

South Carolina  
UNIFORM APPLICATION  
FY 2018 BEHAVIORAL HEALTH REPORT  
COMMUNITY MENTAL HEALTH SERVICES  
BLOCK GRANT

OMB - Approved 06/07/2017 - Expires  
(generated on 12/01/2017 8.51.41 AM)

Center for Mental Health Services  
Division of State and Community Systems Development

# I: State Information

## State Information

### State DUNS Number

Number 043980093

Expiration Date

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

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

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

City Columbia

Zip Code 29202

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

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

From 7/1/2016

To 6/30/2017

### IV. Date Submitted

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

Submission Date 12/1/2017 8:51:15 AM

Revision Date

### V. Contact Person Responsible for Report Submission

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### Footnotes:

**Attachment 1**  
**Review of 2018 MHBG Behavioral Health Report**

**Review – South Carolina Mental Health State Planning Council**

On Thursday, November 16, 2017, a Request for Comments on the 2018 MHBG Behavioral Health Report (Report) was distributed via email to all members of the South Carolina Mental Health State Planning Council (Council). Attached to the email was a draft copy of the Report. The body of the email contained a summary of the Report including information on the following sections: Priority Area and Annual Performance Indicators - Progress Report; MHBG Expenditures by Service; Set-Aside for Children's Mental Health Services; and, Maintenance of Effort for State Expenditures on Mental Health Services. Council members were provided with a 13-day review and comment period with all feedback requested by close of business on Wednesday, November 29, 2017. The Council was notified to whom any comments should be directed.

On Wednesday, November 15, 2017, the Agenda for the General Meeting of the Council included an item to address the following: 2018 MHBG Behavioral Health Report. An overview of the 2018 MHBG Behavioral Health Report was provided.

As of close of business on Wednesday, November 29, 2017, one recommendation for modification to the 2018 MHBG Behavioral Health Report had been offered by the members of the South Carolina Mental Health State Planning Council – inclusion of the Community Crisis Response and Intervention (CCRI) Program under the FY2017 Result for Priority 3. Comprehensive Assessment, Indicator 10. Expand Emergency Psychiatric Services. The modification was included.

[End]

## II: Annual Report

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

**Priority #:** 1  
**Priority Area:** FY2015 Agency Accountability Report  
**Priority Type:** MHS  
**Population(s):** SMI, SED, Other (All Persons Served)

**Goal of the priority area:**

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

**Strategies to attain the goal:**

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

#### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Employees Trained Related to Strategic Goals  
**Baseline Measurement:** Total Number of Hours of Training (Baseline = 4,100)  
**First-year target/outcome measurement:** 4,000  
**Second-year target/outcome measurement:** 4,000  
**New Second-year target/outcome measurement(if needed):** 4,250

**Data Source:**

SCDMH - Division of Evaluation, Training, and Research (ETR)

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

#### Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 4,350

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

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

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

FY2017 Result: 4,550

**Indicator #:** 2

**Indicator:** SCDMH Patient Total Employment

**Baseline Measurement:** Percent Employed as Compared Internally and to National Average Low and National Average High (Baseline = 12%)

**First-year target/outcome measurement:** 12%

**Second-year target/outcome measurement:** 12%

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

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

Program Indicators Data

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 11.5% - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

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

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

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

FY2017 Result: 14.0%

**Indicator #:** 3

**Indicator:** SCDMH Patient Competitive Employment

**Baseline Measurement:** Percent of Consumers Employed Competitively as Compared Internally and to Traditional Employment Programs and IPS Benchmark (Baseline = 51%)

**First-year target/outcome measurement:** 45%

**Second-year target/outcome measurement:** 45%

**New Second-year target/outcome measurement(if needed):** 50%

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 62%

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

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

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

**Indicator #:**

4

**Indicator:**

Life Expectancy - Skilled Nursing Facilities

**Baseline Measurement:**

Life Expectancy as Compared Internally and to National Average (Baseline = 3.8)

**First-year target/outcome measurement:**

5.0

**Second-year target/outcome measurement:**

5.0

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

**Data Source:**

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 6.0 Average

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

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

How second year target was achieved (optional):

FY2017 Result: This measure has been replaced with "Length of Stay." Length of Stay for C.M. Tucker Nursing Care Center is 4.5 years. The respective pavilions' results are Roddey Pavilion, 6.2 years, and Stone Pavilion, 3.3 years.

Indicator #: 5

Indicator: Hospital Restraint Rate

Baseline Measurement: Inpatient Restraint Hours Rate as Compared Internally and to National Average (Baseline = 0.17)

First-year target/outcome measurement: Less than 0.12 per 1,000 inpatient hours

Second-year target/outcome measurement: Less than 0.12 per 1,000 inpatient hours

New Second-year target/outcome measurement(if needed): Less than 0.10 per 1,000 inpatient hours

Data Source:

SCDMH - Division of Inpatient Services

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

FY2016 Result: 0.08

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

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

How second year target was achieved (optional):

FY2017 Result: 0.06

Indicator #: 6

Indicator: Hospital Seclusion Rate

Baseline Measurement: Inpatient Seclusion Rate as Compared Internally and to National Average (Baseline = 0.29)

First-year target/outcome measurement: Less than 0.23 per 1,000 inpatient hours

Second-year target/outcome measurement: Less than 0.23 per 1,000 inpatient hours

New Second-year target/outcome measurement(if needed): Less than 0.15 per 1,000 inpatient hours

**Data Source:**

SCDMH - Division of Inpatient Services

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 0.12

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

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

FY2017 Result: 0.19 (The target value for this performance measure was refined too steeply. The FY2017 Result is still below the previous Second-year target/outcome measurement and below the Baseline Measure.)

