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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT
1982-83

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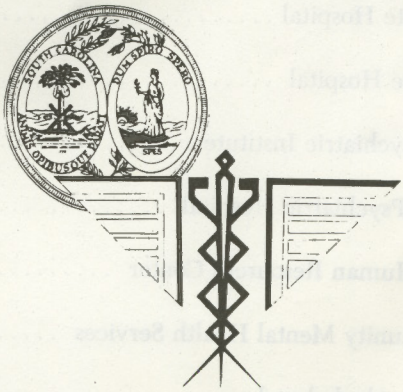
Printed Under the Direction of the
State Budget and Control Board

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT 1982-83



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S. C. MENTAL HEALTH COMMISSION

C. M. TUCKER, JR., *Chairman*
Pageland

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Walterboro

ELAINE T. FREEMAN
Spartanburg

E. A. HALL, JR.
Columbia

CAROL W. GARVIN
Aiken

C. ALEX HARVIN, JR.
Summerton

WILLIE G. BOULWARE
Rock Hill

JOHN M. FEWELL, M.D.
Commissioner Emeritus
Greenville

G. WERBER BRYAN
Commissioner Emeritus
Sumter

SCDMH EXECUTIVE STAFF

State Commissioner ..... William S. Hall, M.D.

Assistant State Commissioner ..... Racine D. Brown, Ph.D.

General Counsel ..... R. Ken King

Deputy Commissioner ..... Grady B. Wingard
Administrative Services

Deputy Commissioner ..... O. Norman Evans, M.D.
Community Mental Health Services

Deputy Commissioner ..... Alexander G. Donald, M.D.
Education and Research

Deputy Commissioner ..... Racine D. Brown, Ph.D.
Div. of Planning and Programs

Superintendent ..... Karl V. Doskocil, M.D.
South Carolina State Hospital

Administrator ..... Larry D. Leslie
South Carolina State Hospital

Superintendent ..... Rufus E. Medlin, M.D.
Crafts-Farrow State Hospital

Administrator ..... Claude C. Connelley
Crafts-Farrow State Hospital

Director ..... Alexander G. Donald, M.D.
William S. Hall Psychiatric Institute

Assoc. Dir. for Administration ..... Leland M. Stone
William S. Hall Psychiatric Institute

Director ..... Charles N. Still, M.D.
C. M. Tucker Jr. Human Resources Center

Administrator ..... Charles T. Gatch
C. M. Tucker Jr. Human Resoruces Center

Director ..... C. Edgar Spencer
Morris Village

Administrator ..... Wayne Howell
Morris Village

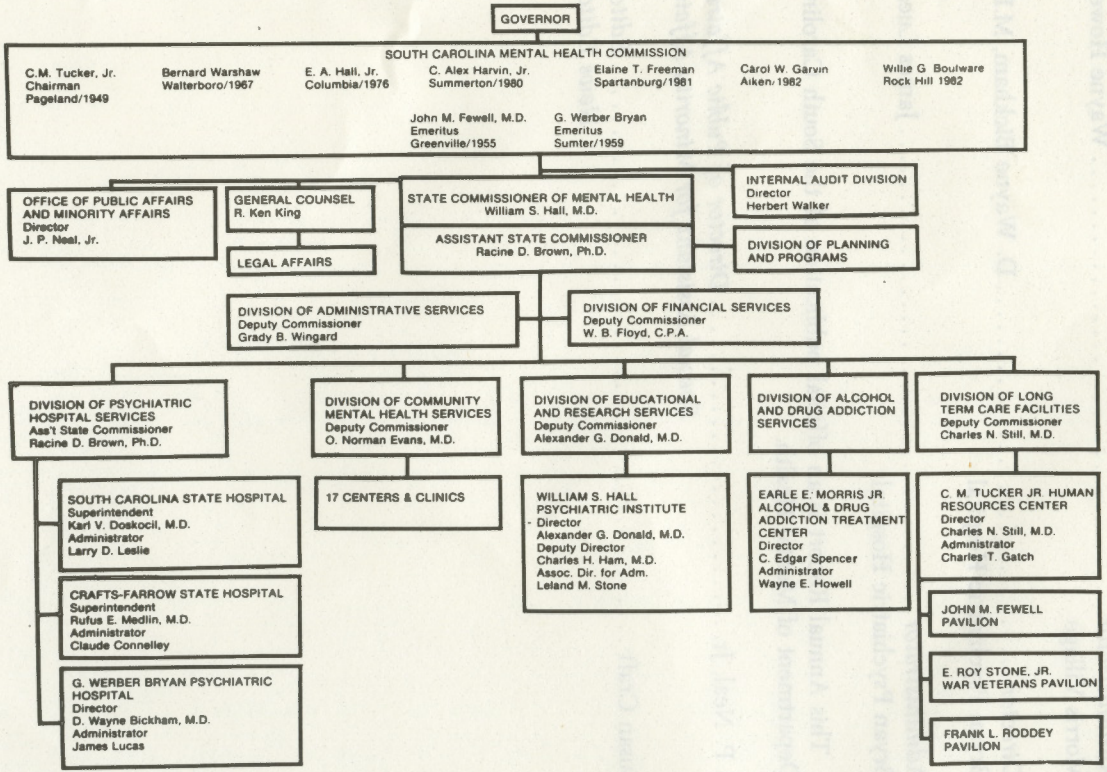
Director ..... D. Wayne Bickham, M.D.
Bryan Psychiatric Hospital

Administrator ..... James Lucas
Bryan Psychiatric Hospital

This Annual Report is an official publication of the South Carolina Department of Mental Health.

J. P. Neal, Jr. ..... *Director of Public Affairs/*
Special Assistant for Minority Affairs

Susan Craft ..... *Editor*
News Editor


GOVERNOR
SOUTH CAROLINA MENTAL HEALTH COMMISSION
C.M. Tucker, Jr. Chairman Pageland/1949
Bernard Warshaw Walterboro/1967
E. A. Hall, Jr. Columbia/1976
C. Alex Harvin, Jr. Summerton/1980
Elaine T. Freeman Spartanburg/1981
Carol W. Garvin Aiken/1982
Willie G. Boulware Rock Hill 1982
John M. Fewell, M.D. Emeritus Greenville/1955
G. Werber Bryan Emeritus Sumter/1959
OFFICE OF PUBLIC AFFAIRS AND MINORITY AFFAIRS Director J. P. Neal, Jr.
GENERAL COUNSEL R. Ken King
LEGAL AFFAIRS
STATE COMMISSIONER OF MENTAL HEALTH William S. Hall, M.D.
ASSISTANT STATE COMMISSIONER Racine D. Brown, Ph.D.
INTERNAL AUDIT DIVISION Director Herbert Walker
DIVISION OF PLANNING AND PROGRAMS
DIVISION OF ADMINISTRATIVE SERVICES Deputy Commissioner Grady B. Wingard
DIVISION OF FINANCIAL SERVICES Deputy Commissioner W. B. Floyd, C.P.A.
DIVISION OF PSYCHIATRIC HOSPITAL SERVICES Ass't State Commissioner Racine D. Brown, Ph.D.
SOUTH CAROLINA STATE HOSPITAL Superintendent Karl V. Doskocil, M.D. Administrator Larry D. Leslie
CRAFTS-FARROW STATE HOSPITAL Superintendent Rufus E. Medlin, M.D. Administrator Claude Connelley
G. WERBER BRYAN PSYCHIATRIC HOSPITAL Director D. Wayne Bickham, M.D. Administrator James Lucas
DIVISION OF COMMUNITY MENTAL HEALTH SERVICES Deputy Commissioner O. Norman Evans, M.D.
17 CENTERS & CLINICS
DIVISION OF EDUCATIONAL AND RESEARCH SERVICES Deputy Commissioner Alexander G. Donald, M.D.
WILLIAM S. HALL PSYCHIATRIC INSTITUTE Director Alexander G. Donald, M.D. Deputy Director Charles H. Ham, M.D. Assoc. Dir. for Adm. Leland M. Stone
DIVISION OF ALCOHOL AND DRUG ADDICTION SERVICES
EARLE E. MORRIS JR. ALCOHOL & DRUG ADDICTION TREATMENT CENTER Director C. Edgar Spencer Administrator Wayne E. Howell
DIVISION OF LONG TERM CARE FACILITIES Deputy Commissioner Charles N. Still, M.D.
C. M. TUCKER JR. HUMAN RESOURCES CENTER Director Charles N. Still, M.D. Administrator Charles T. Gatch
JOHN M. FEWELL PAVILION
E. ROY STONE, JR. WAR VETERANS PAVILION
FRANK L. RODDEY PAVILION

OFFICE OF THE STATE COMMISSIONER

Office of General Counsel
Office of Public Affairs

OFFICE OF THE STATE COMMISSIONER

Fiscal Year 1982-83 was one of dramatic organizational changes and, despite severe budget cutbacks, one which saw the realization of several key goals of the Department of Mental Health. These included:

1. The formal groundbreaking of the Patrick B. Harris Psychiatric Hospital in Anderson on September 8, 1982 — a 206-bed facility scheduled for completion by the summer of 1984.
2. The dedication ceremony and opening on February 1, 1983, of the Frank L. Roddey Pavilion at the C. M. Tucker Human Resources Center which admitted 220 patients, who transferred from Crafts-Farrow State Hospital and who were diagnosed as needing long term intermediate and skilled nursing care. In the near future 88 additional patients will be cared for in that facility.
3. The consolidation of engineering services within the Department's individual facilities under one Director, Milford C. Hunter, to insure a more effective use of available engineering resources.
4. The consolidation of security forces within the Department's individual facilities headed by Chief Frederick L. Sons and under the name of Public Safety Services which will be supervised by the South Carolina Law Enforcement Division.
5. The development and implementation of a comprehensive training program to assure that each community mental health center has a staff person well-trained in working with the elderly.
6. The granting of full three-year accreditation to the G. Werber Bryan Psychiatric Hospital on its first JCAH survey.
7. The granting of full two-year accreditation to Crafts-Farrow State Hospital and to South Carolina State Hospital based upon a list of contingencies and an interim survey.

On-going efforts to accomplish other major goals and objectives, summarized in the Department's 5-Year Plan adopted last year, include:

1. The naming of O. Norman Evans, M.D., former Director of Bryan Hospital, as Deputy Commissioner of Community Mental Health Services to play a major role in designing the Department's plan to consolidate the Division of Community Mental Health Services and the Division of Psychiatric Hospitals into an integrated system.
2. The continued efforts to focus attention upon services for youth with emphasis upon providing preventive services to children of psychiatrically disabled parents and upon providing community based residential group treatment homes for 210 seriously emotionally

handicapped children/adolescents by FY 1987.

3. Efforts to reduce the number of long term patients in the psychiatric hospitals by 400 by FY 1984.
4. Efforts to reduce the monthly emergency admissions to state psychiatric hospitals by 20% by the end of FY 1984.
5. The development of a comprehensive Community Support Program to maximize the shift of locus of care from institutionally based services to community based services — a major step towards the Department's emphasis upon deinstitutionalization. Also the planning and development of the Emergency Stabilization Program with the purpose of finding alternatives in the community for treating patients in a psychiatric crisis — as an alternative to state hospitalization. Both of these programs were scheduled for implementation on July 1, 1983.

I must make note of the fact that the above endeavors were undertaken during a particularly stressful time for the Department as it underwent comprehensive audit by the Legislative Audit Council, and I commend our employees for their outstanding cooperation and the professional manner in which they handled the Council's requests for information while maintaining a continuity of services. The Legislative Audit Council plans to present its report sometime this fall.

The accomplishments and on-going projects which I have outlined in this report represent only a small portion of the hard work and dedication of our staff who, even in the face of budget and personnel cutbacks, have risen to the challenge and have increased their efforts to provide quality care for the patients in our facilities.

OFFICE OF GENERAL COUNSEL

During the last year the Office of General Counsel provided legal advice to all levels of Departmental administration, represented the agency in various negotiations and in administrative, judicial as well as quasi-judicial proceedings throughout the State.

