

<b>South Carolina Department of Mental Health</b>		
FY 09 and FY 10 Strategic Goals (July 1, 2008 - June 30, 2010)		
<b>Areas</b>	<b>FY 09 Goals</b>	<b>FY 10 Goals</b>
General	Develop and implement marketing plan for sale of Bull Street property	Continue relocation efforts for remaining services on the Bull Street campus and implement marketing plan for the sale of the Bull Street property
	Maintain CARF Accreditation of all CMHCs	Maintain CARF Accreditation of all CMHCs
	Identify, contact, and submit application to at least two philanthropic organizations for support to improve DMH services	Identify, contact, and submit application to three additional philanthropic organizations for support to improve DMH services
	Explore opportunities to expand research activities in the understanding of mental illnesses and developing cutting edge treatments services	Sustain efforts to expand research opportunities and pursue funding for priority research areas
Community C&A Services	Increase the number of school-based programs by 10 with focus on rural area schools from 178 to 188.	Increase the number of school-based programs by 10 with focus on rural area schools over the FY09 accomplishments.
	Increase out-stationed DMH staff by 3 DSS County Offices (from 18 counties to 21 counties)	Increase out-stationed DMH staff by 3 DSS County offices (from 21 counties to 24 counties)
	Sustain the current DJJ outstationed staff in 9 counties	Increase out-stationed DMH staff by 1 DJJ County Offices (from 9 to 10 Counties) also providing a maintenance of effort for the existing nine Counties (positions are sustained).
	Add one (1) new MST programs (Greenville) for total of 7, and add 1 IFS team in 1 rural county	Add one (1) new MST programs (Charleston) for total of 8, and add 1 IFS team in 1 rural county
	Pilot the development of a universal screening/assessment tool for the adolescent co-occurring population in conjunction with other partner agencies.	Upon success from the pilot, adopt an universal screening/assessment tool for the adolescent co-occurring population in conjunction with other partner agencies
	Develop core competencies required for agency staff providing co-occurring services to children/adolescents and provide training through ETR to 25% of CAF Staff.	Increase core competency training to include 50% of all C&A staff providing co-occurring services to children/adolescents.
	In conjunction with ETR, train all 17 Community DMH Centers on an Evidence-Based Best Practice Model for Children/Adolescent Treatment.	Focus any carry-over funds from OASIS grant on treatment and training priorities
	Fund one training position in ETR through the OASIS grant to provide core competency training and evidence-based practices training to CMHCs	Maintain the ETR training position to continue CMHC training in C&A core competencies and other C&A co-occurring services training
	Out-of-Home Placements: Maintain the percentage of children in out-of-home placements at an average yearly census that is less than .5% of the children served in all DMH programs (N=175)	Out-of-Home Placements: Maintain the percentage of children in out-of-home placements at an average yearly census that is less than .5% of the children served in all DMH programs (N=175)

C&A Trauma	Implement C&A Trauma Assessment at two additional CMHCs (From 9 to 11)	Implement C&A Trauma Assessment at two additional CMHCs (From 11 to 13)
	Complete Trauma Treatment Training for majority of CAF Clinicians at two additional CMHCs (From 6 to 8) with continued trainings at previously trained centers to maintain target level of staff trained in TF-CBT.	Complete Trauma Treatment Training for majority of CAF Clinicians at five additional CMHCs (From 8 to 13) with continued trainings at previously trained centers to maintain target level of staff trained in TF-CBT.
Adult Trauma	Implement Trauma Assessment at 2 additional CMHCs (From 9 to 11)	Implement Trauma Assessment at 2 additional CMHCs (From 11 to 13)
	The Majority of Adult Services Clinicians will Complete the Trauma Treatment Training at 5 CMHCs (From 6 to 11) with continued trainings at previously trained centers to maintain target level of staff trained	The Majority of Adult Services Clinicians will Complete the Trauma Treatment Training at 2 CMHCs (From 11 to 13) with continued trainings at previously trained centers to maintain target level of staff trained
Electronic Medical Record	Implement EMR in 2 New CMHCs (Total to equal 7)	Implement EMR in 2 Additional CMHCs (Total to equal 9)
	Develop implementation plan for Tucker Center EMR by 7/30/09	Move toward implementation of Tucker Center EMR plan
	Develop implementation plan for BPH, acute, EMR by 7/30/09	Move toward implementation of BPH EMR plan
CMHS Requirements	Redesign all CMHCs' Rehabilitative Programs based on Levels of Care	Become the state Case Management Agency for adults and children with mental illness
Housing	Develop 40 additional housing units	Develop 40 additional housing units
	CRCFs: Implement Legislative Study Committee recommendations on specific services to be provided and the manner in which they should be provided	Create a DMH Task Force to examine both short- and long-term implications of the legislative study recommendations. Determine which actions can be implemented and, where appropriate, make recommendations to request funds for implementation
	Maintain TLC statewide occupancy rate at 98% or 1,017.	Expand TLC programs by 45 (1,038 to 1,083) residential and treatment options focusing on inpatients that are low functioning/behavioral challenging-like MR but not eligible for DDSN services. (Contingent upon funding)
	Survey DMH long term inpatient clients for identification of community development residential and treatment needs in preparation for FY 10 goal.	Establish rental assistance program to assist at least 85 community clients. Contingent upon funding.
Staff Competencies	Implement an Executive Leadership Development Program designed to groom at least 5 new senior DMH leaders	Continue the Executive Leadership Development Program to groom at least 5 additional new senior DMH leaders
	Implement elements of programs needed to increase licensed clinical staff (classwork, supervision, etc.)	Fifty (50) eligible to be licensed clinical staff will be engaged in clinical supervision to result in licensure
	Develop staff training on Recovery, based on results of recently completed Recovery Attitude Survey (Carry-over goal from FY08)	Develop a Recovery Training Toolkit available to all CMHCs based on the FY 09 Recovery Training Program