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

**Indicator #:**

7

**Indicator:**

Inpatient Discharge/Outpatient Appointment

**Baseline Measurement:**

Days Between Inpatient Discharge and Seen in Community Mental Health Center Appointment (Baseline = 6.8)

**First-year target/outcome measurement:** 7 or less

**Second-year target/outcome measurement:** 7 or less

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

**Data Source:**

SCDMH - Division of Inpatient Services  
SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**



Report of Progress Toward Goal Attainment

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

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

FY2016 Result: Data Not Yet Available.

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

FY2017 Result: 5 days (Median)

Indicator #: 8
Indicator: 30-Day Hospital Readmission Rate
Baseline Measurement: 30-Day Hospital Readmission Rate (Baseline = 5.29%)
First-year target/outcome measurement: 5.0%
Second-year target/outcome measurement: 5.0%
New Second-year target/outcome measurement(if needed):

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

Client-Level Data Summarized Into Aggregate Outcomes

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

FY2016 Result: 5.97% - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

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

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

How second year target was achieved (optional):

FY2017 Result: 0.28%

Indicator #: 9
Indicator: Patient Satisfaction Rate - Adult
Baseline Measurement: MHSIP Survey Results (Baseline = 89%)

First-year target/outcome measurement: 88%

Second-year target/outcome measurement: 88%

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

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

Compilation of Survey Results

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

FY2016 Result: 89.0%

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

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

Data not yet available.

How second year target was achieved (optional):

Indicator #: 10

Indicator: Patient Satisfaction Rate - Youth

Baseline Measurement: MHSIP Survey Results (Baseline = 84%)

First-year target/outcome measurement: 85%

Second-year target/outcome measurement: 85%

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

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

Compilation of Survey Results

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

FY2016 Result: 86.3%

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

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

Data not yet available.

How second year target was achieved (optional):

Indicator #: 11

Indicator: Patient Satisfaction Rate - Youth Families

Baseline Measurement: MHSIP Survey Results (Baseline = 85%)

First-year target/outcome measurement: 86%

Second-year target/outcome measurement: 86%

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

Data Source:

SCDMH - Division of Evaluation, Training, and Research (ETR)

New Data Source(if needed):

Description of Data:

Compilation of Survey Results

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Limited by Actual Percentage and Number of Responses

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

FY2016 Result: 87.5%

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

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

Data not yet available.

How second year target was achieved (optional):

Indicator #: 12

Indicator: Total Number Served

**Baseline Measurement:** Total Number of Individuals Served by SCDMH Community Mental Health Services (Baseline = 80,792)

**First-year target/outcome measurement:** 82,811

**Second-year target/outcome measurement:** 82,811

**New Second-year target/outcome measurement(if needed):** 82,000

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 82,241 - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

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

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

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

FY2017 Result: 82,560

**Indicator #:** 13

**Indicator:** Youth Served

**Baseline Measurement:** Percentage of Youth Population Served by SCDMH (Baseline = 27,016)

**First-year target/outcome measurement:** 27,690

**Second-year target/outcome measurement:** 27,690

**New Second-year target/outcome measurement(if needed):** 27,762

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 27,762

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

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

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

FY2017 Result: 26,335 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

**Indicator #:** 14

**Indicator:** Persons Visiting SC ERs with a Primary Diagnosis of MH or SA and Seen By SCDMH with the Past Three Years

**Baseline Measurement:** Number of Persons Visiting SC ERs with a Primary Diagnosis of MH or SA and Seen By SCDMH with the Past Three Years (Baseline = 24%)

**First-year target/outcome measurement:** Less than 25%

**Second-year target/outcome measurement:** Less than 25%

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

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Compilation of Externally-Sourced Data

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 24%

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

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

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

FY2017 Result: This performance measure is no longer included in the SCDMH Accountability Report.

