendations made.

13. Evaluate any plans or actions taken to correct reported conditions for satisfactory disposition of audit findings. If the corrective actions are considered unsatisfactory, hold further discussions to achieve acceptable disposition.

14. Provide adequate follow-up to make sure that adequate corrective action is taken and that it is effective."

The Internal Audit (IA) Director and her staff are members of the SC State Internal Auditors Association, which references a peer review process. However, SCDMH has not had a peer review through this resource. When the IA Director previously inquired about the process, the association reported having difficulty acquiring enough volunteer auditors to conduct peer reviews.

Risk Mitigation:

SCDMH operates a Risk Management Office under the umbrella of General Counsel.

All well-managed healthcare organizations constantly seek ways to improve services while learning to avoid situations which could adversely affect its patients, employees, visitors, the general public or the organization itself. The South Carolina Department of Mental Health likewise has risk management teams at each of its community mental health centers, hospitals, skilled nursing facilities, the Telepsychiatry Program and its inpatient substance abuse treatment facility. Teams review any event that either did have or potentially could have led to an adverse outcome. The purpose of risk management is not to lay blame or find fault but to improve the quality of care provided by the Department of Mental Health.

All reports of adverse incidents are reviewed by teams comprised of staff at the CMHC, hospital, or other facility responsible for management of the location where this event occurred. While each facility is responsible for selecting participants, teams usually include an administrator, nurse, quality assurance representative, and program managers from different areas of the organization. What specifically happened, what was the actual or possible unfortunate outcome, why the event took place, and what steps could have been taken to mitigate or prevent the consequences are reviewed and discussed. Team findings are shared with management and other staff as appropriate and potentially helpful.

If an incident comes to a Risk Management team which either had serious consequences or might have led to serious consequences, these are referred to the Office of Risk Management in the Department's Administration Building in Columbia. The Office of Risk Management, which is a part of the Office of General Counsel, oversees the reporting and evaluation of Adverse Incidents and informs the appropriate members of SCDMH Management of pertinent trends which may warrant further systemic review.

An early risk management system was developed in the 1970's using the process of a Hospital Board of Inquiry. A peer review process was used for the evaluation of past adverse incidents and has steadily evolved into the present day system.

The current SCDMH Risk Management System still operates under a peer review process. All documents, data, records and information prepared for these and other similar purposes as outlined by State Statue (South Carolina Code Sections 44-7-392 and 40-71-20) are confidential and legally privileged.

D. Laws

The Committee may reference the Legal Standards Chart from the Accountability Report during the study.

E. Deliverables

7. Please complete the Deliverables Chart tab in the attached Excel document.

8. Please complete the Deliverables - Potential Harm Chart tab in the attached Excel document.

F. Organizational Units

9. Please complete the Organizational Units Chart tab in the attached Excel document.

III. Agency Resources and Strategic Plan

10. Please complete the Comprehensive Strategic Finances Chart tab in the attached Excel document to provide the Committee information on agency finances in 2017-18 and 2018-19.

IV. Performance (Study Step 2: Performance)

11. Please complete the Performance Measures Chart tab in the attached Excel document.

V. Strategic Plan Summary

12. Please complete the Comprehensive Strategic Plan Summary Chart tab in the attached Excel document.

VI. Agency Ideas/Recommendations (Study Step 3: Recommendations)

A. Internal Changes

Internal Change #1:
Centralize billing functions for all facilities and community mental health centers.

Stage of change analysis:
- Agency representatives are analyzing the feasibility of implementing.

Presented and approved by Commission:
- Not yet presented to the Commission for consideration.

Performance measure impacted and predicted impact:
- 2.1.1 Will maintain or increase number of billable hours in CMHCs.
- Increase in the number of billing units submitted timely and accurately should help maintain or increase in the number of billable hours in CMHCs.

Strategies /costs impacted and anticipated Impact:
- 2.1 Maximize efficiency of staff as increasing number of third party payers become alternatives to traditional Medicaid to maintain services without burdening taxpayers.
- Although the agency does not have information to provide numerical estimates, centralizing the billing function of all facilities and centers should create economies of scale for staffing and increase expertise of staff with billing duties.

Anticipated implementation date:
- The Agency has not fully analyzed feasibility of idea.

Internal Change #2
Centralize human resource functions for all facilities and community mental health centers.

Stage of change analysis:
- Agency representatives are analyzing the feasibility of implementing.

Presented and approved by Commission:
- Not yet presented to the Commission for consideration.

Performance measure impacted and predicted impact:

- Do not currently have this information.

Strategies/costs impacted and anticipated Impact:

- Do not currently have this information.

Anticipated implementation date:

- The Agency has not fully analyzed feasibility of idea.

B. Law Changes

Law Change # 1

Law: S.C. Code Sections 44-23-10 through 44-23-460.

Summary of current law:
Current law sets the maximum period of 45 days for SCDMH to perform an initial evaluation of a defendant for competency to stand trial. If a defendant is found incompetent but likely to be restored, SCDMH must attempt to restore the defendant at a SCDMH inpatient facility within 60 days.

Agency's recommendation and rationale for revision:
Modify. As outlined in the SC Legislative Audit Council Report of October 2015, research shows that rates of competence restoration are between 75 to 90% with a 6-month inpatient restoration period. If the statute is amended to increase the period for restoration from 60 to 180 days, more defendants are likely to be restored to competency to stand trial. This change, alone, would negatively impact the turnover rate of beds at SCDMH forensic facilities, leading to increased wait times for initial evaluations, inpatient restorations and other forensic services. SCDMH presently directs an enormous amount of resources toward treating forensic patients and keeping the waiting list for all forensic services within a reasonable period. Therefore, any statutory amendment increasing the time for restoration should also include the ability of SCDMH to provide restoration in locations other than its forensic inpatient mental health facilities. Several states permit restoration in jails and outpatient and inpatient, non-forensic settings. This proposed change should reduce the cost of restoration services per defendant and increase the efficiency of the forensic evaluation system as a whole.

Agency's recommended language:
No specific recommended language at this time. Existing statutory models use various methods and safeguards to:

- ensure quality of restoration services;
- evaluate and protect the public safety; and
- provide court oversight within the criminal court setting.

For this reason, specific language is not recommended.

Presented and approved by the Commission:
Not yet presented to the Board.

Other agencies potentially impacted:
South Carolina Department of Corrections, South Carolina Court Administration, Commission on Prosecution Coordination, Commission on Indigent Defense, and county jail and detention facilities.

VII. Additional Documents to Submit

A. Reports

13. Please provide an updated version of the Reports Template from the Accountability Report. In the updated version, please do the following:
    a. Add any reports necessary so the chart is current as of the date of submission of the Program Evaluation Report and include:
        i. Audits performed on the agency by external entities, other than Legislative Audit Council, State Inspector General, or State Auditor's Office, during the last five years;

ii. Audits performed by internal auditors at the agency during the last five years;
iii. Other reports, reviews or publications of the agency, during the last five years, including fact sheets, reports required by provisos, reports required by the federal government, etc.; and

b. Include the website link for each document in the "Method to Access the Report" column, if website link is available. If website link is not available, enter the method by which someone from the public could access the report. If the method is to call or send a request to the agency, please specify to whom the request must be sent and any details the individual must include in the request.
c. Submit an electronic copy of any internal audits that are not posted online.

B. Organizational Charts

14. Please submit the most recent agency organization chart, if the chart has changed since the agency submitted it with the Accountability Report.

VIII. Feedback (Optional)

After completing the Program Evaluation, please provide feedback to the Committee by answering the following questions:

15. What other questions may help the Committee and public understand how the agency operates, budgets, and performs?
16. What are the best ways for the Committee to compare the specific results the agency obtained with the resources the agency invested?
17. What changes to the report questions, format, etc., would agency representatives recommend?
18. What benefits do agency representatives see in the public having access to the information in the report?
19. What are two-three things agency representatives could do differently next time (or it could advise other agencies to do) to complete the report in less time and at a lower cost to the agency?
20. Please provide any other comments or suggestions the agency would like to provide.

Agency Name:	Department of Mental Health		
Agency Code:	J120	Section:	035

Fiscal Year 2017-2018
Accountability Report

Report and External Review Template

Item	Is this a Report, Review, or both?	Report or Review Name	Name of Entity Requesting the Report or Conducting Review	Type of Entity	Reporting Frequency	Current Fiscal Year: Submission Date or Review Timeline (MM/DD/YYYY)	Summary of Information Requested in the Report or Reviewed	Method to Access the Report or Information from the Review
1	External Report and Review	State Auditor's Report	SC State Auditor	State	Annually	June 30, 2018	Agreed upon procedures report	http://osa.sc.gov/reports/
2	Internal Review and Report	Greenville CMHC	SCDMH	State	Other	October 11, 2013	Internal Audit	Attached
3	Internal Review and Report	C.M. Tucker NCC Petty Cash	SCDMH	State	Other	July 14, 2014	Internal Audit	Attached
4	Internal Review and Report	Inpatient Facilities Petty Cash	SCDMH	State	Other	October 28, 2014	Internal Audit	Attached
5	Internal Review and Report	IPS Audit	SCDMH	State	Other	February 28, 2014	Internal Audit	Attached
6	Internal Review and Report	Santee-Wateree CMHC	SCDMH	State	Other	February 24, 2014	Internal Audit	Attached
7	Internal Review and Report	Tri-County CMHC	SCDMH	State	Other	June 10, 2014	Internal Audit	Attached
8	Internal Review and Report	CMTNCC Presonal Funds	SCDMH	State	Other	February 18, 2015	Internal Audit	Attached
9	Internal Review and Report	Coastal Empire CMHC	SCDMH	State	Other	February 20, 2015	Internal Audit	Attached
10	Internal Review and Report	Pee Dee CMHC	SCDMH	State	Other	July 8, 2015	Internal Audit	Attached
11	Internal Review and Report	Bryan Psychiatric	SCDMH	State	Other	February 29, 2016	Internal Audit	Attached
12	Internal Review and Report	AOP CMHC	SCDMH	State	Other	August 28, 2016	Internal Audit	Attached
13	Internal Review and Report	Catawba CMHC	SCDMH	State	Other	February 26, 2016	Internal Audit	Attached
14	Internal Review and Report	Vehicle Management	SCDMH	State	Other	February 14, 2017	Internal Audit	Attached
15	Internal Review and Report	Spartanburg CMHC	SCDMH	State	Other	May 4, 2018	Internal Audit	Attached
16	Internal Review and Report	Santee Wateree CMHC	SCDMH	State	Other	February 2, 2018	Internal Audit	
17	External Review only	2017 SCTA Annual Report	SC Telehealth Alliance	Outside Organization	Annually	December 31, 2017	Growth and progress of telehealth in SC.	
18	Internal Review and Report	Legislative News	SCDMH	State	Monthly	October 31, 2017	Legislation affecting behavioral health	
19	Internal Review and Report	Developments and Acheivements	SCDMH	State	Twice a year	September 24, 2018	Progress of SCDMH in strategice areas	
20	External Review and Report	Program and Fiscal Monitoring Report South Carolina	Substance Abuse and Mental Health Services Administration	Federal	Other	February 26, 2016	Compliance and Fiscal Responsibility for Block Grant Funds	

Agency Name:	#REF!

Agency Code:	#REF!	Section:	#REF!