SVP	Implement measures to maintain meaningful treatment opportunities for Sexually Violent Predator residents despite increasing census	Monitor and ensure meaningful treatment opportunities, as indicated
Crisis Services	Implement telepsychiatry between 25 community hospital Emergency departments (EDs). Report number of patients diverted from inpatient admission, quantitative information on the diagnosis of MH/substance abuse and/or co-occurring disorders, and reduction in average length of stay (LOS) in the EDs.	Add 30 additional hospital EDs to network
	Reduce the average weekly snapshot # of people waiting statewide in EDs who have a mental health &/or substance abuse issue from the FY 08 statewide weekly average of 59.4 to at least 53.46 (10% reduction).	Reduce # of people waiting statewide in EDs who have a mental health &/or substance abuse issue by 10% from the FY 09 statewide weekly average
	Reduce the average weekly snapshot maximum # of hours people with a mental health or substance abuse issue wait for disposition in EDs from the FY 08 statewide weekly average of 132 hours to at least 118 (10% reduction).	Reduce # of hours waiting statewide in EDs who have a mental health &/or substance abuse issue by 10% from the FY 09 statewide weekly average
	Improve overall reliability and validity of outcomes as reported by centers for quarterly report to Governor.	Improve overall state wide crisis related outcomes by technically assisting at least two CMHCs who may benefit from the implementation of most effective and proven models of crisis response systems.
	Allocate crisis funding to all CMHCs based on past performance and current needs in order to maximize outcomes and cost benefit.	Secure funding for ongoing crisis initiatives by demonstration of significant outcomes achieved programmatically in FY 09.
	Conduct a minimum of three (3) Peer Support Certification classes certifying at least 15 possible DMH Peer Support Specialist candidates	Conduct a minimum of three (3) Peer Support Certification classes certifying at least 20 possible DMH Peer Support Specialist candidates
Peer Support Specialists	Establish one (1) Certified Peer Support Specialist (PSS) position in three of the six mental health centers that are currently without an established position, pending adequate funding	Establish one (1) Certified Peer Support Specialist (PSS) position in the final three mental health centers that are currently without an established position, pending adequate funding
Employment	Expand Evidenced-Based Best Practice IPS programs in CMHCs without existing IPS programs (from 9 to 10 CMHCs)	Expand IPS programs by 2 CMHCs (10 to 12 Centers). Contingent upon funding.
	Create at least one (1) more funding opportunities for IPS/SE Programs	Continue to pursue more funding opportunities for IPS/SE Programs
	Develop a formula to determine the Return On Investment (ROI) for IPS/SE clients working in the community.	Complete and report on the ROI Outcome measures for IPS/SE program based on formula developed in previous year