**Indicator #:** 15  
**Indicator:** ED Patients - 24-Hour Wait  
**Baseline Measurement:** Number of Persons Waiting in ER Longer than 24 Hours - Data from Monday Morning Reports (Baseline = 1,733 Annually)  
**First-year target/outcome measurement:** 1,600 Annually  
**Second-year target/outcome measurement:** 1,600 Annually  
**New Second-year target/outcome measurement(if needed):** Less than 1,500 Annually

**Data Source:**  
SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**  
Compilation of Externally-Sourced Data

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**  
None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

**How first year target was achieved (optional):**  
FY2016 Result: 1,432 (Note the target is less than 1,600 annually)

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

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

**How second year target was achieved (optional):**  
FY2017 Result: 1,566 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

**Indicator #:** 16  
**Indicator:** SCDMH Hospital Admissions  
**Baseline Measurement:** Number of Psychiatric Hospital Admissions (Baseline = 1,021 Annually)  
**First-year target/outcome measurement:** 1,025 Annually  
**Second-year target/outcome measurement:** 1,025 Annually  
**New Second-year target/outcome measurement(if needed):** 675 Annually

**Data Source:**  
Avatar - Inpatient Information System

**New Data Source(if needed):**

**Description of Data:**

Client-Level Data Summarized Into Aggregate Outcomes

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

FY2016 Result: 676 - (SCDMH reclassified the inpatient facilities that are included in the calculation in order to refine the alignment to fit the baseline measurement "Number of Psychiatric Hospital Admissions." The first-year target under the new definition would have been 675. The second-year target will be adjusted to 675.

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

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

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

FY2017 Result: 700 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

**Indicator #:** 17

**Indicator:** Computerized Training for Employees

**Baseline Measurement:** Number of Staff Training Programs Available by Computer (Baseline = 132)

**First-year target/outcome measurement:** 130

**Second-year target/outcome measurement:** 130

**New Second-year target/outcome measurement(if needed):** 205

**Data Source:**

SCDMH - Division of Evaluation, Training, and Research (ETR) - Pathlore (SCDMH Training Database)

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

FY2016 Result: 201

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

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

How second year target was achieved (optional):

FY2017 Result: 201 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

Indicator #: 18

Indicator: Participating Hospitals - ED Telepsychiatry

Baseline Measurement: Number of Participating Hospitals - ED Telepsychiatry (Baseline = 21)

First-year target/outcome measurement: 23

Second-year target/outcome measurement: 25

New Second-year target/outcome measurement(if needed): 23

Data Source:

SCDMH - Office of the Medical Director (Telepsychiatry Consultation Program)

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

FY2016 Result: 25

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

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

How second year target was achieved (optional):

FY2017 Result: 23

Indicator #: 19

Indicator: School-Based Services - Total Schools

Baseline Measurement: Number of Schools in School-Based Program (Baseline = 480)

First-year target/outcome measurement: 490

Second-year target/outcome measurement: 490

New Second-year target/outcome measurement(if needed): 520

Data Source:



**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 519

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

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

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

FY2017 Result: 540

**Indicator #:** 20

**Indicator:** CMHC Appointment Timeframes

**Baseline Measurement:** Clients Seen at Each CMHC will Meet the Appointment Timeframes as Determined by Need (Emergent, Urgent, Routine) (Baseline = 84%)

**First-year target/outcome measurement:** 90%

**Second-year target/outcome measurement:** 90%

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

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 94%

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

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

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

FY2017 Result: 96%

**Indicator #:** 21  
**Indicator:** CMHC Billed Hours  
**Baseline Measurement:** Hours of Billed Services in Community Mental Health Services (Baseline = 971,916)  
**First-year target/outcome measurement:** 975,000  
**Second-year target/outcome measurement:** 975,000  
**New Second-year target/outcome measurement(if needed):** 985,334

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 985,334

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

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

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

FY2017 Result: 920,836 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

**Indicator #:** 22  
**Indicator:** CMHC New Cases  
**Baseline Measurement:** Total Number of New Cases (New Cases/Readmissions) in Community Mental Health Services (Baseline = 41,791)  
**First-year target/outcome measurement:** 42,835

**Second-year target/outcome measurement:** 42,835

**New Second-year target/outcome measurement(if needed):** 42,000

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: 42,490 - (FY2016 Result is considered to be within a reasonable variance range of first year target.)

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

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

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

FY2017 Result: 42,470

**Indicator #:** 23

**Indicator:** ED Patients - Total

**Baseline Measurement:** Number of Persons Waiting in ER - Data from Monday Morning Reports (Baseline = 2,287 Annually)

**First-year target/outcome measurement:** 2,200

**Second-year target/outcome measurement:** 2,200

**New Second-year target/outcome measurement(if needed):** Less than 2,000

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

Compilation of Externally-Sourced Data

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

FY2016 Result: 1,853 (Note the target is less than 2,200 annually)

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

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

How second year target was achieved (optional):

FY2017 Result: 2,111 (FY2017 Result is considered to be within a reasonable variance range of Second-year target/outcome measurement.)

Indicator #: 24

Indicator: Inpatient Services - Total Bed Days

Baseline Measurement: Total Number of Inpatient Bed Days (Baseline = 528,504)

First-year target/outcome measurement: 520,000

Second-year target/outcome measurement: 520,000

New Second-year target/outcome measurement(if needed): 527,250

Data Source:

South Carolina Department of Mental Health

New Data Source(if needed):

Description of Data:

Internally-Generated Subject-Specific Information Resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

FY2016 Result: 529,909

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

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

How second year target was achieved (optional):

FY2017 Result: 529,909

**Priority Area:** Five Percent Set Aside for First Episode Psychosis  
**Priority Type:** MHS  
**Population(s):** SMI, SED, Other (Population Defined in Section IV, Item 5)

**Goal of the priority area:**

The intent is to address the needs of persons with early psychotic disorders, specifically first episode psychosis, either through enhancing existing program activities or development of new activities.