Fiscal Year 2017-2018
Accountability Report

Legal Standards Template

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

28	SECTION 44-15-40.			Allocation of mental health center funds and review of expenditures.	No		No	
29	SECTION 44-15-50.			Grants for mental health center services.	No		No	
30	SECTION 44-15-60.			Establishment and membership of community mental health center boards.	No		No	
31	SECTION 44-15-70.			Powers and duties of community mental health center boards	No		No	
32	SECTION 44-15-80.			Powers and duties of SCDMH related to mental health centers				
33	SECTION 44-15-90.			Mental health center unexpended appropriations.	No		No	
34	SECTION 44-17-310, et. seq.			Care and Commitment of Mentally Ill Persons				
35	SECTION 44-22-20, et. Seq.			Patients rights				
36	SECTION 44-23-40.			Appeal to court from rules and regulations adopted by SCDMH				
37	SECTION 44-23-210.			Transfer of confined persons to or between SCDMH and DDSN				
38	SECTION 44-23-220.			Inpatient admission of persons in jail.				
39	SECTION 44-23-240.			Criminal liability of anyone causing unwarranted confinement.	No		No	
40	SECTION 44-23-410.			Determining fitness/capacity to stand trial				
41	SECTION 44-23-420.			Fitness to stand trial examiner's report.				
42	SECTION 44-23-430.			Hearing on fitness capacity to stand trial; effect of outcome.				
43	SECTION 44-23-450.			Reexamination of finding of unfitness.				
44	SECTION 44-23-460.			Procedure when SCDMH determines forensic patient no longer requires hospitalization.				
45	SECTION 44-23-1080.			Patients or prisoner denied access to alcoholic, firearms, dangerous weapons and controlled substances.	No		No	
46	SECTION 44-23-1100.			Confidentiality and disclosure of copies of probate judge forms/documents.	No		No	
47	SECTION 44-23-1110.			Charges for patient/client maintenance, care and services.	No		No	
48	SECTION 44-23-1120.			Liability of estate of deceased patient or client	No		No	
49	SECTION 44-23-1130.			Payment contracts for care and treatment by persons legally responsible	No		No	
50	SECTION 44-23-1140.			Lien for care and treatment; filing statement; limitation of action for enforcement.	No		No	
51	SECTION 44-23-1150.			Sexual misconduct with an inmate, patient, or offender.	No		No	
52	SECTION 44- 24-10, et seq.			Commitment of Children in Need of Mental Health Treatment				
53	SECTION 44-25-10, et. seq.			Interstate Compact on Mental Health				
54	SECTION 44-48-10, et. seq.			Sexually Violent Predator commitment, detention, treatment and release			Sexually Violent Predator Treatment	
55	SECTION 44-52-5, et. seq.			Alcohol and Drug Abuse Commitment			Alcohol and Drug Treatment	
56	SECTION 62-5-105.			SCDMH Director or designee may act as conservator for a patient in a SCDMH inpatient facility and funds used for patient's care and maintenance.			Conservator for Patient	
57	SECTION 16-3-1740			This statute authorizes, but does not require that only SCDMH is to provide "mental health treatment or counseling by any court approved … mental health facility, or facility operated by the State Department of Mental Health as part of his sentence."			Stalking	
58	SECTION 44 -24 -230			SCDMH, including its local Mental Health Centers, are not specifically named in this statute. This statute authorizes, but does not require SCDMH/Mental Health Centers to provide evaluation and treatment services. In practice, the local Mental Health Center does provide most evaluation and treatment services to the few Mental Health Courts that exist around the state.			Mental Health Court	
59	Section 23-31-1040 (E)(2)			This statute authorizes, but does not require, that SCDMH provied these services to the court e.g.: "Current Evaluation by the Department of mental health or a Physician specializing in mental health …" SCDMH is not the only provider who may be selected by the Petitioner. In practice, SCDMH does not provide the evaluation or report, and the Petitioner is referred to a local provider for this service.			Restoration of Right to Purchase Guns and/or Ammo	
60	SECTION 43-7-60			This South Carolina state statute implements, for South Carolina, the Federal Law Federal Civil False Claims act 42 CFR Part 485 as described below. SCDMH provides its services consistent with this statute.				

61	35.1.		Proviso	The Department of Mental Health is hereby authorized to retain and expend its Patient Fee Account funds. In addition to funds collected for the maintenance and medical care for patients, Medicare funds collected by the department from patients' Medicare benefits and funds collected by the department from its veteran facilities shall be considered as patient fees. The department is authorized to expend these funds for departmental operations, for capital improvements and debt service under the provisions of Act 1276 of 1970, and for the cost of patients' Medicare Part B premiums. The department shall remit $290,963 to the General Fund, $400,000 to the Continuum of Care, $50,000 to the Alliance for the Mentally Ill, and $250,000 to S.C. Share Self Help Association Regarding Emotions.				Patient Fee Account
62	35.2.		Proviso	The Department of Mental Health is authorized to retain and expend institution generated funds which are budgeted.				Institution Generated Funds
63	35.3.		Proviso	Of the funds appropriated to the Department of Mental Health for Community Mental Health Centers, $900,000 must be used for contractual services to provide respite care and diagnostic services to those who qualify as determined by the Alzheimer's Disease and Related Disorders Association. The department must maximize, to the extent feasible, federal matching dollars. On or before September thirtieth of each year, the Alzheimer's Disease and Related Disorders Association must submit to the department, Governor, Senate Finance Committee, and House Ways and Means Committee an annual financial statement and outcomes measures attained for the fiscal year just ended. These funds may not be expended or transferred during the current fiscal year until the required reports have been received by the department, Governor, Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee. In addition, when instructed by the Executive Budget Office or the General Assembly to reduce funds by a certain percentage, the department may not reduce the funds transferred to the Alzheimer's Disease and Related Disorders Association greater than such stipulated percentage.				Alzheimer's Funding
64	35.4.		Proviso	Of the funds appropriated to the department, $275,000 shall be utilized for the National Alliance on Mental Illness (NAMI) SC for Crisis Intervention Training (CIT).				Crisis Intervention Training
65	35.5.		Proviso	There is created an Uncompensated Patient Care Fund to be used by the department for medical costs incurred for patients. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.				Uncompen - sated Patient Medical Care
66	35.6.		Proviso	The cost of meals may be provided to state employees who are required to work during actual emergencies and emergency simulation exercises when they are not permitted to leave their stations.			Meals in Emergency Operations	
67	35.7.		Proviso	The Department of Mental Health is authorized to establish an interest bearing fund with the State Treasurer to deposit funds for deferred maintenance and other one-time funds from any source. The department is also authorized to retain and deposit into the fund proceeds from the sale of excess real property owned by, under the control of, or assigned to the department. After receiving any required approvals, the department is authorized to expend these funds for the purpose of deferred maintenance, capital projects, and ordinary repair and maintenance. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.				Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance
68	35.8.		Proviso	In the current fiscal year, funds appropriated and authorized to the Department of Mental Health for Lease Payments to the State Fiscal Accountability Authority for the Sexually Violent Predator Program are exempt from any across-the-board base reductions.				Lease Payments to SFAA for SVP Program
69	42 USC section 1320	Federal		In common with most large healthcare providers, SCDMH is a Covered Entity as described by, and subject to this federal law, HIPAA, SCDMH provides its services consistent with this statute.				

70	45 CFR part 164	Federal		Privacy and Security regulations related to HIPAA compliance. SCDMH provides its services consistent with this statute.				
71	42 CFR Part 2	Federal		In common with many alcohol and drug treatment providers, SCDMH operates 1 inpatient alcohol and drug Program (Morris Village in Columbia) and a few limited community mental health center local Programs, as defined by, and subject to this regulation SCDMH provides its services consistent with this statute.				
72	45 USCA section 17932	Federal		Title VI Civil Rights Act is a national law that protects persons from discrimination based on their race, color, or national origin in programs and activities that receive federal financial assistance. SCDMH provides its services consistent with this statute.				
73	29 USC Section 701	Federal		Rehabilitation Act of 1973 is the formula grant programs for vocational rehabilitation, supported employment, independent living, and client assistance. It also authorizes a variety of training and service discretionary grants administered by the Rehabilitation Services Administration. SCDMH provides its services consistent with this statute.				
74	42 USC section 12101	Federal		Americans with Disabilities Act ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. SCDMH provides its services consistent with this statute.				
75	28 CFR Part 35	Federal		28 CFR Part 35 - NONDISCRIMINATION ON THE BASIS OF DISABILITY IN STATE AND LOCAL GOVERNMENT SERVICES. Appendix C to Part 35 - Guidance to Revisions to ADA Title II and Title III Regulations Revising the Meaning and Interpretation. SCDMH provides its services consistent with this statute.				
76	42 USC Section 1997	Federal		Protects the rights of people in state or local correctional facilities, nursing homes, mental health facilities and institutions for people with intellectual and developmental disabilities. SCDMH provides its services consistent with this statute.				
77	42 CFR Part 485	Federal		This pertains to Medicare and Medicaid services Conditions of Participation for applicable Medicare and Medicaid providers. SCDMH provides its services consistent with this law and applicable contracts with Federal and state Health and Human Services.				
78	31 U.S.C. §3729 *et seq.*	Federal		Common to all other Medicare and Medicaid providers, SCDMH is subject to civil liability if: knowingly presents, or causes to be presented, a false or fraudulent claim, record or statement for payment or approval; or conspires to defraud the government by getting a false or fraudulent claim allowed or paid; or uses a false record or statement to avoid or decrease an obligation to pay the Government; and other fraudulent acts enumerated in the statute. SCDMH provides its services consistent with this statute.				
79	2017-11		Executive Order	Every state agency shall be responsible for emergency services as assigned in the South Carolina Emergency Operations Plan and participate in scheduled exercises.				

Deliverables

(Study Step 1: Agency Legal Directives, Plan and Resources)

Agency Responding	**Department of Mental Health**
Date of Submission	**November 19, 2018**

Item #	**Deliverable** (See Guidelines)	**Applicable Laws**	**Is deliverable provided because...** A) Specifically REQUIRED by law (must or shall); B) Specifically ALLOWED by law (may); or C) Not specifically mentioned in law, but PROVIDED TO ACHIEVE the requirements of the applicable law	**Optional - Service or Product component(s)** (List actions needed to provide the deliverable OR if deliverable is too broad to complete the remaining columns, list, on separate rows, each product/service associated with the deliverable for which the agency can complete the remaining columns)	**Associated Organizational Unit**	Does the agency **evaluate the outcome obtained by customers / individuals who receive** the service or product (on an individual or aggregate basis?)	Does the agency know the annual **# of potential customers**?	Does the agency know the annual **# of customers served**?	Does the agency **evaluate customer satisfaction**?	Does the agency know the **cost it incurs, per unit**, to provide the service or product?	Does the law allow the agency to **charge for the service or product**?	**Additional comments from agency** (Optional)
1	Provide mental health treatment and related services.	SC Code of Laws, Sections 44-11-10, 44-11-30, 44-11-60, 44-13-05, 44-13-20, 44-13-30, 44-13-50, 44-13-60, 44-15-20, 44-15-80, 44-17-310, et. seq, 44-22-20, et. seq., 44-23-210, 44-23-220, 44-23-40, 44-23-410, 44-23-420, 44-23-430, 44-23-450, 44-23-460, -44-24-10, et. seq., 44-25-10, et. seq., 44-9-50, 44-9-80, and 44-9-90 and 100.	Require	Provide a governing administrative structure capable of setting policies and procedures, effective management and supervision, and quality controls throughout all organization units.		Yes	Yes	Yes	Yes	Yes	Yes	
2	Provide treatment to sexually violent predators.	SECTION 44-48-10, et. seq.	Require	Provide treatment to people who have served their maximum sentence to correctional facilities yet are determined to remain a threat to the general population.	Sexual Predator Treatment Program		Yes	Yes		Yes	No	
3	Provide inpatient substance abuse treatment.	SECTION 44-52-5, et. seq	Require	Inpatient Service for people whose addictions or other substance abuse cannot be effectively curtailed in an outpatient environment	Addictions	Yes	Yes	Yes	Yes	Yes	Yes	
4	Act as conservator for a patient in a SCDMH inpatient facility	SECTION 62-5-105.	Allow	Receive and administer funds for the betterment of patients in inpatient settings.	Inpatient Mental Health		Yes	Yes		Yes	No	
5	Be prepared to execute State Emergency Operations Plan.	Governor's Executive Order 2017-11	Require	Provide for the mental health needs of all citizens during times of crisis.	General Administration	Yes	Yes	No			No	
6	Conservator for Patient	SECTION 62-5-105.	Allow	Receive and administer funds for the betterment of the patient.								
7	Stalking	SECTION 16-3-1740	Allow	Evaluate people convicted of stalking to determine if mental health treatment is required.	Community Mental Health Services							

The contents of this chart are considered sworn testimony from the Agency Director.

Deliverables

(Study Step 1: Agency Legal Directives, Plan and Resources)

Agency Responding	**Department of Mental Health**
Date of Submission	**November 19, 2018**

Item #	**Deliverable** (See Guidelines)	**Applicable Laws**	**Is deliverable provided because...** A) Specifically REQUIRED by law (must or shall); B) Specifically ALLOWED by law (may); or C) Not specifically mentioned in law, but PROVIDED TO ACHIEVE the requirements of the applicable law	**Optional - Service or Product component(s)** (List actions needed to provide the deliverable OR if deliverable is too broad to complete the remaining columns, list, on separate rows, each product/service associated with the deliverable for which the agency can complete the remaining columns)	**Associated Organizational Unit**	Does the agency **evaluate the outcome obtained by customers / individuals who receive** the service or product (on an individual or aggregate basis?)	Does the agency know the annual **# of potential customers**?	Does the agency know the annual **# of customers served**?	Does the agency **evaluate customer satisfaction**?	Does the agency know the **cost it incurs, per unit**, to provide the service or product?	Does the law allow the agency to **charge for the service or product**?	**Additional comments from agency** (Optional)
8	Mental Health Court	SECTION 44 -24 -230	Allow	Provide mental health services as an alternative to entering the legal system as a defendant.	Community Mental Health Services							
9	Restoration of Right to Purchase Guns and/or Ammo	Section 23-31-1040 (E)(2)	Allow	Evaluate risk to self or others if right to purchase ammunition and/or firearms is reinstated.	Community Mental Health Services							

The contents of this chart are considered sworn testimony from the Agency Director.