Principally, office functions included the enforcement of statutory claims and liens, monitoring the progress of legislation, employee/employer relations and grievances, review of contracts and assisting in the representation of the Department in various legal actions.

Activities in the Patient Rights area were focused primarily upon review of numerous patient right issues originating from various sources, the informal monitoring of patient rights procedures and practices, training and keeping intact the established Patient Rights Review Procedures including active Patient Rights Specialists in all facilities as well as Review Committees.

OFFICE OF PUBLIC AFFAIRS

A new Director of Public Affairs, James P. Neal, Jr., was hired in August, 1982, and given the added responsibility of Special Assistant to the Commissioner on Minority Affairs. This added greatly to the capabilities of the office which is now comprised of the Director and a News Editor. Also during the year the services of two volunteers were enlisted — one assisted greatly with the clerical duties and brought the newspaper clippings files up-to-date and the other assisted the Director with legislative concerns. In addition to these volunteers the office was fortunate enough to sponsor an internship program for a USC senior majoring in Media Arts. He assisted with the design and graphic arts for several brochures, posters and other printed materials.

The following constitutes the responsibilities, assignments and projects of the Director of Public Affairs/Special Assistant to the Commissioner for Minority Affairs:

1. Leadership participation and consultation to the successful efforts of the agency's Cross Cultural Council and the annual conference.
2. Leadership participation in formal supervisory training exercises in Promoting Equal Opportunity. Developed policy and strategies on SCDMH Affirmative Action Plan for management.
3. Revitalized and structured the departmental Human Relations Council in order to carry out the Commissioner's mandate to manage positive interpersonal relationships and communications flow among patients and staff at all levels in SCDMH.
4. Made the arrangements and supervised the detailed executions for the formal dedicatory ceremonies of the Roddey Pavilion at the C. M. Tucker Human Resources Center, Governor Richard W. Riley speaker.
5. Established accountable measures to increase management's awareness and sensitivity to minority issues and concerns.
6. Involvement in the direct counseling and conflict resolution procedures around minority employees dissatisfaction. Worked in close concert with Personnel Director and the Personnel staff.
7. Active involvement with the agency's personnel management operations to enhance employee recruiting, applicant referrals, and successful job placement of minorities.
8. Visited and interviewed key personnel through the Department in order to build a better image and appreciation for the Office of Public Affairs and to increase the Director's orientation and general knowledge of the SCDMH.
9. Established positive relationships with the South Carolina General

Assembly through regular visits and direct correspondences with legislators in behalf of SCDMH.

10. Extensive involvement in community education in behalf of mental health through medial, public speaking, personal contacts, consultancy and broad based exposures. Worked in close harmony with advocacy groups and support organizations such as the S. C. Mental Health Association and The United Fund.
11. Interfaced with personnel and functions of the agency to bring about a better coordination of public relations, community education, and legislative affairs.
12. Represented the State Commissioner and the Assistant State Commissioner at conferences and meetings.

The following projects and assignments were completed by the Office of Public Affairs:

1. Published the SCDMH monthly newsletter, the REPORT. This included research for stories, composing articles, editing articles submitted, taking photographs, and layout and design, as well as coordination with the typesetters and the Print Shop. Due to budgetary cutbacks the REPORT was discontinued in January, 1983, and was replaced with a quarterly publication, IMAGES, which has a magazine layout.
2. Wrote and disseminated news releases to the statewide media.
3. Coordinated Zoo Day for the Handicapped for the sponsors, Mrs. Nancy and Senator Strom Thurmond. This included design and layout of fliers and mailing of these fliers to participating agencies and interested persons.
4. Design, graphics and layout of the following:
   a. FARE — Friends and Relatives of the Elderly, Columbia Area MHC, pamphlet
   b. Columbia Medical Society dinner program
   c. Outstanding Employee Certificates
   d. Patrick B. Harris Psychiatric Hospital groundbreaking flier
   e. Piedmont Treatment Home brochure revision
   f. Fifth Annual Cross Cultural Mental Health Conference CALL FOR PAPERS!
   g. Hats Off to Volunteers poster, National Volunteer Week
   h. Crafts-Farrow State Hospital, First Annual Geriatric Forum program
   i. Positive People posters
   j. Outstanding Employee Selection posters
   k. Films on Aging catalog cover for CMHS Film and Book Library

l. Returning to the Community workshop pamphlet, Lexington MHC
m. 1983 FACT SHEET
n. Psychiatric Nursing, An Interpersonal Process, recruiting brochures for SCDMH Personnel
o. Masthead design for the Community Support Program newsletter
p. Volunteer Services brochure design
q. Roddey Pavilion dedication program

5. Assumed the responsibility of publishing the SCDMH Weekly Bulletin; coordinated with personnel from each facility/division to set up a network for receiving information and typing it in proper form.
6. Handled requests by various civic, church and educational groups for speakers
7. Handled requests for SCDMH information, brochures, pamphlets, and statistics
8. Coordinated, set-up and manned exhibits for Dreher High School Health Career Day and the 1982 Council on Child Abuse and Neglect
9. Drafted Resolutions for use by the S. C. Mental Health Commission
10. Handled media coverage for SCDMH special events
11. Kept photograph, negative, slide and employee biographical data files
12. Kept extensive files on publications, letters, materials, laws, information of historical interest, and special events pertaining to the SCDMH
13. Chaired the SCDMH Outstanding Employee Selection Committee for 1983
14. Chaired the SCDMH committee for the S. C. State Documents Depository Act
15. Compiled, edited and prepared for publication the SCDMH Annual Report 1981-82

DIVISION OF INTERNAL AUDIT

The SCDMH continued to show its support for the internal audit function by establishing a new position, Director of Agency Internal Audit. This new position was filled by a certified public accountant (CPA) in September of 1982.

Annual audits were provided to the seventeen Community Mental Health Centers and to the six inpatient hospitals as needed. Additional

audit services were provided to the Central Warehouse, the Payroll Department, the Division of Financial Services, and the pharmacies at the SCSH and the CFSH.

Effective January 4, 1983, the Division of Internal Audit issued the following Charter and Policy Statement:

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

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

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

The missions of the internal audit division are as follows:

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

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

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

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

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

6. Appraise the economy and efficiency with which resources are

employed, identify opportunities to improve operating performance, and recommend solutions to problems where appropriate.

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

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

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

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

11. Report to the Audit Committee on whether:

Appropriate action has been taken on significant audit findings.

Audit activities have been directed toward highest exposures to risk and toward increasing efficiency, economy, and effectiveness of operations.

Internal and external audits are coordinated so as to avoid duplications.

Internal audit plans are adequate.

There is any unwarranted restriction on the staffing and authority of the internal audit division or an access by internal auditors to all agency activities, records, property, and personnel.

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

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

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

ASSISTANT STATE COMMISSIONER OF MENTAL HEALTH

Division of Plans and Programs Services

Office of Mental Health Services for the Aging

Budget Development
Community Support Program
Emergency Stabilization Program
Office of Primary Prevention
Office of State Plans and Grants Development
Statistics and Research
Office of Volunteer Services
Office of Youth Services

ASSISTANT STATE COMMISSIONER OF MENTAL HEALTH

The Assistant State Commissioner, under the general supervision of the Commissioner, plans and directs the service program and administrative activities of the Department of Mental Health. Professional duties require the analysis of broad problems and the planning of inter-related service program activities.

The Assistant State Commissioner has direct supervision of the following:

Division of Psychiatric Hospital Services
Deputy Commissioner of Administrative Services
Deputy Commissioner of Community Mental Health Services
Deputy Commissioner of Financial Services
Deputy Commissioner of Educational and Research Services
Deputy Commissioner of Long Term Care Facilities
Deputy Commissioner of Alcohol & Drug Addiction Services
Division of Plans and Programs Services

Through this Office, the Department continues to implement the goals and objectives of the 5-Year Plan, and to utilize the expertise of the State Plan Advisory Council for state-wide input into the planning and implementation.

In conjunction with the State Commissioner of Mental Health, many major changes have been effected during this time. They are spelled out in detail in the Commissioner's Report and the reports from the facilities of the Department.

DIVISION OF PLANS AND PROGRAMS SERVICES

Office Of Mental Health Services For The Aging

Last year the parapetetic training course in gerontology taken to each CMHC revealed the need for statewide conformity in the standards of care for the mentally unwell elderly. Addressing this task began by

identifying (1) comprehensive mental health components of services specific to the ill elderly living in the community and (2) the assessment tools.

To institute comprehensive geriatric services, these procedures occurred:

I. A Committee For State Standards was created to review current assessment tools, to develop new tools (i.e. dietary questionnaire), and to refine those instruments currently in use. Participants on the committee represented disciplines in psychiatry, social work, nursing, psychology, and nutrition.

II. Included in the State Five Year Plan FY 1983-87 was, "To have a staff person well trained for work with the elderly within each community mental health center by the end of FY 1984. The goal to be accomplished through management emphasis coupled with extensive training provided by the Department."

III. With the directive in the State Plan, the comprehensive geriatric services and use of assessment tools became the basis for training. Developing a 42 hour training course was a joint effort between this Department and the WSHPI. Primary contributors were: Dr. John Emerick, Director of the Adult Psychiatry Outpatient Clinic at WSHPI; B. J. Thomas, R.N., Director of Nursing at Crafts Farrow State Hospital and Dimitra George, MA, Quality Assurance, SCDMH. Course presenters were invited from within the Department and from six community agencies. Their enthusiastic cooperation and assistance enhanced the course and their participation is gratefully acknowledged.

The practicum for each of the twenty students was the implementation of a component of the geriatric services not now in place; each project, also interfaced with the Community Support Program. On completion of their projects, students will be identified as Geriatric Specialist. The graduating Geriatric Specialists will become an on-going state group with active input into designing continuing training needs, community resource development, and in advising this Office on directions concerning the aging unwell population.

HOSPITAL: Implementing a "therapeutic treatment modality" for selected Crafts Farrow residents will begin the Fall of '83. Dr. Spencer Ackerman, Director of Staff Development at Crafts Farrow, and this Office, will provide the training to ward staff in this research demonstration.

Goodman Correctional Institution "volunteers" are continuing their

second successful year at Crafts Farrow. Positive evaluation by staff from both institutions warrant expanding the number of "volunteers" into additional wards and this is in review.

Budget Development

Fiscal Year 1983 was a year of reorganization for the agency's Budget Section. Responsibility for current year financial monitoring was reassigned to the Division of Financial Services, allowing Budget Development to assume a more active role in the agency's overall financial planning as well as coordination of all Legislative Budgeting activities.

Budget reductions during FY 83 mandated by the Budget and Control Board resulted in the loss of State Appropriations of $256,344 in July, 1982, and $2,154,651 in September, 1982. While all programs suffered serious setbacks, implementation of these reductions necessitated the closing of three 12-bed lodges at Morris Village. Partial restoration of the funds lost at Morris Village however will enable the agency to reopen one of the three units in FY 84. Additional funds to return this program to full operation will be a priority in the FY 85 Budget Request.

Community Support Program

The Department of Mental Health established an Office of Community Support Programs in November to plan for the 1983-1984 State Plan Goal to discharge 400 long-term chronic mentally ill patients from the central facilities into community based programs. Major planning efforts focused on the following:

1. The screening of approximately 1,000 patients at South Carolina State Hospital and Crafts-Farrow State Hospital in order to select potential candidates for Community Support Programs.

2. The targeting of 531 patients for in depth evaluation and rehabilitation interventions in order that at least 400 of them could be discharged to and function in the community.

3. Developing Mental Health Center plans for Community Support Programs that addressed the provision of case management, psychosocial rehabilitation, residential, vocational, health and mental health, transportation, social/recreational, and other services needed by patients with a long-term chronic mental illness.

4. The development of a mechanism to transfer $20 per patient per day from the institutional budgets to the centers which receive the selected patients and provide additional required services.

5. In conjunction with the Governor's Office, the development of an interagency task force to study services needed by this patient group and to look at ways to make services more accessible to chronic mentally ill patients.