**Strategies to attain the goal:**

The Department has specifically cited Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) as the treatment modalities it will deploy utilizing the Five Percent Set Aside. These treatment modalities have been identified as appropriate and effective for persons experiencing First Episode Psychosis (FEP). It has also been found that maximum effectiveness is attainable when the two modalities are deployed together. MI serves as the engagement modality and CBT serves as the therapy modality.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** First Episode Psychosis Program  
**Baseline Measurement:** Total Number of Patients Served (Baseline = 247, Partial Year)  
**First-year target/outcome measurement:** 500  
**Second-year target/outcome measurement:** 500  
**New Second-year target/outcome measurement(if needed):** 260

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

SCDMH plans to work with Dr. Meera Narasimhan and her team at the University of South Carolina, School of Medicine to evaluate outcomes at the three initial sites that have begun this Program. Outcomes will include clinical and social parameters. Clinical measures of outcome will include psychopathology, hospitalization, and suicidality. Social parameters will include quality of life functioning, employability and the ability to live independently.

SCDMH will work with Dr. Narasimhan to determine those outcome measurements appropriate to demonstrate the efficacy of the Programs beyond reporting only number of patients served.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

FY2016 Update:  
The Traditional Program served a total of 255 individuals – Charleston-Dorchester Mental Health Center (36), Pee Dee Mental Health Center (121), and Lexington County Community Mental Health Center (98). SCDMH did not meet its target because the target estimate was not appropriately calculated. As outlined in Section IV - Item 5 - Evidence-Based Practices for Early Intervention (5 Percent), “[e]ach masters-level clinician will be expected to carry a caseload of approximately 30 persons.” Based on awards for 6.5 FTEs, and a conservative total annual number served by each FTE of 40, a reasonable total annual number served by all FTEs would be 260. Therefore, SCDMH is, upon

agreement with SAMHSA, proposing to change its second-year target/outcome measurement to 260.

As of October 11, 2016, the South Carolina Department of Mental Health (SCDMH) had actual expenditures on the 2015 MHBG of \$341,824.30. The allotted amount was \$350,000.00. SCDMH has actual expenditures on the 2016 MHBG of \$26,521.68, thus far. The allotted amount is \$355,998.00.

#### The CSC Program

As noted in IV - Item 5 - Revised March 2016 included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, "[a]s has been previously noted with The Traditional Program, staffing The CSC Program in Year 1 will be one of the more significant challenges to full implementation of the program." In fact, in The CSC Program - CDMHC, also included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, the timeline for hiring all staff was July 2, 2016. SCDMH did not meet this goal.

However, as of October 12, 2016, Charleston-Dorchester Mental Health Center (CDMHC) has hired the Team Leader and identified two (2) therapists who will transition to The CSC Program in November 2016. One (1) of the two (2) identified therapists is trained in alcohol and drug treatment. CDMHC has also identified staff from the South Carolina Vocational Rehabilitation Department to serve on The CSC Program team, as well as, a Peer Support Specialist. Lastly, CDMHC is coordinating with SCDMH Care Coordination to identify a Care Coordinator to serve on The CSC Program team. As a result of the significant progress towards establishing The CSC Program team, CDMHC will soon engage NAVIGATE program trainers to implement the Evidence-Based Practice.

Also as noted in IV - Item 5 - Revised March 2016 included in the FY 2016/2017 State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, "[g]iven SCDMH's proposal to implement a new program late in the MHBG award year to meet its revised annual obligation for the Set Aside for First Episode Psychosis (FEP), which will require technical assistance, planning, implementation, and first-year phase-in, it is estimated that SCDMH will not expend the total amount budgeted for The CSC Program." SCDMH estimated correctly. SCDMH will not draw down MHBG funds associated with the difference between actual expenditures and the allocation to The CSC Program.

As of October 11, 2016, SCDMH has actual expenditures on the 2016 MHBG of \$13,451.77, thus far. The allotted amount is \$393,578.00.

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

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

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

#### How second year target was achieved (optional):

FY2017 Update:

Total Served: 442 – The Traditional Programs 411, The CSC Program 31.

##### The Traditional Programs

The Traditional Program served a total of 411 individuals – Charleston-Dorchester Mental Health Center (38), Pee Dee Mental Health Center (116), and Lexington County Community Mental Health Center (257). Individual program updates are provided below.

##### Program Update – Charleston-Dorchester Mental Health Center

"The Navigate & New Directions Programs served approximately 69 patients, some weekly & some bi-monthly, for FY17. All team personnel were trained intensely with the Navigate model in June 2017. Everyone is currently using the Navigate model with their patients. New Directions utilizes other resources to provide psychoeducation for diagnosis not on the Schizophrenia spectrum."

##### Program Update – Pee Dee Mental Health Center

"In FY 17, 116 clients were served (pls see attached) in Pee Dee's FEP Program --- Prevention and Recovery in Early Psychosis (PREP). Current Active Caseload for the 2.5 FTE is 44 clients.

