



# Accountability Report

FY 2007

September 13, 2007



**Office of the Director**  
2414 Bull Street/P.O. Box 485  
Columbia, S.C. 29202  
(803) 898-8319  
Information: (803) 898-8581

**John H. Magill**  
State Director of Mental Health

**MISSION STATEMENT**

To support the recovery of people with mental illness.

---

September 13, 2007

Karen Rhinehart  
Office of State Budget  
1201 Main Street, Suite 870  
Columbia, SC 29201

Dear Ms. Rhinehart:

The Department of Mental Health's FY 2005-2006 Accountability Report, as required by Sections 1-1-810 and 1-1-820 of the 1976 Code of Laws, is enclosed.

As stewards of the public's trust and in partnership with all stakeholders in the public mental health system, we are dedicated to fulfilling our mission of supporting the recovery of people with mental illness. Accountability is core of performance excellence and the report reflects this outcome-orientation to mission accomplishment.

The report addresses the agency's activities based on the requested performance excellence criteria and includes sections on Leadership, Strategic Planning, Customer Focus, Information and Analysis, Human Resource Focus, Process Management, and Health Care Results. We are proud of the achievements reflected in this report and the agency's progress in continuous improvement.

An electronic version of the report has been e-mailed, and four copies are enclosed, per request. I hope you will find the agency's Accountability Report informative and useful. The agency contact for this report is C. Edward Taylor, Ph.D. He may be reached at (803) 898-8623 if you have need of any additional information.

Sincerely,

John H. Magill  
State Director

enclosure

---

Mental Health Commission:  
H. Lloyd Howard, *Landrum*  
J. Buxton Terry, *Columbia*

Alison Y. Evans, Psy.D, *Hartsville*, Chair  
Jane B. Jones, *Piedmont*

Harold Cheatham, Ph.D., *Clemson*  
Joan Moore, *Goose Creek*, Vice-Chair

## Section 1 – Executive Summary

### 1. Mission and Values

The South Carolina Department of Mental Health’s mission is to support the recovery of people with mental illnesses. Its priority is serving adults and children affected by serious mental illnesses and significant emotional disorders.

We are committed to eliminating stigma, promoting recovery, achieving our goals in collaboration with all stakeholders, and assuring the highest quality of culturally competent services possible. Our values are respect for the individual, support for local care, commitment to quality, and dedication to improved public awareness and knowledge.

### 2. Major Achievements

Last year, we faced a situation where people with mental illnesses and addictions disorders were crowding into emergency rooms around the state or waiting in local jails to receive treatment in one of our hospitals. One of our priorities for the year was to open more hospital beds and more beds in the local communities, thus enabling more people in the emergency rooms to receive treatment in a more appropriate setting.

By the end of the fiscal year, we had opened new psychiatric beds at Harris Hospital in Anderson and Bryan Hospital in Columbia, new beds at Morris Village in Columbia for people with an addictions disorder, and additional forensics beds. As part of our further commitment to help solve the emergency room crisis, we produced a training series on DVD to help emergency room personnel and others assess and treat people with mental illness or addictions disorders who come to the emergency room. These DVDs were made available to members of the South Carolina Hospital Association, our mental health

centers, probate court judges, and other stakeholders.

Furthermore, we opened new community beds and opened the new nursing home in Walterboro called *Veterans’ Victory House: Home of the Greatest Generation*. This 220-bed facility is state-of-the-art and will provide much needed services to veterans and their families in the lower part of South Carolina. When all of the beds at Veterans’ Victory House are open, the Department will have almost 900 beds in its nursing home operation.

In addition, last year we received through the Governor’s Office a \$3.7 million federal grant to improve services to people with a mental illness and an addictions disorder, and are partnering with the South Carolina Department of Vocational Rehabilitation and the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS). About half of those adults with either a mental illness or an addictions disorder have both disorders (co-occurring). In South Carolina, various health services agencies have bits and pieces of co-occurring services, but no one agency has a co-occurring mission. This grant brings all agencies together to serve patients with co-occurring disorders.

Further, last year we continued our emphasis on helping people with mental illnesses recover, and jobs and housing were vital components of the process. Many of our clients with serious mental illness are returning to work because of our evidence-based supported employment program. Last year, ten of our 17 mental health centers had such programs with over half of the clients in the program competitively employed, a success rate that equals the best-in-class nationally.

Housing, like work, is just as important in the recovery process. People with mental illnesses want a safe, affordable place to live. The Department partners with private, nonprofit organizations to fund the development of at least 40 new housing units annually, specifically for people with mental illnesses. Currently, we have funded over 1,500 units.

Our community placement program, Toward Local Care (TLC), helps clients make a smooth transition from living in the hospital to living in the community, and it is a cost-effective way to serve clients. Since 1992, TLC programs have moved 1,571 long-term, hospitalized patients into the community where they live successfully out of expensive inpatient psychiatric hospitals and in apartments, Community Residential Care Facilities, or homeshare settings.

Our deaf services program is at the forefront nationally in serving mentally ill children and adults who are deaf or hard of hearing. Using such new technology as tele-psychiatry, wireless e-mail, and video interpreting, we serve about 300 clients annually, statewide. Our program has been recognized for its innovations by the Kennedy School of Government, the Center for Mental Health Services, and the National Association of State Mental Health Program Directors.

Finally, we continued to grow our highly successful school based services program. We served almost 14,000 children in these programs which are in place in 461 schools, or 44 percent of all South Carolina schools. Research shows that providing full-time mental health counselors in schools improves the success rates of the students involved. The program's goals are to keep children at home, in school, and out of trouble. How did we do? Nearly 86 percent of the children served last year still live at

home, and 97 percent had no reported problems with law enforcement. Not only did children and their families report positive reactions to the program, school administrators did as well. For example, when surveyed last year, 99 percent of school administrators said they would recommend the program to other schools. Virtually all of the administrators surveyed agreed that children's grades and behavior at school improved.

### **3. Key Goals**

The key operational goals of the Department for FY 08 can be summarized into four broad themes:

- Improving Recruitment and Retention of Clinical Staff, particularly
  - Nurses
  - Mental health Counselors
- Improving Accessibility by
  - Reducing ER wait-time
  - Expanding Crisis Services in the community
  - Increasing inpatient bed capacity
  - Expanding transition programs that allow long-term patients to live in the community (TLC)
  - Expanding the out-stationing of staff into other agencies – schools, DSS, DJJ
- Improving Quality of Life for Patients Living in the Community
  - Increasing the employment rate for the seriously mentally ill
  - Increasing housing opportunities that are safe, affordable and decent
- Insuring Construction Adequacy of Inpatient Facilities
  - Capital improvement projects
  - Safety codes

### **4. Opportunities and Barriers**

The Department is committed to the sale of the property in Columbia that formerly served as the campus of the State Hospital,

also known as the Bull Street property. The South Carolina Supreme Court has ruled that the Department may keep all the proceeds from the property sale and use the money to provide services for the Department's clients, and we have begun the process that will enable us to market the property. However, because we temporarily have adult patients at Byrnes Medical Center and children's inpatient programs at the William S. Hall Psychiatric Institute on the campus, it may be several years before we are fully able to relocate these programs from the downtown campus.

Recruiting licensed nursing staff has become a serious challenge, particularly for inpatient facilities. This year we were unable to open all of the new beds scheduled for Bryan Psychiatric Hospital solely because we could not staff the units. The recently completed salary study supported our FY 08 budget request to correct inequities with the private sector, but the increases may not be enough to impact significantly the situation.

The Department has an excellent opportunity to use technology to play a strategic role in the delivery of health care services, and we must continue to provide the resources to be able to meet the needs of our clients wherever they are --in the towns and cities or in the rural areas of South Carolina. Our strategic plan calls for expansion of our electronic medical record, a vital component in a statewide system called the Electronic Personal Health Record that is currently under development by another state agency.

We face serious barriers in our community system of care. Medicaid reimbursement rate for services has changed, with mental health centers now receiving less money, and many Community Residential Care

Facilities (CRCFs), a traditional living option for our patients, are closing. In the last five years, more than 2,000 such beds in South Carolina have closed.

We have many opportunities at the Department of Mental Health to continue to deliver quality care in a cost effective manner. While we recognize that barriers exist to our being successful in our endeavors, we believe that the greatest barrier is our inability to compete with other service providers in the recruitment of clinical staff, especially nurses, because of salary. We will continue to explore ways to offer the kinds of benefits that will be attractive to potential staff, including becoming more competitive in salaries.

## **5. How Agency Uses Accountability Report**

The Department uses the annual Accountability Report in two primary ways. First, the report is an educational tool that assists us in informing key persons of our work. All organizational components, CMHC Board Chairs, advocacy/stakeholder groups and new executive staff receive a copy.

Second, DMH management as part of a global quality improvement effort reviews it. The Accountability Report is probably the single agency publication that attempts to narrate, as simply as possible, the agency's mission, priorities, challenges, goals, measures, and results. As such, each year's report is critiqued for how to write it clearer, simpler, and better. It is a structured self-analysis that allows us to focus improvement efforts on the "vital few," those measures and results that are pivotal to the agency's success in serving the citizens of South Carolina

## Section II – Organizational Profile

### 1. Main Products and Services and Primary Delivery Mechanisms

The Department of Mental Health provides psychiatric services to adults and children through 17 comprehensive community mental health centers with offices in all forty-six counties. It provides inpatient psychiatric treatment to adults through two facilities and to children through a third. It operates an alcohol/drug addiction treatment facility, a psychiatric nursing home, and contracts with private entities for the operation of a forensic facility and two veterans nursing homes.

### 2. Key Customer Segments Linked to Key Products/Services

DMH's key customers are adults, children, and their families who are affected by serious and persistent mental illnesses and/or significant emotional disorders. Their key requirements and how DMH measures success in meeting their requirements are presented in Table 2. The key processes are assessment, diagnosis, and treatment designed to meet the key requirements of our customers.

### 3. Key Stakeholders

Groups that have a stake in the success of the Department of Mental Health include other state agencies, in particular the Departments of Alcohol and Other Drug Abuse Services, Disabilities and Special Needs, Health and Human Services, Vocational Rehabilitation, Social Services, Corrections, Juvenile Justice, and local school districts.

The legislative, executive, and judicial branches of government are also special stakeholders as they make decisions that impact individuals with persistent and serious mental illness.

Other key stakeholders are public health systems, especially hospital emergency staff, law enforcement, and jails as they work together with DMH to identify and support key customers in crisis.

Nonprofit entities, which advocate for clients such as the National Alliance on Mental Illness, the Federation of Families, the Mental Health America of SC, Protection & Advocacy for People with Disabilities, and SHARE (Self-Help Association Regarding Emotions) are key stakeholders. SAMHSA (Substance Abuse and Mental Health Services Administration), the Veterans' Administration, and other federal funding sources are also stakeholders.

### 4. Key Suppliers and Partners

DMH contracts with several major vendors to provide services to our clients. The Campbell Veteran's Nursing Home in Anderson, SC, a 220-bed nursing home, is operated through a contract with Health Management Resources, Inc. DMH also contracts with Just Care, Inc. for significant segments of the agency's inpatient forensic services. Located on DMH property leased to this provider, DMH provides some of the professional treatment staff, while the vendor provides security, general nursing care, and room and board.

Our community mental health centers contract with a number of local providers such as general hospitals, private practitioners, and other organizations for a variety of clinical and support services including local inpatient care, physician services, and several different types of supported residential options for agency clients.

## 5. Location of Operations

The Department of Mental Health (DMH) operates in locations across South Carolina. The main administrative offices of DMH are located in Columbia – as are the William S. Hall Psychiatric Institute, G. Werber Bryan Psychiatric Hospital, Earle E. Morris, Jr. Alcohol & Drug Addiction Treatment Center, C.M. Tucker Nursing Care Center, and The Sexually Violent Predator Program. Patrick B. Harris Psychiatric Hospital is located in Anderson.

DMH also operates seventeen community mental health centers (CMHCs) around the state, which serve all forty-six counties. The centers include:

Aiken-Barnwell MHC  
Anderson-Oconee-Pickens MHC  
Beckman MHC (located in Greenwood)  
Berkeley MHC  
Catawba MHC (located in Rock Hill)  
Charleston/ Dorchester MHC  
Coastal Empire MHC (located in Beaufort)  
Columbia Area MHC  
Greenville MHC  
Lexington MHC  
Orangeburg MHC  
Pee Dee MHC (located in Florence)  
Piedmont MHC (located in Simpsonville)  
Santee-Wateree MHC (located in Sumter)  
Spartanburg Area MHC  
Tri-County MHC (located in Bennettsville)  
and  
Waccamaw MHC (located in Conway).

## 6. Number of Employees

Our workforce includes 4,906 employees, 9% administrative, 52% in the community system, and 39% in our inpatient setting. Ninety-seven percent are in classified positions and 3% in unclassified or contractual positions. Forty-six percent of our employees are White, 52% are African-

American, and 2% are of other ethnic nationalities.

## 7. Regulatory Environment

As a medical treatment provider expending state and federal funds, the Department of Mental Health is heavily regulated. See Figure 7.5-1 for a full listing.

## 8. Key Strategic Challenges

Focus groups, held with key stakeholders and DMH management, identified key challenges to be addressed in the Department's strategic priorities for FY 08. These include:

1. Increase recruitment and retention of clinical staff, particularly nurses and mental health counselors
2. Increase inpatient bed capacity
3. Improve accessibility to services, particularly crisis and acute care
4. Improve housing and employment options for severely mentally ill
5. Decrease out-of-home placements for children
6. Relocate C&A facility (Hall Institute)
7. Find adequate space to house the Sexually Violent Predator Program
8. Expand out-stationed staff in public health, DSS, DJJ, schools
9. Expand Recovery philosophy and programming
10. Prepare next generation of managers, administrators, and clinicians
11. Make capital improvements
12. Secure annualizations

## 9. DMH Performance Improvement Systems

Table 1 identifies key elements of the DMH Performance Improvement System.

Table 1 <b>The DMH Performance Improvement System</b>			
	<b>Quality Improvement</b>	<b>Performance Improvement</b>	<b>Quality Assurance</b>
<i>Focus:</i>	Current	Prospective	Retrospective
<i>Initiated by:</i>	Any Level	Upper Management	Management
<i>Mechanisms:</i>	Performance Improvement Teams	Performance Improvement Teams	Risk Management System
	Program Fidelity Monitoring	Dashboard Indicators	Facility Accreditation
		Outcomes Committee	Continuity of Care Standards
			Corporate Compliance
			Medicaid Audits
			Internal Audit
			Utilization Review