6. The establishment of policies and procedures that enhance continuity of care and support the concept of the Department providing a single continuum of care among hospital and community programs.

Implementation of the Community Support Programs begins July 1, 1983.

Emergency Stabilization Program

Under the auspices of the Community Support Program Office, the Department began planning for a second major program. The goal of the Emergency Stabilization Program is to reduce emergency admissions to the central psychiatric hospitals by 20 percent in the 1983-1984 fiscal year. Major planning efforts focused on mental health centers and clinics assessing the factors that led to emergency commitments and planning programs to counter these.

Mental health center plans call for a variety of strategies to reduce emergency admissions. These include expanding the hours of operation of day treatment programs including evenings and weekends, outreach to high-risk patients, expansion of emergency services including local inpatient care, transportation to center programs, increased medical/psychiatric treatment services to patients in crisis, and closer liaison with probate courts.

Funding for the program is from the patient fee account. Centers will be required to earn their funding support by accomplishing actual reduction in the number of emergency admissions.

Office of Primary Prevention

Austerity during the past year has not allowed the expansion of prevention programs and has apparently caused prevention services to be diminished overall. For example, staff members who were previously involved in providing family planning services have not been able to reinstitute the family planning program because of increased direct service responsibilities. An appropriation is being requested which would expand to additional areas of the State prevention services to minor children of the chronically mentally ill.

The Department has obtained a computerized Health Risk Appraisal through a cooperative agreement with the Center for Disease Control and is making it available to employees and mental health center programs for prevention and employee assistance in industry. By the end of the year, the Health Risk Appraisal should be widely available to Departmental facilities.

Several Departmental staff members are participating with the South Carolin Primary Prevention Council to develop a health and human services prevention plan for the State of South Carolina which will include

plans for prevention in the area of mental health. It is intended that this plan will help the State to accelerate efforts to prevent health and social disabilities.

Office of State Plans and Grants Development

During 1982-83 the Planning Section continued with the responsibility of developing and/or revising Memoranda of Agreements (MOA's) with other agencies, both State and Federal. The C.O.N. program has three applications which are in the final stage of completion.

The following programs are currently in process: Outpatient Community Mental Health Services Quality Assurance Standards, Medicaid Contract for Clinic Services Option program which has recently been revised to include both core and optional services and the reimbursement rate is not commensurate with the private sector rates; negotiations are still in the process with the Department of HUD for housing for the chronically mentally ill.

During the year the Planning Section has made progress in becoming more involved in Congressional action, especially as it relates to Mental Health programs and the termination of psychiatrically disabled individuals from the SSDI/SSI roles.

The Grants Review Board received and reviewed sixty-seven (67) Grants or Research Projects.

Statistics and Research

The section operates and maintains the Hospital Patient Statistical System and the CMHS Client/Staff Information System. From these two systems the section produces routine monthly, quarterly, and yearly reports for various users in and outside the Department. The section processed 142 special hospital data requests and 160 special CMHS data requests within the past year. These requests required 279 man-hours to complete. The section processes and analyzes annual client satisfaction surveys for CMHS. The section assists the CMHS Quality Assurance section in monitoring its standards for centers and clinics. The section has consulted with the Risk Management Project and that involvement will increase during the coming year. The section's involvement with program evaluation for CMHS has increased during the past year.

Office of Volunteer Services

FY 82-83 was a period of growth for Volunteer Services. The monthly reporting system, implemented in December 1981, has shown that during 1982-83 the South Carolina Department of Mental Health averaged *794* volunteers who contributed a total of *39,844.25* hours. At the $6.50 per hour wage recommended by VOLUNTEER (National Center for Citizen

Involvement), the Department of Mental Health's volunteer hours are valued at *$258,987.62*.

In September, the South Carolina Department of Mental Health and the Mental Health Association co-sponsored a workshop for volunteers and staff, "Volunteers Make a Difference." The two day program focused on the utilization of volunteers in building community support programs to meet the needs of the mentally ill, and spotlighted several successful projects.

This office continued to work with the Governor's Council on Voluntarism to promote the use of volunteers in state agencies and with the Governor's Task Force on Critical Human Needs. A manual, produced by the council outlining guidelines and standards for voluntarism in state government, will be published in late 1983.

To publicize volunteer opportunities, a slide presentation was prepared and is now available to community groups to show where and how volunteers are utilized. Soon a brochure will be available to accompany the slides.

Recognition continues to paly a major role in volunteer programming. Each Mental Health Center and Facility provided recognition for volunteers during the year. The South Carolina Department of Mental Health selected it's first Outstanding Volunteer, Mrs. Betty F. Stinton, who was honored at a luncheon hosted by Governor Riley at the Lace House in April.

Office of Youth Services

Youth age 0-17 are served by this Department in over 50 community mental health offices and in four State residential facilities: Morris Village Alcohol and Drug Addiction Treatment Center (substance abuse), South Carolina State Hospital (age 6-17 with Emergency, Voluntary, and Court Commitments), Bryan Psychiatric Hospital (acute care for age 16+), and William S. Hall Psychiatric Institute (training and research mandate; outpatient services for age 0-17, small inpatient unit for age 13-17). Departmental program coordination is provided by this Office.

The Department is fortunate to be able to provide broad community and program input into Department Children and youth advocacy, issue resolution, planning, and training by the Department's Children and Youth Council. Leadership for all Department C&Y community program and planning services are members of this Council.

The Department collaborates in significant interagency and Staff enterprises: e.g. with S. C. Department of Social Services in the Therapeutic Foster Care Program; licensing of C&Y private mental health treatment facilities; in a S. C Department of Mental Retardation MOA for mentally retarded/mentally ill youth in community and institutional

incentives; with S. C. Department of Youth Services re the mentally ill youth in SCDYS; Governor's Coordinating Children's Cabinet Incentive for Severely Emotionally Ill Children; Governor's Child Development and Early Education Council has created many new resources for this age group; Governon's Children's Case Resolution Committee (resolution of unserved/underserved children); etc.

Emerging incentives of interest include: "SCDMH C&Y Admissions Policy and Procedures" (a first); a new, Fall 1983 "SCDMH C&Y Directory of Services"; implementation of C&Y policy recommendations by the Governor's Children's Cabinet (i.e. executive leadership for C&Y SCDMH services; identification of all C&Y line budget items and fiscal accountability; professional C&Y defined unit in each community mental health center); implementation of Department's role in the new State legislation establishing a "Continuum of Care Policy Council" to design and direct a "Continuum of Care Program for Severely Emotionally Disturbed Children" (Midlands); planning for the C&Y unit at the new Harris Psychiatric Hospital (Anderson County, serving Piedmont region; serving the State as region for multiply handicapped in a 30 bed acute care program for age 6-17); integration of the William S. Hall Psychiatric Institute's Diagnostic Nursery Program with the University of South Carolina preschool program; national participation, e.g. selection of South Carolina as one of five states with state programs for serving severly emotionally disturbed children sponsored by NIMH; implementation of the Department's first priority to establish 210 beds by 1987 in community treatment homes associated with local community mental health centers (demonstration: Simpsonville, Greenville County); expansion of the Autistic Children's program with residential and vocational rehabilitation services, etc.

For further information contact: M. R. Newton, SCDMH OYS, 758-8780.

DIVISION OF ADMINISTRATIVE SERVICES

- Forms Control
- Licensing Section
- Personnel
  - Introduction
  - Employment Activities
  - Classification-Compensation Section
  - Personnel Services and Records Activities
  - Employee Relations
- Physical Plant Services
- Print Shop

Records Management
Departmental Service Operations (Supply and Service)
Staff Development Program

Forms Control

The Forms Control section manages in excess of 1700 numbered forms for use in the Department of Mental Health and the Community Mental Health clinic and centers.

Forms needs, generation, revisions, etc., are implemented through this office. Typesetting and copy preparation for publications are also handled by the Forms Control section.

In addition, the Forms Control office manages the Departments telecommunication system. The implementation of any and all changes to the system, verification of monthly charges, maintaining listings of personnel and components for the publication of a departmental directory, submissions for the Centrex directory and local directory are responsibilities of this office.

Licensing Section

During this reporting period a steady growth has been apparent. The Licensing staff has licensed 44 new facilities this year, taking the increase from 138 facilities to 182 with a complement of some 1795 beds. The breakdown consists of the following:

14	Veterans' Homes	(126 beds)
8	Children's Homes	(252 beds)
74	Alcohol & Drug Facilities	(451 beds)
3	Private Psychiatric Hospitals	(226 beds)
83	Community Care Homes	(740 beds)
182	TOTALS	(1795 beds)

There are now 33 potential new facility applications in the file. These are in the licensing process now and most of them have been visited by our staff for an initial inspection.

Deinstitutionalization efforts throughout the central institution system have been honed more sharpely within the last year and the CSP Program is finalizing plans for release of some 400 plus patients for the fiscal year 1983-84. This brings the necessity for additional Community Care Homes to a critical all time high.

Since most of the thirty-one new Community Care Homes established this year have few if any vacant beds, it is estimated that between 40 and 50 new homes must be established within this fiscal year to accommodate the earmarked residents. The reason few beds are available presently is

because deinstitutionalization efforts in fiscal year 1982-83 did not slow down, but in actuality did pick up speed. This, however, has not affected the earmarked 400 patients designated for release during the next 12-month period.

Other reasons for the growth seen this past year are: The continued licensing of children's homes; an influx of private psychiatric hospitals; the 51% rule for DSS licensed boarding homes (the rule states that any DSS home with 51% mental health clients at the time of relicensure must be licensed by the SCDMH); also, a new influence seen this year is that of a general hospital establishing alcohol and drug inpatient facilities outside of the general hospital setting. Continued work is being done on establishing different "Levels of Care" in community care home facilities.

A standardized Memorandum of Agreement (MOA) was established this year between Home Operators and the Community Mental Health Centers. This new MOA will do a great deal more than the previous MOA in establishing good working relationships between the Home Operators and Mental Health Centers.

The Licensing Staff has been in the process of rewriting the Community Care Home Regulations since August 1982. The present draft is being reviewed by the departmental staff and will soon be reviewed by other agencies closely affected by the final regulations in order to receive appropriate comments. It is expected that the final draft will be submitted to the SCDMH Mental Health Commission in the next few months to allow appropriate time for legislative action in the 1983-84 fiscal year.

A Specialty Alcoholism and Drug Dependency Hospital is now a new category in the Rules, Regulations and Standards for Chemical Abuse Treatment Centers. The Department amended the regulations early in the year and was signed into law by the Governor on June 24, 1983. Mandated services for the Specialty Hospital are: Inpatient Services; Intermediate Services; Detoxification Services. Optional services are: Outpatient; Halfway House; and a Methadone Program.

It is felt at the time of this writing that our minimal standards for licensing of Psychiatric Hospitals will be approved within the last few weeks of the legislative year. However, they have been submitted and we are presently in the waiting period.

Personnel

Introduction

The Departmental Personnel Office is charged with the responsibility of coordinating and administering the Personnel function for the entire Department of Mental Health. All federal and state regulations are reviewed on a regular basis to ensure departmental compliance. Departmental policies and procedures are developed and revised in accordance

with new regulations.

Fiscal year 1982-83 produced a drastic change in the performance appraisal process with the conversion to the Employee Performance Management System (EPMS). Within the EPMS employees are rated strictly on job related criterion. This system is more time consuming, but is superior to our old system and should lead to greater understanding and communication between employees and supervisors.

During the year the departmental Personnel Office participated in a pilot project conducted by the State Personnel Division. The purpose of this project was to study delegated authority given to selected agencies to make their own classification decisions on a limited number of classes. Delegated authority will be increased in the future through a gradual phase in process.

The departmental Personnel Office is divided into the following operational areas:

Employment
Classification and Compensation
Benefits and Services
Employee Relations

The following reports provide summarized information on the activities in each of these operational areas.