Deliverables - Potential Harms

(Study Step 1: Agency Legal Directives, Plan and Resources)

Agency Responding	Department of Mental Health
Date of Submission	November 19, 2018

Item #	Deliverable	Optional - Service or Product component(s)	Greatest potential harm to the public if deliverable is not provided (See Guidelines)	1-3 recommendations to the General Assembly, other than $ and providing the deliverable, for how the General Assembly can help avoid the greatest potential harm (See Guidelines)	Other state agencies whose mission the deliverable may fit within
1	Provide mental health treatment and related services.	Provide a governing administrative structure capable of setting policies and procedures, effective management and supervision, and quality controls throughout all organization units.	Mental illness is a significant health concern nationally as well in South Carolina. Without the public inpatient and community mental health services available through the Department, which are provided without regard to patients ability to pay, tens of thousands of citizens with mental health disorders would be unable to obtain needed treatment. Untreated mental illness is associated with a number of potential harms, from increased mortality, early mortality, increased substance abuse, increased use of emergency services and increased risk of arrest and incarceration.	1. Continue supportive relationship with Department. 2. Explore initiatives to increase the number of individuals trained annually in South Carolina to have an mental health workforce. 3. Participate in efforts to educate the public of mental health needs and services and especially anti-stigma efforts.	Health and Environmental Control Corrections Health and Human Services Juvenile Justice DAODAS Department of Education
2	Provide treatment to sexually violent predators.	Provide treatment to people who have served their maximum sentence to correctional facilities yet are determined to remain a threat to the general population.	With no other agency in South Carolina providing treatment to this potentially dangerous population, people convicted of predatory, sexual crimes could be released when their sentences have been served. At this time, the SC Department of Corrections would need to take this role should SCDMH be unable to continue in this role.	1. Maintain current law as written. 2. 3.	Corrections
3	Provide inpatient substance abuse treatment.	Inpatient Service for people whose addictions or other substance abuse cannot be effectively curtailed in an outpatient environment.	Abuse of alcohol and other addictive substances affect South Carolinians just as significantly as people nationally. Death is not an uncommon side-effect of substance abuse whether it be accidental overdose, motor vehicle accidents, loss of control leading to violence or suicide, The cost associated with certain drugs of abuse also results in increased criminal activities. People without financial resources or third party payments who require inpatient substance abuse treatment would not have access to those services.	1. Support public education initiatives to increase awareness of substance abuse issues. Promote education efforts specifically for medical practitioners to become aware of symptoms of addiction and raise concern when prescribing potentially addictive medication. 2. Continued support for efforts such as recent initiative resulting in creation of the South Carolina Emergency Opioid Response Plan. 3.	Department of Alcohol and other Drug Abuse Services Department of Motor Vehicles State Law Enforcement Division Emergency Management Division
4	Act as conservator for a patient in a SCDMH inpatient facility	Receive and administer funds for the betterment of patients in inpatient settings.	Without the ability to act in this capacity, funds intended for the benefit of SCDMH patients and reimburse inpatient facilities for their treatment and care could be used by family members (or others) without regard for patient needs.	1. Support current law. 2. 3.	None
5	Be prepared to execute State Emergency Operations Plan.	Provide for the mental health needs of all citizens during times of crisis.	Everyone who experiences a disaster or traumatic event will be affected in some way. While most people are resilient and will recover, some will have difficulty dealing with stress and grief which are common reactions to disasters. Not only the people who experience the event itself, but fire-fighters, law enforcement, National Guard units, and all first responders are potentially vulnerable. SCDMH prepares, drills, and participates in disaster related activities with local South Carolina communities, volunteer organizations, and partnering with state and national agencies.	1. Continue participation with emergency preparedness drills. 2. Increased recognition of SCDMH support in communities affected by disasters and other calamities. 3.	SC Emergency Management Health and Environmental Control Social Services Vocational Rehabilitation Health and Human Services

The contents of this chart are considered sworn testimony from the Agency Director.

Organizational Units

(Study Step 1: Agency Legal Directives, Plan and Resources)

Agency Responding	**Department of Mental Health**
Date of Submission	**November 19, 2018**

Did the agency make efforts to obtain information from employees leaving the agency (e.g., exit interview, survey, evaluation, etc.)? (Y/N)	2015-16: Yes, Exit Interviews. 2016-17: Yes, Exit Interviews. 2017-18: Yes, Exit Interviews.

Organizational Unit	**Purpose of Organizational Unit**	**Year**	**Average Number of Employees** in the organizational unit (see Guidelines for how to calculate)	**Turnover Rate** in the organizational unit	Did the agency evaluate and track **employee satisfaction** in the organizational unit?	Did the agency allow for **anonymous feedback from employees** in the organizational unit?	**Did any of the jobs** in the organizational unit **require a certification** (e.g., teaching, medical, accounting, etc.)?	If yes, in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
Addictions	Services delivered in a hospital setting for adult Patients whose conditions are severe enough that they are not able to be treated in the community.	**2015-16**	**152.6**	12.45%	No	No	Yes	Some
		2016-17	**157**	15.29%	No	No	Yes	Some
		2017-18	**165.8**	15.68%	No	No	Yes	Some
Clinical & Support Services	Nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	**2015-16**	**373.4**	15.53%	No	No	Yes	Some
		2016-17	**363.4**	22.29%	No	No	Yes	Some
		2017-18	**365.2**	17.80%	No	No	Yes	Some
Community Mental Health	Services delivered from the seventeen mental health centers that include: evaluation, assessment, and intake of Patients; short-term outpatient treatment; and continuing support services.	**2015-16**	**2049.8**	16.05%	No	No	Yes	Some
		2016-17	**2062**	18.33%	No	No	Yes	Some
		2017-18	**2078.8**	21.55%	No	No	Yes	Some
General Administration	Primarily provides for long-range planning, performance and clinical standards, evaluation and quality assurance and legal counsel.	**2015-16**	**45.6**	4.39%	No	No	Yes	Some
		2016-17	**47**	14.89%	No	No	Yes	Some
		2017-18	**44.6**	11.21%	No	No	Yes	Some
Inpatient Mental Health	Services delivered in a hospital setting for adult and child Patients whose conditions are severe enough that they are not able to be treated in the community.	**2015-16**	**976**	25.10%	No	No	Yes	Some
		2016-17	**924**	35.50%	No	No	Yes	Some
		2017-18	**866**	32.22%	No	No	Yes	Some

The contents of this chart are considered sworn testimony from the Agency Director.

Organizational Units

(Study Step 1: Agency Legal Directives, Plan and Resources)

Organizational Unit	Purpose of Organizational Unit	Year	Average Number of Employees in the organizational unit (see Guidelines for how to calculate)	Turnover Rate in the organizational unit	Did the agency evaluate and track employee satisfaction in the organizational unit?	Did the agency allow for anonymous feedback from employees in the organizational unit?	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.)?	If yes, in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
Long-Term Care	Residential care for individuals and veterans with mental illness whose medical conditions are persistently fragile enough to require long-term nursing care.	2015-16	340.8	35.21%	No	No	Yes	Some
		2016-17	342.2	23.67%	No	No	Yes	Some
		2017-18	370.6	22.67%	No	No	Yes	Some
Sexual Predator Treatment Program	Treatment for civilly-committed individuals found by the courts to be sexually violent predators. Mandated by the Sexually Violent Predator Act, Section 44-48-10 et al.	2015-16	138.6	17.32%	No	No	Yes	Some
		2016-17	67	83.58%	No	No	Yes	Some
		2017-18	22.2	0.00%	No	No	Yes	Some

The contents of this chart are considered sworn testimony from the Agency Director.

Comprehensive Strategic Finances

(Study Step 1: Agency Legal Directives, Plan and Resources)

Agency Reconciling	**Department of Mental Health**
Date of Submission	**November 19, 2018**

If the agency feels additional explanation of data provided in any of the sections below would assist those reading the document in better understanding the data please add a row under the applicable section, label it "Additional Notes," and enter the additional explanation.