PREP clinicians have presented at Pee Dee CMHC Community Forum and they participate in the first Friday homeless connect with Lighthouse Ministries. Jenness presented at New Ebenezer Baptist Church Symposium.

##### Accomplishments include:

One has obtained his Driving license after ten years.

One successfully completed an intense substance abuse program to have his DL restored.

One has completed his GED and is now working.

Three are full time college students.

Two have enrolled in the Florence literacy program to help improve their education goals.

Two have successfully obtained apartments on their own and seemed to be adjusting well.

One that is working on completing his GED.

Two clients enrolled in college.

Two began working.

One returned to school after she was on a leave of absence due to mental health related issues.

One received his permit.  
One got disability and moved out on his own.”

Program Update – Lexington County Community Mental Health Center  
“Provided 1140 hours of direct client contact.

During FY 2017, LCCMHC added another full time position to this program and was able to expand treatment services to more clients within our center. Although LCCMHC currently has one staff vacancy in this program, the supervisor is actively working to fill this staff vacancy. LCCMHC has been extremely fortunate to retain the same psychiatrist who is very supportive of this program and our clients. Despite turnover in clinical staff, LCCMHC has worked to implement new group curriculums in FY 2017 and provided intensive individual treatment services to clients experiencing their first episode of psychosis.”

As of November 11, 2017, the South Carolina Department of Mental Health (SCDMH) had actual expenditures in FY2017 of \$391,567.88. The allotted amount was \$350,000.00.

The CSC Program

The CSC Program served a total of 31 individuals – Charleston-Dorchester Mental Health Center (31). A program update is provided below.

Program Update – Charleston-Dorchester Mental Health Center

“The Navigate & New Directions Programs served approximately 69 patients, some weekly & some bi-monthly, for FY17. All team personnel were trained intensely with the Navigate model in June 2017. Everyone is currently using the Navigate model with their patients. New Directions utilizes other resources to provide psychoeducation for diagnosis not on the Schizophrenia spectrum.

Although our program is fairly new, several of our patients are making significant progress. We have patients who presented very symptomatic, engaged in components of Navigate & are now working/in school. Some are actively engaged in looking for employment/school. Other successes include decreased hospitalizations. When looking at DLA 20 scores for our patients, 41% of those that had at least 2 administered for FY’17 maintained their score or showed improvement.”

As of November 11, 2017, the South Carolina Department of Mental Health (SCDMH) had actual expenditures in FY2017 of \$178,027.73. The allotted amount was \$393,578.00.

**Priority #:** 3  
**Priority Area:** Comprehensive Assessment  
**Priority Type:** MHS  
**Population(s):** SMI, SED, Other (All Persons Served)

**Goal of the priority area:**

SCDMH identified certain opportunities in its operations that would lead to cost savings and increased efficiencies. Many of the identified opportunities illuminate unmet service needs and critical gaps within the current system.

**Strategies to attain the goal:**

The strategy is defined by the Performance Indicator and may vary depending upon the nature of the effort, but all are related to the enhancement of the overall mental health continuum.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Expand Training Opportunities  
**Baseline Measurement:** Increase in Productivity Due to Offline Training Resources (As Measured by Person-Hour Cost Savings)  
**First-year target/outcome measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH  
**Second-year target/outcome measurement:** Compare to Prior Year’s Results  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

SCDMH - Division of Evaluation, Training, and Research (ETR)

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH currently has 201 staff training programs available by computer.

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

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

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

**Indicator #:** 2

**Indicator:** Implement Use of Electronic Medical Record

**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH

**First-year target/outcome measurement:** Baseline

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

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

**Data Source:**

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**



## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH currently utilizes an Electronic Medical Record (EMR) in its Community Mental Health Centers, and is in the implementation phase of deployment of an Electronic Health Record (EHR) in its Inpatient facilities.

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

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

#### How second year target was achieved (optional):

FY2017 Result: SCDMH currently utilizes an Electronic Medical Record (EMR) in its Community Mental Health Centers, and is in the final implementation phase of deployment of an Electronic Health Record (EHR) in its Inpatient facilities.

**Indicator #:** 3

**Indicator:** Expand Use of Telepsychiatry

**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH

**First-year target/outcome measurement:** Baseline

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

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

##### Data Source:

South Carolina Department of Mental Health

##### New Data Source(if needed):

##### Description of Data:

SCDMH partnered with the Duke Endowment, South Carolina Department of Health and Human Services, the University of South Carolina School of Medicine and the South Carolina Hospital Association to create the SCDMH telepsychiatry program to address the overcrowding of psychiatric patients in local hospital emergency departments ("ED"). It is a cutting-edge statewide service delivery model that provides remote access for EDs in rural areas of South Carolina to psychiatrists whenever psychiatric consultation services are required. And it is the first of its kind nationally, and has been widely recognized for its effectiveness. Just as with the previously mentioned program, which is still expanding, SCDMH has begun the expanded use of telepsychiatry in its Community Mental Health Centers (CMHC) and Inpatient Facilities. The CMHCs program utilizes telepsychiatry in a two-fold manner: Center-to-Clinic and Center-to-Center. Center-to-Clinic Telepsychiatry connects the primary CMHC with its satellite mental health clinics. Center-to-Center Telepsychiatry connects the CMHCs to each other. In addition, the Inpatient Facilities are able to capitalize on the use of telepsychiatry, as well. This expanded use of technology, in the form of telepsychiatry, provides the opportunity for the Department's 17 CMHCs, 46 Mental Health Clinics, and 4 Inpatient Facilities to utilize a common pool of physicians to deliver services to clients and patients without the loss of productivity associated with travel time, and to deliver services to clients and patients in rural areas where physician availability may be non-existent.