Acute Inpatient	Opening Beds at Harris and Bryan Acute. Maintain current capacity at Morris Village, Hall, Wellspring.	Review bed utilization and adjust for maximum appropriate census with existing resources.
Interagency Partnerships	Establish plans with advocacy groups, DAODAS and the WJB Dorn VA Hospital to develop a professional inter-agency S.C. Peer Support Network	Implement professional inter-agency S.C. Peer Support Network through a statewide meeting for peer support specialists.
	Complete interagency partnership with the WJB Dorn VA Hospital and DAODAS to provide the basic peer support certification training to all potential SC peer support specialists candidates by editing/updating the current training manual and by clarifying and defining agency variants (i.e. Medicaid documentation, service descriptions, agency policies & procedures and continuing education requirements).	Implement the interagency partnership with the WJB Dorn VA Hospital and DAODAS, providing basic peer support certification training to candidates from all three agencies
	Compile listing of all MOAs between DMH (both state and local) and other agencies/ organizations to assess extent of formal collaborations, partnerships, and joint service provision	Review MOAS for needed changes and/or expansion, as indicted
Public Relations and Anti-Stigma Initiatives	DMH Senior Leadership and Center Directors will conduct public presentations to educate citizens and constituent groups about mental health and addictions issues, emphasizing that mental illness is a medical problem and that treatment works. Presentations will also educate the public about SCDMH and how the agency provides taxpayers' a good return on their investment.	Continue to promote the Department's positive projects like the Duke Endowment, the BCBS of SC Foundation and school-based services, and community-based services to returning veterans and their families.
	Conduct the "Art of Recovery Program" with public exhibitions of art work by citizens with mental illness, promote positive media relations, and coordinate the Palmetto Media Watch Program.	Sustain the "Art of Recovery Program"
Outcome Measurement	Develop measures, including financial, for obtaining outcomes for at least five (5) of the CMHC Programs	Complete outcome development for all CMHC Programs
	Test effectiveness of the CBCL as replacement instrument for CAFAS in two CMHCs	Half of all CMHCs will use the identified C&A outcome instrument
Financial Management	SAP Conversion: In conjunction with state CIO, develop "blueprints" of system needs, plan for data conversion, and testing of new SAP system	SAP Conversion: Implementation of new SAP. Develop and distribute policies and procedures
	Review current financial reports available from Centers, Facilities, IT and develop a monthly management package	Utilize new SAP to enhance monthly management reports by developing and automating financial reports

Contract Mgmt	Form a Contract Administration Oversight Committee	
	Develop database that tracks specifics on proposed and executed contracts, from initiation, through review, approval, monitoring and renewal	Incorporate solicitations, RFPs, Interagency Agreements, MOAs and MOUs into the database. Consider linking this application to other software to allow document imaging for routing contracts electronically for approval.
Grants Management	Establish an office of Grants Administration and provide fiscal oversight for all grants	Ensure fiscal oversight for all grants.
	Train all appropriate employees in compliance with DMH, state, and federal regulations	Increase federal funds through new grants.
Veteran's Services	Determine if developing/providing services to military personnel (and their families) returning from Iraq and other theaters of war is feasible and in the best interest of all parties. Determine availability of grant fund through SAMHSA's Application Policy Academy	Implement CMH services to veterans, if feasible and desirable
Building/ Construction	Hall Institute: Acquisition of funds to re-build. Resume design services.	Complete design, advertise, & start construction.
	Construct Charleston MHC Children's Addition.	Complete construction & occupy.
	Award Construction Contract for Columbia Area MHC Phase II	Complete construction & occupy.
	Columbia Area MHC master plan Phase III. Request funding through budget request.	Start design and/or construction as funds are received.
	Continue replacement of the fire retardant treated wood (FRTW) in the Bryan lodges and Support Buildings. Complete Phase I contract and award Phase II contract. Request funding for Phase III	Complete Phase II (remaining lodges). Continue with Support Buildings.
	High priority deferred maintenance issues for both community and inpatient buildings. Request funding through budget request.	Start design and/or construction as funds are received.
	Construct McCormick Clinic. Request funding through budget request.	Start design and/or construction as funds are received.
	Pee Dee Crisis Center Construction. Request funding through budget request.	Start design and/or construction as funds are received.
	Sexually Violent Predator Facility. Request funding through budget request.	Start design and/or construction as funds are received.
	New water & electrical services for Tucker Ctr, Columbia Area MHC, & DMH Administration Building independent of the Bull St. campus systems. Complete electrical service for Tucker Center and Columbia Area. Request funding for Tucker water and Admin Bldg electrical through budget request.	Start design and/or construction as funds are received.

Building/ Construction	Construct additional treatment facility for Bryan & Morris Village. Request funding through budget request.	Start design and/or construction as funds are received.
	Addition to the Holly Hill Clinic. Requests funding through budget request.	Start design and/or construction as funds are received.
	Construct Community Mental Health Centers for Santee-Wateree, A-O-P, and Catawba MHCs. Request funding through budget request.	Start design and/or construction as funds are received.
	Address Life Safety & Deferred Maintenance issues in Columbia Area MHC Carter Street apartments and adjoining support buildings. Request funding through budget request.	Start design and/or construction as funds are received.
	Harris Life Safety Renovations: Complete renovations.	NA
	Campbell VA Home Renovations: Complete design, finalize VA grant, and start construction.	Complete renovations.
Prepared by: C. Edward Taylor, Ph.D. 9/2/2008		