**10. Organizational Structure**

See Table 3

**11. Expenditure/Appropriations Chart**

See Table 4

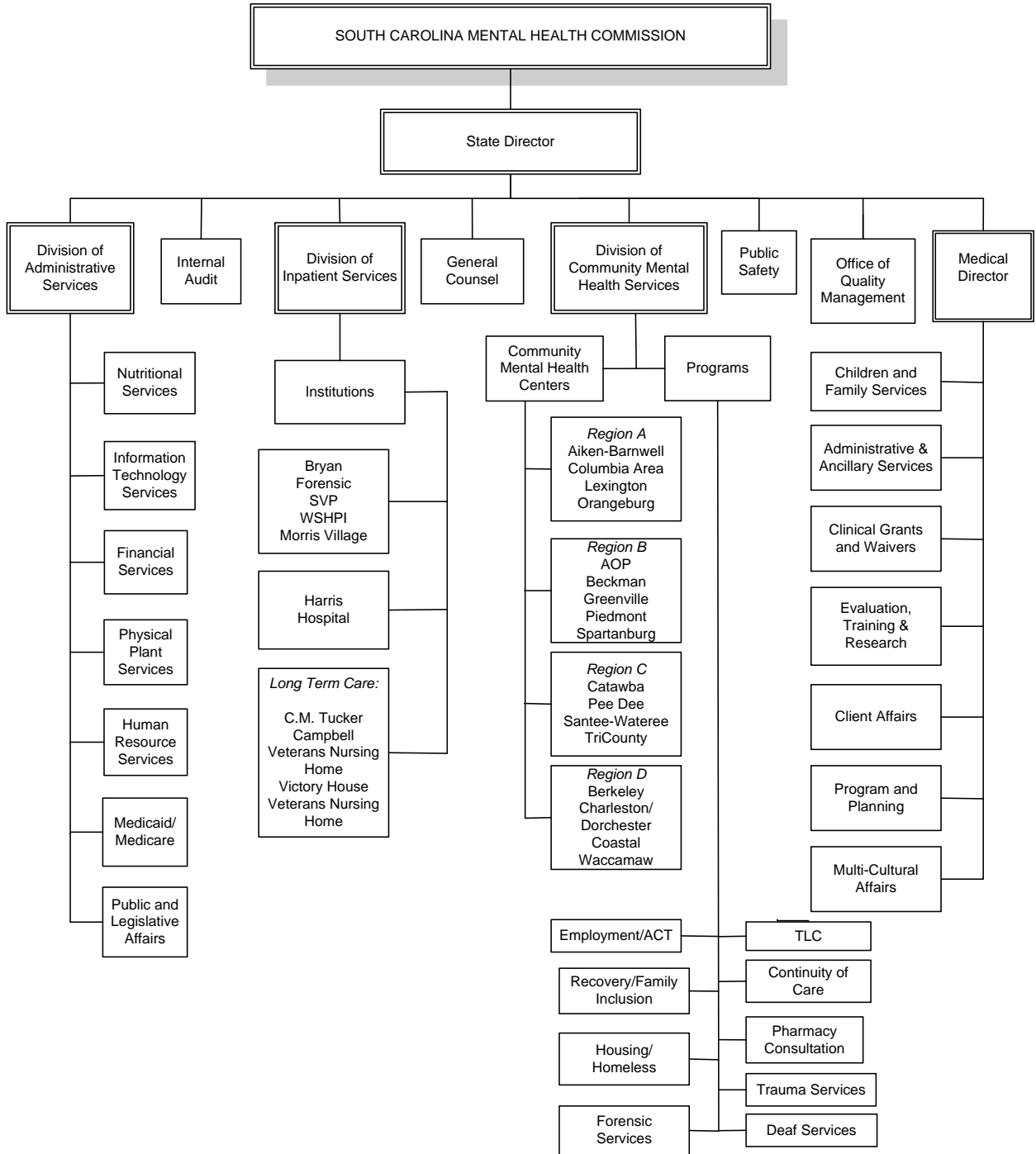
**12. Major Program Areas Chart**

See Table 5



<b>Table 2 KEY CUSTOMER PERFORMANCE MEASURES</b>			
<b>Customer</b>	<b>Key Requirements</b>	<b>Key Measures</b>	<b>Results Cross-Reference</b>
Adults with Serious Mental Illnesses	Satisfaction	Client Perception of Care (MHSIP)	7.1-1
	Functional Improvement	Clinical Assessment (GAF)	7.2-8
	Symptom Reduction		
	Employment	Number/Percent Employed	7.2-24, & 7.2-25
	Housing	No. of Units	7.2-26
Alcohol & Drug Addiction Residents	Satisfaction	Client Perception of Care	7.1-4
	Abstinence	30 day Post-Treatment	7.2-30
Nursing Home Residents	Satisfaction	Resident & Family Survey	7.1-5
	Health & Safety	Maximize Life Expectancy Reduced Pressure Sores Decrease Fall Rate	7.2-27 7.2-28 7.2-29
Children with Severe Emotional Disturbances	Functional Improvement	Clinical Assessment (CAFAS)	7.2-7
	Symptom Reduction		
	Parental Satisfaction	Parent's Survey (MHSIP)	7.1-2
	Youth Satisfaction	Youth Survey (MHSIP)	7.1-3
<b>KEY MEASURES OF ORGANIZATIONAL EFFECTIVENESS AND EFFICIENCY</b>			
<b>Domain</b>	<b>Measures</b>		<b>Results Category Chart</b>
Community Mental Health Centers	Number Served		7.2-6
	% of Clients with Major Mental Illness		7.2-2 & 7.2-4
	Hospital Admissions Rate		7.2-9
	Avg. Days Btw Hospital Discharge & Date Seen by CMHC		7.2-15
	Emergency Room: Decreasing Waits		7.2-12
Psychiatric Inpatient	30 Day Readmission Rate		7.2-16
	Decreasing >90-Day Length of Stay		7.2-21
	Bed-Day Utilization		7.2-22
Administrative and Financial	Medicaid Revenue		7.3-2
	Billable Hours of Service		7.3-5
	Bed-Day Costs		7.3-8
	Regulatory Compliance and Audits		7.5-1

# Organizational Structure (Table 3)



08/20/2007

Table 4 <b>Accountability Report Appropriations/Expenditures Chart</b>						
<b>Base Budget Expenditures and Appropriations</b>						
	FY 05-06 Actual Expenditures		FY 06-07 Actual Expenditures		FY 07-08 Appropriations Act	
Major Budget Categories	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$182,070,085	\$112,336,150	\$ 181,518,859	\$ 118,989,812	\$194,877,783	\$126,511,316
Other Operating	\$ 97,010,984	\$ 26,142,096	\$ 108,674,605	\$ 39,050,288	\$123,884,687	\$ 34,987,156
Special Items	\$ 592,192	\$ 192,192	\$ 688,000	\$ 338,000	\$ 648,000	\$ 248,000
Permanent Improvements	\$ 2,998,444	\$ -	\$ 20,304,443	\$ 9,710,000	\$ -	\$ -
Case Services	\$ 12,500,259	\$ 6,230,741	\$ 9,751,221	\$ 4,026,253	\$ 18,417,763	\$ 11,203,590
Distributions to Subdivisions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ 54,768,843	\$ 34,446,335	\$ 57,293,410	\$ 37,502,379	\$ 61,275,186	\$ 40,774,410
Non-recurring	\$ -	\$ -	\$ 9,800,000	\$ 9,800,000	\$ 15,405,000	\$ 4,880,000
<b>Total</b>	\$359,940,807	179,347,514	\$ 388,030,538	\$ 219,416,732	\$414,508,419	\$218,604,472
<b>Other Expenditures</b>						
	Sources of Funds	FY 05-06 Actual Expenditures	FY 06-07 Actual Expenditures			
	Supplemental Bills	\$ -	\$ 9,800,000			
	Capital Reserve Funds	\$ 2,262,885	\$ -			
	Bonds	\$ -	\$ -			

Table 5		Major Program Areas				
Programs	Major Program Area	FY 05-06		FY 06-07		Financial
	Purpose (Brief)	Budget Expenditures		Budget Expenditures		Results
						References*
II. A. Community Mental Health Centers	Services delivered from the 17 mental health centers that include: evaluation, assessment, and intake of clients; short-term outpatient treatment; and continuing support services.	State:	59,861,535.42	State:	62,810,446.41	7.3-5
		Federal:	8,773,742.09	Federal:	7,661,641.43	7.3-6
		Other:	78,262,591.18	Other:	72,632,378.73	7.3-7
		Total:	146,897,868.69	Total:	143,104,466.57	7.3-10
		% of Total Budget:		44%	% of Total Budget:	42%
II. B. Inpatient psych	Services delivered in a hospital setting for adult and child clients whose conditions are severe enough that they cannot be treated in the community.	State:	45,851,065.88	State:	52,154,930.89	7.3-7
		Federal:	267,025.88	Federal:	145,047.03	7.3-8
		Other:	33,323,602.77	Other:	30,379,129.34	7.3-9
		Total:	79,441,694.53	Total:	82,679,107.26	
		% of Total Budget:		24%	% of Total Budget:	24%
II. D. Tucker/ Dowdy	Residential care for individuals with mental illness whose medical conditions are persistently fragile enough to require long-term nursing care.	State:	6,685,031.40	State:	6,514,890.92	7.3-8
		Federal:	0.00	Federal:	0.00	
		Other:	12,330,942.41	Other:	13,940,263.98	
		Total:	19,015,973.81	Total:	20,455,154.90	
		% of Total Budget:		6%	% of Total Budget:	6%
II. F. Support	Nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	State:	18,687,880.32	State:	19,619,505.30	
		Federal:	12,559.61	Federal:	0.00	
		Other:	1,520,953.56	Other:	1,836,020.09	
		Total:	20,221,393.49	Total:	21,455,525.39	
		% of Total Budget:		6%	% of Total Budget:	6%
II. G. Veterans	Originally residential nursing care for veterans who also have a mental illness; role has now expanded beyond that so that any veteran is eligible who meets the admission criteria.	State:	7,170,132.14	State:	14,506,635.91	7.3-8
		Federal:	0.00	Federal:	0.00	
		Other:	11,615,834.48	Other:	10,588,561.17	
		Total:	18,785,966.62	Total:	25,095,197.08	
		% of Total Budget:		6%	% of Total Budget:	7%
II. H. Sexual Predator	Treatment for civilly-committed individuals found by the courts to be sexually violent predators. Mandated by the Sexually Violent Predator Act, Section 44-48-10 et al.	State:	2,856,018.48	State:	2,974,405.12	7.3-8
		Federal:	0.00	Federal:	0.00	
		Other:	121,046.98	Other:	146,139.51	
		Total:	2,977,065.46	Total:	3,120,544.63	
		% of Total Budget:		1%	% of Total Budget:	1%
III. Employer Contribution	Fringe benefits for all DMH employees	State:	34,446,335.32	State:	37,502,378.78	7.3-3
		Federal:	1,608,571.23	Federal:	1,270,323.26	
		Other:	19,898,504.73	Other:	18,520,707.71	
		Total:	55,953,411.28	Total:	57,293,409.75	
		% of Total Budget:		17%	% of Total Budget:	17%
Below: List any programs not included above and show the remainder of expenditures by source of funds.						
	Remainder of Expenditures:	State:	3,789,515.00	State:	3,733,538.44	
	I. Administration	Federal:	539,917.17	Federal:	802,975.18	
		Other:	241,240.38	Other:	73,447.39	
		Total:	3,719,517.15	Total:	4,609,961.01	
		% of Total Budget:		1%	% of Total Budget:	1%
* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.						

## Section III – Category 1 – Leadership

### 1.1 Senior Leadership Direction

*How do senior leaders set, deploy, and ensure two-way communication for:*

*a) Short and long term direction and organizational priorities*

DMH has developed a clear mission/values/priorities statement, a responsive set of strategic priorities, and an ambitious, coherent strategic plan. From these documents and guiding principles, the Mental Health Commission and senior leadership set the short- and long-term direction of the agency.

Some noteworthy examples of DMH leadership's alignment of mission, values, priorities, and performance include:

- a strategic plan that focuses on development of a community-based system as the primary locus of care;
- inclusion of key stakeholders in planning and policy development;
- hiring clients as employees of the Department;
- including clients and family members on mental health center leadership teams and local mental health center boards;
- publishing the minutes of all governance meetings;
- publishing newsletters and monthly internal publications;
- conducting quarterly day-long stakeholder meetings;
- posting information and news articles on the Intranet and Internet sites; and
- meeting with newspaper editorial boards and legislators.

These avenues of communication provide a rich engagement between leadership, stakeholders, and employees. They provide channels of information for communication up, as well as down and across, the chain of

command. The bottom line is that while leadership has responsibility for promoting knowledge, setting priorities, establishing core measures, and evaluating performance, it also must ensure that all voices have a place at the table.

*b) Performance expectations*

Department managers are required to have clear performance goals, aligned with agency priorities, and are formally evaluated annually based upon these goals. Individual managers are similarly rated on their contribution to division expectations, linked the DMH goals.

*c) Organizational values*

Senior leadership and the Commission's commitment to organizational values are most clearly communicated by their behavior. It has been their effort that has aligned goals, priorities, outcomes, and funding with core values: Respect for the Individual, Support for Local Care, a Commitment to Quality, and Improving Public Awareness and Knowledge about Mental Illness.

Two-way communication is best represented by examples that are indicative of leadership's approach/ deployment behavior.

- The Commission holds six of its twelve monthly meetings in a local mental health center or inpatient facility. With two of the seven-person Commission members being a family member of a DMH client, there is a clear commitment to open discussion between stakeholders and the administration.
- Mental health clients, family members, advocates, and other stakeholders are always, without exception, invited and encouraged to be part of policy discussion, priority-setting, and program development.

- Clients of mental health services are employed as Peer Support Specialists, serve on management teams of centers/hospitals, and participate on quality improvement teams. The mantra espoused by our client advocates – “Nothing about Us, Without Us” aptly represents the inclusive philosophy of DMH.

*d) Empowerment and innovation*

To encourage innovation in program development, research projects are conducted to compare the outcomes of local programs to the outcomes of evidence-based practices. Conferences and stakeholder meetings feature educational reports on state-of-the-art treatment approaches, and the Department’s quarterly publication, Images, routinely features model DMH programs.

*e) Organizational and employee learning*

There is a concerted emphasis by the Department to transfer learnings from one part of the system to other applicable areas. Senior leadership publishes outcome data, including comparative results, for use by local CMHC Boards, organizational components, and managers in improving performance. Findings from investigations of adverse events result in corrective action plans and are transferred into system-wide improvements.

At the individual employee level, senior leadership has promoted the development of on-line staff training programs, linked employee education more closely to strategic priorities, and instituted specific programs to prepare the next generation of managers, administrators, and clinicians.

*f) Ethical behavior*

As a healthcare organization, the Department is fortunate to have codes of ethical behavior for all disciplines, giving a solid basis upon which to build agency expectations for employees. These are

augmented by formal policies and standards for: corporate compliance; ethics in research; protection of human research subjects; and after-the-fact quality assurance, peer review, and internal audit programs.

## **1.2 Focus on Customers**

*How do senior leaders establish and promote a focus on customers and other stakeholders?*

At DMH, promoting client recovery is the agency’s mission, and the “inclusive philosophy” of senior leaders ensures that clients and other stakeholders remain central to our efforts. Through client advisory boards, client employees, and direct client/family involvement in major policy and program development, the agency maintains its focus on providing excellence in customer satisfaction. Further, as described in Table 2, senior management is able to review key measures to determine how well the agency, and each of its components, is doing with customer satisfaction.

## **1.3 Impact on Public**

*How does the organization address the current and potential impact on the public of its programs, services, facilities and operations, including associated risks?*

All inpatient facilities of the Department are licensed by the South Carolina Department of Health and Environmental Control (DHEC) as specialized hospitals, and all are fully accredited by either the Joint Commission on Accreditation of Healthcare Organizations (JCAHCO) or the Commission on the Accreditation of Rehabilitation Facilities (CARF).

Each year the Office of Inspector General of the federal Department of Health and Human Services identifies vulnerabilities in Medicare/Medicaid funded programs and

other activities that are the focus of their program audits for the year. The DMH Corporate Compliance Committee reviews this document to determine auditing procedures that may need to be strengthened.

Further, our Office of Internal Audit regularly reviews all DMH activities (administration, inpatient, and community) to ensure fiscal responsibility, ethical behavior, accountability, and legal compliance.

DMH is very sensitive to its responsibilities regarding treatment and care of the citizens we serve. They are a vulnerable population, some seeking help voluntarily and some under court order. There are issues of stigma, public acceptance, legal rights, and moral imperatives. The Department's commitment to the state of South Carolina is to provide the best possible care and treatment in an environment which ensures the safety of staff, patient, and the public.

- Individuals are rigorously assessed prior to their discharge from inpatient care;
- Clients found Not Competent to Stand Trial or Not Guilty by Reason of Insanity are treated in secure settings. Their gradual reintegration into the community is closely monitored by trained staff who are very knowledgeable of each client's treatment needs;
- An integrated system of community-based treatment with inpatient support is strived for to ensure the safety and well-being of the citizens we serve.

Also helping the Department assess its impact on the public are local CMHC boards, advocacy groups, the Medical Association, and the South Carolina Hospital Association.

The Department subscribes to a "press summaries" service and runs a volunteer "media watch," reviewing all newspaper

articles/editorials in the state to maintain an awareness of public concerns and opinions. Periodic meetings are held with probate judges and the South Carolina Hospital Association across the state to address issues and concerns. The state director meets regularly with news media, editorial boards, members of the legislature, advocacy groups, and other community leaders to provide information about the Department and hear concerns and recommendations.

#### **1.4 Maintaining Fiscal, Legal, and Regulatory Accountability**

*How do senior leaders maintain fiscal, legal, and regulatory accountability?*

The director, senior leadership, and the Commission review data and written evaluations on fiscal, legal, and regulatory compliance regularly. The Internal Audit Division reviews formal litigation reports and the report findings of every six months. The Management Dashboard (Table 2) is reviewed on a schedule dictated by the measure.

#### **1.5 Key Performance Measures**

*What key performance measures are regularly reviewed by your senior leaders?*

Customer satisfaction, symptom reduction, functional improvement, housing and employment are part of the "Dashboard Indicators" data reviewed annually by leadership. In addition, every quarter the Commission and senior leaders review specific data on organizational efficiency and effectiveness, data that is more likely to fluctuate. Table 2 presents both of these sets of measures. Copies of the quarterly Dashboard Indicators are provided to all DMH management, CMHC and inpatient facility directors, CMHC board chairs, and are available to the public.