Fiscal Year 2017-18

Line #	START OF YEAR FINANCIAL RESOURCES AVAILABLE (2017-18)		General Administration			Community Mental Health			Inpatient Mental Health			Addictions			Clinical & Support Services			Long-Term Care			Sexual Predator Treatment Program			Employee Benefits		
	Revenue (generated or received) sources	**Total**	Source #1	Source #2	Source #3	Source #1	Source #2	Source #3	Source #1	Source #2	Source #3	Source #1	Source #2	Source #3	Source #1	Source #2	Source #3	Source #1	Source #2	Source #3	Source #1	Source #2	Source #3	Source #1	Source #2	Source #3
1A	Revenue (generated or received) Source (do not combine recurring with one-time and please list the sources deposited in the same SCEIS Fund in respective columns)	N/A	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal
2A	Recurring or one-time?	N/A	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
3A	State, Federal, or Other?	N/A	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal
3A-2	Organizational Unit (or all agency) that generated or received the money	N/A	General Administration	General Administration	General Administration	Community Mental Health	Community Mental Health	Community Mental Health	Inpatient Mental Health	Inpatient Mental Health	Inpatient Mental Health	Addictions	Addictions	Addictions	Clinical & Support Services	Clinical & Support Services	Clinical & Support Services	Long-Term Care	Long-Term Care	Long-Term Care	Sexual Predator Treatment Proeram	Sexual Predator Treatment Proeram	Sexual Predator Treatment Proeram	Employee Benefits	Employee Benefits	Employee Benefits
3A-3	Indicate whether revenue is generated (by agency through sale of deliverables or application for grants) or received (from state or set federal matching formula)?	N/A	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency
4A	Does this money remain with the agency or go to the General Fund?	N/A	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency
	Revenue (generated or received) last year	**Total**																								
5A	**Total generated or received by June 30, 2017 (end of 2016-17**	**$ 212,033,721**	$ -	$ 121,526	$ -	$ -	$ 71,596,764	$ 14,729,841	$ -	$ 47,307,205	$ -	$ -	$ 3,268,248	$ -	$ -	$ 2,749,724	$ -	$ -	$ 43,717,874	$ -	$ -	$ -	$ -	$ -	$ 26,667,766	$ 1,874,773
	Where revenue (generated or received) appears in SCEIS	**Total**																								
6A	SCEIS Fund # (Expendable Level - 8 digit) (full set of financials available for each through SCEIS); same Fund may be in multiple columns if multiple funding sources are deposited into it	N/A	10010000, 10010006	37570001, 37640002	N/A	10010000, 10010001, 10010002, 10010003, 10010004, 10010005, 10010006, 10010022, 10010025	30370003, 30370004, 30370005, 30370009, 30370031, 30370040, 32830000, 34660000, 34660001, 34660002, 37570001, 37640000, 37640002, 37640003,	50550000	10010000, 10010023	30370004, 37570000, 37570001, 37640000, 37640001, 37790000	N/A	10010000, 10010023	34670000, 37570001, 37790000	N/A	10010000	30370003, 30370004, 30370031, 37570001, 37640002, 37790000, 60000001	50550000	10010000, 10010023	30370004, 37570001, 37570003, 37640000, 37790000	N/A	10010000	30370003	N/A	10010000, 10010001, 10010003, 10010005, 10010006, 10010022, 10010025	30370003, 30370005, 30370031, 32830000, 34660000, 34660001, 34660002, 34670000, 37570001, 37570003, 37640000, 37640001, 37640002, 37640003,	50550000
7A	SCEIS Fund Description	N/A	General Fund, Rural Initiative Other	Institutional Revenue, Non-Recurring Medicaid	N/A	General Fund, Crisis Intervention, Community Housing, ACT Programs, Crisis Stabilization, Rural Initiative, Rural Initiative Other, Crisis Expansion, School Based Services	Ensor Trust, Donations Unrestricted, Donations Restricted, Pee Dee MHC, Special Deposits/Grants, NASHMPD, Special Programs, Operation of Clinics, County Appropriations, MCO Operations, Institutional Revenue, Medicaid Reimbursement, Non-Recurring Medicaid, Medicaid Cash Match, Patient Fee Account.	Federal	General Fund, Uncompensated Patient Care	Donations Unrestricted, Operating Revenue, Institutional Revenue, Medicaid Reimbursement, Disproportionate Share, Patient Fee Account	N/A	General Fund, Uncompensated Patient Care	Drug Fines, Institutional Revenue, Patient Fee Account	N/A	General Fund	Ensor Trust, Donations Unrestricted, Special Deposits/Grants, Institutional Revenue, Non-Recurring Medicaid, Patient Fee Account, Donations	Federal	General Fund, Uncompensated Patient Care	Donations Unrestricted, Institutional Revenue, Veterans Administration, Medicaid Reimbursement, Patient Fee Account	N/A	General Fund	Ensor Trust	N/A	General Fund, Crisis Intervention, ACT Programs, Rural Initiative, Rural Initiative Other, Crisis Expansion, School Based Program	Ensor Trust, Donations Restricted, Special Deposits/Grants, Special Programs, Operation of Clinics, County Appropriation, MCO Operations, Drug Fines, Institutional Revenue, Veterans Administration, Medicaid Reimbursement, Disproportionate Share, Non-Recurring Medicaid, Medicaid Cash Match. Patient	Federal Funds
	Cash balances at start of the year - (Cash balance for each Source of Fund should be entered only once and appear in the column where the Source of Fund is first listed)	**Total**																								
8A-2	Cash balance at the end of 2015-16	**$ 43,046,225**	$ -	$ 18,523	$ -	$ -	$ 16,607,764	$ (919,764)	$ -	$ 11,061,262	$ -	$ -	$ 653,960	$ -	$ -	$ 404,976	$ -	$ -	$ 9,160,216	$ -	$ -	$ -	$ -	$ -	$ 6,152,990	$ (93,702)
8A-3	Change in cash balance during 2016-17	**$ 21,681,182**	$ -	$ 22,238	$ -	$ -	$ 7,406,653	$ 190,691	$ -	$ 4,806,144	$ -	$ -	$ 442,250	$ -	$ -	$ 517,314	$ -	$ -	$ 5,503,285	$ -	$ -	$ -	$ -	$ -	$ 2,791,689	$ 908
8A	**Total cash balance as of July 1, 2017 (start of 2017-18)**	**$ 64,727,407**	$ -	$ 40,761	$ -	$ -	$ 24,014,417	$ (729,073)	$ -	$ 15,867,406	$ -	$ -	$ 1,096,210	$ -	$ -	$ 922,290	$ -	$ -	$ 14,663,501	$ -	$ -	$ -	$ -	$ -	$ 8,944,689	$ (92,794)
	RESOURCES AGENCY IS ALLOWED TO USE (2017-18)																									
	General Appropriations Act Programs	**Total**																								
9A	State Funded Program #	N/A	0100.000000.000	0100.000000.000	0100.000000.000	7000.050500.000 7000.051001.000	7000.050500.000 7000.051001.000 7000.051005X000 7000.051006X000	7000.050500.000 7000.051001.000	7000.101000.000 7000.100510.000 7000.100505.000 7000.101500.000 7000.101501.000	7000.101000.000 7000.100510.000 7000.100505.000 7000.101500.000 7000.101501.000	7000.101000.000 7000.100510.000 7000.100505.000 7000.101500.000 7000.101501.000	7000.201000.000	7000.201000.000	7000.201000.000	7000.500500.000 7000.501000.000 7000.502000.000 7000.501500.000	7000.500500.000 7000.501000.000 7000.502000.000 7000.501500.000	7000.500500.000 7000.501000.000 7000.502000.000 7000.501500.000	7000.550100.000 7000.550300.000 7000.550400.000 7000.551000.000	7000.550100.000 7000.550300.000 7000.550400.000 7000.551000.000	7000.550100.000 7000.550300.000 7000.550400.000 7000.551000.000	7000.600000.000	7000.600000.000	7000.600000.000	9500.050000.000	9500.050000.000	9500.050000.000
10A	State Funded Program Description in the General Appropriations Act	N/A	General Administration	General Administration	General Administration	Community Mental Health, Projects & Grants	Community Mental Health, Projects & Grants, SCSHARE, NAMI	Community Mental Health, Projects & Grants	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Morris Village	Morris Village	Morris Village	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Employee Benefits	Employee Benefits	Employee Benefits
	Amounts Appropriated and Authorized (i.e. allowed to spend)	**Total**																								
	Note: Appropriations and authorizations are based on cash available and amounts estimated to receive during the year																									
11A	Amounts appropriated, and amounts authorized, to the agency for 2016-17 that were not spent AND the agency can spend in 2017-18	**$ 64,727,407**	$ -	$ 40,761	$ -	$ -	$ 24,014,417	$ (729,073)	$ -	$ 15,867,406	$ -	$ -	$ 1,096,210	$ -	$ -	$ 922,290	$ -	$ -	$ 14,663,501	$ -	$ -	$ -	$ -	$ -	$ 8,944,689	$ (92,794)
12A	2017-18 Appropriations & Authorizations to agency (start of year)	**$ 483,006,966**	$ 3,757,249	$ 711,618	$ -	$ 64,500,143	$ 75,455,744	$ 17,613,732	$ 43,532,339	$ 60,825,812	$ -	$ 7,585,687	$ 5,383,257	$ -	$ 25,858,691	$ 8,729,271	$ -	$ 23,126,165	$ 48,305,194	$ -	$ 19,857,676	$ -	$ -	$ 45,261,637	$ 30,945,555	$ 1,557,196
13A	**Total allowed to spend at START of 2017-18**	**$ 547,734,373**	$ 3,757,249	$ 752,379	$ -	$ 64,500,143	$ 99,470,161	$ 16,884,659	$ 43,532,339	$ 76,693,218	$ -	$ 7,585,687	$ 6,479,467	$ -	$ 25,858,691	$ 9,651,561	$ -	$ 23,126,165	$ 62,968,695	$ -	$ 19,857,676	$ -	$ -	$ 45,261,637	$ 39,890,244	$ 1,464,402
14A	2017-18 Appropriations & Authorizations to agency (during the year)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
15A	**Total allowed to spend by END of 2017-18**	**$ 547,734,373**	$ 3,757,249	$ 752,379	$ -	$ 64,500,143	$ 99,470,161	$ 16,884,659	$ 43,532,339	$ 76,693,218	$ -	$ 7,585,687	$ 6,479,467	$ -	$ 25,858,691	$ 9,651,561	$ -	$ 23,126,165	$ 62,968,695	$ -	$ 19,857,676	$ -	$ -	$ 45,261,637	$ 39,890,244	$ 1,464,402
	Percentage of total funds allowed to spend (will auto-calculate)	100.00%	0.69%	0.14%	0.00%	11.78%	13220.75%	2244.17%	257.82%	454.27%	0.00%	44.93%	8.45%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	852.42%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	HOW RESOURCES ARE UTILIZED (2017-18)																									
	How Something is Tracked	**Total**																								
16A	Database(s) through which expenditures are tracked	N/A	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS
	Summary of Resources Available	**Total**																								
17A	Source of Funds	N/A	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal
18A	If source of funds is multi-year grant. # of years. including this year. remaining	N/A																								
19A	External restrictions (from state/federal government. grant issuer. etc.). If any. on use of funds	N/A																								
20A	State Funded Program Description in the General Appropriations Act	N/A	General Administration	General Administration	General Administration	Community Mental Health, Projects & Grants	Community Mental Health, Projects & Grants, SCSHARE, NAMI	Community Mental Health, Projects & Grants	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Morris Village	Morris Village	Morris Village	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Employee Benefits	Employee Benefits	Employee Benefits
21A	Total Appropriated and Authorized (i.e. allowed to spend) by the end of 2016-17	**$ 547,734,373**	$ 3,757,249	$ 752,379	$ -	$ 64,500,143	$ 99,470,161	$ 16,884,659	$ 43,532,339	$ 76,693,218	$ -	$ 7,585,687	$ 6,479,467	$ -	$ 25,858,691	$ 9,651,561	$ -	$ 23,126,165	$ 62,968,695	$ -	$ 19,857,676	$ -	$ -	$ 45,261,637	$ 39,890,244	$ 1,464,402

	Toward Agency's 2017-18 Comprehensive Strategic Plan (By Strategy)		**Federal**	**State**	**Other**
	Goal 1: Assure quality mental health services are available.				
	Strategy 1.1: Assure psychiatric inpatient and community based services exceed national standards.	**Community Mental Health Services Inpatient Services**	$ 13,355,099	$ 66,139,528	$ 65,806,279
					$ - $ 42,495,345 $ 43,337,375
	Goal 2: Provide quality inpatient substance abuse treatment.				
	Strategy 2.1: Minimize number of patients returning for treatment services.	**Inpatient Substance Abuse Treatment**			$ - $ 7,372,082 $ 3,679,679
	Goal 3: Provide highest standard of Long-Term care for SC Veterans and other citizens.				
	Strategy 3.1: Assure Long-Term Care facilities meet or exceed national standards.	**Residential Care for Veterans and Adults with Mental Illness**			$ - $ 23,566,183 $ 42,460,092
	Goal 4: Assure convicted sexual predators continue to receive treatment in an inpatient setting until deemed no longer a threat to other citizens.				
	Strategy 4.1: Provide quality treatment in a secure setting.	**Treatment for Sexually Violent Predators**			$ - $ 19,759,891 $ 2,278
	Goal 5: Provide the necessary administrative and clinical services necessary to appropriately support all organizational components of SCDMH.				
	Strategy 5.1: Provide long-range planning, assure performance and clinical standards, evaluation and quality assurance, and legal counsel.	**Provides for long-range planning, performance and clinical standards, evaluation and quality assurance and legal counsel.**	$ -	$ 3,925,623	$ 37,389

Comprehensive Strategic Finances
(Study Step 1: Agency Legal Directives, Plan and Resources)

Row	Item	Total	General Administration (General)	General Administration (Other)	General Administration (Federal)	Community Mental Health (General)	Community Mental Health (Other)	Community Mental Health (Federal)
	Agency Responding	Department of Mental Health						
	Date of Submission	November 19, 2018						
	Strategy 5.2: Ensure nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	Includes supports such as nutritional services for inpatient facilities, public safety, information technology, financial and human resources, and other supportive services						
	Note: Cost of Benefits are not budgeted in the above categories as SCDMH treats these as a separate cost expenditure. The amount spent for each year is the total for the Department							
	Goal 1: Enter Goal 1 **(Please Refer to the Strategic Plan Summary)**							
	Strategy 1.1: Enter Strategy 1.1							
	Insert as many additional rows as needed to include entire strategic plan							
22A	**Total spent toward Strategic Plan**	**$ 435,370,465**	$ -	$ 3,925,623	$ 37,389	$ 13,355,099	$ 66,139,528	$ 65,806,279
22A-2	Prior to receiving these report guidelines, did the agency have a comprehensive strategic plan? (enter Yes or No after the question mark in this cell)	**Yes.**						
23A	**Spent/Transferred not toward Agency's Comprehensive Strategic Plan**	**Total**						
	Insert each unrelated purpose on a separate row; add as many rows as needed	$ -	$ -	$ -	$ -	$ -	$ -	$ -
24A	**Total not toward Strategic Plan in 2017-18**	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -
	END OF YEAR AMOUNT REMAINING (2017-18)							
	Appropriations and Authorizations remaining at end of year	**Total**						
25A	Source of Funds	**N/A**	General	Other	Federal	General	Other	Federal
26A	Recurring or one-time?	**N/A**	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
27A	State, Federal, or Other?	**N/A**	State	Other	Federal	State	Other	Federal
28A	State Funded Program Description in the General Appropriations Act	**N/A**	General Administration	General Administration	General Administration	Community Mental Health, Projects & Grants	Community Mental Health, Projects & Grants, SCSHARE, NAMI	Community Mental Health, Projects & Grants
29A	Total allowed to spend by END of 2017-18	**$ 547,734,373**	$ 3,757,249	$ 752,379	$ -	$ 64,500,143	$ 99,470,161	$ 16,884,659
30A	(minus) Spent to Achieve Agency's Comprehensive Strategic Plan	**$ 435,370,465**	$ -	$ 3,925,623	$ 37,389	$ 13,355,099	$ 66,139,528	$ 65,806,279
31A	(minus) Spending/Transferring agency does not control	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -
32A	**Appropriations and authorizations remaining from 2017-18**	**$ 112,363,908**	$ 3,757,249	$ (3,173,244)	$ (37,389)	$ 51,145,044	$ 33,330,633	$ (48,921,620)

Row	Item	Harris Hospital (General)	Harris Hospital (Other)	Harris Hospital (Federal)	Morris Village (General)	Morris Village (Other)	Morris Village (Federal)
22A	Total spent toward Strategic Plan	$ -	$ 42,495,345	$ 43,337,375	$ -	$ 7,372,082	$ 3,679,679
	Insert each unrelated purpose on a separate row	$ -	$ -	$ -	$ -	$ -	$ -
24A	Total not toward Strategic Plan in 2017-18	$ -	$ -	$ -	$ -	$ -	$ -
25A	Source of Funds	General	Other	Federal	General	Other	Federal
26A	Recurring or one-time?	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
27A	State, Federal, or Other?	State	Other	Federal	State	Other	Federal
28A	State Funded Program Description in the General Appropriations Act	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Hall	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Hall	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Hall	Morris Village	Morris Village	Morris Village
29A	Total allowed to spend by END of 2017-18	$ 43,532,339	$ 76,693,218	$ -	$ 7,585,687	$ 6,479,467	$ -
30A	(minus) Spent to Achieve Agency's Comprehensive Strategic Plan	$ -	$ 42,495,345	$ 43,337,375	$ -	$ 7,372,082	$ 3,679,679
31A	(minus) Spending/Transferring agency does not control	$ -	$ -	$ -	$ -	$ -	$ -
32A	Appropriations and authorizations remaining from 2017-18	$ 43,532,339	$ 34,197,873	$ (43,337,375)	$ 7,585,687	$ (892,615)	$ (3,679,679)