##### New Description of Data:(if needed)

##### Data issues/caveats that affect outcome measures:

None

##### New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH has currently deployed its Emergency Department Telepsychiatry Consultation Program in 25 Emergency

Departments (ED) across the State of South Carolina, and is considering expansion into additional hospitals with a focus on rural EDs. SCDMH has also deployed telepsychiatry equipment to all of its Community Mental Health Centers.

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

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

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

FY2017 Result: SCDMH has currently deployed its Emergency Department Telepsychiatry Consultation Program in 23 Emergency Departments (ED) across the State of South Carolina, and is considering expansion into additional hospitals with a focus on rural EDs, and into other service delivery locations in partnership with the South Carolina Telehealth Alliance (SCTA). SCDMH has also deployed telepsychiatry equipment to all of its Community Mental Health Centers.

**Indicator #:** 4

**Indicator:** Expand Use of School-Based Services

**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH

**First-year target/outcome measurement:** Baseline

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

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

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH has expanded school-based services into 520 schools across the State of South Carolina.

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

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

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

FY2017 Result: SCDMH has expanded school-based services into 540 schools across the State of South Carolina as reported in the SCDMH Accountability Report.

**Indicator #:** 5

**Indicator:** Expand Use of MHP in ED  
**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH  
**First-year target/outcome measurement:** Baseline  
**Second-year target/outcome measurement:** Compare to Prior Year's Results  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

The MHP provides consultative services to patients experiencing psychiatric emergencies in the emergency department and facilitates linkage to appropriate resources. Evidence supports the assertion that MHPs placed in Emergency Departments to augment the mental health resources currently available have a direct impact on the overall treatment of patients presenting with possible mental health issues. MHPs support the determination process for appropriateness for inpatient admission, and therein the absolute number of patients admitted versus those discharged the same day, and they positively affect the overall effectiveness of navigating patients presenting with potential mental health issues through the Emergency Department process. These placements create partnerships between SCDMH and the placement hospitals and leverage the resources of all.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH currently has deployed Mental Health Professionals (MHP) from multiple Community Mental Health Centers in multiple Emergency Departments. As opportunities present, SCDMH offers this partnership as an option to local hospitals.

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

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

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

FY2017 Result: SCDMH currently has deployed Mental Health Professionals (MHP) from multiple Community Mental Health Centers in multiple Emergency Departments. As opportunities present, SCDMH offers this partnership as an option to local hospitals.

**Indicator #:** 6  
**Indicator:** Enhance Workforce Development  
**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH  
**First-year target/outcome measurement:** Baseline  
**Second-year target/outcome measurement:** Compare to Prior Year's Results  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH has enhanced its workforce development efforts with utilization of advertising, attendance at industry-specific conferences, participation in recruitment events, coordination of employment fairs, and participation in workgroups related to the topic, such as the recently held SAMHSA Regional Workforce Development Workshop.

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

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

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

FY2017 Result: SCDMH has enhanced its workforce development efforts with utilization of advertising, attendance at industry-specific conferences, participation in recruitment events, coordination of employment fairs, and participation in workgroups related to the topic. Its Talent Acquisition and Retention Program (TARP) has demonstrated positive outcomes for SCDMH.

**Indicator #:** 7

**Indicator:** Increase in Community Supportive Housing

**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH

**First-year target/outcome measurement:** Baseline

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

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

**Data Source:**

SCDMH - Division of Community Mental Health Services

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: With additional funds received in FY2015 and FY2016, SCDMH now supports 261 units throughout the state with rental assistance for clients and their families. All units are located in scattered sites and are integrated into the community.

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

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

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

FY2017 Result: SCDMH now supports 270 units/534 people throughout the state with rental assistance for clients and their families through the agency's Community Housing Program. All units are located in scattered sites and are integrated into the community. This is in addition to the rental assistance provided through SCDMH HUD grants for almost 200 individuals with mental illnesses and their family members who are formerly homeless in six counties.

**Indicator #:** 8

**Indicator:** Enhance Partnerships

**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH

**First-year target/outcome measurement:** Baseline

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

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

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH continues to seek opportunities to enhance its partnerships with other entities. Among other examples, SCDMH has worked with the University of South Carolina School of Nursing to identify opportunities for students enrolled in its programs; Catawba Community Mental Health Center will be partnering with its local Federally Qualified Health Center (FQHC) in a coordination of services; and, SCDMH has partnered with the South Carolina Telehealth Alliance to expand the role of telepsychiatry services across the State of South Carolina.