## **1.6 Performance Review/Feedback**

*How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness and the effectiveness of management throughout the organization? How do their personal actions reflect a commitment to the organizational values?*

The performance of all managers and administrators is evaluated annually. The director's goals cascade into the deputy director's goals and to center/facility director's goals, creating a tiered system of alignment. Senior leadership also assesses its own performance, individually and as a group, through retreats and SWOT analyses.

## **1.7 Succession Planning**

*How do senior leaders promote and personally participate in succession planning and the development of future organizational leaders?*

With an aging workforce and a large number of senior staff in the TERI Program, DMH responded proactively to ensure a smooth transition to a new cadre of agency leaders. Senior positions that could become vacant were flagged, and contingency plans were developed.

Additionally, an in-house Mentoring/Succession Program, implemented by the Department in 2004, is in its fourth year. This is an eleven-month seminar that includes monthly classroom instruction lead by SCDMH senior leaders and homework supervised by mentors at the participants' home facility. Three participants have become our newest CMHC directors, and several others have been promoted.

## **1.8 Performance Improvement**

*How do senior leaders create an environment for performance improvement,*

*accomplishment of strategic objectives, and innovation?*

Clear outcome measures set the stage for an environment that promotes performance-driven behavior. In addition, strategic goals that have defined targets, regular (quarterly) review dates, and Employee Performance Management System (EPMS) goals linked to strategic goals, assist staff in remaining focused on accomplishing assignments. While the Department has promoted evidence-based practices, it has allowed programmatic freedoms to managers as long as they have outcome measures that respond to customer requirements. This "freedom to innovate" has encouraged managers who believe their home-grown programs to be equally effective to produce outcomes that equal or exceed the evidence-based outcomes.

## **1.9 Strengthening the Community**

*How does senior leadership actively support and strengthen the communities in which your organization operates?*

The Department of Mental Health is committed to the support of the communities it serves. As a community-based, public mental health system, its primary role is to serve persons who suffer from mental illnesses. Where possible, however, the Department extends itself to be a system of support for the non-mentally ill by:

- providing education, counseling, and public information for persons dealing with life stressors;
- supporting volunteer activities by employees and senior leaders that further our stated mission; and
- developing public service announcements about mental illness and maintaining educational websites.



## Category 2 – Strategic Planning

### 2.1 Strategic Planning Process

*What is your Strategic Planning process, including KEY participants, and how does it address:*

- a. *Organizational strengths, weaknesses, opportunities and threats*
- b. *Financial, regulatory, societal and other potential risks*
- c. *Shifts in technology or the regulatory environment*
- d. *Human resource capabilities and needs*
- e. *Opportunities and barriers described in the Executive Summary*
- f. *Business continuity in emergencies*
- g. *Ability to execute the strategic plan*

With the department’s budget request due eleven months prior to the beginning of the fiscal year, work on prioritizing needs is started a full nineteen months before the fiscal year begins (Figure 2.1-1). Planning begins with a SWOT analysis (Strengths, Weaknesses, Opportunities, Threats), involving senior leaders of the administration, representative CMHC directors, and inpatient directors. Potential issues for the strategic plan are rank ordered based on the urgency and degree of threat, and each priority is assessed for what action is most appropriate to address the issue: (1) Additional funds (a potential budget request item); (2) Legislation; (3) Improved Relationships; (4) Staff Training; and/or (5) Internal Policy or Management Actions.

Using this assessment, key staff responsible for the priority area submits draft objectives for the goal, budget requirements, a timetable for implementation, and outcomes.

The DMH Executive Committee identified the draft goals in March as part of the FY 08 Budget Request Process and distributed them for public comment. They were posted on the web, distributed to advocacy groups,

CMHC and inpatient facility management and staff, and CMHC Boards. The State Planning Council, a 48-member group that includes 14 clients, 9 family members, 4 representatives of advocacy groups, 9 employees of DMH, and 12 from other human service agency members, reviewed the goals during late March through mid-May and made recommendations to the Department.

<b>Figure 2.1-1 FY 07 PLANNING PROCESS</b>	
<b>Budget Development</b>	
Nov-Dec '05	“Major Risks Assessment” (S.W.O.T) by senior leadership
Jan '06	FY08 & FY09 Budget Priorities Draft set by senior leadership
Feb '06	Full Stakeholder Survey of Budget & Program Priorities (Even Years)
Feb–Mar '06	Lead Program & Budget Office Staff Submit Draft Budgets
Apr '06	Major DMH Committees Make Budget Recommendations
May '06	State Planning Council Submits Recommendations
Jun-July '06	Dept and Commission Approve FY 08 Draft Budget
Aug '06	FY 08 Budget Submitted
<b>Program Development</b>	
Oct '06	Leadership sets strategic priorities other than budget request items
Dec '06	Key Deliverables and Timetable
Jan '07	Cost Figures Developed (if needed)
Feb 07	Leadership approves all priorities, timetable, and outcomes
Mar 07	Draft plan developed
Apr '07	30-Day Public Review for comments
Apr–May '07	State Planning Council critiques
Jun '07	Gen Assembly Passes FY 08 Appropriations
June-July '07	Dept and Commission approve State Plan
July 1, 2007	FY 08 Plan Implementation Begins

Our strategic planning process calls for full stakeholder participation every two years, the next one being in February 2008. During these events, statewide stakeholder input is coordinated through the community mental health center local boards. These citizen advisory groups, composed of family members, clients, advocates, private practitioners, sister agency staff, and community activists, number approximately 270 people. CMHCs and Boards also conduct public forums and coordinate staff input. It is not unusual for these efforts to involve 700-800 citizens.

DMH leadership and the Commission make the final decision on strategic goals, subject to modifications based on annual budget request approvals.

## 2.2 Developing and Tracking Action Plans

*How do you develop and track action plans that address your key strategic objectives and how do you allocate resources to ensure accomplishment of the plan?*

Statewide action plans, constructed by program staff before a goal is adopted, include a timetable of key deliverables, specification of budget and human resource requirements, and measurable outcomes to evaluate the final product. The draft plan flags any goal that is “funding dependent.”

Senior leadership assumes individual responsibility for statewide implementation and deployment of specific goals, and has a designated program staff member who assumes day-to-day oversight for the initiative. Program staff assist implementation sites in readiness measuring performance. The State Planning Council, the Commission, and senior leadership receive progress reports on the goals on a schedule dictated by nature of the goal.

Senior leadership set aside over \$6 million dollars of its funding allocation in FY 07 in support of strategic objectives (Figure 2.1-2).

Figure 2.1-2

Allocation	Strategic Priority
\$3.4 million	Crisis Stabilization & Inpatient Diversion Programming
\$1 million	Housing Initiatives
\$119 thousand	IPS Employment Programs
\$250 thousand	Forensic Capacity Expansion
\$759 thousand	TLC
\$598 thousand	Electronic Medical Record

## 2.3 Communication and Deployment

*How do you communicate and deploy your strategic objectives, action plans and related performance measures?*

Each division, community mental health center, and inpatient facility assigned to contribute to a particular objective has a designated person responsible for accomplishing that portion of the objective. State-wide program staff work closely with the organizational components to ensure that the action plan is on track for completion.

To communicate the plan to staff and stakeholders, the agency has a broad-based educational effort. Articles in the agency newsletter Images, discussions at Center/facility directors’ meetings, presentations at Quarterly Stakeholder Meetings, and Internet and Intranet web postings are a few of the avenues that DMH leadership uses to keep all staff and management teams aware of activities and progress toward goals.

## **2.4 Measuring Progress**

*How do you measure progress on your action plans?*

All strategic plan goals have a defined, measurable outcome, a timetable for implementation, and specified key deliverables. The lead staff program person for each goal assists the owner in state-wide coordination and in tracking progress at specific community mental health centers and facilities.

## **2.5 Linking Objectives to Key Challenges**

*How do your strategic objectives address the strategic challenges you identified in your Organizational Profile?*

See Figure 2.1-3 for a cross-reference linking the Department's strategic challenges (identified in the Organizational Profile – Section II, Question 8) with the key goals of the FY 07 strategic plan.

Actual performance on the accomplishment of the goals is contained in the Results Section (Category 7) and in Figure 2.1-3.

## **2.6 Evaluation of Planning Process**

*How do you evaluate and improve your strategic planning process?*

DMH leadership, center/facility directors, lead staff, the State Planning Council, and stakeholder-participants critique each strategic planning cycle. Significant improvements to the planning process in the past three years include:

- Bringing the plan development timetable into line with the state's annual budget request timetable;
- Eliminating multiple plans by integrating the key clinical, administrative, and physical plant plans into one coherent document;
- Sponsoring childcare facilities at local meeting sites and providing transportation to clients to promote participation; and
- Adopting a two-year cycle to conducting a stakeholder survey of priorities.

## **2.7 Strategic Plan Availability**

The SCDMH homepage includes a wide selection of key publications, including our strategic plan (<http://www.state.sc.us/dmh/>). Other homepage links are to client resources, clinical information, clinical services, career opportunities, and timely events and news.

Figure 2.1-3 Strategic Planning: FY 07 Goals and Accomplishments				
Program Number and Title	Cross-Reference to Strategic Challenges Sec.II.8	Supported Agency Strategic Planning Goal/Objective	Related FY 07 Key Agency Action Plan/Initiative(s)	Performance Measures Cross Reference
CMH Centers: Child & Adolescent	Expand Out-Stationed Staff (8)	School-Based	Increase Number of School-Based Programs in Rural Areas by 8 (From 176 to 184 Schools)	17 New Rural Programs
		DSS	Add Staffing in 2 New DSS County Office - Total of 14 Counties	In 13 Counties
	DJJ	Maintain DJJ Programs in 6 Counties	In 9 Counties	
	Out-of-Home Placements (5)	Out-of-Home Placements	Decrease Out-of-Home Placement by 5% (From 193 to 183)	7.2-5
CMH Centers: Adults	Improve Accessibility to Services (3)	Co-Occurring Services	Increase Screening/Diagnosis/Treatment in Co-Occurring Disorders Pilot Projects by 5%	Grant Delayed to FY 08
			Train DMH & Partner Agency Staff in Common Placement Instrument for Co-Occurring Pts	Accomplished
		Crisis Services	Decrease ER Waits (Numbers and Max Wait Time) by 10%	7.2-12
		TLC	Expand TLC Capacity by 95 Placements - Total of 954	7.2-13
	Expand Recovery Programming (9)	Peer Support	Implement Peer Support Services in 3 CMHCs -Total 14 CMHCs	In 9 CMHCs
			Train New Peer Support Specialists & Offer Continuing Education for Existing PSSs	12 Classes/ 23 People
	Improve Housing and Employment Options for Severely Mentally Ill (4)	Housing	Develop 50 Additional Housing Units: Total = 1,546	7.2-26
Employment Services			Implement One Additional Supported Employment Programs - Total 10 CMHCs	In 10 CMHCs
			40% of Clients in ISP Programs Will Be Employed	7.2-24
		16% of All CMHC Adult Clients Will Be Employed	7.2-25	
Inpatient Psychiatric	Increase Inpatient Bed Capacity (2)	Inpatient Services	Decrease Number of Patients with Greater than 90-Day Length of Stay at BPH and HPH	7.2-21
			Open 35 New Acute Psychiatric Inpatient Beds - BPH	*
			Open 20 New Long-Term Psychiatric Beds – HPH	Accomplished
			Open 24 New Co-Occurring/Addictions Beds – MV	Accomplished
			Open 20 New Forensic Beds	Accomplished
Administrative		Elec. Med. Record	Pilot Electronic Medical Record in One CMHC	Accomplished
	Prepare Next Generation of Employees (10)	Human Resource Development	Conduct Succession Planning/Mentoring Program	24 New Graduates
			Expand Employee Training - Clinical and Administrative	7.4-4
	Relocate C&A Facility (6)	C&A Inpatient	Develop Building Plans for New Facility and Select Site	* *
	Space: SVP Program (7)	Sexually Violent Pred	Develop Proposals for Alternative Facility & Funding Options	Funds Requested in FY 08 Budget
	Make Capital Improvements (11)	Capital Improvements	Construct Tucker Center Energy Plant	Rescheduled: March 08
			Roof Replacements: HPH & Campbell	
Annualizations (112)	Annualizations	Secure Recurring Funds for Facility Operations: BPH 35-Bed Addition and Victory Veterans	Accomplished	
<p>* Facility prepared for opening all beds. Inability to recruit nursing staff prevented occupancy. Nine beds opened on June 30. Twenty-three as of August 2007.</p> <p>** Courts ruled this year on proceeds from sale. Site selected. Costs established. Construction funds will be requested in FY 09 budget.</p>				

## Category 3 – Customer Focus

### 3.1 Determining Key Customers and their Requirements

*How do you determine who your customers are and what their key requirements are?*

Our customer base is defined, in part, by legislative mandates and the SC Code of Laws, which give the Department jurisdiction over the state’s mental hospitals and community mental health centers. We receive our customers voluntarily and involuntarily, through family members, through the court system, and through law enforcement. We also embedded staff into schools, other agencies, and hospital emergency rooms to promote ease of access and reduce the stigma often associated with receiving mental health services. To become a customer of the Department of Mental Health, one must have a diagnosable mental illness.

Our key customers are adults, children, and their families who are affected by serious mental illnesses and significant emotional disorders. These priority populations, established by stakeholders through the strategic planning process, were affirmed by senior management and the Commission who adopted federal definitions of specific diagnostic categories for serious mental illness and significant emotional disorder.

The key customer requirements for adults with severe mental illness have been defined by our clients through focus groups, needs assessments, and satisfaction surveys and are consistent with what is reported in the literature: regaining a sense of self-worth and dignity; having a hopeful outlook on life; achieving functional improvement; actively pursuing goals and aspirations in the areas of affordable housing, education, employment and social supports; and living a higher quality life. These requirements are

operationalized by SCDMH as: symptom reduction, functional improvement; satisfaction; meaningful employment; and housing which is safe, affordable, and decent.

Although recovery can begin or continue in inpatient care, the heart of recovery is community-based, and the Department is committed to a community-based system of care that meets the requirements of its clients.

Recovery and resiliency for children means increasing self-esteem, dignity, and school performance; remaining in their home; and working with the families to resolve issues and preserve the integrity of the family unit. These requirements are operationalized by SCDMH as: symptom reduction and functional improvement and parental/youth satisfaction.

### 3.2 Keeping Current with Changing Needs

*How do you keep your listening and learning methods current with changing customer/business needs and expectations?*

The Department believes that to promote recovery for people with mental illnesses, it is essential to have customers – people with mental illnesses and their families – involved in the planning, evaluation, and delivery of care. All major planning committees of the Department have clients, family members, and advocacy organization representatives, and advocacy groups are among those who attend monthly Assembly meetings and Commission meetings.

Each CMHC has a Client Affairs Coordinator, a self-identified mental health client who participates in management meetings and decision-making to provide a voice for the customer. Each CMHC and

inpatient facility also has an advisory board composed of clients of mental health services, and there is a statewide Client Advisory Committee operated by the Office of Client Affairs.

To gain a broader perspective on evolving health care service needs and directions, the agency participates in national forums, has representatives on health care measurement task forces, and has senior leaders who hold offices in national bodies that help set the direction of health care delivery systems.

A “Legislative Update” is published monthly during the legislative session to keep stakeholders, internal and external, aware of issues and events, and their feedback to the agency offers insight into current perspectives on health care trends. Key staff are surveyors for major accrediting bodies, allowing them to bring innovative approaches back to South Carolina and train other staff in new approaches to service delivery.

The Department has established a presence on the Internet and uses this medium to receive questions, concerns, and comments about the Department’s services. The webmaster brings each of these to the attention of the director of the appropriate division head, as well as the state director.

### **3.3 Using Feedback Information**

*How do you use information from customers/stakeholders to keep services or programs relevant and provide for continuous improvement?*

The agency director and other senior leaders engage in “Listening and Learning” meetings with stakeholders at each of the 17 community mental health centers and participate in monthly conference calls with CMHC Board chairs to discuss priorities, concerns, community issues, and statewide issues.

By including stakeholders in the fabric of the Department’s operations, stakeholder satisfaction levels are assessed more informally, but more diligently, than could be obtained through periodic surveys or questionnaires. In addition to participation in all policy and program development committees and task forces, advocacy stakeholders are singled out for private meetings and discussions to address concerns and strategies for problem resolution.