Row	Item	Support Services (General)	Support Services (Other)	Support Services (Federal)	Stone Pavilion (General)	Stone Pavilion (Other)	Stone Pavilion (Federal)
	Strategy 5.2	$ 109,473	$ 28,511,262	$ 2,448,612			
22A	Total spent toward Strategic Plan	$ 109,473	$ 28,511,262	$ 2,448,612	$ -	$ 23,566,183	$ 42,460,092
	Insert each unrelated purpose on a separate row	$ -	$ -	$ -	$ -	$ -	$ -
24A	Total not toward Strategic Plan in 2017-18	$ -	$ -	$ -	$ -	$ -	$ -
25A	Source of Funds	General	Other	Federal	General	Other	Federal
26A	Recurring or one-time?	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
27A	State, Federal, or Other?	State	Other	Federal	State	Other	Federal
28A	State Funded Program Description in the General Appropriations Act	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion
29A	Total allowed to spend by END of 2017-18	$ 25,858,691	$ 9,651,561	$ -	$ 23,126,165	$ 62,968,695	$ -
30A	(minus) Spent to Achieve Agency's Comprehensive Strategic Plan	$ 109,473	$ 28,511,262	$ 2,448,612	$ -	$ 23,566,183	$ 42,460,092
31A	(minus) Spending/Transferring agency does not control	$ -	$ -	$ -	$ -	$ -	$ -
32A	Appropriations and authorizations remaining from 2017-18	$ 25,749,218	$ (18,859,701)	$ (2,448,612)	$ 23,126,165	$ 39,402,512	$ (42,460,092)

Row	Item	Sexual Predator Treatment Program (General)	Sexual Predator Treatment Program (Other)	Sexual Predator Treatment Program (Federal)	Employee Benefits (General)	Employee Benefits (Other)	Employee Benefits (Federal)
	Note: Cost of Benefits				$ 1,524,119	$ 45,372,449	$ 25,467,707
22A	Total spent toward Strategic Plan	$ -	$ 19,759,891	$ 2,278	$ 1,524,119	$ 45,372,449	$ 25,467,707
	Insert each unrelated purpose on a separate row	$ -	$ -	$ -	$ -	$ -	$ -
24A	Total not toward Strategic Plan in 2017-18	$ -	$ -	$ -	$ -	$ -	$ -
25A	Source of Funds	General	Other	Federal	General	Other	Federal
26A	Recurring or one-time?	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
27A	State, Federal, or Other?	State	Other	Federal	State	Other	Federal
28A	State Funded Program Description in the General Appropriations Act	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Employee Benefits	Employee Benefits	Employee Benefits
29A	Total allowed to spend by END of 2017-18	$ 19,857,676	$ -	$ -	$ 45,261,637	$ 39,890,244	$ 1,464,402
30A	(minus) Spent to Achieve Agency's Comprehensive Strategic Plan	$ -	$ 19,759,891	$ 2,278	$ 1,524,119	$ 45,372,449	$ 25,467,707
31A	(minus) Spending/Transferring agency does not control	$ -	$ -	$ -	$ -	$ -	$ -
32A	Appropriations and authorizations remaining from 2017-18	$ 19,857,676	$ (19,759,891)	$ (2,278)	$ 43,737,518	$ (5,482,205)	$ (24,003,305)

Comprehensive Strategic Finances

(Study Step 1: Agency Legal Directives, Plan and Resources)

Agency Reconciling	Department of Mental Health
Date of Submission	November 19, 2018

Fiscal Year 2018-19

Line #	START OF YEAR FINANCIAL RESOURCES AVAILABLE (2018-19)																											
	Revenue (generated or received) sources	**Total**	Source #1	Source #2	Source #3	Source #4	Source #3	Source #4	Source #1	Source #2	Source #3	Source #4	Source #3	Source #4	Source #1	Source #2	Source #3	Source #4	Source #3	Source #4	Source #1	Source #2	Source #3	Source #4	Source #3	Source #4		
1B	Revenue (generated or received) Source (do not combine recurring with one-time and please list the sources descended in the same SCEIS Fund in consecutive columns)	N/A	General	Other	Federal	State	Other	Federal	General	Other	Federal	State	Other	Federal	General	Other	Federal	State	Other	Federal	General	Other	Federal	State	Other	Federal		
2B	Recurring or one-time?	N/A	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring		
3B	State. Federal. or Other?	N/A	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal		
3B-2	Organizational Unit (or all agency) that generated or received the money	N/A	General Administration	General Administration	General Administration	Community Mental Health	Community Mental Health	Community Mental Health	Inpatient Mental Health	Inpatient Mental Health	Inpatient Mental Health	Addictions	Addictions	Addictions	Clinical & Support Services	Clinical & Support Services	Clinical & Support Services	Long-Term Care	Long-Term Care	Long-Term Care	Sexual Predator Treatment Proaram	Sexual Predator Treatment Proaram	Sexual Predator Treatment Proaram	Employee Benefits	Employee Benefits	Employee Benefits		
3B-3	Indicate whether revenue is generated (by agency through sale of deliverables or application for grants) or received (from state or set federal matchinal formula)?	N/A	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency	Generated by agency	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency	Received from state or set federal match	Generated by agency	Generated by agency		
4B	Does this money remain with the agency or go to the General Fund?	N/A	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency	Remain with agency		
	Revenue (generated or received) last year	**Total**																										
5B	**Total generated or received by June 30. 2018 (end of 2017-18)**	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
	Where revenue (generated or received) appears in SCEIS	**Total**																										
6B	SCEIS Fund # (Expendable Level - 8 digit) (full set of financials available for each through SCEIS); same Fund may be in multiple columns if multiple funding sources are deposited into it	N/A	10010000, 10010006	37570001, 37640002	N/A	10010000, 10010001, 10010002, 10010003,	30370003, 30370004, 30370005, 30370009,	50550000	10010000, 10010023	30370004, 37570000, 37570001, 37640000,	N/A	10010000, 10010023	34670000, 37570001, 37790000	N/A	10010000	30370003, 30370004, 30370031, 37570001,	50550000	10010000, 10010023	30370004, 37570001, 37570003, 37640000,	N/A	10010000	30370003	N/A	10010000, 10010001, 10010003, 10010005,	30370003, 30370005, 30370031, 32830000,	50550000	
7B	SCEIS Fund Description	N/A	General Fund, Rural Initiative Other	Institutional Revenue, Non-Recurring Medicaid	N/A	General Fund, Crisis Intervention, Community Housing, ACT Programs, Crisis Stabilization, Rural Initiative, Rural Initiative Other, Crisis Expansion, School Based Services	Ensor Trust, Donations Unrestricted, Donations Restricted, Pee Dee MHC, Special Deposits/Grants, NASHMPD, Special Programs, Operation of Clinics, County Appropriations, MCO Operations, Institutional Revenue, Medicaid Reimbursement, Non-Recurring Medicaid, Medicaid Cash Match, Patient Fee Account.	Federal	General Fund, Uncompensated Patient Care	Donations Unrestricted, Operating Revenue, Institutional Revenue, Medicaid Reimbursement, Disproportionate Share, Patient Fee Account	N/A	General Fund, Uncompensated Patient Care	Drug Fines, Institutional Revenue, Patient Fee Account	N/A	General Fund	Ensor Trust, Donations Unrestricted, Special Deposits/Grants, Institutional Revenue, Non-Recurring Medicaid, Patient Fee Account, Donations	Federal	General Fund, Uncompensated Patient Care	Donations Unrestricted, Institutional Revenue, Veterans Administration, Medicaid Reimbursement, Patient Fee Account	N/A	General Fund	Ensor Trust	N/A	General Fund, Crisis Intervention, ACT Programs, Rural Initiative, Rural Initiative Other, Crisis Expansion, School Based Program	Ensor Trust, Donations Restricted, Special Deposits/Grants, Special Programs, Operation of Clinics, County Appropriation, MCO Operations, Drug Fines, Institutional Revenue, Veterans Administration, Medicaid Reimbursement, Disproportionate Share, Non-Recurring Medicaid, Medicaid Cash Match. Patient	Federal Funds	
	Cash balances at start of the year - (Cash balance for each Source of Fund should be entered only once and appear in the column where the Source of Fund is first listed)	**Total**																										
8B-2	Cash balance at the end of 2016-17	**$ 49.727.407**	$ -	$ 40.761	$ -	$ -	$ 9.014.417	$ (729.073)	$ -	$ 15.867.406	$ -	$ -	$ 1.096.210	$ -	$ -	$ 922.290	$ -	$ -	$ 14.663.501	$ -	$ -	$ -	$ -	$ -	$ -	$ 8.944.689	$ (92.794)	
8B-3	Change in cash balance during 2017-18	**$ 24.974.444**	$ -	$ (22.118)	$ -	$ -	$ 8.797.756	$ (754.064)	$ -	$ 5.741.374	$ -	$ -	$ 738.543	$ -	$ -	$ 299.767	$ (12.157)	$ -	$ 6.507.850	$ -	$ -	$ -	$ -	$ -	$ -	$ 3.753.958	$ (76.465)	
8B	**Total cash balance as of July 1. 2018 (start of 2018-19)**	**$ 74.701.851**	$ -	$ 18.643	$ -	$ -	$ 17.812.173	$ (1.483.137)	$ -	$ 21.608.780	$ -	$ -	$ 1.834.753	$ -	$ -	$ 1.222.057	$ (12.157)	$ -	$ 21.171.351	$ -	$ -	$ -	$ -	$ -	$ -	$ 12.698.647	$ (169.259)	
	RESOURCES AGENCY IS ALLOWED TO USE (2018-19)																											
	General Appropriations Act Programs	**Total**																										
9B	State Funded Program #	N/A	0100.000000.000	0100.000000.000	0100.000000.000	7000.050500.000 7000.051001.000	7000.050500.000 7000.051001.000 7000.051005X000 7000.051006X000	7000.050500.000 7000.051001.000	7000.101000.000 7000.100510.000 7000.100505.000 7000.101500.000 7000.100515.000	7000.101000.000 7000.100510.000 7000.100505.000 7000.101500.000 7000.100515.000	7000.101000.000 7000.100510.000 7000.100505.000 7000.101500.000 7000.100515.000	7000.201000.000	7000.201000.000	7000.201000.000	7000.500500.000 7000.501000.000 7000.502000.000 7000.501500.000	7000.500500.000 7000.501000.000 7000.502000.000 7000.501500.000	7000.500500.000 7000.501000.000 7000.502000.000 7000.501500.000	7000.550100.000 7000.550300.000 7000.550400.000 7000.551000.000	7000.550100.000 7000.550300.000 7000.550400.000 7000.551000.000	7000.550100.000 7000.550300.000 7000.550400.000 7000.551000.000	7000.600000.000	7000.600000.000	7000.600000.000	9500.050000.000	9500.050000.000	9500.050000.000		
10B	State Funded Program Description in the General Appropriations Act	N/A	General Administration	General Administration	General Administration	Community Mental Health, Projects & Grants	Community Mental Health, Projects & Grants, SCSHARE, NAMI	Community Mental Health, Projects & Grants	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Morris Village	Morris Village	Morris Village	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Employee Benefits	Employee Benefits	Employee Benefits		
	Amounts Appropriated and Authorized (i.e. allowed to spend)	**Total**																										
11B	Amounts appropriated, and amounts authorized, to the agency for 2017-18 that were not spent AND the agency can spend in 2018-19	**$ 74,701,851**	$ -	$ 18,643	$ -	$ -	$ 17,812,173	$ (1,483,137)	$ -	$ 21,608,780	$ -	$ -	$ 1,834,753	$ -	$ -	$ 1,222,057	$ (12,157)	$ -	$ 21,171,351	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,698,647	$ (169,259)	
12B	2018-19 Appropriations & Authorizations to agency (start of year)	**$ 491,881,668**	$ 3,618,999	$ 849,868	$ -	$ 71,075,463	$ 76,008,295	$ 17,613,732	$ 43,345,339	$ 60,825,812	$ -	$ 7,585,687	$ 5,383,257	$ -	$ 26,700,617	$ 8,229,833	$ -	$ 23,126,165	$ 48,305,194	$ -	$ -	$ 19,779,676	$ -	$ -	$ 47,122,343	$ 30,754,192	$ 1,557,196	
13B	**Total allowed to spend at START of 2018-19**	**$ 566,583,519**	$ 3,618,999	$ 868,511	$ -	$ 71,075,463	$ 93,820,468	$ 16,130,595	$ 43,345,339	$ 82,434,592	$ -	$ 7,585,687	$ 7,218,010	$ -	$ 26,700,617	$ 9,451,890	$ (12,157)	$ 23,126,165	$ 69,476,545	$ -	$ -	$ 19,779,676	$ -	$ -	$ 47,122,343	$ 43,452,839	$ 1,387,937	
14B	2018-19 Appropriations & Authorizations to agency (during the year) (BUDGETED)	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
15B	**Total allowed to spend by END of 2018-19**	**$ 566.583.519**	$ 3,618,999	$ 868,511	$ -	$ 71,075,463	$ 93,820,468	$ 16,130,595	$ 43,345,339	$ 82,434,592	$ -	$ 7,585,687	$ 7,218,010	$ -	$ 26,700,617	$ 9,451,890	$ (12,157)	$ 23,126,165	$ 69,476,545	$ -	$ -	$ 19,779,676	$ -	$ -	$ 47,122,343	$ 43,452,839	$ 1,387,937	
	Percentage of total funds allowed to spend	100.00%	0.64%	0.15%	0.00%	12.54%	16.56%	2.85%	7.65%	14.55%	0.00%	1.34%	1.27%	0.00%	4.71%	1.67%	0.00%	4.08%	12.26%	0.00%	3.49%	0.00%	0.00%	8.32%	7.67%	0.24%		
	HOW RESOURCES ARE UTILIZED (2018-19)																											
	How Spending is Tracked	**Total**																										
16B	Database(s) through which expenditures are tracked	N/A	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS	SCEIS		
	Summary of Resources Available	**Total**																										
17B	Source of Funds	N/A	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal		
18B	If source of funds is multi-year grant. # of years. including this year. remaining	N/A																										
19B	External restrictions (from state/federal government. grant issuer. etc.). if any. on use of funds	N/A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
20B	State Funded Program Description in the General Appropriations Act	N/A	General Administration	General Administration	General Administration	Community Mental Health, Projects & Grants	Community Mental Health, Projects & Grants, SCSHARE, NAMI	Community Mental Health, Projects & Grants	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Unit	Morris Village	Morris Village	Morris Village	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Employee Benefits	Employee Benefits	Employee Benefits		
21B	**Total Appropriated and Authorized (i.e. allowed to spend) by the end of 2018-19**	**$ 566.583.519**	$ 3.618.999	$ 868.511	$ -	$ 71.075.463	$ 93.820.468	$ 16.130.595	$ 43.345.339	$ 82.434.592	$ -	$ 7.585.687	$ 7.218.010	$ -	$ 26.700.617	$ 9.451.890	$ (12.157)	$ 23.126.165	$ 69.476.545	$ -	$ -	$ 19.779.676	$ -	$ -	$ 47.122.343	$ 43.452.839	$ 1.387.937	
	Toward Agency's 2018-19 Comprehensive Strategic Plan (By Strategy)		**Federal**		**State**	**Other**																						
	Goal 1: Assure quality mental health services are available.																											
	Strategy 1.1: Assure psychiatric inpatient and community based services exceed national standards.	**Community Mental Health Services Inpatient Services**				$ 7,618,672	$ 71,075,463	$ 76,141,622	$ -	$ 43,345,339	$ 44,939,186																	
	Goal 2: Provide quality inpatient substance abuse treatment.																											
	Strategy 2.1: Minimize number of patients returning for treatment services.	**Inpatient Substance Abuse Treatment**										$ -	$ 7,585,687	$ 3,416,687															
	Goal 3: Provide highest standard of Lone-Term care for SC Veterans and other citizens.																											
	Strategy 3.1: Assure Long-Term Care facilities meet or exceed national standards.	**Residential Care for Veterans and Adults with Mental Illness**																$ -	$ 23,126,165	$ 41,969,550								
	Goal 4: Assure convicted sexual predators continue to receive treatment in an inpatient setting until deemed no longer a threat to other citizens																											
	Strategy 4.1: Provide quality treatment in a secure setting.	**Treatment for Sexually Violent Predators**																			$ -	$ 19,779,676	$ 17,454					
	Goal 5: Provide the necessary administrative and clinical services necessary to appropriately support all organizational components of SCDMH																											
	Strategy 5.1: Provide long-range planning, assure performance and clinical standards, evaluation and quality assurance, and legal counsel.	**Provides for long-range planning, performance and clinical standards, evaluation and quality assurance and legal counsel.**	$ -	$ 3,618,999	$ 117,276																							
	Strategy 5.2: Ensure nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	**Includes supports such as nutritional services for inpatient facilities, public safety, information technology, financial and human resources, and other supportive services**													$ 86,913	$ 26,700,617	$ 7,375,681											
	Note: Cost of Benefits are not budgeted in the above categories as SCDMH treats these as a separate cost expenditure. The amount spent for each year is the total for the Department																								$ 688,605	$ 49,571,006	$ 31,600,919	
22B	Insert as many additional rows as needed to include entire strategic plan																											
	Total spent toward Strategic Plan	**$ 458.775.517**	$ -	$ 3.618.999	$ 117.276	$ 7.618.672	$ 71.075.463	$ 76.141.622	$ -	$ 43.345.339	$ 44.939.186	$ -	$ 7.585.687	$ 3.416.687	$ 86.913	$ 26.700.617	$ 7.375.681	$ -	$ 23.126.165	$ 41.969.550	$ -	$ 19.779.676	$ 17.454	$ 688.605	$ 49.571.006	$ 31.600.919		
22B-2																												