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

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

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

FY2017 Result: SCDMH continues to seek opportunities to enhance its partnerships with other entities. Among other examples, SCDMH has worked with the University of South Carolina School of Nursing to identify opportunities for students enrolled in its programs; SCDMH has worked with the University of South Carolina School of Social Work to identify opportunities for students enrolled in its programs; Catawba Community Mental Health Center will be partnering with its local Federally Qualified Health Center (FQHC) in a coordination of services; and, SCDMH has partnered with the South Carolina Telehealth Alliance to expand the role of telepsychiatry services across the State of South Carolina, including seeking permission to use Nurse Practitioners to deliver mental health services via telehealth.

**Indicator #:** 9  
**Indicator:** Develop Behavioral Health Homes  
**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH  
**First-year target/outcome measurement:** Baseline  
**Second-year target/outcome measurement:** Compare to Prior Year's Results

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

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

FY2016 Result: SCDMH is moving forward with its plan to develop Behavioral Health Homes. SCDMH has completed technical assistance with the National Academy for State Health Policy (NASHP) and is implementing its recommendations in collaboration with the South Carolina Department of Health and Human Services (Medicaid).

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

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

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

FY2017 Result: This performance measure has been redefined to include developing and strengthening Integrated Care Partnerships to support care coordination, population health management and improvements in care gaps for individuals with mental illness.

**Indicator #:** 10  
**Indicator:** Expand Emergency Psychiatric Services  
**Baseline Measurement:** Provided as Reference Information for Possible Future Emphasis for SCDMH  
**First-year target/outcome measurement:** Baseline  
**Second-year target/outcome measurement:** Compare to Prior Year's Results

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

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH continues to focus on emergency psychiatric services. The Department purchases local/private inpatient beds; outstations Mental Health Professionals (MHP) in Emergency Departments; and, funds mobile crisis programs, including the Mobile Crisis Unit and Highway to Hope. It also has provided center crisis stabilization interventions and staff for crisis teams, co-occurring disorder teams, peer support, nurse care coordinators, case service funding for medications and other essentials, suicide prevention, intensive case management teams, jail liaisons, and support for center-to-clinic telepsychiatry.

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

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

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

FY2017 Result: On May 1, 2017, the Assessment Mobile Crisis (AMC) team at Charleston Dorchester Mental Health Center (CDMHC) began a Telehealth Pilot Project with Charleston County EMS (CCEMS). Funded by an MUSC Telehealth Grant, the pilot project was created in an effort to appropriately divert behavioral health patients from local Emergency Departments and hospitals. CCEMS uses the telehealth technology on all 911 calls which are identified as psychiatric in nature. It first sends a staffed ambulance to evaluate the individual for medical needs for emergency transport. If there are no medical concerns, a CCEMS supervisor, with the telehealth equipment, is dispatched to the scene. At this time, the ambulance is able to leave the scene, returning to service for other calls. AMC is contacted by the supervisor, and they establish a video connection using HIPAA compliant software called Vidyo. The AMC clinicians are able to use this platform to gather information from police, EMS, the patient, and any friends/family on scene. AMC staff provide a full emergency mental health assessment, and coordinate the linking of the patient to the appropriate level of care. Possible dispositions include: follow-up with outpatient treatment; admission to the Tri-County Crisis Stabilization Center; inpatient treatment (voluntary and

involuntary); and/or a link to treatment for substance use disorders.

Prior to this pilot project, CCEMS only called AMC 4-5 times a year, due to its need to quickly return the ambulance to service for other emergency calls in the community. CCEMS reports transporting most of the behavioral health patients to the ED as a result of its need to quickly complete the call. Using telehealth assessments has significantly decreased the amount of time needed to complete the intervention, and has allowed for the ambulance to quickly return to service without transporting to the ED. In the first 3 months of the project, CCEMS has called AMC 163 times. Of these 163 calls, 51% were diverted from an ED. Also, due to AMC helping patients use their natural support systems to access care, only 29% of all of the calls required EMS transport to an ED. The estimated cost savings for the healthcare system in the first 3 months (cost of ambulance transport and a basic ED visit) is approximately \$206,600.

Community Crisis Response and Intervention (CCRI) Program: CCRI is a newly developed partnership between SC Department of Mental Health and SC Department of Health and Human Services. SC DHHS has contracted with the agency to provide a dynamic service to the residents of South Carolina. CCRI services will provide adults and children with clinical screening either in person at the location of crisis, in person at a CMHC clinic, or telephonically, in order to de-escalate the crisis and provide linkage to ongoing treatment and other resources. The Office of CCRI operates at the South Carolina Department of Mental Health state administration level within the Community Mental Health Services Division and addresses statewide program monitoring during after-hours, weekends, and holidays. The Office of CCRI and local staff will work closely with local law enforcement, judges, hospitals, other community partners and other mental health providers when not performing direct crisis services to identify areas of need, build relationships and resources with community partners. The Office of CCRI will maintain a statewide answering service to provide a direct connection to Community Crisis Responders afterhours to address the caller's need. CCRI staff will provide follow-up with individuals accessing CCRI, train law enforcement and first responders in evidence based practices for crisis intervention and mental health issues.