SCDMH is only the third state in the country to have peer-support services as a Medicaid billable service. A peer support person is a self-identified client of mental health with a diagnosed mental illness who delivers mental health services to other adult customers. To date, 28 peer support specialists have been certified and are working in community mental health centers.

### **3.4 Measuring Satisfaction**

*How do you measure customer/stakeholder satisfaction and dissatisfaction, and use this information to improve?*

The Department collects data on a number of key indicators that reflect customer satisfaction. We were initial participants in the Mental Health Statistical Improvement Project (MHSIP) to develop national comparative data on customer perceptions of satisfaction with access to services, appropriateness of services, and outcomes. The MHSIP Satisfaction Surveys are conducted annually with clients, youth, and family members.

A patient complaint system tracks customer dissatisfaction. All CMHC and inpatient facilities have client/patient advocates who receive complaints, pursue incident details, and follow to resolution. The DMH Commission reviews summary information monthly.

### 3.5 Building Positive Relationships

*How do you build positive relationships with customers and stakeholders? Indicate any key distinctions between different customer groups.*

The culture of the Department is one of *inclusion*. Advocates, clients, family members, and all stakeholders have an active place at the DMH table. Members from all major stakeholder groups are represented in the strategic planning council and other planning/policy bodies.

The Department has a patient advocacy system with representatives in every hospital

and community mental health center. These advocates ensure that clients/patients are presented with their “bill of rights” during orientation, intervene on the behalf of clients in complaint/grievance issues, and report complaints (resolved and unresolved) to facility/center leadership and DMH senior leadership.

The Department actively encourages employees to participate in advocacy groups and stakeholder organizations at the state and local level. It believes in partnerships, each organization contributing to the effectiveness of the other.

## Category 4 – Measurement, Analysis, and Knowledge Management

### 4.1 Determination of Measures

*How do you decide which operations, processes and systems to measure for tracking financial and operational performance, including progress relative to strategic objectives and action plans?*

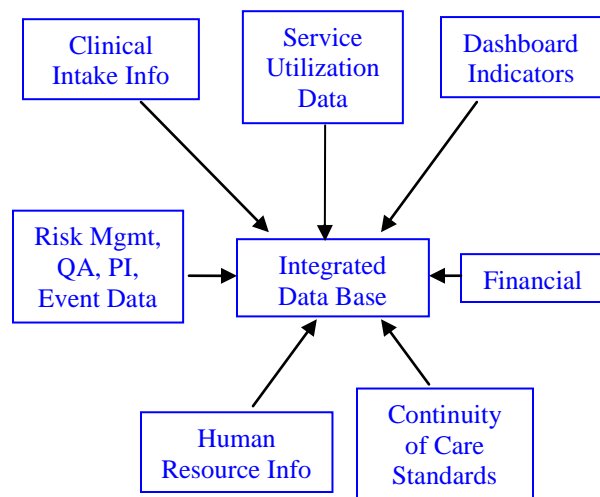
The Department's Management Information System (MIS) includes an integrated database consisting of data on all clients served by its hospitals and mental health centers. This includes demographic and clinical data on clients, service utilization, expenditures, event data, human resource data, and operational costs (Figure 4.1-1)

Senior leadership, with affirmation of the DMH Commission, decides which operations and/or processes to measure at the Departmental level. At the division, center, and facility levels, the manager may make decisions on additional data elements to collect and aggregate to help track daily operations.

Clearly, the Department chooses to measure key requirements of the client, program performance and client outcomes. These are

the services and programs most important to the stakeholders.

Figure 4.1-1



Accrediting bodies for our inpatient system mandate, many of our performance measures. A measurement system called ORYX, from JCAHO, gives us the ability to compare DMH inpatient facilities with other public mental health facilities nationally on key performance measures such as



readmission rates and the use of seclusion and restraints. DMH leadership reviews this comparative data quarterly, and South Carolina has volunteered to be a pilot site for the development of national normative outcome data sets for an ORYX community mental health system.

#### **4.2 Using Data and Information in Decision Making**

*How do you use data/information analysis to provide effective support for decision making throughout your organization?*

Centralized data is compiled on a weekly, monthly, quarterly, and yearly basis, and disseminated on the Department's internal (Intranet) website and through various publications. The objective is to provide the right information to the right people at the right time to improve client care and organizational performance.

The Management Dashboard, identified in Table 2 (Measures of Organizational Effectiveness and Efficiency), contains an analysis of both trend and comparative data across time and against standards. These elements, combined with the Key Customer Performance Measures of Table 2 and the risk management analysis described in Category 6, provide managers with measures on key customer requirements for customer groups, program effectiveness, and program efficiency.

The dashboard indicators are distributed to key staff and stakeholders and are published on the Department's Intranet, and the monthly ORYX inpatient outcomes are distributed to facility directors.

Management staff in CMHCs, facilities, and the administration also produce reports of their choosing from a large selection of "canned" programs on financial, human resource, and clinical performance of the agency.

Best Practice Programs are measured for "fidelity to the model," since research indicates that key factors such as staffing patterns, service configuration, and treatment regimen equate to treatment outcomes.

#### **4.3 Key Measures**

*What are your key measures, how do you review them, and how do you keep them current with business needs and direction?*

Table 2 identifies key measures. Senior leadership using input from CMHC and facility directors, local Boards, the State Planning Council, and advocacy groups routinely assesses the utility of the measures.

An ongoing Outcomes Committee performs a comprehensive review of professional literature to assess the strengths and weaknesses of different approaches, and the Outcomes Office participates in national forums to develop and improve the core performance measures for public mental health systems across the country. Our criteria include areas such as client perception of care, penetration rates, populations served, service utilization, and program performance data.

#### **4.4 Comparative Data Use**

*How do you select and use key comparative data and information to support operational and strategic decision making and innovation?*

ORYX provides comparative data on inpatient measures, and sponsors of the MHSIP provide comparative client satisfaction data. Evidence-based practices are detailed in "toolkits" which contain the program standards as well as key measures and comparative data. For other measures, finding comparative data becomes very difficult because each state defines its



programs differently and assesses them with different standards.

#### **4.5 Data Quality, Reliability, Availability**

*How do you ensure data integrity, timeliness, accuracy, security and availability for decision making?*

A client information system provides individual data sets on clients. It allows managers to monitor program performance and provides administrators with decision-making tools to manage by fact. A Master Patient Index (MPI) ties the inpatient, outpatient billing, and registration systems together, resulting in a major reduction in duplicate client identifiers and facilitating the tracking of clients across all service programs.

All organizational component sites have T-1 communication circuits, providing improved performance support for SAP and web-based applications such as SAP Imaging, Report2Web, pharmacology on-line, and telepsychiatry.

A report-generating software package is available to clinicians and managers system-wide with canned or customized reports generated from the integrated database. Reports can be obtained on any variable, or combination of variables, as delineated in Figure 4.1-1.

Access to the Department's database is strictly monitored and controlled. Authorizations must be provided through supervisory channels, and all programs are password protected.

Patient confidentiality has always been a priority for the Department. New employees receive extensive training in this area and must sign a "Confidentiality of Medical Information" form prior to patient contact. SCDMH has fully implemented HIPAA requirements.

Computer programs assess the completeness of data elements to ensure that data is accurate and reliable, and all computers have anti-virus software. IT backs up all critical files on prescribed schedules and has disaster recovery capabilities per industry standards.

The entire DMH data communication network sits behind a Check-Point firewall. DMH also uses 128-bit encryption to protect DMH e-mail access. IT monitors all network devices (routers, switches, servers) for reliable and continuous connectivity.

The IT Division maintains a hotline for reporting problems with hardware and software, and each organizational component has a Systems Administrator with designated responsibilities for installing new software, trouble-shooting the system, and securing appropriate training for division staff.

#### **4.6 Priorities for Improvement**

*How do you translate organizational performance review findings into priorities for continuous improvement?*

In its monthly review of Dashboard Indicators, the Department uses a three-month trend standard for initiating a corrective action. Any measure (statewide, CMHC, or inpatient) which exceeds standards for three consecutive months triggers an automatic performance improvement response. Additionally, any negative internal audit finding requires a corrective action plan.

#### **4.7 Management of Organizational Knowledge/Best Practices**

*How do you collect, transfer, and maintain organizational and employee knowledge (your knowledge assets)? How do you identify and share best practices?*

The Department continues to focus on best practices for ongoing improvement in the

quality of services provided. Organizational information regarding best practices is routed to general or specific audiences utilizing various methods.

- A “Data Board” is on display at the Central Office to disseminate information about best practice programs, their locations, and plans for expansion.
- The Dashboard Indicator Report is sent to senior leadership, CMHC board chairs, the Commission, center and facility directors, and other Departmental management. It is discussed at various meetings including senior leadership, the Commission meeting, center board meetings, etc.
- In FY 04, the DMH senior leadership implemented an in-house Mentoring/ Succession Program. This eleven-month program includes monthly classroom instruction lead by DMH senior leaders and homework supervised by mentors at their home facility.

- The risk manager distributes the results of Quality Care Review Boards to all mental health centers for implementation as appropriate.
- The risk manager has made presentations to the center directors and the Commission on key findings, recommendations, and system-wide actions.
- Progress reports on clinical and administrative initiatives are made at quarterly CMHC/Inpatient Directors’ meetings.
- Reports are available on the Intranet for key indicators, hospital data, service data, center data, etc
- Best practice programs are featured in *Images*, the DMH newsletter published quarterly

## Category 5 – Human Resources

**5.1** *How do you organize and manage work: to enable employees to develop and utilize their full potential, and to promote cooperation, initiative, empowerment, innovation and your desired organizational culture?*

Job classifications and assignments are designed to support service delivery and the needs of the agency’s clients. Within this context, Position Descriptions and the Employee Performance Management System (EPMS) are the primary tool for organizing and managing work of the individual and the work system. At the beginning of the employee’s review period, each employee meets with his or her supervisor to develop his or her work plan

for the year. Duties are identified and defined, as well as individual objectives. Staff meetings with managers are held semi-monthly to share information and to identify problem areas. A Business Plan for Human Resources serves as the agency’s blue print for the HR Office.

### **5.2 Human Resource Improvements**

*How do you evaluate and improve your organization’s human resource related processes?*

The Human Resource Office conducts an annual satisfaction survey of all organizational components to assess its performance and identify areas for improvement. Human Resource's policies

and procedures are reviewed on an annual basis and updated when necessary. The Director of Human Resources meets monthly with the State Personnel Advisory Committee to discuss innovations in state government.

### **5.3 Key Developmental and Training Needs Identification**

*How do you identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management/leadership development, new employee orientation and safety training? How do you evaluate the effectiveness of this education and training? How do you encourage on the job use of the new knowledge and skills?*

The Division of Evaluation, Training and Research (ETR) conducts training on agency priorities and training that is beyond the expertise of individual units. While the strategic plan and accrediting body standards drive the agency's training plan, ETR also has a Training Council for policy/priority setting. At the individual level, training and development needs are an integral part of annual employee evaluations and planning stages for the next year.

A formal training needs assessment of all staff was conducted in October 2006. The FY 07 needs assessment focused on clinical needs of staff. All training is prioritized using the results of the needs assessment, strategic goals, and program manager input through the Training Council.

Opportunities for training are advertised through e-mail announcements and brochures. Staff, in consultation with their supervisor, registers for training through Pathlore, the Department's Intranet Training Management System, which tracks all classes to be held, enrollment, and completed training.

One hundred percent of new employees were provided a general and a job specific orientation upon hire. All clinical employees receive updates annually, specific to their facility/center, and accreditation requirements.

The Department continues to use Computerized Learning Modules (CLMs) which are designed to improve employee training and save taxpayer dollars. The CLMs bring training to the employees' workstation, enhance knowledge, reduce travel time and costs, provide consistency of instruction, and are a more responsive training development and deployment tool. To date, there are 34 CLMs on-line, up from 25 last year; all 34 are mandatory on an annual basis to meet CARF, JCAHO, DHEC and OSHA requirements or those of other regulatory agencies. Estimated cost savings produced by using CLMs to deliver training is \$2,944,332 this year, up from \$2,178,975 last year.

The Department also utilizes traditional approaches to staff education and training – classroom instruction. This year ETR has begun using the SCDMH videoconferencing system to provide live trainings. This, also, has reduced the need for travel and has resulted in significant cost savings for the mental health centers. In addition, the agency offers specific training for employees to prepare them for professional license exams and license renewal.

In February 2004, SCDMH designed, developed, and implemented a Mentoring Program, discussed elsewhere in this report, to prepare staff to assume positions of leadership to replace those senior staff leaving through the TERI plan.

### **5.4 EPMS Supports High Performance**

*How does your employee performance management system, including feedback to and from employees, support high*

*performance and contribute to the achievement of your action plans?*

All staff receive performance evaluations at least annually based on a set of performance criteria jointly agreed to at the start of the year by both the employee and the supervisor. The criteria are specific to position descriptions that are written to conform to programmatic needs and customer requirements.

Employees and their supervisor are required to meet at least once during the rating period to discuss the employee's performance and to identify problems that are preventing the employee from meeting his/her success criteria and actions to promote improvement and success.

### **5.5 Employee Motivation to Achieve Potential**

*How do you motivate your employees to develop and utilize their full potential?*

While the concept of treatment teams has always been the norm in mental health service delivery, best practices programs like ACT/PACT teams have made treatment teams a science. In addition to the benefits received by the clients, the team concept carries a strong motivating force for job enrichment.

The Department's use of flex-time has created a win-win situation for the Department and its employees. The ability for employees to flex their hours has allowed our community mental health centers to increase their hours of operation, and clients and families now can access mental health services outside the normal business day.

The Department also has a tuition assistance program that allows employees to be reimbursed for classes that are beneficial to the employee's current job or to prepare the

employee for other positions in the Department.

Other initiatives that employees report as motivating or encouraging to utilize their full potential include: job-sharing, which allows employees to meet their needs while still accomplishing the mission of the office; training of staff to assist them in providing culturally sensitive services to our clients; and development of best-practice models which allow employees to work in state-of-the-art programs.

### **5.6 Employee Well-Being and Satisfaction Measures**

*What formal and/or informal assessment methods and measures do you use to determine employee well being, satisfaction, and motivation? How do you use other measures such as employee retention and grievances? How do you determine priorities for improvement?*

In addition to formal employee satisfaction surveys conducted every two years, the department has multiple, informal ways that assist in keeping in touch with issues of concern to employees.

The state director, as well as other members of senior management, visited each of the state's seventeen (17) mental health centers and the inpatient facilities during the past fiscal year to speak with staff, learn their concerns, and keep them updated on what is happening within the Department.

The DMH Commission conducts its monthly meeting in a community mental health center or inpatient hospital every other month, touring the facilities, chatting with staff, and hearing presentations on programmatic initiatives of the facility. These hands-on contacts with line staff serve to keep lines of communication open between the administration and employees.

The Department's Legislative and Public Affairs Office maintains a "Hotline" that allows employees to ask questions about policies and procedures or rumors. This Hotline enables the Department to get accurate information to its employees.

The Department also uses an Exit Interview process that allows individuals who have left the agency to provide written feedback to the Office of Human Resources which is then shared with the appropriate center/facility directors or division deputy directors.

### **5.7 Maintaining Safe and Healthy Work Environment**

*How do you maintain a safe, secure, and healthy work environment? (Include your workplace preparedness for emergencies and disasters.)*

Workplace environment (safety, health, security, etc.) is important to clients, management, and staff, and considerable energy is devoted to maintaining and improving the facilities and the condition of the workplace. Employees serve on a wide variety of committees to identify workplace hazards and conditions that would improve the health and safety of clients and staff.

Accrediting bodies have explicit standards on the workplace environment and provide feedback on any deficiencies. Facilities with safety violations do not receive accreditation. The standards are segmented based on the needs of the persons served by the facility or program, so the performance measures may differ by a "persons served" criteria. All SCDMH facilities are fully accredited.

Supplementing our own inspections, the Department takes full advantage of the health and safety inspections provided by the numerous accrediting bodies who survey each of our community mental health

centers and our inpatient facilities. The Department has received no violations in any recent survey.