Employment Activities

During the fiscal year 1982-83, Personnel Employment Operations actively participated in recruiting and hiring qualified individuals for the Department. Personnel Employment Operations' efforts in the Nurse recruiting area included ten trips to different schools of Nursing in S. C. and Georgia. During the fiscal year 1982-83 a total of 185 R.N.'s and L.P.N.'s were employed by the Department, an increase of 11% over last year. Also the Department was represented at the S. C. Student Nurses Association Annual Meeting in Myrtle Beach and the Georgia Association of Student Nurses Annual Convention in Savannah.

Personnel Employment Operations conducted a total of 7,507 interviews resulting in the employment of 832 people, an increase of 62% over last year. In addition, 214 certificates of eligibles were requested from the Interagency Merit System for Community Mental Health Services.

The Job Line Service, an automatic telephone answering system with a recorded announcement of all job vacancies available 24 hours per day, seven days a week, answered 20,493 calls representing a 28% increase in usage. The system of posting the vacancy list in the facilities and in the weekly bulletins was continued. This along with the Job Line has allowed

many employees the opportunity to apply for higher level positions and thus obtain upward mobility and career advancement. Personnel Employment Operations also coordinated an extensive advertising campaign for R.N.'s and L.P.N.'s, consisting of weekly advertisements in the local papers and national advertisements for specialty positions.

	Initial	*Follow-Up & Referrals*	*Processing*	*Total*
July	510	266	58	834
August	614	294	60	968
September	483	227	56	766
October	300	198	38	536
November	368	219	54	641
December	399	196	55	650
January	455	211	60	726
February	321	131	29	481
March	133	69	13	215
April	375	264	122	761
May	224	91	15	330
June	420	142	37	599
TOTAL	4,602	2,306	597	7,507

Classification-Compensation Section

During fiscal year 1982-83 eleven different studies were conducted by the Personnel Office in conjunction with the Operations Unit of the State Personnel Division. Those studies involved 163 employees resulting in 144 classification changes.

The state merit increase program was continued. During fiscal year 1982-83 employees eligible for merit increases were given a two percent increase for satisfactory or above performance. (See chart)

The state longevity program was also continued. Classified employees who were at the maximum of their paygrade and had not received a salary increase for the past twenty-four months, other than base pay (general) increases, were eligible for a five percent longevity increase. (See chart)

Personnel actions involving approximately 1800 employees were prepared on departmental employees. Those actions included reclassifications, promotions, transfers, etc.

Twenty-two classifications at Morris Village competed in a reduction-in-force involving twenty-five employees. Fourteen of those employees were terminated, five "bumped" into other positions, four transferred to other facilities and two terminated prior to the effective date of the reduction-in-force.

MERIT INCREASE ANNUAL REPORT

Facility	*Satisfactory*	*Superior*	*Outstanding*	*Total Number of Increases Per Facility*
DOAS	9	80	55	144
SCSH	226	681	252	1,159
CFSH	602	495	89	1,186
CMTHRC	52	117	66	235
MV	18	45	85	148
WSHPI	23	77	46	146
BPH	73	188	93	354
CMHS	83	284	242	609
TOTAL	1,086	1,967	928	3,981

LONGEVITY INCREASE ANNUAL REPORT

Facility	*Total Number of Increases Per Facility*
DOAS	23
SCSH	126
CFSH	134
CMTHRC	15
MV	11
WSHPI	23
BPH	15
CMHS	36
TOTAL	383

Personnel Services And Records Activities

In February of 1983, service emblems were awarded to those employees who had reached the 10 or 20 year service milestone during the 1982 calendar year.

In the Division of Administrative Services, Division of Planning and Programs, and Division of Financial Services 21 ten-year emblems and 3 twenty-year emblems were awarded for 1982.

A total of 950 employees terminated from employment during the fiscal year 1982-83. The annual rate of turnover based on an average of 5,079 employees was 18.70%. This represents a .25% increase in turnover. The re-employment status, based on the reasons for separation from employment during fiscal year 1982-83 is shown in Chart I.

CHART I

Reasons for Separation from Employment during Fiscal Year 1982-83 (6-18-82 to 6-16-83)

A. WOULD REHIRE EMPLOYEE

01. Maternity	12
02. Returned to school	34
03. Lay off of surplus employees	01
04. Better pay, non-state	39
05. Better opportunity, non-state	73
06. Better working condition, non-state	08
07. Going into business for self	09
11. Different job with state, different agency	28
12. Job eliminated and/or reduction in force	17
13. Moved out of job area	100
14. Military service	08
15. Termination of temporary contract	102
16. Other (explanation in remarks)	51
49. Personal, did not take another job	59

B. MIGHT NOT REHIRE EMPLOYEE

50. Resigned voluntarily, but mediocre working results	10
51. Ill health	22
52. Difficulty with fellow employees, but resigned voluntarily	01
53. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	28
54. Difficulty with supervisor	00
55. Misconduct	01
56. Violation of rules	02
57. Refused transfer	00
58. Discontent with salary	00
59. Discontent with work	05
60. Other (explanation in remarks)	24

C. WOULD NOT REHIRE EMPLOYEE

68. Other (explanation in remarks)	20
69. Abandonment of position	49
70. Unsatisfactory working results, but resigned voluntarily	04
71. Unsatisfactory working results, discharged	10
72. Difficulty with fellow employees, but resigned voluntarily	00
73. Difficulty with fellow employees, discharged	00
74. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	13
75. Excessive absence, tardiness, or discipline problem	33
76. Difficulty with supervisor	00
77. Misconduct	01
78. Violation of rules	54
79. Refused transfer	00

D. OTHER

80. Deceased	08
81. Retired	111
83. Retired for disability	13

Personnel Actions Involving Employee Changes Totaled 1,855 as follows:

1. Promotions	258
2. Reassignments	171
3. Transfers	190
4. Demotions	13
5. Leave Without Pay (Including Maternity LWOP)	235
6. Change in Name	189
7. Change in Hours	30
8. Salary Adjustment	11
9. Extension of Probationary Period	2
10. Reclassification	298
11. Position Status Change	40
12. Reinstatement	4
13. Return from Leave Without Pay (Including Maternity Leave Without Pay)	194
14. Miscellaneous	220
Total	1,855

A total of 4,039 insurance applications were processed during the fiscal year. A breakdown is as follows:

PILOT LIFE GROUP INSURANCE	
New Enrollments	7
Revisions	175
Cancellations	12
TOTAL	194
BLUE CROSS — BLUE SHIELD HOSPITALIZATION	
New Enrollments	879
Revisions	525
Cancellations	991
TOTAL	2,395
OPTIONAL LIFE INSURANCE	
New Enrollments	1,415
Revisions	0
Cancellations	35
TOTAL	1,450

Employee Relations

The departmental employee Relations Manager held 236 individual

counseling sessions which involved 84 employees. In addition to individual counseling, meetings were held with supervisors and other facility officials.

The departmental Employee Relations Manager held monthly meetings with the Facility Personnel Representatives to discuss new and/or changes to departmental and state policies; fund raising campaigns sanctioned by the Department; mutual employee relations functions and specific individual facility employee relations problem areas. On occasions, representatives from the State Personnel Division and the departmental Personnel Office were invited to these meetings to impart knowledge on current issues within their areas of expertise.

In compliance with the State Employee Grievance Procedure Act of 1982, the departmental Employee Grievance and Appeal Policy and Procedures were revised during the fiscal year. The revised Employee Grievance and Appeal Policy and Procedures provide for only two steps within the procedures, wherein the former procedures provided for three steps. Accordingly, during the fiscal year there were five step one, four step two and three step three grievances held within the Department under the former procedures; and twenty-four step one and fourteen step two grievances held under the revised procedures. There were five agency decisions that were appealed to and heard by the State Employee Grievance Committee, five appeals were not heard but resolved through the mediation process and there was one decision that was appealed to the State Employee Grievance Committee wherein a hearing was denied.

During the fiscal year, employees of the Department filed fourteen complaints with the S. C. Human Affairs Commission and the United States Equal Employment Opportunity Commission. These complaints necessitated the compilation of enourmous amounts of data and generated several meetings with these agencies.

The SCDMH conducted the annual United Way Campaign during the months of September, October and November, 1982. A goal of $31,709.00 was assigned to the Department (14.24% more than the amount contributed last year). A total of $19,147.55 was contributed during the campaign for 60.38% of the assigned goal.

The SCDMH conducted its Annual Good Health Appeal Campaign during the months of March, April and May, 1983. Employees of the Department contributed a total of $2,411.13. This amount is $511.73 less than last year's contributions.

The SCDMH conducted its Human Endeavor Campaign during the months of September, October and November, 1982. Employees of the Department contributed a total of $537.90 in cash contributions. This amount is $302.10 less than last year's contributions.

PHYSICAL PLANT SERVICES

During the fiscal year 1982-1983 preparations were made to consolidate all facets of the Engineering into a centralized component of the SCDMH. This consolidation was effected on June 17, 1983, and is beginning its first year of operation under the revised organizational structure.

Even though the reorganization was a massive undertaking the following was achieved in the interim:

1. Frank L. Roddey Pavilion was offically opened on February 28, 1983 for operation and began receiving patients at this time.

2. Patrick B. Harris Psychiatric Hospital began construction on August 18, 1982 and is preceding on schedule. This project's approximate date of completion shall be achieved not later than August 17, 1984.

3. Farmer Building located at State Park became a facility of the SCDMH on May 24, 1983, and renovation proceedings have begun so it may start receiving IDM patients.

4. Central Energy Facility construction was completed and became operational by the SCDMH on March 17, 1983.

The goal for Physical Plant Services in the fiscal year 1983-1984 is to complete the consolidation effort and to "fine tune" the organizational component to provide the efficient and high quality services necessary to support all areas of the SCDMH.

PRINT SHOP

The Print Shop provides printing and duplicating services for all of the facilities of the department, including all of the Community Mental Health clinics and centers. Printing varies from routine flat forms, minutes, directives, training and educational material to stationery letterheads and envelopes, pamphlets, brochures and booklets.

Production figures for the fiscal year were 7,270,715 impressions printed on offset presses and 1,076,720 impressions duplicated on a xerographic duplicator.

RECORDS MANAGEMENT

Due to the budgetary restraints, cut backs, and equipment failures, the microfilming of records has decreased during the fiscal year. Paper records continue to increase in volume; however, records management has compensated for quality and orderly records keeping and disposition. Computer Out-Put Microfilm is increasing in demand and is the future for records retention. While cost is going up, storage cost of hard copy records is being reduced. Approximately 300 cartridges of microfilm

displaced 300 cubic feet of hard copy records. This has not been the best year production wise in filming but the microfilm section has been productively preparing records and is anxiously awaiting new equipment that will meet the archival quality standards for microfilming as well as departmental production requirements.

DEPARTMENTAL SERVICE OPERATIONS
(SUPPLY AND SERVICE — WAREHOUSE)

These operations encompass the operation of a Central Warehouse for all stock items of the Department of Mental Health and maintenance of the Property System of the Department of Mental Health for buildings, land and major movable property.

Responsibilities include the technical supervision of eleven Facility Supply Points, which includes three Major Pharmacies for supplies and nine Property Control Points for major movable equipment. This Branch also maintains and monitors the property of the Division of Community Mental Health, which encompasses seventeen Mental Health Centers with forty-four Satellite Offices and four Autistic Children's Facilities.

Inventories of all stock points and control points for property were accomplished during the Fiscal Year without any major exceptions.

Major highlights of the Fiscal Year operations are listed below:

Central Warehouse — Receipts of $2,298,706
Meat Products and Frozen Foods — Receipts of $1,126,351
Total Receipts — $3,425,057

Central Warehouse — Issues of $2,252,537
Meat Products and Frozen Foods — Issues of $1,135,982
Total Issues — $3,388,519
Comparison of total issues versus total receipts indicates excellent product turnover and inventory control.

In addition to the above commodities, the DMH has received or has firm committments for receipt from the United States Department of Agriculture through the Food Distribution Division, South Carolina State Department of Education during the Federal Fiscal Year October, 1982 through September 1983 commodities as follows:

Thirty food items totaling 34,515 cases, bags and boxes with a dollar value of $694,457.