Comprehensive Strategic Finances

(Study Step 1: Agency Legal Directives, Plan and Resources)

	Agency Reconciling	**Department of Mental Health**																													
	Date of Submission	**November 19, 2018**																													
	Prior to receiving these report guidelines, did the agency have a comprehensive strategic plan? (enter Yes or No after the question mark in this cell)																														
238																															
	Spent/Transferred not toward Agency's Comprehensive Strategic Plan	**Total**																													
248	*Insert each unrelated purpose on a separate row; add as many rows as needed*	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total not toward Strategic Plan in 2018-19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	END OF YEAR AMOUNT REMAINING (2018-19)																														
258	**Appropriations and Authorizations remaining at end of year**	**Total**																													
268	Source of Funds	**N/A**	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal	General	Other	Federal
278	Recurring or one-time?	**N/A**	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
288	State, Federal, or Other?	**N/A**	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal	State	Other	Federal
298	State Funded Program Description in the General Appropriations Act	**N/A**	General Administration	General Administration	General Administration	Community Mental Health, Projects & Grants	Community Mental Health, Projects & Grants, SCSHARE, NAMI	Community Mental Health, Projects & Grants	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Hall	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Hall	Harris Hospital, Bryan Forensics, Bryan Civil, Medical Clinics, Bryan Hall	Morris Village	Morris Village	Morris Village	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Support Services, Public Safety, Training & Research, Nutritional Services	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Stone Pavilion, Campbell Veterans, Victory House, Roddey Pavilion	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Sexual Predator Treatment Program	Employee Benefits	Employee Benefits	Employee Benefits
308	Total allowed to spend by END of 2018-19	**$ 566.583.519**	$ 3,618,999	$ 868,511	$ -	$ 71,075,463	$ 93,820,468	$ 16,130,595	$ 43,345,339	$ 82,434,592	$ -	$ 7,585,687	$ 7,218,010	$ -	$ 26,700,617	$ 9,451,890	$ (12,157)	$ 23,126,165	$ 69,476,545	$ -	$ -	$ 19,779,676	$ -	$ -	$ -	$ 47,122,343	$ 43,452,839	$ 1,387,917			
318	(minus) Spent to Achieve Agency's Comprehensive Strategic Plan (BUDGETED)	**$ 458.775.517**	$ -	$ 3.618.999	$ 117.276	$ 7.618.672	$ 71.075.463	$ 76.141.622	$ -	$ 43.345.339	$ 44.939.186	$ -	$ 7.585.687	$ 3.416.687	$ 86.913	$ 26.700.617	$ 7.375.681	$ -	$ 23.126.165	$ 41.969.550	$ -	$ 19.779.676	$ 17.454	$ 688.605	$ 49.571.006	$ 31.600.919					
328	(minus) Spent/Transferred not toward Agency's Comprehensive Strategic Plan (BUDGETED)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Amount of appropriations and authorizations remaining (BUDGETED)	**$ 107.808.002**	$ 3,618,999	$ (2,750,488)	$ (117,276)	$ 63,456,791	$ 22,745,005	$ (60,011,027)	$ 43,345,339	$ 39,089,253	$ (44,939,186)	$ 7,585,687	$ (367,677)	$ (3,416,687)	$ 26,613,704	$ (17,248,727)	$ (7,387,838)	$ 23,126,165	$ 46,350,380	$ (41,969,550)	$ 19,779,676	$ (19,779,676)	$ (17,454)	$ 46,433,738	$ (6,118,167)	$ (30,212,982)					

Performance Measures

(Study Step 2: Performance)

Agency Responding	Department of Mental Health
Date of Submission	January 10, 2019

Types of Performance Measures:

Outcome Measure - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

Efficiency Measure - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

Output Measure - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

Input/Activity Measure - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

*DNE = Did not exist

Item #	Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Time Applicable	Target and Actual row labels	What is agency seeking in relation to Target?	Target and Actual Results (FY2014)	Target and Actual Results (FY2015)	Target and Actual Results (FY2016)	Target and Actual Results (FY2017)	Target and Actual Results (FY2018)	Target Results for (FY2019)	Currently using, considering using in future, no longer using	Additional comments from agency (optional)
1	SCDMH will increase the number of children and adolescents it serves.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	DNE	26,408	27,000	27,762	27,000	27,000	Currently using	South Carolina's population is increasing. Therefor it is likely additional people will require SCDMH services.
					Actual:		26,408	27,016	27,762	26,335	26,998			
2	SCDMH will maintain or increase the number of adults seen in community settings.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	New Measure	78,825	78,825	82,000	82,000	82,000	Currently using	Replaced Measure of "Number of people served in community." Intent of this and previous measure is to indicate if services are adequately available as South Carolina's population increases.
					Actual:		78,825	80,792	82,741	82,560	84528			
3	Inpatient "bed days" will remain constant or increase.	Efficiency Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	DNE	518,219	520,000	527,250	520,000	520,000	Currently using	While an ideal objective might be to reduce the number of inpatient beds due to reduced need, this measure serves to assure funded beds are used to maximum efficiency. Please see comment attached to Item #36 below.
					Actual:		DNE	528,504	529,909	529,909	533,041			
4	Admissions to inpatient forensic facilities.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	DNE	DNE	DNE	220	220	220	Currently using	Patients requiring or in potential need of mental health services benefit from appropriate hospital services as opposed to county correctional facilities.
					Actual:		DNE	DNE	DNE	241	297			
5	Patients requiring CMHC appointments will be seen in a timely manner according to protocol (priority, urgent, or routine).	Efficiency Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain lower value	DNE	New Goal	90%	90%	90%	90%	Currently using	Previously averaged number of days for single indicator (days between inpatient discharge and first outpatient appointment (see #18).
					Actual:		DNE	84%	84%	96%	95%			
6	Patients will have scheduled appointments at CMHCs within median of 7 days of discharge from an inpatient psychiatric facility.	Efficiency Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain lower value	4.2	5.6	<7	<7	<7	<7	Currently using	Improving the continuity of care with smooth transition from inpatient to community services increases the likelihood of continued recovery and reduces the possibility of relapse resulting in either emergency services or repeat hospitalization.
					Actual:		4.1	6.8	6.8	5	3.72			
7	Percentage of patients requiring readmission within thirty days of discharge will be below 5%. 2013 US average 7.5%)	Efficiency Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain lower value	<5%	<5%	<5%	<5%	<5%	<5%	Currently using	
					Actual:		3.41%	5.29%	5.97%	0.28%	1.20%			

The contents of this chart are considered sworn testimony from the Agency Director.