Other examples of our own initiatives in this area include:

- the development of a "Violence in the Workplace" directive;
- pre-employment tuberculosis testing of employees;
- annual employee health screenings;
- annual employee health clinic free flu shots;
- annual wellness related activities;
- a program to treat injured employees with the goal of providing them with immediate quality care and returning the employee to work as quickly as possible;
- air quality and hazardous chemical inspections of buildings;
- inspections by quality assurance teams, Internal Audit, and Public Safety;
- ongoing monitoring of community residential care facilities that provide residences for clients in local communities;
- specialized safety training conducted by safety experts from the State Accident Fund;
- preferred provider agreements with healthcare practitioners to assist employees with job related injuries;
- safety inspections of all Department facilities by fire and safety officers;
- Fire/Safety committees composed of employees and fire/safety officers; and
- Employee clinic that, in addition to caring for and tracking work related injuries, provides immunizations, vaccines, and blood pressure readings.

Facilities that require locked doors for the security of persons in treatment have "panic buttons" to summon internal staff assistance and notify our public safety office who

responds immediately. Receptionists in crisis areas have electronic buzzer systems to unlock doors.

All staff in treatment areas receive annual, competency-based training in de-escalation techniques and therapeutic physical intervention skills to manage potentially violent situations. Clinical staff in the children's programs receive specialized self-defense and intervention training appropriate to the population they serve, as do employees working with the geriatric and the forensic populations. Maintenance and

ancillary staff also receive training specialized to meet their need.

Workmans compensation data and incident reports strongly influence who receives what kind of training, the frequency, and the length. In fact, the training actually exceeds the need; it is provided because staff focus groups report that when they feel competent to handle an escalating situation they are much more likely to apply de-escalation strategies, rather than over-react or call public safety staff for assistance.

## **Category 6 – Process Management**

### **6.1 Key Processes**

*What are your key processes that produce, create, or add value for your customers and your organization? How do you ensure that these processes are used?*

Key processes include assessment, diagnosis, and treatment of adults and children with serious mental illness and emotional disturbances.

Value is created by designing services to meet need, as defined by the client, the family, and our partners. Customer perceived value is ensured by:

- including clients in the treatment planning and goal-setting process;
- continually monitoring customer satisfaction and program outcomes;
- Having Client Advocates in Centers and hospitals to assist clients and resolve issues;
- including all stakeholders in Departmental policy and program activities; and
- monitoring of processes through QA audits, peer review, utilization review, and Medicaid audits.

### **6.2 Incorporating Efficiency and Effectiveness Measures into Processes**

*How do you incorporate organizational knowledge, new technology, changing customer and mission-related requirements, cost controls, and other efficiency and effectiveness factors such as cycle time into process design and delivery?*

The design of programs is based upon best practice or evidence-based technology that is proven to show improvement in the quality of life of our customers as well as reducing their symptoms in a shorter period of time than more traditional services.

The Department constructs programs based upon the reported results from research studies in the mental health field, making the agency's design process a science-to-practice methodology (Figure 6.1-1).

The Department's telepsychiatry and video conferencing system has produced substantial cost-savings and has proved to be an effective means of communicating. Each DMH hospital and mental health center has the necessary equipment performing at 384 kbpm permitting proper visual and verbal communication.

The telepsychiatry system delivers one-on-one behavioral health services to both hearing persons and clients with deafness across the state. The same system allows for state-wide links for training and administrative meetings.

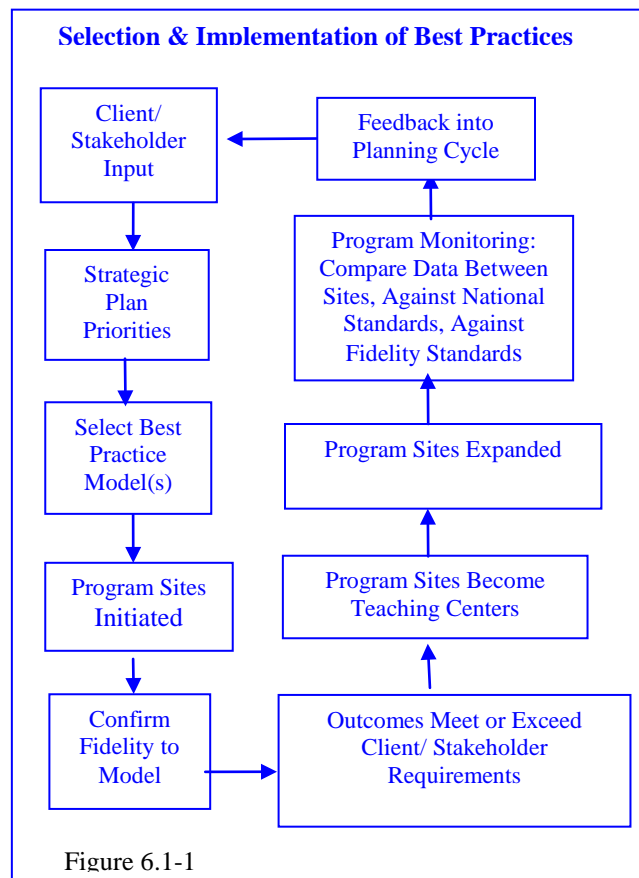


Figure 6.1-1

The DMH Intranet system augments the performance and knowledge-base of our employees. It provides secure access to clinical records of clients, a client pharmacy system that ensures that medications are compatible and within accepted dosage limits, and a complete pharmacology system to aid in medication reference.

The Department conducts comparative studies on programmatic approaches such as Multi-systemic Therapy (MST) and Family Preservation, or IPS and other Employment models. These studies improve the cost-efficiency and effectiveness of our programs

We also look at ways to reduce barriers to the accessibility of services by developing agreements with primary health care associations, expanding service hours or locations, and by co-developing programs with sister agencies.

### 6.3 Daily Operations: Meeting Key Performance Requirements

*How does your day-to-day operation of these processes ensure meeting key performance requirements?*

All of our service processes are defined, measured, and managed through our Quality Assurance and Performance Improvement programs, underpinned by the accreditation standards of JCAHO, CARF, and Medicaid requirements.

The elements of accreditation standards are made operational through policy documents, the Continuity of Care Standards Manual, the CMHC Operating Standards Manual, case record reviews, Quality Assurance (QA), local and state office level audits, corporate compliance audits, risk management system, and utilization review. Our standards are frequently higher than those set by accrediting bodies, and never lower.

Electronic transactions between hospital and centers on client discharge information are monitored daily by the Department with same day corrective actions initiated on any errors noted.

### 6.4 Process Evaluation and Improvement

*How do you systematically evaluate and improve your key product and service related processes?*

The QA process retrospectively assesses the appropriateness of care, conformance to accreditation, corporate compliance, and utilization review standards, and DMH/DHHS (Department of Health and Human

Services) contract stipulations on an annual basis. The results of the reviews identify strengths in the clinical operations at the inpatient and community mental health center levels, as well as opportunities for improvements.

Individual facilities generate corrective actions plans based on their audit reports. The implementation of their corrective actions is monitored every six months.

In addition to front-end performance improvement efforts and back-end quality assurance audits, the Department has a comprehensive Risk Management Information System that tracks all adverse incidents in the Department. Any event in over 20 categories (attacks, deaths, injury, contraband, medical emergency, elopements, etc) is reported immediately to the departmental risk management office.

The event investigations are tracked, and a determination is made whether to initiate a Quality of Care Review Board (QCRB). These boards, composed of DMH professionals and advocacy representatives, assess the root cause of the occurrence and make recommendations for corrective actions. The state director, the medical director, the director of community care systems, the risk manager, or any facility or CMHC director may initiate a QCRB. All QCRB recommendations are tracked, and learnings from one part of the system are applied to all other appropriate components.

## **6.5 Key Support Processes**

*What are your key support processes, and how do you improve and update these processes to achieve better performance?*

Key support processes include:

- Finance
- Human Resources
- Information Technology
- Nutritional Services
- Physical Plant
- Vehicle Management

The deputy director of administrative services, a member of senior leadership and chair of the Business Committee, manages support/business processes.

All process improvements for this area are coordinated through monthly meetings of the Business Committee. Findings and opportunities for improvement are disseminated to the entire Department through this committee and the center/facility administrators' committee.

All key processes are designed based on end-user requirements and state government standards as a starting point. While some processes may be "off the shelf" purchases, most processes are designed by employees, with assistance from end-users and, sometimes, consultants. All key processes undergo field-testing prior to implementation.



## Category 7 – Results

### 7.1 Customer Satisfaction Results

DMH measures client satisfaction through:

- Adult “Perception of Care;”
- Youth and Family “Perception of Care;”
- Morris Village Resident Satisfaction with Alcohol and Drug Services; and
- Tucker Center Resident and Family Satisfaction.

#### a) Adult Client Perception of Care:

Client perception of care is assessed with the MHSIP Client Satisfaction Survey, and DMH is rated by clients at a level equal to the national average (Figure 7.1-1).

Changes in survey collection methodology resulted in no data being collected in FY 07.

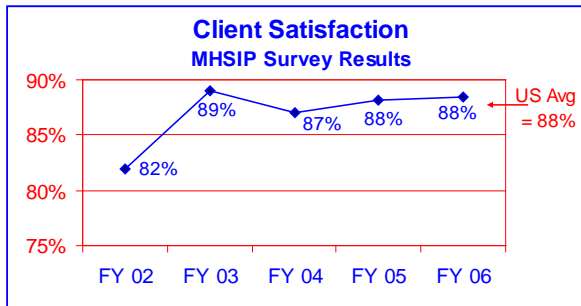


Figure 7.1-1 (Higher is Better)

#### b) Youth and Family Perception of Care:

The MHSIP Youth Services Survey and the Family Satisfaction Survey were recently introduced. The DMH Youth Survey (Figure 7.1-2) satisfaction level was 87%, up 6% from last year; National Youth MHSIP comparison data has not yet been released.

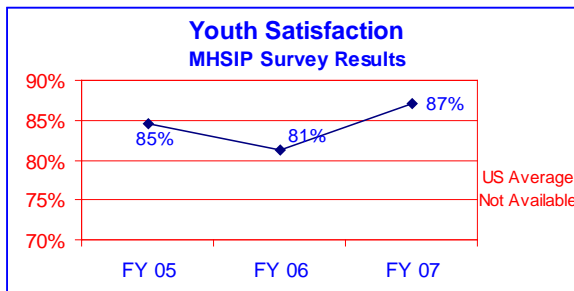


Figure 7.1-2 (Higher is Better)

The Youth Family Satisfaction score was 94%, up 9% from last year and 13% above the national average (Figure 7.1-3).

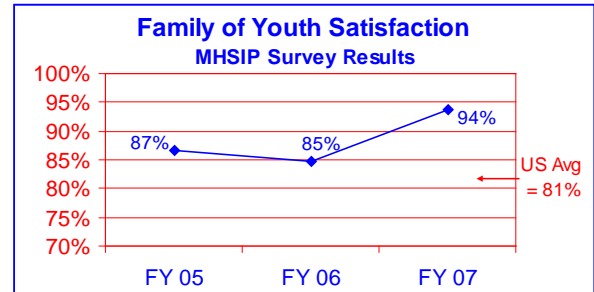


Figure 7.1-3 (Higher is Better)

#### c) Alcohol and Drug Addiction Inpatient Services:

Morris Village residents, 65% of whom are involuntarily committed to treatment, report satisfaction with the services they receive at 65%, down 8% from last year (Figure 7.1-4).

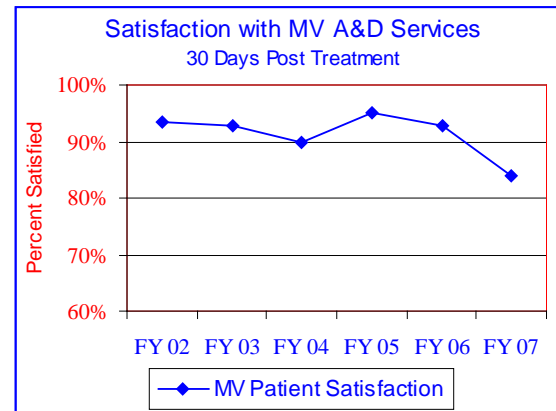


Figure 7.1-4 (Higher is Better)

#### d) Tucker Center Resident and Family Satisfaction

Both residents and their family members are assessed at Tucker Nursing Care Center for level of satisfaction (“Usually Satisfied” or “Exceptionally Satisfied”). Results continue an upward trend, fluctuating between 65-85% (Figure 7.1-5).

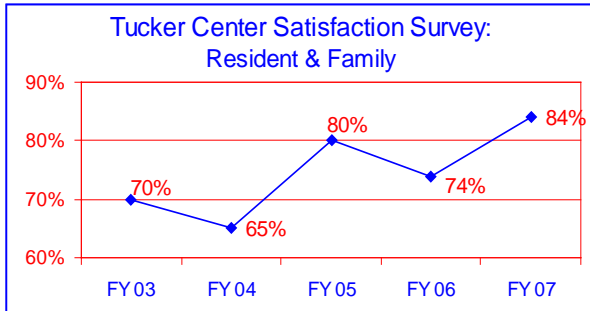


Figure 7.1-5 (Higher is Better)

## 7.2 Mission Accomplishment and Organizational Effectiveness Results

The DMH measures for mission accomplishment and organizational effectiveness may be grouped, as follows:

- a) *Community Services to Priority Populations*
- b) *Child & Adolescent Clinical Outcomes*
- c) *Adult Clinical Outcomes*
- d) *CMH Services Clinical Effectiveness*
- e) *Inpatient Services Clinical Effectiveness*
- f) *Client Quality Of Life Outcomes*
- g) *Nursing Home Clinical Outcomes*
- h) *Alcohol and Drug Addiction Services*
- i) *Support Processes Outcomes*

- a) *Community Services to Priority Populations:*

Development of a community-based system of care is core to the Department's philosophy and has been a driving force in program development through the past four strategic plans. DMH assesses the extent to which it serves the adults and children who need mental health services (penetration rate), and compares its efforts to the "level of penetration" of other states.

DMH has, for the past three years, hovered at the national average in the number of adults served per 10,000 population (Figure 7.2-1).

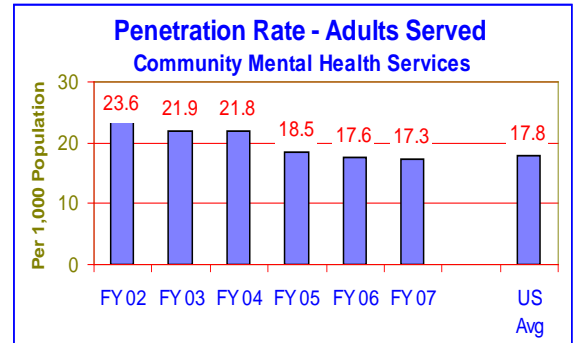


Figure 7.2-1 (Higher is Better)

The gradual decrease in the penetration rate most likely reflects the Department's focused reduction in the persons seen who are not severely mentally ill (SMI) and intensifying its services to those who meet the criteria for severely mentally ill and seriously and persistently mentally ill.

Eighty-eight percent of adult clients meet the definition of SMI, and 84% of all FY 07 adult client contacts are with SMI clients (Figure 7.2-2).

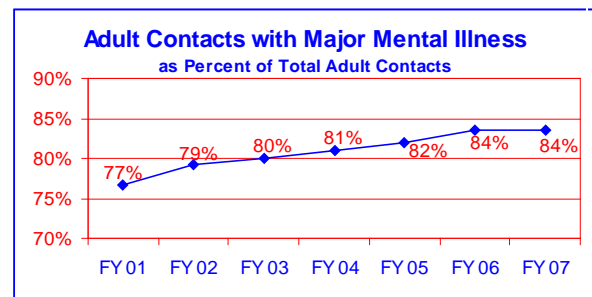


Figure 7.2-2 (Higher is Better)

DMH has also continued to increase its focus on providing services to children and adolescents. Penetration data (Figure 7.2-3) shows that we continue to significantly exceed the national average in children served under the age of 17.

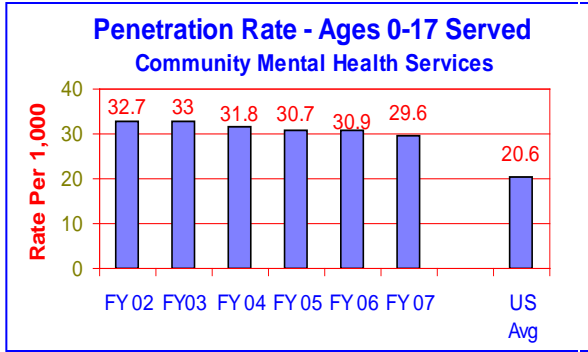


Figure 7.2-3 (Higher is Better)

As with adults, DMH continues to increase its focus on services to the more seriously disturbed children (Figure 7.2-4). Forty-nine percent of all C&A clinical contacts are with seriously emotionally disturbed children.