Disposal of Salvage Property and Scrap Metal was accomplished with the following results:

a. Beef and hamfat and bones — $2,457
b. Cans, drums, rags, scrap etc. — $7,208
c. Equipment including Vehicles — $3,889

STATE DEVELOPMENT PROGRAM

Staff Development was originally commissioned to offer supervisory/management training to SCDMH employees. Courses have been established and will continue to be offered to all employees of the SCDMH. They include: Basic Elements of Supervisory Training (25 hours); Advanced Supervisory Training (12 hours); Problem Solving Techniques (12 hours); Time Management-A Team Approach (5 hours); Promoting Equal Opportunity (5 hours); How to Write a Position Questionnaire (2 hours); Pre-Retirement-Long Range Planning (12 hours); and Employee Performance Management System Training for Supervisors (6½ hours).

Staff Development has also offered a wide range of training in treatment skills, secretarial skills, etc., to employees whose work performance might be enhanced by the training. During this year Staff Development has changed its thrust. Training in the future will be more focused toward specific objectives, to support programs of top priority for the SCDMH and to help top management to reach target dates set in the State Plan.

This year saw the establishment of new procedure for maintaining an updated mailing list of all EPMS rating officers within the Department. This will enable Staff development to work more closely with all supervisors and their employees on training issues.

Research and planning for the establishment of a long range management development program is now in progress. It is important that programs in this area meet the needs and goals of individuals and the needs and goals of the Department and its subparts. A close linkage is important between the Staff Development Program and those individuals and their programs designed to accomplish the top priorities of the SCDMH as outlined in the five-year plan.

DIVISION OF FINANCIAL SERVICES

Accounting

Fiscal 1983 has been a year of change for the Accounting Section. Beginning July 1, the implementation of the Financial Management System (FMS) Accounting Package was completed with the switch over from the Burroughs ledger posting system. In addition, plans were being

made for the conversion to the State Comptroller General's disbursement system for both vendor payments and payroll. Vendor payments will be made through the Comptroller General beginning July 1, 1983, and the payroll system will begin January 1, 1984.

Budget Control

The Budget Control Section was established in November, 1982. The purpose of the section is to make projections of agency revenues and expenditures; to prepare monthly analyses of these projections; to assure that proper authorization for these expenditures has been approved by the Budget and Control Board if it is not in the Appropriations Act; and to review all major contracts of the agency.

Business Office

The Business Office was formed from the Cashier's Office which was part of Accounting and from the General Services' Section which was part of Purchasing. It was established to provide better accountability (primarily through better separation of duties between asset physical custody and asset accounting records) within the Division. Among functions performed are the receipt and distribution of mail for the Administration Building, collection and receipting of all cash receipts for the facilities, and disbursement of agency funds including both payables and payroll checks.

Computer Services

The Computer Services Branch consists of the Systems and Programming Section, the Technical Support Section, and the Computer Operations Section, and handles all data processing activities in the Department.

The function of the Systems and Programming Section is to design, program, and implement computer programs and systems to perform business applications and to gather and make available patient information.

During the past year the Patient Billing/Personal Funds System was completely redesigned and rewritten. Also, much work was done to develop an interface between our Financial Management System and the Statewide Accounting Reporting System (STARS). Major revisions were made to the Payroll/Personnel System in preparation for interfacing with the Comptroller General's Payroll System.

The Technical Support Section provides technical assistance and training to both the Systems and Programming Section and the Computer Operations Section. It also provides technical advice throughout the Department regarding information technology systems.

The Computer Operations Section utilizes programs and systems to

enter, store, retrieve and process information and make it readily accessible for use by other components of the Department. This section operates twenty-four hours a day, seven days a week. The Computer Operations Section is responsible for all data processing equipment. The Computer System now has a memory size of 1.75 megabytes and a disk storage capacity of 2,070 million bytes. Also, there are now fifty terminals and nine remote printers attached to the system.

Patients Personal Affairs

The major objectives of the Patients Personal Affairs Section are:

(1) to obtain maximum financial benefits available to our patients, and (2) to maximize collections for patient care from legitimate sources.

During the year this Section worked closely with Computer Services in the development of a new patient billing program and with Social Services in establishing benefits essential to patient placement in the community.

Purchasing

New organizational structure within the Department has resulted in Purchasing being assigned to the Division of Financial Services. The Consolidated Procurement Code, which was signed into law on July 30, 1981, has resulted in many changes in the Purchasing Office. The workload has increased, primarily due to the implementation of the Code; but can also be attributed to the loss of one clerical position at a time we are initiating the use of a CRT in entering and printing the purchase orders.

As mandated by the Code, Purchasing was audited by a team of State Procurement Auditors for compliance with the Code, and the personnel were interviewed to determine that they had obtained proper training in the use and interpretation of the Code. As a result of this audit, by mid-year, this office should be certified to make major purchases rather than send requests of over $2,500.00 to Central State Procurement. This should result in far less turn-around time for our requestors.

SOUTH CAROLINA STATE HOSPITAL

SOUTH CAROLINA STATE HOSPITAL

Many of the goals established for Fiscal Year 82-83, were met. While many previous goals were met, new goals must now be established for Fiscal Year 83-84 due to dynamically changing conditions. The Department of Mental Health's Community Support Program will result in the shifting of financial resources to fund a community program of support

for discharged patients. This will make it vitally important that substantial numbers of patients be discharged from this facility to prevent serious deficits. Additionally, an acute care hospital will open in Anderson, S. C., in Fiscal Year 84-85, which will result in a greatly diminished number of direct admissions to this facility. It is necessary, therefore, that our goals be directed toward these situations.

Goals Established for Fiscal Year 82-83 and Degree of Attainment

1. Maintenance of Medicare/Medicaid Certification:
   In early 1983 a certification survey was conducted. The survey was very successful and the admissions program and child/adolescent program were certified for participation in the Medicare/Medicaid program. This was due to the outstanding efforts of many of our staff members.
2. Accreditation Survey:
   The Joint Commission on Accreditation of Hospitals surveyed the facility in November of 1982. A three (3) year accreditation was awarded although there were contingencies which will have to be met. This represented a significant improvement in our accreditation status.
3. Outpatient Forensic Evaluations:
   Unfortunately this goal was not satisfactorily met in Fiscal Year 82-83. This was primarily due to the resignation of the Director of Professional Services and a vacancy in the Office of Director of the Court Unit. This goal will continue with great emphasis during Fiscal Year 83-84.
4. Functional Rehabilitation Program:
   The Rehabilitation Program became operational and has resulted in a significant discharge rate from that unit. Changes in the mission of the facility are causing a modification of the concept. The program in Babcock will continue as a community preparation program. An additional program will become operational elsewhere in the facility.
5. Improvement of Facility:
   This goal was not met to a substantial degree in Fiscal Year 83. The Energy Plant was completed and put on line, however, as of this time there exists many undesirable problems with the grounds which were caused by construction. The roofs in Allan, Preston, Saunders, and Cooper still leak. Cosmetic changes have been made to many of the buildings but substantial renovation or replacement is indicated for all but a few.
6. Long-Term Program:
   This goal was not met in fiscal year 82-83. A long-term care program at Crafts-Farrow is now under organization. With the expansion of

nursing home beds at Roddey Pavilion and the new programs at Crafts-Farrow and vicinity, it is now questionable as to whether the continuing mission of the S. C. State Hospital will include long-term care. This goal will not be continued into Fiscal Year 83-84 until our mission is clarified in this area.

7. Medical-Surgical for Inmates:
   A medical-surgical program for inmates of the S. C. Department of Corrections was initiated on the 5th floor of the James F. Byrnes Clinical Center. This has been a success as judged by the assessment of the Department of Corrections. The work load in the James F. Byrnes Clinical Center has increased in all areas as a result of this increase in acute admissions. Other developments in the Department are also causing the mission of the James F. Byrnes Clinical Center to be revised. The James F. Byrnes Clinical Center is now the acute care medical program for the Department.

Goals which have been established for the facility for Fiscal Year 83-84, are as follows:

1. Maintain accreditation by the Joint Commission on Accreditation of Hospitals.
2. Demonstrate compliance with requirements for continued Medicare certification.
3. Provide effective treatment in least restrictive environment for all patients.
4. Develop, implement, and maintain a comprehensive Quality Assurance program for the facility, each clinical discipline, treatment unit, and administrative support department.
5. Develop and implement a facility Risk Management Program which will relate to all required areas and which will coordinate with the QA program.
6. Achieve staffing complement of all clinical and support service programs sufficient to meet at least minimal standards of quality care.
   A facility approved staffing pattern will be developed. Additional staffing needs will be communicated to the S. C. Mental Health Commission.
7. Accomplish discharge of patients at earliest appropriate point when inpatient care no longer required.
   The extended care programs will discharge patients through C.S.P. and through normal discharge planning. Census reduction will permit the closing of several marginal buildings.
8. Develop effective observation, evaluation, treatment, and discharge

planning for Child and Adolescent Unit to ensure that all patients assigned to this unit receive appropriate services.

The Child and Adolescent Unit will receive top priority by hospital administration. The existing program will be strengthened and possibilities for program expansion will be evaluated.

9. Provide effective and efficient services for persons referred for forensic evaluations.

   Evaluations for capacity to stand trial will be done more effectively. The length of residence required will be reduced with emphasis on outpatient determination.

10. Accomplish administrative separation of Medical-Surgical Unit.

    This separation is projected for the current fiscal year.

UNIT I (Acute Care)

Unit I continues to consist of four admission wards, (Wards 218 and 220 are male wards and Wards 118 and 120 are female admission wards). Unit I continues to have eight physicians including the Unit Director. Our goal to have at least one other physician added to our staff for Unit I has not been met. Our goal for the coming fiscal year is to have at least two additional physicians added to the Unit I staff. This again, is in order that we may be able to render the most humane, compassionate and professional treatment to our patients in order to have them return to their families and to their community as rapidly as possible. We feel that due to the nature of the unit, the amount of paper work involved, the great number of admissions, etc., that two additional physicians is imperative.

Chaplaincy goals for the coming fiscal year are to conduct ward devotionals on all Unit I wards each Sunday, be available to all residents who wish to speak with a chaplain, to provide Substance Abuse Therapy Groups for each ward meeting four or five times weekly, to seek to establish weekly AA meetings on our campus and to be available to staff for counseling and support.

Over the past fiscal year, the Unit I Psychology staff has assured psychology intervention for each patient referred by the treatment team in Unit I. Although there continues to be a large amount of time spent in treatment teams, the psychology department has developed and implemented various group therapy programs on every ward and has provided individual therapy for all patients referred by the treatment team. Psychodynamic appraisals have continued to be performed on all patients with very few exceptions. Neuropsychological evaluations were performed per request of patients assigned physicians or treatment teams. During the last quarter of the year, the psychology department initiated a patient care monitoring system as part of their regularly scheduled staff

meetings which consists of individual case studies designed to enhance the diagnostic skills of psychology staff members and improve the overall quality of psychological treatment intervention. The department also began an in-house quality assurance program as well as a study designed to determine the effectiveness of Unit I treatment. The goals for the upcoming year include: (a) increasing the number of psychology staff to assure more patient therapy time; (b) completion of the development of an in-house quality assurance program; (c) completion of the study for determining treatment effectiveness in the unit; and (d) in-service training aimed at providing appropriate quality treatment for acute care patients.

UNIT II

Unit II has a capacity of 371 patients who are from the seven extreme northwestern counties of this state: Greenville, Spartanburg, Anderson, Oconee, Cherokee, Union and Pickens Counties. This patient census is given 24-hour care by a total of approximately 165 employees.

Of a hospital capacity of approximately 1,300, the seven northwestern counties listed above yield a unit patient census which is nearly 30% of the total hospital census. (1) The Unit male census is nearly 8% higher than the female census. Descriptive data, attached, shows the Unit's patient residential terrain with accompanying staff development according to shift coverage needs and classification of levels of functioning. (2) Also, attached is the statistical data compilation of all 24 hour reports from July 1, 1982 through June 21, 1983. (3) In addition, each of the eleven wards in Unit II is submitting an individual report.