**Priority #:** 4  
**Priority Area:** FY2016 Budget Requests  
**Priority Type:** MHS  
**Population(s):** SMI, SED, Other (All Persons Served)

**Goal of the priority area:**

The budget requests establish the funding priorities for SCDMH and effectively define the monetary strategic initiatives relevant to the strategic direction of SCDMH.

**Strategies to attain the goal:**

The FY2016 Budget Requests focus on three areas: maintaining the current capacity of the mental health system; addressing the areas in which SCDMH is experiencing increasing demand; and, capitalizing on promising technologies that relieve certain strains on the mental health system. These requests are particularly relevant for inclusion in the FY2016-2017 CMHS Block Grant Application because the approval of said requests will bring about the conclusion of a multi-year endeavor to restore a portion of the funding reductions of prior fiscal years.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Sustainability of Mental Health Services  
**Baseline Measurement:** \$6,400,000  
**First-year target/outcome measurement:** Provision of Appropriations  
**Second-year target/outcome measurement:** Provision of Appropriations  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**



**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

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

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

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

No longer applicable.

**Indicator #:** 2  
**Indicator:** Forensic Inpatient Services  
**Baseline Measurement:** \$3,200,000  
**First-year target/outcome measurement:** Provision of Appropriations  
**Second-year target/outcome measurement:** Provision of Appropriations

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

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

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

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

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

No longer applicable.

**Indicator #:** 3  
**Indicator:** School-Based Services  
**Baseline Measurement:** \$1,000,000  
**First-year target/outcome measurement:** Provision of Appropriations  
**Second-year target/outcome measurement:** Provision of Appropriations

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

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

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

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

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

No longer applicable.

**Indicator #:** 4  
**Indicator:** Emergency Department Telepsychiatry Program Sustainability  
**Baseline Measurement:** \$500,000  
**First-year target/outcome measurement:** Provision of Appropriations  
**Second-year target/outcome measurement:** Provision of Appropriations

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

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

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

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

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

No longer applicable.

**Indicator #:** 5

**Indicator:** Information Network Security Required Improvements

**Baseline Measurement:** \$750,000

**First-year target/outcome measurement:** Provision of Appropriations

**Second-year target/outcome measurement:** Provision of Appropriations

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

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

FY2016 Result: SCDMH received neither all, nor a portion, of the funds requested through the Budget Request process.

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

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

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

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

No longer applicable.

**Indicator #:** 6  
**Indicator:** Increase in Community Supportive Housing  
**Baseline Measurement:** \$400,000  
**First-year target/outcome measurement:** Provision of Appropriations  
**Second-year target/outcome measurement:** Provision of Appropriations  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

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

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

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

No longer applicable.

**Indicator #:** 7  
**Indicator:** Capital Funding Requests  
**Baseline Measurement:** \$36,603,605  
**First-year target/outcome measurement:** Provision of Appropriations  
**Second-year target/outcome measurement:** Provision of Appropriations  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

South Carolina Department of Mental Health

**New Data Source(if needed):**

**Description of Data:**

Internally-Generated Subject-Specific Information Resources

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

FY2016 Result: SCDMH received all, or a portion, of the funds requested through the Budget Request process.

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

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

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

**Footnotes:**

### III: Expenditure Reports

**MHBG Table 3 - MHBG Expenditures By Service.**

Expenditure Period Start Date: 7/1/2015      Expenditure Period End Date: 6/30/2016

Service	Expenditures
<b>Healthcare Home/Physical Health</b>	<b>\$</b>
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
<b>Prevention (Including Promotion)</b>	<b>\$</b>
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
<b>Substance Abuse (Primary Prevention)</b>	<b>\$</b>
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
<b>Engagement Services</b>	<b>\$</b>
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
<b>Outpatient Services</b>	<b>\$</b>
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
<b>Medication Services</b>	<b>\$</b>
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
<b>Community Support (Rehabilitative)</b>	<b>\$</b>
Parent/Caregiver Support;	
Skill Building (social, daily living, cognitive);	

Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
<b>Recovery Supports</b>	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
<b>Other Supports (Habilitative)</b>	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
<b>Intensive Support Services</b>	\$
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	
Assertive Community Treatment;	



Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
<b>Out-of-Home Residential Services</b>	<b>\$</b>
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
<b>Acute Intensive Services</b>	<b>\$</b>
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
<b>Other (please list)</b>	<b>\$</b>
<b>Total</b>	<b>\$0</b>

**Footnotes:**

### III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2016	Estimated/Actual SFY 2017
\$26,040,177	\$15,563,858	\$16,244,118

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

**Footnotes:**

The reported amounts are actual.

### III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2015) + B2(2016)</u> 2 (C)
SFY 2015 (1)	\$69,870,114	
SFY 2016 (2)	\$72,905,252	\$71,387,683
SFY 2017 (3)	\$80,302,077	

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

SFY 2015      Yes      X      No    \_\_\_\_\_  
 SFY 2016      Yes      X      No    \_\_\_\_\_  
 SFY 2017      Yes      X      No    \_\_\_\_\_

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

**Footnotes:**  
 The reported amounts are actual.