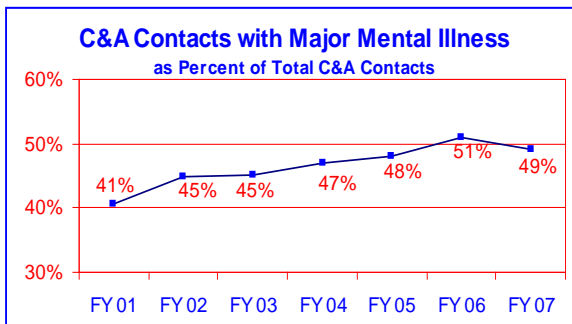


Figure 7.2-4 (Higher is Better)

SCDMH believes that children should be treated within the family system, and removing the child from the family unit should be a last resort. As such, reducing out-of-home placements has been a goal across all CMHCs. Figure 7.2-5 shows a 54% decrease in average number of children in an out-of-home placement over the past five years.

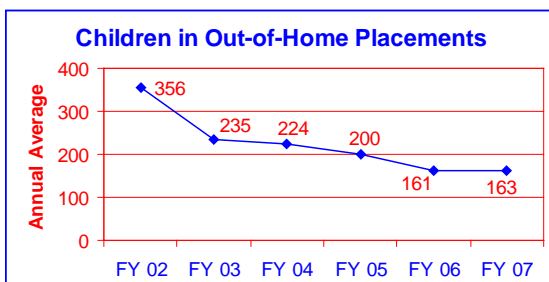


Figure 7.2-5 (Lower is Better)

The actual number of persons, all ages, served through the community centers from FY 03 - FY 07 is shown in Figure 7.2-6.

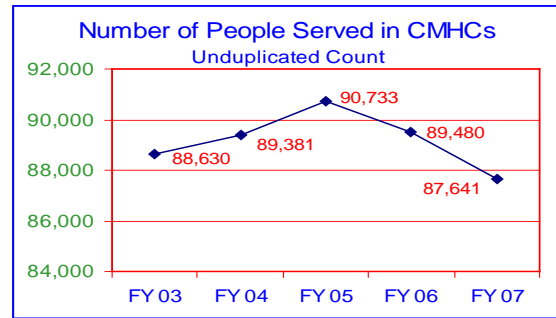


Figure 7.2-6 (Higher is Better)

*b) Clinical Outcomes: Child and Adolescent Services*

Children and adolescents are clinically assessed at admission, six-month intervals, and discharge. Our child clinical instrument is the CAFAS, which assesses psychiatric symptoms as well as functioning in school, with family and peers, and in society.

The science of mental health treatment has gone far beyond traditional views of psychiatric treatment. In addition to clinical symptoms, the CAFAS assesses primary life criteria reflective of mental health: “Is the child at home, in school, and out-of-trouble?” These are mental health outcome standards that were not possible until recently.

CAFAS scores are classified into four categories (Minimal, Mild, Moderate and Severe). The Moderate and Severely Impaired individuals meet the DMH definition as a priority population: severely emotionally disturbed.

Figure 7.2-7 shows the degree of improvement for these children following treatment. Sixty percent (60%) had an initial score that placed them in the most impaired categories (moderate or severely impaired) at intake. Over 64% of these children improved their CAFAS scores overall.

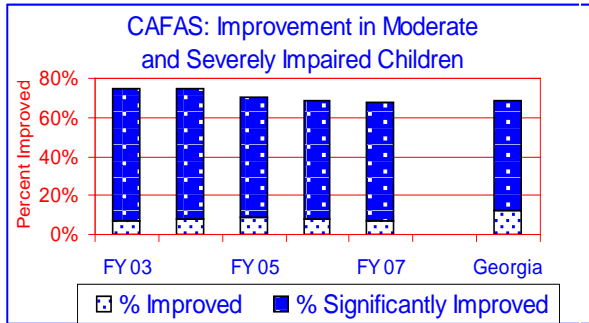


Figure 7.2-7 (Higher is Better)

The effectiveness of treatment for the most emotionally disturbed children continues to increase. Sixty-one percent (61%) significantly improved their scores (at least 20 points, i.e. moved from Severe to Mild, or moved from Moderate to Minimal).

*c) Clinical Outcomes: Adults Services.*

Adult clients are clinically assessed at admission, six- or twelve-month intervals (depending on how long the person is in treatment), and discharge. The assessment instrument is the GAF (Global Assessment of Functioning Scale).

Figure 7.2-8 shows the change in psychiatric symptom scores and level of functioning for adult clients. The data reflects paired GAF scores (admission and discharge scores of the same persons).

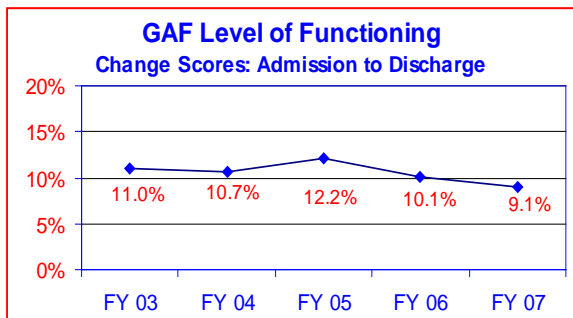


Figure 7.2-8 (Higher is Better)

DMH is still exploring the utility of this measure and how to configure the data. By using paired scores, the figure includes discharge scores that may skew the results. Many of our clients, those with the severest illness, are not discharged; they remain in

continued treatment. Limiting the data to clients who are discharged probably includes those persons with less severe illnesses and whose change score would be the smallest.

*d) CMHC Services: Clinical Effectiveness*

In a community-based system of care, it is important for mental health centers to have an array of services to stabilize individuals in crisis and divert admissions to hospitals when clinically appropriate. As such, the Department monitors inpatient admissions weekly and has viewed their reduction (Figure 7.2-9) as evidence of expanded community capabilities.

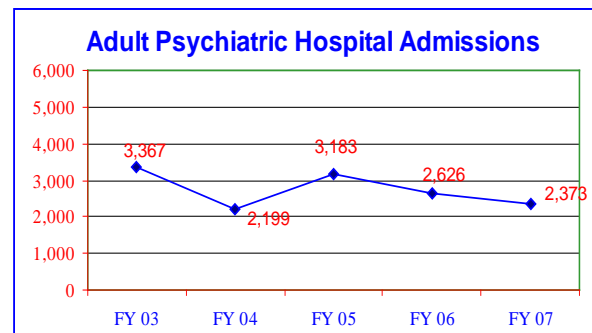


Figure 7.2-9 (Lower is Better)

In fact, there are probably multiple reasons for the 73% decrease in psychiatric hospital admissions in the past seven years, some desirable and some not so desirable:

- Improved crisis diversion and stabilization programs in the community;
- The purchasing of acute care beds in local communities; and
- The increase in the percentage of patients who stay in the hospital longer than 90 days, resulting in a decrease in acute care beds available to admit short-term patients.

South Carolina has paralleled the country with a phenomenal growth in Emergency Department (ED) use by persons in crisis, both behavioral health and all other categories. As can be seen in Figure 7.2-10, over 38,000 people with a primary diagnosis of alcohol/drug or mental illness made over 47,000 visits to South Carolina EDs in 2005, and the number continues to climb by about 1,000 per year.

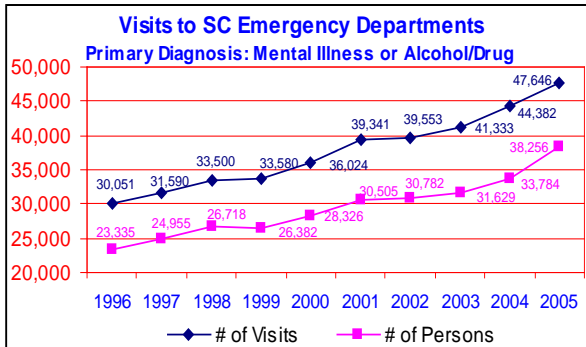


Figure 7.2-10 (Lower is Better)

This increase in emergency room use has had a major impact on the public healthcare system and the Department of Mental Health.

While the number of persons waiting is important, it is the length of any wait that is even more important to the client and to our ED partners.

DMH responded with major initiatives to reduce the burden placed on these hospitals and community crisis centers, creating 16 local crisis stabilization projects, 9 co-occurring (AD/MI) projects, and 5 crisis emergency teams. Additional mental health center staff have also been assigned to EDs to assist in assessment and facilitate inpatient admissions if appropriate.

To enhance local, community-based options for persons in crisis, and to ease the burden on EDs, community mental health centers contract for beds nearer the patient's home (Figure 7.2-11).

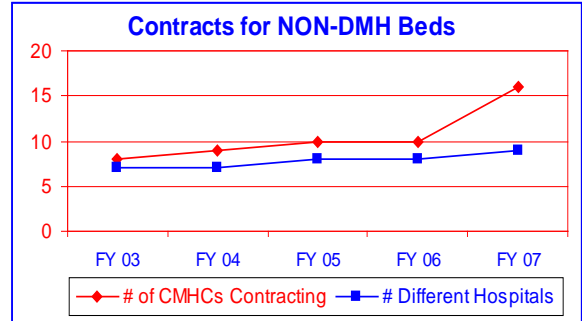


Figure 7.2-11 (Lower is Better)

Even with these efforts, the number of persons waiting in the ED longer than 24-hours averages about 35, according to our Monday morning snap-shot count (Figure 7.2-12).

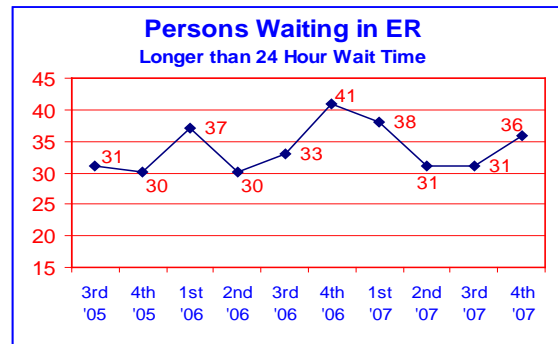


Figure 7.2-12 (Lower is Better)

Long-term solutions will require a concerted effort with our key partners: S.C. hospitals, the Department of Alcohol and Other Drug Services, and client advocacy groups.

While advances in community crisis stabilization programs and increased staffing in the EDs help to control the hospital admissions, the Department has also concentrated on assisting long-term psychiatric inpatients move out of the hospital into a life in the community.

Following specialized preparation by hospital staff, patients selected for the TLC Program receive intensive support through the community mental health centers, helping them adjust to community life and secure daily living skills. Figure 7.2-13 shows the growth in this program.

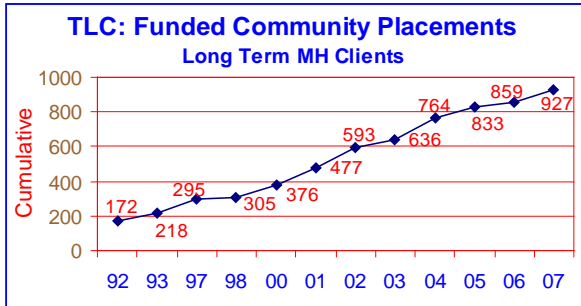


Figure 7.2-13 (Higher is Better)

As TLC funding for community placement has grown over the past ten years, returning long-term, severely mentally ill clients to the community, the program’s growth parallels the shrinking census of hospitalized, long-term psychiatric patients (Figure 7.2-14).

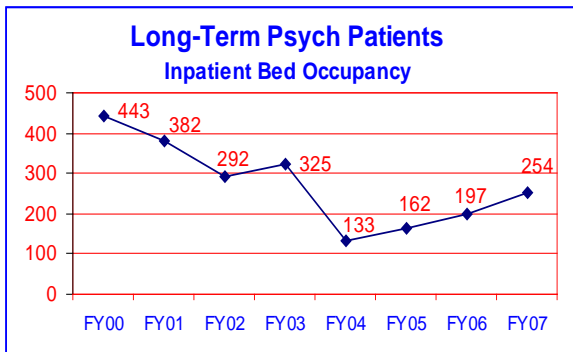


Figure 7.2-14 (Lower is Better)

When persons do require hospitalization, research indicates that the sooner the person is seen by the community mental health center following discharge from an inpatient facility, the less likely the client will be readmitted for subsequent inpatient care.

The DMH Continuity of Care Manual sets our standard as “clients will be seen by a CMHC for a follow-up appointment within seven days of discharge from an inpatient facility.”

Senior management and the Commission review data quarterly on the number of days between inpatient discharge and the date of their first appointment at a local community mental health center (Figure 7.2-15).

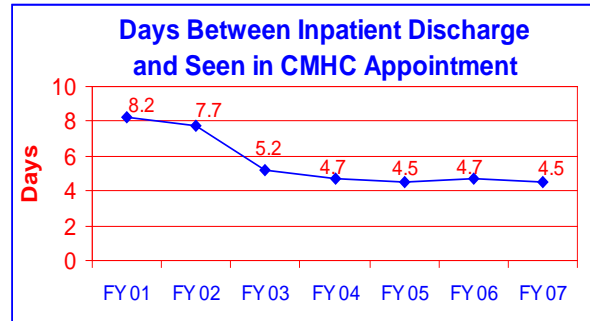


Figure 7.2-15 (Lower is Better)

The SCDMH average of 4.5 days has a range of 4.0 to 5.3 days, well under our seven-day standard. One state, Oklahoma, publishes its data on this measure and has a 6.2 day average, with a range of 1.3 to 8.8 days.

*e) Inpatient Services: Clinical Effectiveness*  
Senior leadership reviews key performance data for each inpatient facility. The measures are broad indicators of the quality of inpatient care and are part of the ORYX quality measures emphasized by accrediting bodies.

A low 30-day psychiatric re-admission rate reflects adequate inpatient treatment, as well as solid follow-up and maintenance in the community following discharge. Figure 7.2-16 shows that DMH remains below the national average.

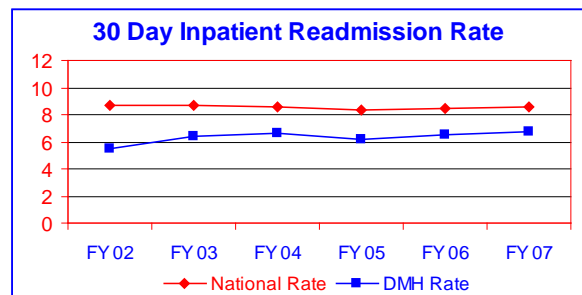


Figure 7.2-16 (Lower is Better)

Senior leadership also monitors inpatient bed availability weekly. For the past five years, there has been an increase in the percentage of patients whose length of stay has exceeded 90 days (Figure 7.2-21).



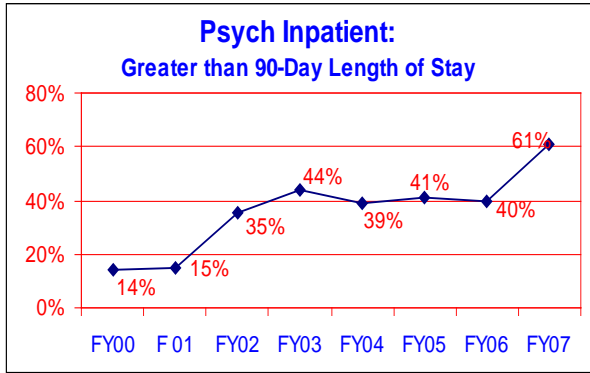


Figure 7.2-21 (Lower is Better)

The impact of long-term patients in short-term beds erodes DMH’s capacity to admit new patients, creates problems for EDs, and raises the costs of inpatient services.

Psychiatric inpatient admission rates, length of stay, and longer-term patients in short-term beds directly impact total “bed-days” (Figure 7.2-22).

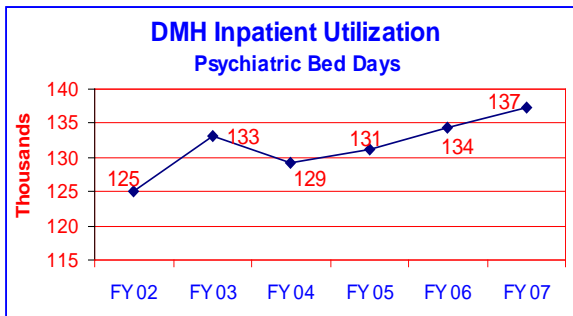


Figure 7.2-22 (Lower is Better)

The Department also monitors the waiting list for persons being held in jails who are in need of inpatient services. The two primary groups: 1) those needing pre-trial evaluation or who have been referred for acute treatment in an effort to make them competent to stand trial; and 2) those committed for longer-term treatment after being deemed incompetent and unlikely to be restored or found not guilty by reason of insanity (Psychosocial Rehabilitation Program: PRP).