Overall Unit needs include:

1. More Staff. Unit II has the largest census and the smallest number of personnel according to a ratio study made in 1981 by Administration. Since then census has increased by approximately 16% and staff was decreased approximately 14%.
2. We need more physicians. We have only three physicians, including the Psychiatric Director of the Unit, to care for a Unit capacity of 371 patients. In addition, our doctors have to help serve as O.D., O.N., A.O.D., A.O.N. and Medical-Surgical duty for the hospital. This, of course, "stretches" them even further, and the combination of nursing staff shortage and too few physicians has created a serious problem in providing the highest quality of patient care.
3. Nursing needs to divert itself of the totality of housekeeping responsibilities. Some nurses are qualified to be involved in patient therapies, including some of the current psychotherapies being done by Psychologists. I have provided each nurse in Unit II with the *1982*

American Nurses' Association's Standards of Psychiatric and Mental Health Nursing Practice. Having fewer housekeeping responsibilities would "free up" nursing staff for more psychotherapeutic work with patients.

Unit II — Psychiatric Rehabilitation Unit

A need for educating the patients from the Psychiatric Rehabilitation Program on the proper use of a clinic in the community was identified by the staff working with these patients. Some vacant office space was found on the first floor of the Babcock Building which was centrally located providing availability to both the male and female patients. Furniture and supplies were obtained through Hospital Supply and the Psychiatric Rehabilitation Clinic was functional in January, 1983.

It was felt this area could also meet many more definable needs of these patients: Annual physical examinations affording the patient more privacy than what was available on the ward, handling minor injuries and/or illness and referrals if needed. Family and individual counseling could also be done here more appropriately.

The area was staffed by one part-time LPN and open three days a week, with the patients being seen by appointments. Also, many patients found it possible to walk into the clinic and get information and have questions answered on a one-to-one basis with the LPN in charge. Some patients found it much easier to talk over a problem or get a question answered on this one-to-one basis than asking it on the ward.

UNIT III

The major professional functions related to effective patient care have been maintained in Unit III, although in some instances at a reduced rate due to personnel reductions and some allocation of resources. At the beginning of the fiscal year, Unit III served sixteen counties of the state. During the full period of this report, Unit III had an additional seven counties added to the geographical catchment areas covered by the Unit. Unit III now serves 23 counties of the state. liaison and community working relationships are extended to eight mental health centers within the geographical area of Unit III.

During the year the Social Work Service continued to provide services on the basis of the assignment of staff to cover specific wards. All wards had an assigned social worker. The primary emphases have been to: (1) work toward the discharge of patients, (2) help families to understand the needs of patients returning home, or to alternate care placements, and (3) coordinate all community efforts with the local mental health centers. These efforts have proved to be effective in returning patients to their communities. The rate of recividism remains essentially low. The Social

Work Service finalized discharge plans for a total of 263 patients during the fiscal year, with a total on only eighteen returning to the hospital at least one time. Alternate care placements were completed for thirty-nine patients during the year. Twenty-nine went to licensed community care homes; four were placed in Mental Retardation facilities in South Carolina; one was placed in a NA facility; two to COIL; two to Providence Home; and one out-of-state. Unit III now maintains liaison and working relationships with eight mental health centers for the treatment and placement of patients. The staff has continued to participate in continuing education efforts both internally and by the use of external resources. For the coming year the primary goal will be directed toward working with the mental health centers to assist patients to leave the hospital through the Community Support Program (CSP). Social Work Service will be available to all patients and families on all wards of Unit III.

The Psychology department program evaluation indicates Token Economy programs were very affective with low level functioning and regressed patients. However, due to the budget cut we could only continue the token economy program with one ward (ward 172) with the help of hospital Volunteer Services. Individual and group psychotherapy have been more effective with higher level functioning patients. Approximately eighty to one hundred patients in eight groups participated in group therapies each week. Psychological services also evaluates patients who need psychologicals, and participates in all treatment teams and staffings. We will continue auditing our records to improve our deficiencies according to JCAH standards.

Our higher level patients are housed in Gibbes building. Our goal for the coming year is to have more on the ward programs, getting nursing involved in doing different groups. The Nursing personnel have taken steps to help beautify the wards. We need more male employees and more licensed personnel on p.m.'s and night shift. We strive to provide quality nursing care for our patients.

Activity Therapy goals established and achieved for the fiscal year were (1) expansion of ward exercise programs, (2) special groups in Arts and Crafts. Goals not established and not achieved for the fiscal year were (1) the development of referral groups in Ceramics and Music Therapy. These groups were not established because of equipment failure and lack of a Music Therapist in the Unit. Forensic unit activities were down approximately 33.6% from last fiscal year due to security measures and lack of staff in this area. The goals for the fiscal year 1983-1984 will be to reinstate ADL (Activities of Daily Living) programs in the Unit, to increase activity staff in Forensic and Extended Care Unit, and to develop and implement special activity groups, i.e., Horticulture, leather craft, etc. for overall unit population.

CHILD/ADOLESCENT UNIT

The number of admissions have remained stable:

FY82-83 — 236	FY78-79 — 269
FY81-82 — 229	FY77-78 — 199
FY80-81 — 260	FY76-77 — 173

Fluctuations of census have called for a great deal of flexibility by staff. Psychology positions have decreased from 12 in 1976 to 5 in 1983. Particularily hampered by insufficient staff is the amount of individual, group and family therapy sessions. Individualized behavior modification has been decreased.

Goals of a full schedule of activities including weekends and holidays have been accomplished and there are currently 4 full-time activity therapy positions. Professional nursing staff positions have increased from 3 R.N. positions to 8 full-time positions in the unit. Social Workers are 1½ full-time positions (soon to be increased to 2).

Turnover in administration both in the Child/Adolescent Unit and the SCSH has led to major adjustments by staff. Despite these stressors, JCAH accreditation has been retained.

A major law suit sponsored by the S. C. Protection and Advocacy System has led to unit turnover and a reexamination of the basic policies of the unit and of children and adolescents in the department. A resultant closer relationship of policy and procedures as well as definition of the goals of the unit are evolving.

Potential has been outlined for unit expansion to serve as an observation unit, a short-term unit and a long-term unit. Included in the proposed unit would be treatment of children currently treated in private out-of-state hospitals.

Goals for 1983-1984 are to increase the amount and caliber of individual, group and family therapy in the unit.

MEDICAL-SURGICAL SERVICES

I. Goals Set for This Fiscal Year 1982-1983 Which Were Achieved:

A. Updated JCAH standards were reviewed and efforts were directed toward keeping Byrnes Clinical Center in compliance with all aspect of the standards.

B. The Quality Assurance Program was reevaluated and altered to comply with the required functions. An outstanding Quality Assurance Program is now in full operation. All disciplines and departments are involved, and there has been effective identification and resolution of deficiencies.

C. Items which were developed or obtained to provide basic and improved patient care:

1. A microfilm reader printer was obtained for use in the Records Department.
2. Suction and oxygen outlets were installed in additional patient rooms on Medical and Surgical wards.
3. A bacteriologist was added to the Clinical Laboratory Staff.
4. Personnel positions were filled in the Medical Records Department.

(Note: Four out of twenty-nine goals were reached. Financial support for other goals was not obtained).

II. Goals set for the Fiscal Year 1983-1984:

A. Review and study recently edited JCAH Standards and establish the necessary programs, physicial changes and other requirements to bring the service into compliance in all areas. (JCAH Survey will be due in 1985).

B. Obtain and develop the following equipment and services which are necessary for the efficient and basic provision of patient care.

1. Develop an escort program to provide transport of patients to clinics, services and perhaps hearings.
2. Install Century tubs on Wards 228 and 328.
3. Install Invalid/Handicap Commodes on each wing of all patient floors.
4. Install Hi-Lo Beds which will be obtained from Farmer Building, State Park.
5. Overbed traction units for Orthopedic care.
6. Replace obsolete chemistry equipment (parts obsolete and reagents no longer available) with new chemistry analyzer.
7. Recruit personnel to relieve gross understaffing in Nursing and other areas. (Minimum of 1 R.N. each ward each shift).
8. Complete the establishment of special acute care rooms (SAC) on Wards 228, 328, and 428 for close observation and care of acutely, severly ill patients.
9. Install handrails in all patient corridors to preclude many patient injuries due to falling.
10. Set up computer in Pharmacy and establish programming as recommended by JCAH.
11. Replace obsolete, malfunctioning sterilizer in operating suite. Replacement parts no longer available.
12. Obtain hand operated Bovie to replace present obsolete instruments in operating rooms.
13. Employ Physical Therapy aide or assistant to provide needed therapy and evaluation.

14. Replace all Pharmacy Personnel who have transferred, retired and resigned. Registered pharmacists are now performing functions of clerk, secretary and pharmacy assistants. The Pharmacy is markedly understaffed for the volumn of output required.
15. Install small private lockers for use of Hospital Personnel.
16. Install ceiling-hung cubicle curtains for privacy in bathing areas, clinic areas and Emergency Room.
17. Replace defective, inefficient, rusty ice-makers on Wards 228 and 328.
18. Purchase hydraulic patient lift (floor to bed) for use in acute care areas.
19. Furnish the Program Nurse Specialist with clerical assistance.
20. Develop a volunteer program for patient activities and care at BCC.
21. Obtain activity therapy equipment; i.e. piano, bumper pool, floor and lap frames for needle work.
22. Establish a Rick Management Program.
23. Employ a full-time Director for the Pharmacy Services.
24. Rewrite or develop By-Laws and Regulations for Byrnes Clinical Center. This must be accomplished immediately if Byrnes is to become an autonomous unit of the S. C. Department of Mental Health.
25. Review update and rewrite Procedures for all services of the Medical-Surgical Service where indicated.
26. Evaluate the need and financial feasibility of a twenty-four hour Clinical Laboratory Service.
27. Evaluate the need and financial feasibility of a twenty-four hour Surgical Service.
28. Evaluate the need and financial feasibility of a twenty-four hour Pharmacy Service.
29. Evaluate the need and financial feasibility of establishing a Respiratory Therapy Department.
30. Evaluate the need and financial feasibility of establishing an Intensive Care/Coronary Care Unit.
31. Evaluate the need and financial feasibility of establishing an Otolaryngology Clinic as opposed to referring patients to a consultant in the community.
32. Evaluate the need and financial feasibility of reestablishing the Podiatry Clinic as opposed to referring patients to a consultant in the community.
33. Develop an Admission and Disposition Department for

Byrnes Clinical Center.

34. Establish computer programs for the Pharmacy, Records Department and Clinical Laboratory.
35. Increase nursing personnel in relation to the marked increase in demand for service at Byrnes Clinical Center.
36. Study and evaluate the advisability of treating Tuberculosis patients on the Medical-Surgical Service.
37. Investigate the means for obtaining space for the adequate functioning of the Medical Service; relocating the Correctional Department Clinics, relocating Byrnes Clinic Engineering Department, providing space for the Records Department and Administrative Offices.
38. Discontinue the use of venetial blinds by replacing these with tinted light screen material applied to windows.
39. Evaluate the reclassification and upgrading of nursing personnel in certain areas.
40. Investigate the possibility of constructing an addition to the Central Supply Area.
41. Install an utensil sterilizer on each patient floor.
42. Investigate a means to provide more space for the Operating Suite.
43. Purchase an anesthesia machine which will utilize modern anesthetic agents, install a new sterilizer and obtain non-invasive monitoring equipment.
44. Acquire a full-time Nutritionist for Medical-Surgical Service.
45. Evaluate the requirements to provide adequate Social Service for Byrnes Clinic with the possible addition of a Social Worker and/or Clerical help for the present Social Worker.
46. Expand the Program Nurse Specialist Department to provide complete orientation for new employees and augment inservice training. Provide necessary instructional material and classroom areas.
47. Employ a clerical worker for the X-ray Department.
48. Develop a more therapeutic environment for Tuberculosis patients including exhaust fans, ultraviolet lamps, television, activity therapy items and a sitting area.
49. Provide the filing system, addressograph imprinters and other items and personnel required in the Registrar Division.
50. Employ an Occupational Therapist and Activity Therapy Aide, provide leisure areas and the necessary supplies and items to insure an adequate Activity Therapy Program.