Performance Measures

(Study Step 2: Performance)

Item #	Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Time Applicable	Target and Actual row labels	What is agency seeking in relation to Target?	Target and Actual Results (FY2014)	Target and Actual Results (FY2015)	Target and Actual Results (FY2016)	Target and Actual Results (FY2017)	Target and Actual Results (FY2018)	Target Results for (FY2019)	Currently using, considering using in future, no longer using	Additional comments from agency (optional)
8	Will maintain or increase number of billable hours in CMHCs.	Output Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	DNE	935,631	975,000	985,334	900,000	910,000	Currently using	
					Actual:		DNE	971,916	985,334	920,836	910,595			
9	Number of hours employees receive training via computer will increase or remain constant.	Input/Activity Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	3,079	4,000	4,000	4,250	4,250	4,800	Currently using	
					Actual:		3,976	4,100	4,350	4,550	4,800			
10	Number of modules available will remain constant or increase.	Input/Activity Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	132	132	130	205	200	200	Currently using	The number of training modules will be reduced going forward as an effort is under way to consolidate some offerings to reduce the amount of time staff must spend in training activity.
					Actual:		133	132	132	201	201			
11	The number of hospitals utilizing SCDMH Telepsychiatry services will remain constant or increase.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	18	18	19	23	23	23	Currently using	Use of telepsychiatry in hospital emergency departments has been shown to reduce hospital costs, length of time patients remain in emergency departments, and number of hospitalizations.
					Actual:		18	21	21	23	24			
12	The number of Community Mental Health Centers utilizing Telepsychiatry services will remain constant or increase.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	DNE	DNE	DNE	8	15	17	Currently using	If new target of 17 is met in FY2019, that will be 100% of Community Mental Health Centers using telepsychiatry. At that point, may rely upon number of community services performed using this technology.
					Actual:		DNE	DNE	DNE	13	17			
13	Percentage of SCDMH patients having meaningful employment will increase.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	10%	11%	12%	12%	12%	12%	Currently using	Competitive Employment will replace the word meaningful employment in future reports. Competitive Employment is defined as a job that pays at least minimum wage, but wages are commensurable to the job (position) located in the community and are open to anyone, not just people with mental illnesses or other disabilities.
					Actual:		11%	12%	12%	14%	16%			
14	Percentage of patients participating in SCDMH employment programs, gaining meaningful employment, will meet or exceed national benchmark (40%).	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	45%	48%	45%	50%	50%	50%	Currently using	
					Actual:		48%	51%	62%	56%	58%			
15	Life expectancy at Roddy Pavilion (skilled nursing facility) will exceed national average (1.2 years).	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	DNE	DNE	5	3	3	3	Currently using	Prior to FY2016, the Measurement was for life expectancy for the facilities combined. Please find FY2014 and FY2015 data below.
					Actual:		DNE	DNE	9	6.2	6.8			

Performance Measures

(Study Step 2: Performance)

Item #	Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Time Applicable	Target and Actual row labels	What is agency seeking in relation to Target?	Target and Actual Results (FY2014)	Target and Actual Results (FY2015)	Target and Actual Results (FY2016)	Target and Actual Results (FY2017)	Target and Actual Results (FY2018)	Target Results for (FY2019)	Currently using, considering using in future, no longer using	Additional comments from agency (optional)
16	Life expectancy at Stone Pavilion (skilled nursing facility for veterans) will exceed national average (1.2 years).	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	DNE	DNE	3	3	3	3	Currently using	
					Actual:		DNE	DNE	3	3.3	1.8			
17	Use of restraints in SCDMH inpatient facilities will remain below of national average). (0.62 hours per 1,000 hours of inpatient service).	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain lower value	<0.13	<0.12	<0.12	<0.1	<0.62	<0.62	Currently using	
					Actual:		0.12	0.17	0.08	0.06	0.18			
18	Use of seclusion rooms in SCDMH inpatient facilities will remain below of national average). (0.49 hours per 1,000 hours of inpatient service).	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain lower value	<0.24	<0.23	<0.23	<0.15	<0.62	<0.49	Currently using	FY2019 target less than reported on FY2018 Accountability Report. Target adjusted to be less than most recently reported US average.
					Actual:		0.23	0.29	0.12	0.19	0.22			
19	Percentage of adults expressing satisfaction with SCDMH services will meet or exceed national averages (US average 88%).	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	89.0%	88.0%	88.0%	88.0%	88.0%	88.0%	Currently using	
					Actual:		88.0%	89.0%	89.0%	89.0%	92.0%			
20	Percentage of families with youths receiving SCDMH services expressing satisfaction with SCDMH services will meet or exceed national averages (US average 86%).	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	82.0%	86.0%	85.0%	85.0%	86.0%	86.0%	Currently using	
					Actual:		86.0%	84.0%	84.0%	88.0%	91.0%			
21	Percentage of youths receiving SCDMH services will remain consistent with satisfaction of parents of youth (no national average available for youth satisfaction rates).	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	86.0%	85.0%	86.0%	86.0%	85.0%	85.0%	Currently using	
					Actual:		85.0%	85.0%	85.0%	86.0%	91.7%			
22	All Community Mental Health Centers will meet Centers for Medicare and Medicaid Studies' rules for emergency	Input/Activity Measure	Agency Selected	July 1 - June 30	Target:	Meet exactly	DNE	DNE	DNE	DNE	100%	100%	Currently using	New Centers for Medicare and Medicaid Services issued Emergency Preparedness guidelines to include Community Mental Health Centers. Failure to comply with new guidelines could result in loss of ability to participate as a Medicare and Medicaid

Performance Measures

(Study Step 2: Performance)

Item #	Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Time Applicable	Target and Actual row labels	What is agency seeking in relation to Target?	Target and Actual Results (FY2014)	Target and Actual Results (FY2015)	Target and Actual Results (FY2016)	Target and Actual Results (FY2017)	Target and Actual Results (FY2018)	Target Results for (FY2019)	Currently using, considering using in future, no longer using	Additional comments from agency (optional)
22	preparedness when surveyed for compliance (at least once every three years).				Actual:		DNE	DNE	DNE	DNE	100%			provider.
23	SCDMH will have trained personnel prepared to staff the State Emergency Operation's Center (SEOC) throughout all drills and "real world" emergency situations.	Efficiency Measure	Agency Selected	July 1 - June 30	Target:	Meet exactly	DNE	DNE	DNE	DNE	100%	100%	Currently using	In the future, will consider using a percentage to compare the number of staff appropriately trained compared to the number of people needed to adequately staff SEOC during emergencues.
					Actual:		DNE	DNE	DNE	DNE	100%			
24	Number of people awaiting beds will be reduced. (Data is based upon a "Monday morning snapshot" of hospital emergency departments).	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain lower value	Please see comment.		<2,200	<2,000	>2,000	<2,400	Currently using	In FY2015, method of counting people in Emergency Departments was changed when an employee departed. New person providing data cannot account for how previous date was collected.
					Actual:			2,287	1,853	2,111	2,428			
25	Patients awaiting beds, at time of Monday snapshot, will be appropriately placed within 24 hours of their emergency room arrival.	Efficiency Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain lower value	Please see comment.		<1,600	<1,500	<1,500	<1,800	Currently using	See above note.
					Actual:			1,733	1,432	1,566	1,919	460		
26	The number of schools in South Carolina with a school based counselor will increase.	Output Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	411	460	490	520	550	700	Currently using	SCDMH will consider changing this measure to a percentage in coming years. As there are roughly 1,267 public schools in SC, for FY2018, SCDMH was present in 51.5% of schools and currently in 57.6%. This information is based upon number of schools found at www.ed.sc.gov/districts-schools/schools/school-directory/ as of 1/14/2019.
					Actual:		460	480	480	540	653			
27	South Carolina Youth Suicide Prevention Initiative (SCYSPI) will partner with an increasing number of schools in SC.	Output Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value					New Measure	25	Considering using	
					Actual:									
28	SCYSPI will be partnerships with a CMHC, Federally Qualified Health Center, a hospital ED, and an inpatient	Output Measure	Agency Selected	July 1 - June 30	Target:	Meet exactly	DNE	DNE	DNE	DNE	New Measure	100%	Considering using	

Performance Measures

(Study Step 2: Performance)

Item #	Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Time Applicable	Target and Actual row labels	What is agency seeking in relation to Target?	Target and Actual Results (FY2014)	Target and Actual Results (FY2015)	Target and Actual Results (FY2016)	Target and Actual Results (FY2017)	Target and Actual Results (FY2018)	Target Results for (FY2019)	Currently using, considering using in future, no longer using	Additional comments from agency (optional)
28	hospital. Each partnership will be 25% of achieving goal.				Actual:		DNE	DNE	DNE	DNE	DNE			
29	Number of admissions for civil commitments to SCDMH inpatient facilities will decrease.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain lower value	Please see comment.		1025	675	700	550	Currently using	Prior to FY2016, measure included civil and forensic admissions combined. Goals for each at cross purposes. Maximizing bed days and decreasing admissions was goal for civil commitments while increasing admissions for forensics was desired.
					Actual:				676	700	548			
30	Number of new charts opened in community mental health centers.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	DNE	40,500	40,500	42,000	Discontinued.	DNE	No longer using	This measure was discontinued. More meaningful are "number of people served" and "number of billable hours" as they suggest how many services were delivered to how many citizens.
					Actual:		DNE	41,791	42,490	42,470		DNE		
31	Emergency Department patients with primary diagnosis of psychiatric or substance abuse disorder and seen by SCDMH within previous 3 years.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain lower value	<25%	<25%	<25%	DNE	Discontinued.	DNE	No longer using	Result was consistently between 23 And 25% for several years.
					Actual:		24%	24%	24%	DNE	DNE			
32	Life expectancy at skilled nursing facilities (US benchmark 2.3 years).	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	2.3	2.3	DNE	DNE	DNE			Roddy and Stone Pavilions on Tucker Campus. Facility information is now calculated individually - please refer to items above.
					Actual:		5.7	3.8	DNE	DNE	DNE			
33	Number of admissions to SCDMH inpatient facilities will decrease.	Outcome Measure	Agency Selected		Target:	Meet or obtain lower value	DNE	1025	DNE	DNE	DNE		No longer using	Similar to an above goal but includes both civil and forensic admissions. It was decided that this measure would only be meaningful if those admission types were counted separately.
					Actual:		1039	1021	DNE	DNE	DNE			
34	Percent of SC Schools with School Mental Health Counselors.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	DNE	DNE	DNE	DNE	DNE	55.0%	Considering using	Added at suggestion of House Oversight Committee (HOC). A concern is having an accurate, up-to-date number of SC schools. Will explore options and identify source and "as-of date" for data used.
					Actual:		DNE	DNE	DNE	DNE	DNE			
35	Percentage of Personnel Trained versus Needed to Staff the State Emergency Operations Center, during periods of activation.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet exactly	DNE	DNE	DNE	DNE	DNE	100%	Considering using	PM suggested by House Oversight Committee. Items #34 and 35 will be included in the Agency Accountability Report for FY2019.
					Actual:		DNE	DNE	DNE	DNE	DNE			
36	Percentage of inpatient bed days used compared to bed days available.	Outcome Measure	Agency Selected	July 1 - June 30	Target:	Meet or obtain higher value	DNE	DNE	DNE	DNE	DNE	90.0%	Considering using	HOC suggeted PM. This measure may be difficult as the number of available beds is subject to change (staffing, repairs) but would provide meaningful data. Will explore how to track available bed days accurately.
					Actual:		DNE	DNE	DNE	DNE	DNE			

Performance Measures

(Study Step 2: Performance)

Item #	Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Time Applicable	Target and Actual row labels	What is agency seeking in relation to Target?	Target and Actual Results (FY2014)	Target and Actual Results (FY2015)	Target and Actual Results (FY2016)	Target and Actual Results (FY2017)	Target and Actual Results (FY2018)	Target Results for (FY2019)	Currently using, considering using in future, no longer using	Additional comments from agency (optional)
37	Demonstrate effectiveness and/or efficeincy of telepsychiatry.				Target:		DNE	DNE	DNE	DNE	DNE		Considering using	In previous research studies, telepsychiatry has shown to produce higher follow-up and retention (for community treatment), shorter lengths of stay in emergency departments, fewer inpatient admissions, and total charges in the emergency department that were significantly lower . SCDMH will attempt to acquire similar data in future reports.
					Actual:		DNE	DNE	DNE	DNE	DNE			

Comprehensive Strategic Plan Summary

(Study Step 1: Agency Legal Directives, Plan and Resources; and Study Step 2: Performance)

Agency Responding	**Department of Mental Health**
Date of Submission	**November 19, 2018**

Mission: It is the mission of the South Carolina Department of Mental Health to support the recovery of people with mental illnesses.
Legal Basis:

Vision: The South Carolina Department of Mental Health (DMH) is committed to improving access to mental health services, promoting recovery, eliminating stigma, improving collaboration with all our stakeholders, and assuring the highest level of cultural competence.

We believe that people are best served in the community of their choice in the least restrictive settings possible. We commit to the availability of a full and flexible array of coordinated services in every community across the state. We believe in services that build upon critical local supports: family, friends, faith communities, healthcare providers, and other public services that offer affordable housing, employment, education, leisure pursuits, and other social and clinical supports.