After a marked rise in the number of persons needing admission and the increased length of their wait, the Department responded with

several initiatives. The result has been a dramatic reduction in the average wait for both the Psychosocial Rehabilitation Program and the Pre-Trial Unit (Figure 7.2-23).

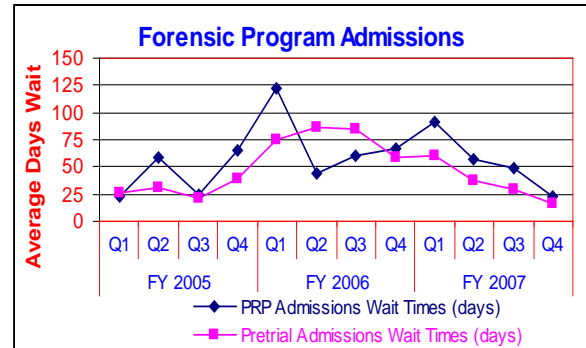


Figure 7.2-23 (Lower is Better)

f) *Client Quality of Life Outcomes*

Client recovery is closely tied to quality of life. Clients want housing that is safe, affordable, and decent and employment that is productive. These two factors are major contributors to a client’s transition from a life of dependency on the mental health system to independence and self-reliance.

In FY 07, DMH again exceeded the national average in employment rate for all mentally ill clients it serves (Figure 7.2-24).

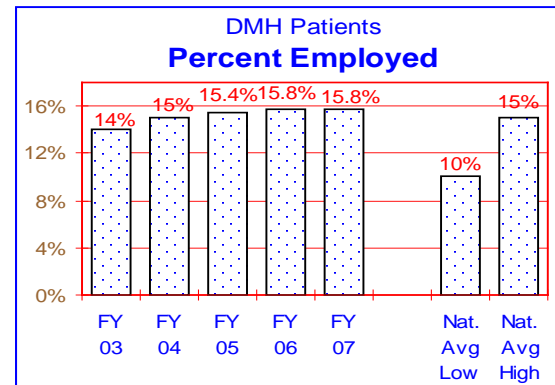


Figure 7.2-24 (Higher is Better)

In addition to standard employment programs for all clients, DMH has initiated evidence-based employment programs (ISP) designed for severely mentally ill clients who are unemployed and want to work.

The IPS Employment Programs produce an employment rate three times that of traditional employment programs (Figure 7.2-25) and the SCDMH rate approaches the national best-in-class program.

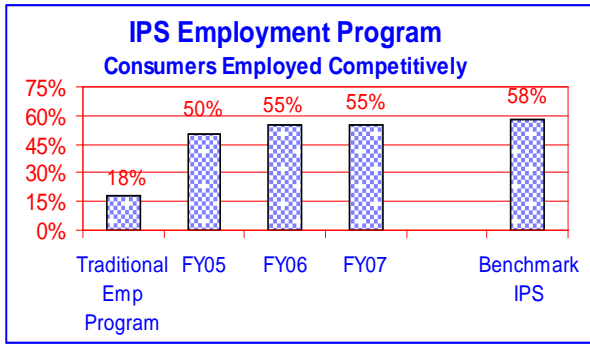


Figure 7.2-25 (Higher is Better)

The Department's Housing and Homeless Program assists clients with severe and persistent mental illness to find housing. Through partnerships with non-profit organizations, this effort has continued to show major advances since its inception (Figure 7.2-26).

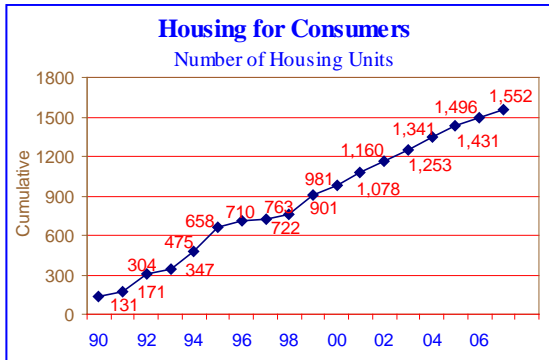


Figure 7.2-26 (Higher is Better)

Working through partnerships with private nonprofits and local mental health centers, the Department is able to finance the production of new supported housing that is affordable for clients living in the community.

While not all clients require assistance with housing or employment, for those that do these factors can be key determinates in their ability to live in the community.

The Housing Program funded 65 new units of housing in the community this year. When combined with the TLC Program units, 97 new units were made available for severely mentally ill individuals this year.

g) *Clinical Outcomes: Nursing Home Residents.*

The most fundamental measure of clinical effectiveness for a nursing home is that of Health/Safety. Nationally, life expectancy following admission to a nursing care facility is slightly over two years. At Tucker Nursing Care Center, residents average over 3 ½ years (Figure 7.2-27).

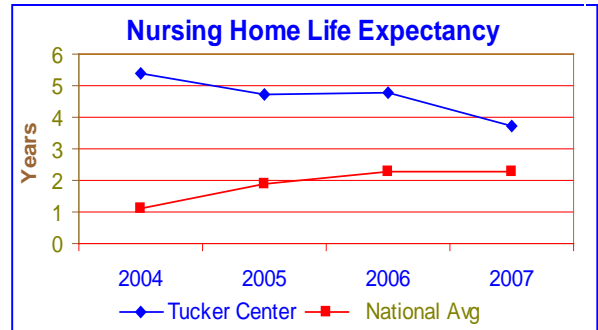


Figure 7.2-27 (Higher is Better)

Two critical factors impacting the increased longevity of Tucker Center residents are the low incidence of bed sores (Figure 7.2-28) and the low rate of falls (Figure 7.2-29), both common occurrences in homes for the elderly, and both life-threatening.

Tucker Center residents acquire less than half the decubidi ulcers (bedsores) than the state average for all nursing homes, public and private.

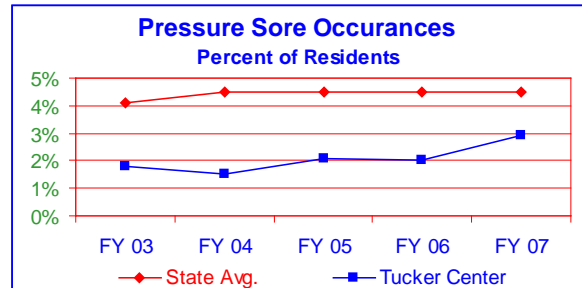


Figure 7.2-28 (Lower is Better)



Tucker Center has also placed considerable energy into reducing injuries from falls. The rate has shown a steady decrease, while the state average has remained constant.

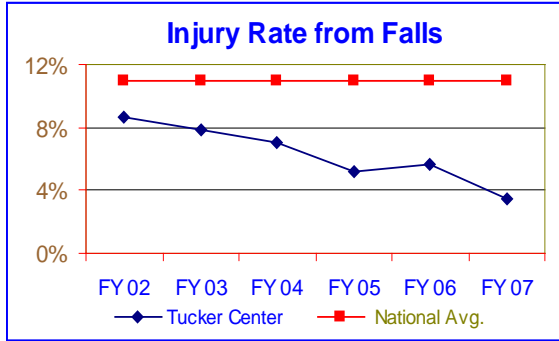


Figure 7.2-29 (Lower is Better)

*h) Clinical Outcomes: Alcohol and Drug (A&D) Addiction Services.*

The key measure for effectiveness with A&D clients is abstinence following treatment (Figure 7.2-30). Eighty-one percent (81%) of Morris Village residents were abstinent at 30-day follow-up in FY 07, and the trend line continues to reflect a gradual increase.

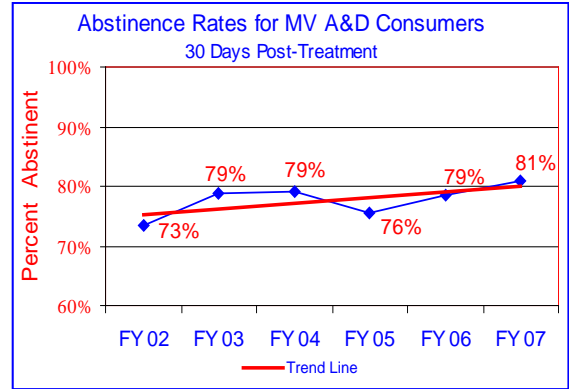


Figure 7.2-30 (Higher is Better)

No comparative data is available for a state-operated, mostly involuntary, alcohol and drug addiction treatment facility. Private facilities do not release this information, and national accreditation bodies do not require this basic measure of program effectiveness.

*i) Support Processes Outcomes*

Figure 7.2-31 identifies the Department's key support/business processes, many of which are also subject to regulatory compliance. Each process includes the key requirement for the process and a summary statement noting performance.

Figure 7.2-31

**Key Business and Support Processes**

<b>Process</b>	<b>Key Requirements</b>	<b>Status</b>
DOAS (as a whole)	The Division of Administrative Services (DOAS) will not overspend its budget.	FY 07 Goal met.
Finance	No significant audit findings by State Auditors	No significant findings in most recent (June 30, 2005) audit.
	Invoices paid with 3 business days	Goal met.
	Limit of 5 payroll errors per pay period	Goal met.
	Composite bank account reconciliation's are performed within 30 days after receipt of the bank statement.	Goal met.
	Process procurement request up to \$10k within 5 working days; \$10k and \$25k within 15 working days; and above \$25k within 28 working days	Goals being met when necessary purchasing information is furnished by the requestor.
Information Technology	Database applications will be backed up sufficient to recover any database up to the most recent log file.	No significant data losses reported.
	Protect user data from virus infection using real-time virus protection software.	100% of infected files are cleaned, quarantined or deleted.
	Archive vital medical and financial records.	Goal met.
	User satisfaction	Most categories of users show improvement over 2004 survey. Overall satisfaction is 89%
Nutritional Services	Provide nutritious, appetizing and satisfying meals for all of DMH clients within annual budget.	Goal met
	Provide up-to date, culturally sensitive patient/ family nutrition opportunities and materials per JACHO standards.	Goal met
	Complete nutrient analysis of current menus and assure that therapeutic menus are consistent with SC Dietetic Association diet manual.	Goal met
	Maximize sales (revenue) for department through canteens, CAMHC programs and special events.	Goal met
	Minimize the annual operation loss for CF Canteen, by increasing sales, labor optimization / productivity and internal control.	Goal met
Physical Plant	Insure that all capital projects are completed within approved budgets.	Goal met: Five projects closed in FY07 with \$58,542 remaining balance.
	Provide living environments in compliance with all regulatory requirements and standards.	JCAHO survey at Bryan identified deficiencies that were corrected within a few days. Surveys at Hall, Tucker, and Harris were completed with no physical plant deficiencies noted.
	Provide efficient, cost effective building and grounds maintenance.	Building maintenance costs per square foot were slightly less (approx. 3%) than industry average. Grounds Maintenance & custodial costs were significantly less than industry average due to the use of inmate labor.
Vehicle Management	Ensure that all vehicles and equipment repairs are conducted in the most cost efficient manner.	Cost per mile 20% less than state agency fleet average. High value repairs were 35% below industry average.
Human Resources	See Category 7.4 for HR discussion	See Category 7.4 for HR results.

### 7.3 Financial Performance Results

The Department's operating revenue (all fund sources) shows significant fluctuation from FY 01 through FY 07 (Figure 7.3-1). Even with these fluctuations, DMH has operated within its budget and has never run a deficit.

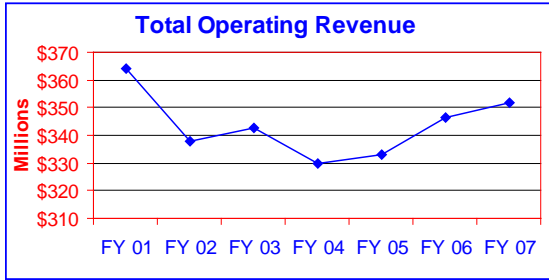


Figure 7.3-1 (Higher is Better)

Figure 7.3-2 shows the relative magnitude of the different funding sources and how the levels of all major sources of revenue for the Department have changed over the last five years.

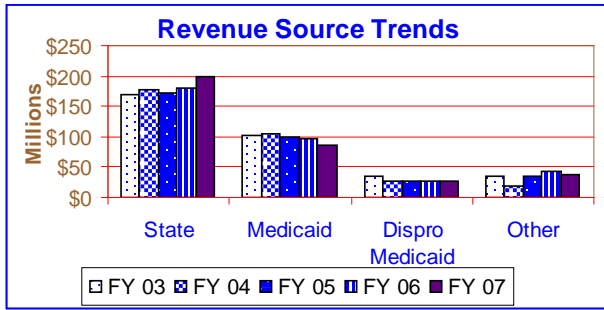


Figure 7.3-2 (Higher is Better)

In FY 07, DMH was awarded over \$8 million new grant dollars (Figure 7.3-3), a major accomplishment in a time of diminishing resources, federal as well as state.

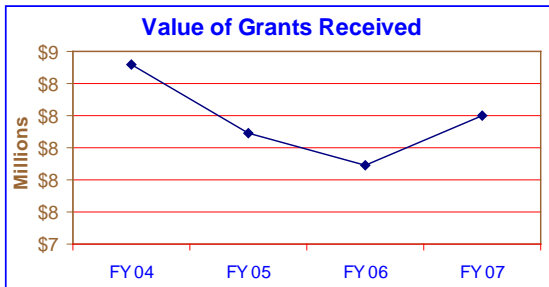


Figure 7.3-3 (Higher is Better)

State Accident Fund Premiums have risen dramatically in the past seven years. While the number of claims is down 40% since FY 2000, the increases in medical costs have continued to push the premiums upward 200% during this same period (Figure 7.3-4).

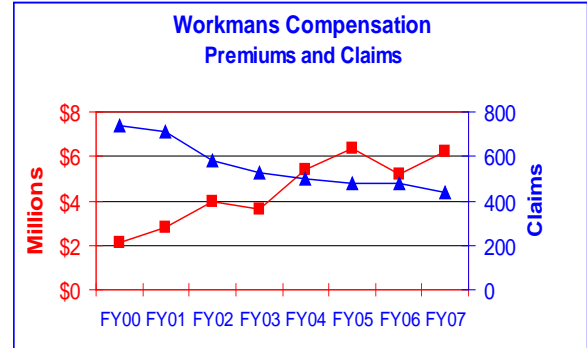


Figure 7.3-4 (Lower is Better)

DMH tracks the number of services it provides that qualify as HHS billable hours. Figure 7.3-5 shows that DMH has maintained its focus through very difficult budget years, providing billable hours of service to its priority populations: severely mentally ill adults and children.

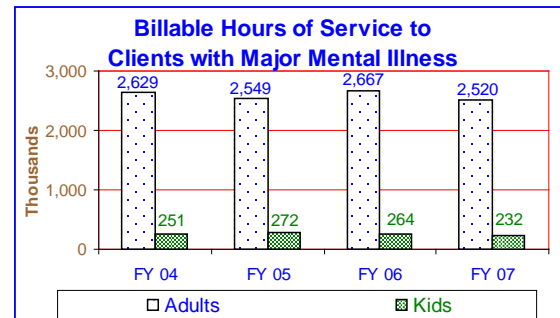


Figure 7.3-5 (Higher is Better)

Expanding community programs and reducing inpatient use not only conforms to stakeholder expectations, but also is also more cost effective. For example, approximately 55% of the patients admitted to community crisis units are Medicaid-eligible. While inpatient psychiatric care cannot be billed to Medicaid, community crisis stabilization units can.

Further, the average cost of an admission to a psychiatric hospital is \$3,052 versus \$975 for the cost of admission to a local crisis stabilization unit.

The TLC program, begun in 1991, is designed to return long-term psychiatric inpatient clients to live in the community through intensive support from CMHCs. To date, 2,000 clients with serious and persistent mental illness, 1,561 from an institutional setting, have participated in the program.

Figure 7.3-6 compares the average one-year cost of maintaining a client in the hospital with the cost associated with TLC community enrollment.