51. Provide the necessary equipment and instruments to Dental Clinic and provide full-time Dentist Services.
52. Evaluate the equipment and Technologists needs for the adequate functioning of the Radiology Service.
53. Provide an Intravenous Solution Room with laminar flow hood and other equipment necessary to process IV fluids in the Pharmacy.

IV. Departmental Statistical Data:

A. Admissions: 1372 patients = 53% Increase.
B. Pharmacy: 104,244 Prescriptions — Unable to calculate due to change in system.
C. EKG Service: 2,848 patients = 44% Increase.
D. EEG Service: 346 patients — 3% Increase.
E. Emergency Service: 3,812 patients = 10% Increase.
F. Ambulatory Care: 5,216 patients = 8.2% Decrease (due to reduction in Podiatry hours.)
G. Surgical Service: 715 procedures = 4% Increase.
H. Radiology Service: 21,462 exposures = 30.5% Increase.
I. Physical Therapy: 2,266 Treatments =49% Increase.
J. Clinical Laboratory: 1,209,530 workload units = 67.5% Increase.
K. Activity Therapy: 1,347 patients = 758% Increase.

CRAFTS-FARROW STATE HOSPITAL

SUPERINTENDENT'S OFFICE

During the past year it seems that Crafts-Farrow State Hospital has been besieged on every hand. There have been many visits by surveying teams from various agencies and a reorganization of the entire hospital so that programmatic areas are emphasized. In order to place patients in appropriate programs each patient has been classified as to his/her level of care needs. This has certainly taxed everyones endurance and frustration level. However, in spite of it all, Crafts-Farrow is emerging as an exciting challenging place to work for our staff. It is also a much improved place to receive care and treatment for our patients.

Looking back we see that we have not yet reached some of the goals that were set one year ago, but we are still moving steadily towards them. Looking ahead, we have set some very difficult goals that will cause our staff to "stretch" in order to reach them. These goals are:

1. To meet accreditation standards of HCFA when we are surveyed in November 1984

2. To meet JCAH accreditation standards when they return in early 1984
3. To reduce our patient census to 800-1000 by January 1984.

These are very high goals indeed, but with the establishing of our Psychiatric Rehabilitation Service, the beginning of the Community Support Service, and completion of the reorganization of Crafts-Farrow we should be able to reach them.

QUALITY ASSURANCE DIVISION

The Hospital Quality Assurance Department is continuing its program of coordinating the efforts by all disciplines to improve the quality of patient care and to implement standards as set forth by NIMH (National Institute of Mental Health) and JCAH (Joint Commission on Accreditation of Hospitals) to come into full compliance.

Monitoring is done by the use of concurrent review of all new admissions and those transferred to McLendon Medical Center, peer review, studies and evaluations of problems identified by the Problem Identification/Solution form.

Quality Assurance has been active in the implementation of special studies on appropriateness of admission and reason for remaining in the hospital after staff discharge.

This department has been coordinating the project of transferring Nursing Home patients to C. M. Tucker Human Resources Center, Roddey Pavilion. 256 patients were to be transferred at the rate of 36 per week between February 28th and April 18th, 1983, however, due to staffing shortages at Roddey and patients returned to Crafts-Farrow State Hospital, as of June 30th, we have only 211 patients at that facility.

EMPLOYEE RELATIONS DIVISION

Employee Relations provides employee services; serves as a liaison between the employer and supervisory levels as well as an intermediary between central personnel and the employee; performs employee counselings, handles informal grievances and concerns and interprets policies and procedures.

Employee services included completing applications for Credit Union and State Employees Association; new employee orientation; retirement processing; and insurance enrollment, changes and claims.

Three blood drives were held. Donor contributions have been very low.

Service pins and certificates were awarded to employees for service ranging from 10 to 40 years.

We participated in several fund drives: United Fund, Good Health Appeal and Human Endeavor. Contributions were lower than what was given last year.

The Employee of the Month program to recognize employees who have performed in an exemplary manner has served a dual purpose of motivating employees and as an incentive to increase productivity. Participation in the Facility Outstanding Employee selection process continued.

Employee Relations continued to publish "Footnotes" on a very limited basis. The frequency in publications was reduced due to budgetary restrictions. The newsletter served as a tool to help employees have a better understanding of rules and to motivate employees through better communication.

Employee activities held include: retirement drop-in, service award ceremonies and outstanding employee recognition drop-in.

VOLUNTEER SERVICES DIVISION

For the 15th year Volunteer Services Senior Citizens Project continued to provide twice weekly trips into the community for hundreds of patients. A 15 passenger van furnished to us by Mental Health Association in Mid-Carolina was driven by volunteers to various local sites and included stops for refreshments paid for by volunteer donations or a social visit to nearby churches.

"How's Your Health," a health fair screening program to benefit employees used 29 community volunteers who gave 139.5 hours. Thirty-two Crafts-Farrow employees gave 270 hours. Staff from Bryan, Midlands Center and Morris Village gave 144.5 hours. Volunteer hours (including work on tabulations and results) reached a total of 546.5 hours.

Several former employees who retired gave hundreds of volunteer hours to assist until their positions were filled and some continued to serve in other assignments.

Recognition of volunteers was an important part of the 1982-83 program. Beautiful Wildlife Calendars from Volunteer Services were gifts to volunteers at Christmas. Individual volunteers attended a Recognition luncheon given in their honor by Voluntary Action Center. Crafts-Farrow Volunteer, Lurie Foster, was named Volunteer of the Midlands runner-up. Volunteer Betty Stinton was named Volunteer of the Year by SCDMH. She was honored with an award at a luncheon given by Governor Riley to recognize volunteers in State Agencies. Other group and individual volunteers attended a drop-in given in their honor at the Lace House sponsored by SCDMH and Mid-Carolina Mental Health Association. Other recognition projects for the year were birthday, get-

well and sympathy cards to volunteers and recognition articles and photos in Mental Health publications.

Contributions by volunteers purchased Zoo memberships, coffee urns, stereos, newspaper and magazine subscriptions and many other special needs.

Three additional areas using volunteers were lab, dietary and physical therapy. Catholic Nurses Association members expanded their service to ward visits to patients unable to attend Mass in the chapel.

SCDMH Volunteer Services directors agreed to accept former mental patients as volunteers or refer them to other appropriate agencies. One former patient now residing in a Community Care Home served as a volunteer Clothing Store Keeper at Crafts-Farrow.

Total number of volunteer hours given during the year 11,483.5

PROFESSIONAL SERVICES

Professional Services at Crafts-Farrow State Hospital has worked at better defining patients' Level of Care and has developed Policies with inservicing to implement patient classification into patient care programs. All patients were classified according to their behavioral, nursing and medical needs and areas within the hospital were designated to develop programs for specific groups of patients. This Patient Care Program classification has been computerized to better develop Patient Care Programs.

The Hospital has been divided into:

1. Acute Psychiatric Service
2. Long Term Psychiatric Service
3. Medical Service IMD (Institutionally Mentally Disabled)
   A. ICF-Intermediate Care Facility
   B. SNF-Skilled Nursing Facility
4. Psychiatric Rehabilitation
   A. Board and Care Service
   B. ICF-MR Mental Retardation Service
5. Long Term Care Geriatric Service

An intensive inservice program was developed and implemented to improve documentation and development of patient's individual treatment plans. Treatment teams were taught to function more efficiently and document their accomplishments with regular reports to the appropriate Chief of Service.

There was a great effort made to improve therapeutic environment and develop programs according to the needs of the patients. Great emphasis

was given to decreasing hospital census.

Patients no longer needing psychiatric care, but still in need of ICF and/or skilled care, were identified and properly evaluated. 1718 forms were completed and referred to the Department of Social Services. After approval by the Department of Social Services, patients were discharged to Roddey Pavilion located at C. M. Tucker Human Resources Center or private nursing homes. Patients no longer needing psychiatric care but in need of boarding home supervision were discharged. By July 1, 1983 251 patients had been discharged to Roddey Pavilion, of these 251, 40 were returned to Crafts-Farrow State Hospital because of behavioral problems.

Those patients requiring more community services in order to remain in boarding homes in the community were reviewed jointly by Crafts-Farrow State Hospital and the Community Mental Health Centers in preparation for a cooperative effort in providing additional services in the community to begin in July, 1983.

Special studies are being carried out to identify: 1—reasons patients remain in the hospital after the treatment team has determined that the patient could be cared for in an alternate care facility, and 2—patient's appropriate level of care on admission to Crafts-Farrow State Hospital. This information will be used in planning for better management of these situations.

We were able to obtain a full-time licensed physical therapist and retain a half-time licensed physical therapist by contract. There continues to be additional need for these services and recruitment efforts for physical therapists, occupational therapists, nurses, and psychiatrists continues.

Our Continuing Education and inservicing continues to be active. The psychiatric resident from William S. Hall Psychiatric Institute rotates through Crafts-Farrow State Hospital and the resulting clinical presentations have been approved for CME category I credit and the first state wide annual Geriatric program was presented December 2, 1982, for 5 prescribed hours AAFP credit, 5 hours AMA category I credit.

Primary Prevention activities have included offerings of Art Therapy programs, Assertiveness Training, Burn-out recognition with coping skills, A multidiscipline program group has been planned. H-E-L-P, Health, Education, Learning coping skills to include diet and exercise management. A two day health screening program was conducted for employees of Crafts-Farrow, Bryan Psychiatric Hospital and Morris Village. This program included screening for anemias, visual acuity, biofeedback, blood pressure, weight determinations, oral and hearing examinations. 398 employees participated.

Crafts-Farrow State Hospital continues to provide support service such as X-ray, EKG, EEG, Medical and Dental clinics with emergency service,

however, the clinical laboratory has been moved to Byrnes Clinical Center at S. C. State Hospital, and laboratory services are now being provided at Byrnes Clinical Center by means of a regular courier service.

Efforts have been continued to get more probate hearings conducted at Crafts-Farrow State Hospital. Staff have been assigned responsibility of being first and second examiners for the court and space has been allocated in Building #1 to accomplish this.

Peer review has continued with regular reports to Quality Assurance with priority being placed on items identified by our accreditating bodies, JCAH and NIMH.

During the year there were 947 admissions to Crafts-Farrow State Hospital, with 758 discharges and 287 deaths. Our census July 1, 1982 was 1517, our census July 1, 1983, was 1244.

Refinement of patients' individual treatment plans with development of proper services and ward programs is continuing in all areas of the hospital.

ADMISSION EXIT DIVISION

The Admission Exit Division during the fiscal year 1982-83, continued its primary function of providing evaluation, diagnosis, and treatment of newly admitted patients age 55 years and above including the arrangement of post hospitalization placement and follow up treatment of discharged patients. In order to minimize the length of hospital stay, concentrated efforts were directed by all disciplines toward improving the individual treatment plans on patients and focusing treatment efforts on those problems necessitating hospitalization.

Patients throughout the hospital have been classified according to their special needs and transferred to areas designed to treat their needs. As such, the Admission Unit provides a continuous classification system for new admissions and will serve as the Acute Psychiatric Treatment Section of the hospital. This section and the Long Term Psychiatric Treatment Section (Shand and Davis Buildings) are presently designated the "Distinct Part" and will provide intensive psychiatric treatment services.

RESIDENT CARE DIVISION

1. About 200 patients have been transferred to Roddey Pavilion from Resident Care Division in the past four months.
2. Most of the patients in Resident Care as well as the patients in other services in Crafts-Farrow have been reclassified and categorized and placed according to the classification of patient care programs.
3. Shand and Davis Buildings have been designated as part of the Distinct

Part and are for Long Term Psychiatric Treatment Programs.

4. Buildings #2 and #7 are designated for the new Psychiatric Rehabilitation Program.
5. Most of the Mentally Retarded patients are being housed in Building #6 and part of Building #18.
6. The rest of the patients in Resident Care Division are geriatric patients and they are being housed in Buildings #3, 13, 15 and part of 18.
7. The Constipation Prevention/Treatment Program has been implemented hospital wide and is still working.