We are committed to the highest standard of care in our skilled nursing facilities for South Carolina citizens. The Joint Commission has designated two of the Department's four nursing facilities as nationally accredited. Only about five percent of similar facilities in South Carolina have earned this recognition.
We are also determined to provide appropriate evaluation and/or treatment to the increasing number of individuals requiring forensic services, both inpatient and in the community.

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

2017-18	
Total # of FTEs available / Total # filled at start of year	Total amount Appropriated and Authorized to Spend
Available FTEs: 4,630 Authorized FTEs Filled FTEs: 3,909 Temp/Grant: 14 Time Limited: 0 Part Time: 237 Temporary (Hourly)	**$ 547,734,373**

Amount of remaining	% of Total Available
$ 112,363,908	20.51%

2018-19	
Total # of FTEs available / Total # filled at start of year	Total amount Appropriated and Authorized to Spend
Available FTEs: 4,630 Authorized FTEs Filled FTEs: 4,037 Temp/Grant: 41 Time Limited: 0 Part Time: 255 Temporary (Hourly)	**$ 566,583,519**

Amount remaining	% of Total Available
$ 107,808,002	19.03%

		2017-18				2018-19								
2017-18 Comprehensive Strategic Plan Part and Description (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1)	**Associated Deliverable(s)** (i.e., service or product)	**# of FTE equivalents utilized**	**Amount Spent** (including employee salaries/wages and benefits)	**% of Total Available to Spend**	**Associated General Appropriations Act Program(s)** (If there are a number of different assoc. programs, please enter "A," then explain at the end of the chart what is included in "A")	**# of FTE equivalents planned to utilize**	**Amount budgeted** (including employee salaries/wages and benefits)	**% of Total Available to Budget**	**Associated General Appropriations Act Program(s)**	**Associated Performance Measures** (Please ensure each performance measure is on a separate line within the cell by typing the first associated performance measure, then press "Alt + Enter," then type the next assoc. PM, the press "Alt + Enter," and continue until all associated PMs are entered)	**Associated Organizational Unit(s)**	**Responsible Employee Name & Time staff member has been responsible for the strategy** (e.g. John Doe (responsible less than 3 years) or Jane Doe (responsible more than 3 years))	**Does this person have input into the budget for the strategy?**	**Partner(s), by segment, the agency works with to achieve the strategy** (Federal Government; State Government; Local Government; Higher Education Institution; K-12 Education Institution; Private Business; Non-Profit Entity; Individual; or Other)
Goal 1: Assure quality mental health services are available.														
Strategy 1.1: Assure psychiatric inpatient and community based services exceed national standards.	Community Mental Health Services	2,079	145,300,905	26.53%		2,079	154,835,757	27.33%			Community Mental Health	Deborah Blalock (less than 3 years)	Yes	
	Inpatient Mental Health Services	866	85,832,720	15.67%		866	88,284,525	15.58%			Inpatient Mental Health	Versie Bellamy (more than 3 years)	Yes	
Goal 2: Provide quality inpatient substance abuse treatment.				**0.00%**				**0**						
Strategy 2.1: Minimize number of patients returning for treatment services.	Inpatient Substance Abuse Treatment	166	11,051,761	2.02%		1566	11,002,374	1.94%			Addictions	Versie Bellamy (more than 3 years)	Yes	
Goal 3: Provide highest standard of Long-Term care for SC Veterans and other citizens.														
Strategy 3.1: Assure Long-Term Care facilities meet or exceed national standards.	Residential Care for Veterans and Adults with Mental Illness	371	66,026,275	12.05%		371	65,095,715	11.49%			Long-Term Care	Versie Bellamy (more than 3 years)	Yes	
Goal 4: Assure convicted sexual predators continue to receive treatment in an inpatient setting until deemed no longer a threat to other citizens.				**0.00%**				**0**						
Strategy 4.1: Provide quality treatment in a secure setting.	Treatment for Sexually Violent Predators	22	19,762,170	3.61%		22	19,797,130	3.49%			Sexual Predator Treatment Program	Versie Bellamy (more than 3 years)	Yes	
Goal 5: Provide the necessary administrative and clinical services necessary to appropriately support all organizational components of SCDMH.				**0.00%**				**0**						

The contents of this chart are considered sworn testimony from the Agency Director.

Comprehensive Strategic Plan Summary

(Study Step 1: Agency Legal Directives, Plan and Resources; and Study Step 2: Performance)

		2017-18				2018-19								
2017-18 Comprehensive Strategic Plan Part and Description (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1)	**Associated Deliverable(s)** (i.e., service or product)	**# of FTE equivalents utilized**	**Amount Spent** (including employee salaries/wages and benefits)	**% of Total Available to Spend**	**Associated General Appropriations Act Program(s)** (If there are a number of different assoc. programs, please enter "A," then explain at the end of the chart what is included in "A")	**# of FTE equivalents planned to utilize**	**Amount budgeted** (including employee salaries/wages and benefits)	**% of Total Available to Budget**	**Associated General Appropriations Act Program(s)**	**Associated Performance Measures** (Please ensure each performance measure is on a separate line within the cell by typing the first associated performance measure, then press "Alt + Enter," then type the next assoc. PM, the press "Alt + Enter," and continue until all associated PMs are entered)	**Associated Organizational Unit(s)**	**Responsible Employee Name & Time staff member has been responsible for the strategy** (e.g. John Doe (responsible less than 3 years) or Jane Doe (responsible more than 3 years))	**Does this person have input into the budget for the strategy?**	**Partner(s), by segment, the agency works with to achieve the strategy** (Federal Government; State Government; Local Government; Higher Education Institution; K-12 Education Institution; Private Business; Non-Profit Entity; Individual; or Other)
Strategy 5.1: Provide long-range planning, assure performance and clinical standards, evaluation and quality assurance, and legal counsel.	Provides for long-range planning, performance and clinical standards, evaluation and quality assurance and legal counsel.	45	3,963,013	0.72%		45	3,736,275	0.66%			General Administration	Mark Binkley (more than 3 years)	Yes	
Strategy 5.2: Ensure nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	Includes supports such as nutritional services for inpatient facilities, public safety, information technology, financial and human resources, and other supportive services	365	31,069,347	5.67%		365	34,163,211	6.03%			Clinical & Support Services	Mark Binkley (more than 3 years)	Yes	
Note: Cost of Benefits are not budgeted in the above categories as SCDMH treats these as a separate cost expenditure. The amount spent for each year is the total for the Department.			72,364,274	13.21%			81,860,530	14.45%						
Spent/Transferred NOT toward Agency's Comprehensive Strategic Plan														
Note: The $547,734,373 in cell D7 on the Strategic Plan Summary is a formula which adds our authorization limit to our ending cash balance from the prior year. In a given year, the Department does not spend everything it's authorized to spend ($483 million/Cell C12A), primarily due to changes in our earned revenue streams and the flexibility with our federal grants to spend over multiple years. If the agency needed to spend more than its authorization limit, DMH would need to submit a request before the Other Funds Committee.				0.00%				0						

The contents of this chart are considered sworn testimony from the Agency Director.

FY17 Grant #	Grant Name	Number of years left	Restrictions
J12011002016	Substance Abuse and Mental Health Services_Projects of Regio	4	Federally Restricted for grant: South Carolina Youth Suicide Initiative
J12011097415	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097416	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097515	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097615	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097616	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097715	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097716	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097815	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097816	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011099016	Substance Abuse and Mental Health Services_Projects of Regio	2	Federally Restricted for grant: CABHI Program (Cooperative Agreement to Benefit Homeless Individuals for South Carolina)
J12011OMEB17	Antiterrorism Emergency Reserve	2	Federally Restricted for grant: Program to support services for the Mother Emanuel AME Church victims
J12011OMEC16	Antiterrorism Emergency Reserve	2	Federally Restricted for grant: Program to support services for the Mother Emanuel AME Church victims
J12011PBH016	Substance Abuse and Mental Health Services_Projects of Regio	4	Federally Restricted for grant: Program for Community Medicine Foundation Primary Care Initiative
J12012NIJ016	"National Institute of Justice Research, Evaluation, and Dev	3	Federally Restricted for grant: Program for Interconnecting PBIS and School Mental Health to improve School Safety
J12014007215	Projects for Assistance in Transition from Homelessness (PAT	Continuous	Federally Restricted for grant: Program for Assistance in Transition from Homelessness (PATH)

J12014007216	Projects for Assistance in Transition from Homelessness (PAT	Continuous	Federally Restricted for grant: Program for Assistance in Transition from Homelessness (PATH)
J12014025516	Improving the Investigation and Prosecution of Child Abuse a	1	Federally Restricted for grant: Program to Establish, Improve and Expand Children Advocacy Centers
J12016092014	Grants to States for Construction of State Home Facilities	1	Federally Restricted for grant: Program to renovate VA Nursing Home Stone
J1201CCFL016	Disaster Grants - Public Assistance (Presidentially Declared	1	Federally Restricted for grant: Public Assistance for the 2015 Flood
J1201FRSP016	Mental Health Disaster Assistance and Emergency Mental Health	1	Federally Restricted for grant: Program for Crisis Counseling for the Victims of the 2015 Flood
J1201HCCDB17	Community Development Block Grants/Entitlement Grants	1	Federally Restricted for grant: Program to provide urgent out-patient services and crisis hospitalization to benefit low income and underemployed individuals
J1201HMISP16	Crisis Counseling	2	Federally Restricted for grant: Program for Crisis Counseling for the Victims of Hurricane Matthew
2015 Block	Block Grants for Community Mental Health Services	Continuous	Federally Restricted for grant: Program to provide comprehensive community-based mental health services for adults with serious mental illness & children with serious emotional disturbances.
2016 Block	Block Grants for Community Mental Health Services	Continuous	Federally Restricted for grant: Program to provide comprehensive community-based mental health services for adults with serious mental illness & children with serious emotional disturbances.
2017 Block	Block Grants for Community Mental Health Services	Continuous	Federally Restricted for grant: Program to provide comprehensive community-based mental health services for adults with serious mental illness & children with serious emotional disturbances.
FY18 Grant #	**Grant Name**	**Number of years left**	**Restrictions**
J12011002017	Substance Abuse and Mental Health Services_Projects of Regio	3	Federally Restricted for grant: South Carolina Youth Suicide Initiative
J12011066418	Body Worn Camera Policy and Implementation	1	Federally Restricted for the Body Worn Camera Policy and Implementation Program
J12011097416	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness

J12011097417	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097616	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097617	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097716	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097717	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097816	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011097817	Continuum of Care Program	Continuous	Federally Restricted for grant: COC Program by HUD to end homelessness
J12011099017	Substance Abuse and Mental Health Services_Projects of Regio	1	Federally Restricted for grant: CABHI Program (Cooperative Agreement to Benefit Homeless Individuals for South Carolina)
J12011OMEB17	Antiterrorism Emergency Reserve	1	Federally Restricted for grant: Program to support services for the Mother Emanuel AME Church victims
J12011OMEC16	Antiterrorism Emergency Reserve	1	Federally Restricted for grant: Program to support services for the Mother Emanuel AME Church victims
J12011APPR18	Medical Assistance Program	1	Federally Restricted for grant: To pay for license fees related to integrating the SC PMP data into the DMH EHR-system.
J12011PBH017	Substance Abuse and Mental Health Services_Projects of Regio	3	Federally Restricted for grant: Community Medicine Foundation Primary Care Initiative
J12012NIJ016	"National Institute of Justice Research, Evaluation, and Dev	2	Federally Restricted for grant: Interconnecting PBIS and School Mental Health to improve School Safety
J12014000717	Crime Victim Assistance	1	Federally Restricted
J12014000718	Crime Victim Assistance	2	Federally Restricted
J12014007216	Projects for Assistance in Transition from Homelessness (PAT	Continuous	Federally Restricted for grant: Projects for Assistance in Transition from Homelessness (PATH)
J12014007217	Projects for Assistance in Transition from Homelessness (PAT	Continuous	Federally Restricted for grant: Projects for Assistance in Transition from Homelessness (PATH)
J1201HMISP16	Crisis Counseling	1	Federally Restricted for grant: Program for Crisis Counseling for the Victims of Hurricane Matthew

J1201HMRSP18	Mental Health Disaster Assistance and Emergency Mental Health	1	Federally Restricted for grant: Program for Crisis Counseling for the Victims of Hurricane Matthew
2017 Block	Block Grants for Community Mental Health Services	Continuous	Federally Restricted for grant: Program to provide comprehensive community-based mental health services for adults with serious mental illness & children with serious emotional disturbances.
2018 Block	Block Grants for Community Mental Health Services	Continuous	Federally Restricted for grant: Program to provide comprehensive community-based mental health services for adults with serious mental illness & children with serious emotional disturbances.