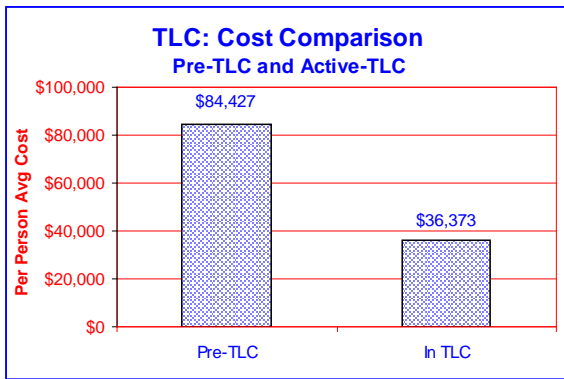


Figure 7.3-6 (Lower is Better)

For the 93 individuals enrolled in the TLC program one year ago, there was a \$4.4M cost savings (or redirection) directly attributable to TLC Program participation. The costs reflect their actual hospital costs in the year before TLC with the actual net costs during their first year in the TLC Program (CMHC case management, hospitalizations, etc.).

Not only is community-based treatment the right thing to do, it is also financially a much more efficient use of fiscal resources. It is for these reasons that the Department aggressively promotes crisis programs in the community to prevent unnecessary hospitalizations and promotes community preparation programs in the inpatient facilities to assist clients in learning the life skills they need to succeed in their community transition.

Community expansion has not been achieved at the expense of inpatient programs, but through new dollars, Medicaid revenue, and re-direction of cost-savings (Figure 7.3-7).

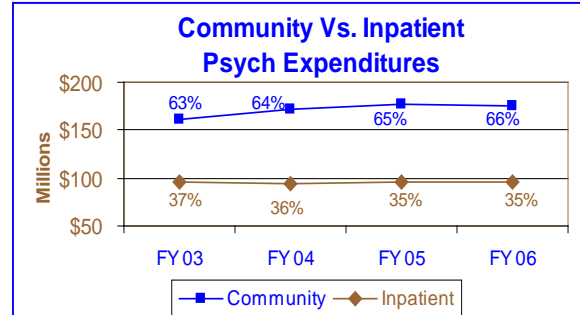


Figure 7.3-7 (Higher is Better for Community; Lower is Better for Inpatient)

The Department actively seeks to contain the costs associated with inpatient care. Bed-Day costs (Figure 7.3-8) reflect the expenses of providing inpatient care within the specialized facilities. FY 07 data is not yet available.

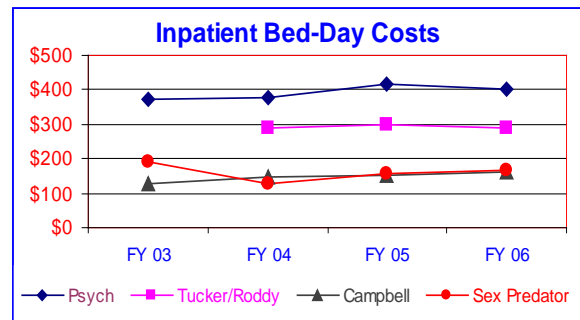


Figure 7.3-8 (Lower is Better)

DMH has done well to hold down the rising cost of expensive inpatient care. Figure 7.3-9 shows the per day cost of DMH acute care facilities compared to the average cost DMH pays through contract to private psychiatric facilities.

While the costs are about equal, DMH has promoted the expansion of local inpatient capacity because it is the preference of stakeholders, and it is in keeping with the Department's commitment to local care alternatives for crisis stabilization and diversion programming.

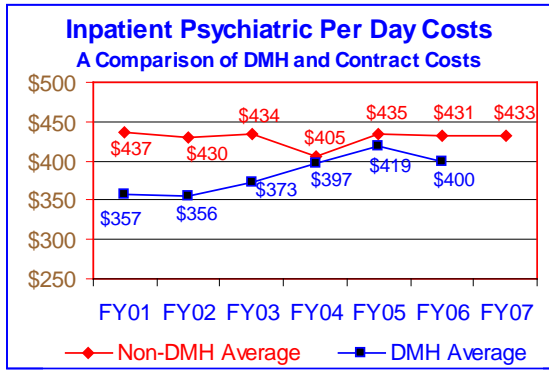


Figure 7.3-9 (Lower is Better)

The commitment to community-based services has allowed DMH to reduce hospital beds, close wards, and move funding into the community to generate new programs.

The commitment to a community system has spurred DMH to enter into housing development, partnering with housing authorities and non-profit organizations to create single and multi-family residences for clients who, otherwise, may have no alternative

outside of institutional life. DMH has achieved a 4:1 leveraging of its housing funds, a rate not exceeded by any other state.

Finally, the commitment to community care means decreasing the number of children who are placed in out-of-home care and the dollars associated with this level of care (Figure 7.3-10). The 47% reduction in the number of children placed in out-of-home care (Figure 7.2-5) has resulted in a 68% reduction in the overall costs, allowing CMHCs to redirect over \$7.7M into more appropriate child treatment programs.

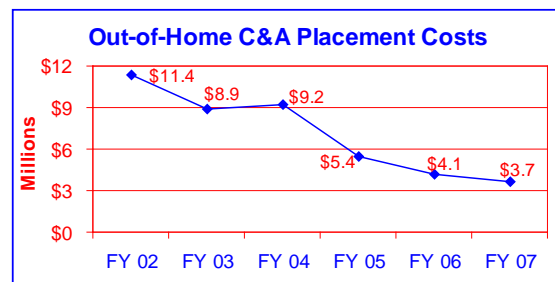


Figure 7.3-10 (Lower is Better)

## 7.4 Human Resource Results

SCDMH conducts a formal assessment of workforce issues through a satisfaction survey on a two-year cycle.

In the area of overall employee satisfaction (Figure 7.4-1), 70% of employees reported that they were satisfied or very satisfied with their job, a 10% increase from the previous survey.

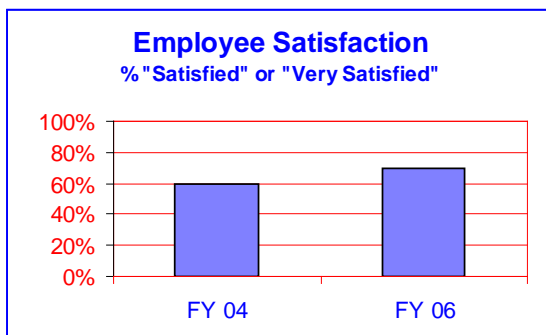


Figure 7.4-1 (Higher is Better)

Eighty-five percent of employees surveyed agreed or strongly agreed that they perceive their work as contributing to the mission of the agency, a proxy measure indicating employee perception of their "involvement" in DMH (Figure 7.4-2). This is a 13% increase over FY 04.

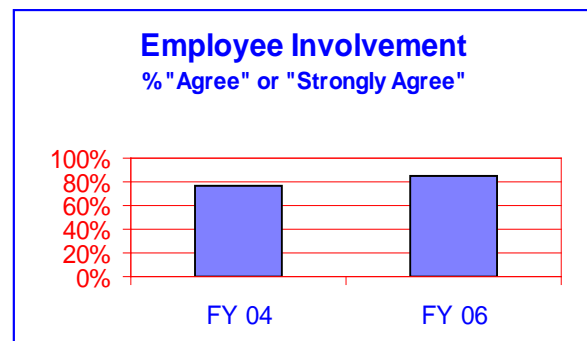


Figure 7.4-2 (Higher is Better)

In the area of staff development, 60% of employees responded that they received adequate training to perform their job (Figure 7.4-3), unchanged from the previous survey.

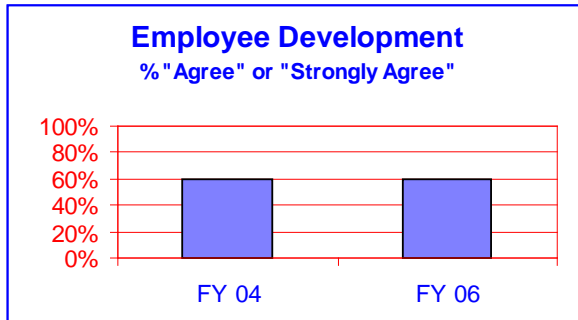


Figure 7.4-3 (Higher is Better)

Classroom training events were held with an attendance of 32,482, totaling 13,010 training hours.

There were 1,863 hours of employee training directly related to meeting the goals of the strategic plan in FY 07 (Figure 7.4-4), a 51% increase over FY 06.



Figure 7.4-4 (Higher is Better)

Concern for employee safety and actions to improve the working environment are reflected in reduced workers' compensation claims. Figure 7.4-5 shows a 36% reduction in the number of claims since FY 99.

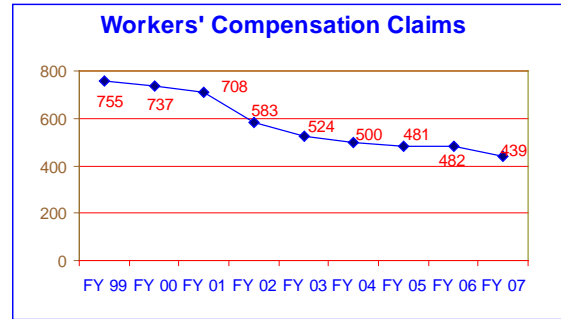


Figure 7.4-5 (Lower is Better)

Employee turn-over rate is 18.8% for FY 07 (Figure 7.4-6), slightly up from FY 05 but still below other, comparable, state agencies.

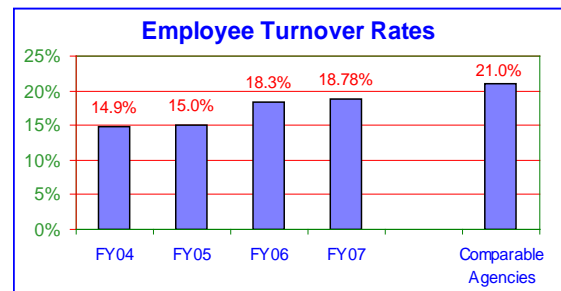


Figure 7.4-6 (Lower is Better)

In affirmative action, DMH ranks 11<sup>th</sup> among large state agencies. Figure 7.4-7 shows the percent of affirmative action goals met by the agency each year since FY 02.

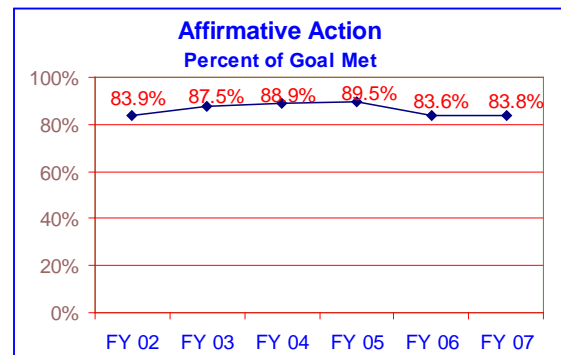


Figure 7.4-7 (Higher is Better)

## 7.5 Regulatory/Legal Compliance and Community Support Results

DMH is subject to review/audit/survey by a wide variety of bodies. Figure 7.5-1 provides an overview of many of these entities, their function, and the status of our most recent review.

All community mental health centers, all inpatient facilities, and all administrative functions are in compliance and fully accredited in all of the areas noted in the table.

Figure 7.5-1 <b>Legal and Regulatory Compliance</b>		
<b>AGENCY OR ENTITY</b>	<b>FUNCTION</b>	<b>Current Status</b>
CARF/JCAHCO	National Accreditation	All CMHCs & Inpatient accredited
VA	National Accreditation of Veterans' Nursing Homes	In compliance
HHS Program Integrity Audit	Medicaid Division of Corporate Compliance	In compliance
HHS Program Field Review	Review of programs and documentation to identify training and compliance issues.	In compliance
DMH Quality Assurance Team	Review of client care practices and medical records documentation for quality of care, accreditation and corporate compliance issues.	In compliance or action plan to achieve compliance
DMH Internal Audit	Review of administrative practices, policies and procedures for compliance with DoFS, Human Resources, and other regulations.	In compliance or action plan to achieve compliance
DMH Corporate Compliance	Regular review by DMH for conformance with DMH Corporate Compliance Plan	In compliance
DHEC	Inspection of CRCFs operated by Centers for conformance with regulations.	In compliance
DHEC	Inspection of day programs preparing food for conformance with sanitation regulations.	In compliance
DHEC	Inspections of inpatient facilities for compliance with regulations.	In compliance
Fire Marshal	Inspection of facilities for fire safety	In compliance
Medicare Professional Review Organization	Review of medical records to determine appropriateness of Medicare reimbursement—contract organization of SC Blue Cross Blue Shield	In compliance
ADA	Regulation of access for disabled	In compliance

## Glossary of Terms and Abbreviations

- ACT/PACT/RBHS – a set of case management programs delivered out of the CMHC offices, in the natural living environment of the client, urban or rural.
- Assembly – State Director’s monthly meeting of CMHC/facility directors, advocacy representatives and senior leadership. Quarterly, the Assembly includes CMHC Board representatives.
- BPH – Bryan Psychiatric Hospital, an acute care inpatient facility in the Columbia area.
- CAFAS – Child and Adolescent Functional Assessment Scale, used by the clinician to evaluate the level of functioning and degree of symptoms in children and adolescents.
- CARF – Commission on Accreditation of Rehabilitation Facilities, one on the bodies which accredit DMH facilities.
- CIS – Client Information System, data-base containing client information.
- CLM – Computer Learning Modules, a computerized system for presenting and evaluating knowledge of standardized educational materials.
- CME – Continuing Medical Education, physician continuing education credits.
- CMHC – Community Mental Health Center.
- CRCF – Community Care Residential Facility Commission – a seven-member body designated by the state to oversee the Department of Mental Health.
- Client – person with mental illness served by the DMH.
- Continuity of Care – a set of standards governing the provision of treatment to ensure seamless care is provided through hospital and community based care.
- Co-Occurring Disorder – client diagnosed with more than one major psychiatric disorder: mental illness and alcohol/drug addiction.
- Corporate Compliance – process by which third party payers are assured that reimbursed clinical services are delivered as described.
- CPM – Certified Public Manager, a managerial training program offered through state government.
- CRCF – Community Care Residential Facility, a DHEC licensed community residential facility providing room, board, and personal assistance to persons 18 years old, or older.
- DMH – South Carolina Department of Mental Health.
- ETR – Evaluation, Training and Research, the agency’s division for outcomes, training, research, and best practice development.
- EPMS – Employee Performance management System, the state’s annual employee appraisal system.
- GAF – Global Assessment of Functioning, a clinical evaluation instrument used by the clinician to assess client level of functioning and symptoms.
- HPH – Harris Psychiatric Hospital, an acute care inpatient facility in the Anderson area.
- IT – Information Technology, the mainframe, area networks, and data systems of the agency.
- JCAHO – Joint Commission on Accreditation of Healthcare Organizations, a hospital accrediting body.
- MST – Multi-Systemic Therapy, an in-home, intensive service to children and their families.
- MHSIP – Mental Health Statistical Improvement Project, a multi-state project to design satisfaction surveys for mental health clients, youth, and family members.
- ORYX – JCAHCO required set of data required to be submitted monthly on the performance of inpatient facilities.
- Pathlore – a computerized employee training registration and documentation system.
- QCRB – Quality of Care Review Board, a convened group of experts charged with analyzing an adverse event and making recommendations to the Department to prevent the event from recurring at the original site and throughout the agency.



QA – Quality Assurance, the process by which clinical services or documentation is monitored for adherence to standards, e.g., Medicaid, CARF, JCAHCO.

Recovery – a process by which a person overcomes the challenges presented by a mental illness to live a life of meaning and purpose

Risk Management – the process by which potential clinical adverse outcomes are minimized in frequency or severity, or actual adverse outcomes are appropriately responded to as opportunities to improve services (root cause analysis, QCRBs, etc.).

SAP – computerized financial management system.

School-Based – services delivered by mental health professionals within the walls of the school system.

Section 2 – Medicaid policies and procedures for mental health providers of community mental health services.

SHARE – Self-Help Association Regarding Emotion, a client advocacy and self-help organization.

State Plan – document required annually by federal government that specifies specific goals for expenditure of Block Grant monies.

State Planning Council – stakeholder group who plans expenditures of federal Block Grant funds. The council is required to have at least 50% of its membership be non-DMH stakeholders.

TLC – Toward Local Care, a program to return long term psychiatric inpatient clients to life in the community with intensive support from CMHCs.

Utilization Review – the process by which clinical services or documentation are monitored to assure delivery of clinically appropriate treatment (a.k.a., clinical pertinence).

WSHPI – William S. Hall Psychiatric Institute, a specialty inpatient facility in the Columbia area, serving children and forensic populations.