MEDICAL SERVICE

The McLendon Clinical Center is an acute care facility consisting of one hundred and forty-six patient beds in the main building and one hundred and forty six beds in the convalescent area of Buildings 14 and 16. These patients are admitted primarily from Crafts-Farrow State Hospital, Bryan Psychiatric Hospital and Morris Village.

Patients from the above hospitals may also be seen in one of our outpatient clinics such as: Dental; Dermatology; Diabetic and Endocrinology; Ear, Nose and Throat; Employee; Gynecology; Internal Medicine; Neurology; Ophthalmology; Orthopedic; Optician; Podiatry; Speech and Hearing; Surgical and Urology. All of these clinics are staffed either by our own competent staff physicians and/or private physicians who come as a consultant. There is also a psychiatrist assigned to each ward who may be called for consultation at any time.

In January 1983 we were fortunate in obtaining a Registered Physical Therapist on a full time basis as well as a part time therapist, consequently our P. T. Department is again functioning in a very satisfactory manner.

The Speech and Hearing Department with Mrs. Debra Cauble as supervisor continues to run very smoothly.

The Occupational Therapy Department is hampered by loss of personnel; now has an acting supervisor who is very actively interested in upgrading the program.

PSYCHIATRIC REHABILITATION PROGRAM

The Psychiatric Rehabilitation Program (PRP) will be based on the thesis that a number of institutionalized patients can be helped to achieve a higher level of functioning and therefore a less restrictive and less costly living situation through a combination of activities in both the hospital and the community.

The program will select patients who have neither nursing care requirements or behavior problems that would make them inappropriate

for the program. This selection will be done by teams made up of hospital staff and staff from the Mental Health Center in the patient's home county.

Those patients identified for the program will be placed in a "boarding home level of care" facility in the hospital which will operate in a manner consistant with the philosophy and goals of the PRP. Generally this will mean that rather than being limited by and cared for under guidelines appropriate for patients with greater need for nursing care or behavior management, they will be involved in a program which encourages them to learn new skills and behaviors in order to care for themselves as much as possible. This program will be designed and staffed by a team made up of staff who view themselves as trainers. Their primary function will be to encourage patients to take responsibility for their own care and to teach them the required skills rather than to provide for their every need. Every effort will be made to deinstitutionalize the program, buildings, staff and patients in a planned process of change.

At the same time, the Community Mental Health Centers will be working with the hospital staff to find appropriate placements for those patients from their areas and to develop the specific additional resources needed to maintain those patients in the community.

NUTRITIONISTS

The nutritionists function in providing nutritional care for the patients through visitation, nutritional assessment and counseling with the patient and the patient's family. The nutritionists supervise the therapeutic diet kitchen which served 566,115 special diets to patients at Crafts-Farrow, Bryan Psychiatric Hospital, and Morris Village. They also provide consultation for the food service division to coordinate nutritional care services.

Accomplishments:

1. Inservice education classes on pertinent topics were provided for food service personnel.
2. Nutrition education classes were provided for the Mental Health Specialists.
3. New diet and nourishment codes were developed for the therapeutic diet kitchen.
4. The Annual Food Acceptance Survey was conducted for patients and employees.
5. A quality assurance program for food service was developed and implemented.
6. The policy and procedure manual for food service was revised.

7. Assisted SCSH in revision of departmental diet manual.
8. Assisted SCSH in writing a new ten week cycle of menus.

The nutritionists participated in the following continuing education programs:

S. C. Dietetic Association Annual Meeting — October 21, 22, 1983 Myrtle Beach, S. C.
Use of Laboratory Data in Nutritional Assessment — November 12, 1983
William S. Hall Psychiatric Institute.
Nutrition Update — University of Arizona — March 10, 11, 1983
Nutritional Assessment Update — Mead Johnson Nutritional Division — April 12, 1983 — Columbia, S. C.
Quality Assurance for Food Service — April 12, 1983 — Florence, S. C.

RADIOLOGY SERVICE

Workload: There was a moderate decrease in our workload. We experienced a decrease of 3,336 x-ray exposures and a decrease of 222 ECG tracings. This decrease resulted from the diminishing average daily census here at Crafts-Farrow State Hospital.

Personnel: Again, this year we experienced excellent coverage from the Pitts Radiological Associates, P. A.

A Technologist I position was eliminated due to the decrease in the workload. The following positions are authorized and are presently filled:

Number of Personnel	*Positions*
1	X-ray Technologist Supervisor II
2	X-ray Technologist II
2	X-ray Technologist I

Equipment: The x-ray units in Rooms 1 and 2 continue to function satisfactorily regardless of their age. Efforts to replace these units have not materialized, even though the need remains. X-ray equipment repairs amounted to $1,575.00

The Computerized ECG system, in use for over a year now, has enhanced patient care considerably.

Supplies: Expendable supplies for radiology cost $15,971.00 and ECG supplies cost $182.00.

Reimbursements: Request for reimbursement was submitted to the following facilities for the amount shown below:

	X-Ray	*ECG*	*Total*
Bryan Psychiatric Hospital	$17,734.36	$2,309.23	$20,043.59
Morris Village	14,802.96	586.47	15,389.43
Midlands Center	1,253.79	0.00	1,253.79
Grand Total			$36,686.81

Silver Recovery: We did not dispose of any old film during the past year. There are no receipts available from the sale of silver recovered from the processor. This is a point of concern as records from prior years revealed the following:

Fiscal Year	1980 —	$3,240.34
Fiscal Year	1981 —	2,391.51
Fiscal Year	1982 —	618.67
Fiscal Year	1983 —	0.00

Summary: Despite the decrease in personnel and old x-ray equipment, optimal patient care continues to remain our primary concern.

Radiological and Electrocardiograph Statistical Information for Fiscal Year 1982-1983.

I. RADIOLOCIAL WORKLOAD 42B06 A000:

	Midlands Center	Morris Village	Bryan Psychiatric Hospital	McLendon Clinical Center	Crafts-Farrow	Total
Number of Patients X-Rayed	41	1,127	815	1,318	3,383	6,684
Number of X-Ray Procedures	58	1,177	1,069	1,451	3,988	7,743
Number of Exposures	135	1,701	2,643	2,525	8,192	15,196

II. TYPE OF PROCEDURE:

Code	Procedure						
70110	Mandible complete		2	7		7	16
70136	Mastoids complete			1		2	3
70151	Facial Bones		5	6	2	40	53
70169	Nasal Bones	1	2	2		17	22
70201	Orbits complete			2	1	5	8
70227	Paranasal Sinuses		2	7	1	10	20
70243	Sella Turcica			3	1	2	6
70268	Skull complete		20	158	35	215	428
70342	Temporomandibular Joint		1			2	3
70383	Salivary Gland		1				1
70995	Chest, 70 MM						
71001	Chest, Single View	17	942	406	984	2,057	4,406
71019	Chest, Two View	2	13	100	38	103	256
71027	Chest, Four View		2	1	2	6	11
71035	Chest Fluoro		1	2	1	4	8
71100	Ribs Unilateral	1	6	13	3	43	66
71118	Ribs Bilateral			1	1	3	5
71126	Sternum			1		1	2
72058	Cervical Spine		4	6	1	31	42
72074	Thoracic Spine	1	1	7	3	11	23
72082	Thoraco-Lumbar			1		5	6

	Midlands Center	Morris Village	Bryan Psychiatric Hospital	McLendon Clinical Center	Crafts-Farrow	Total
72108 Lumbar-Sacral Spine	2	5	21	6	88	122
72116 Lumbar Spine with Obliques			2	1		3
72173 Pelvis AP Only			1	5	32	38
72199 Sacro-Iliac Joints			1		3	4
72223 Sacrum & Coccyx			1	1	5	7
72454 Clavicle		1			11	12
72462 Scapula			1		3	4
72470 Shoulder		10	22	7	64	94
72504 Humerus		2	6	5	15	28
72520 Elbow		4	8	4	49	65
72553 Forearm	1	1	7	1	25	35
72587 Wrist complete	2	23	21	7	56	109
72595 Hand	4	24	28	9	119	184
72603 Fingers	1	36	19	4	58	118
72991 Hip	4	5	21	54	235	319
73031 Femur	2	2	7	9	45	65
73049 Knee	2	24	25	9	113	173
73064 Tibia & Fibula	3	3	18	14	29	67
73080 Ankle	2	24	37	9	93	165
73098 Foot	3	22	29	9	92	155
73122 Os calcis		3	1	1	1	6
73205 Toes		4	1	3	11	19
73502 Abdomen, Single View	2	3	19	118	85	227
73510 Abdomen, Three View		2	2	19	26	49
73551 Esophagus	1		1	5	9	16
73569 Upper Gastro-intestinal	2	7	12	29	66	116
73585 Small Bowel			1	5	4	10

	Midlands Center	Morris Village	Bryan Psychiatric Hospital	McLendon Clinical Center	Crafts-Farrow	Total
73601 Barium Enema		6	7	26	36	75
73619 Barium Enema and Air Contrast						
73635 Cholecystography			1	3	22	26
73726 I.V.P.	1	1		10	23	35
73734 I.V.P. Hypertensive						
73767 Cystography						
74575 Bone Survey						
74641 Sinus Tract Study						
74674 Tomography		3	4	4	14	25
79913 Portable				288		288
III. ELECTROCARDIOGRAPHY WORKLOAD 42B07 A000:						
Number of Patients		87	319	682	1,455	2,543

DENTAL CLINIC

The Dental Clinic saw 4,835 patients and performed 8,064 dental procedures for these patients during the past year.

This report reflects a general decline in the number of patients seen from the three institutions, Crafts-Farrow State Hospital, Bryan Psychiatric Hospital and Morris Village.

It is hoped that more dental care can be provided for the Bryan Psychiatric Hospital patients. The BPH patients that are now being seen show a great need for additional dental care, and many of these patients are young individuals with advanced dental disorders.

No new equipment has been added, and the staff is unchanged at this time with the following employees:

One full time dentist
One part time dentist
One full time dental hygienist
One full time dental assistant

PHARMACY SERVICE

The total number of prescriptions filled at Crafts-Farrow State Hospital during the fiscal year, 1982-83, was 77,318. (A decrease of 3.75% from the previous year.)

A total of 4,927 employee prescriptions was filled (increase of 1.92% over the previous year). Cash collected for these amounted to $20,937.95.

The Alcohol and Drug Addiction Center at Morris Village was issued 4,594 prescriptions. Individual prescriptions for all residents at Morris Village are being filled.

G. Werber Bryan Psychiatric Hospital was issued a total of 1,728 prescriptions (drugs issued in bulk and employee prescriptions).

The uni-use medication cart is being continued on Ward 200 in McLendon. A total of 7,411 orders was filled for the individual patients.

Utilizing the laminar-flow hood, the pharmacists have prepared a total of 3,087 I.V. additives for the fiscal year. This is an increase of 177.86% over previous year. (Intravenous additive program in effect only 8 months in 1981-82 fiscal year.)

The Pharmacy continues to provide services for the Community Mental Health Autistic Children Division.

Pharmacists are participating in the treatment teams at the various wards and reviewing medical records of patients to ensure rational drug therapy and proper administration of ordered medication.

OCCUPATIONAL THERAPY

Programs were initiated, continued, discontinued and frequently revised as the O. T. Department experienced changes in staff and requirements in programming as set by JCAH and NIMH certification survey teams. Service to the medical areas was enlarged to include screening and therapeutic activity programs then was limited to consultations on a referral basis. Forms and procedures were revised on an ongoing basis. Monthly chart audits were initiated. Materials were supplied for the on-grounds making of individualized splints on a referral basis. Four students participated in an affiliation program for Level II Field Work and new contracts were negotiated with schools. Direct service was focused within the NIMH-determined Distinct Parts as buildings were closed and staff size reduced. Treatment Team participation was emphasized and the framework for a family support group was established.

Plans for the coming year include centralized service to non-distinct parts and an increase in personnel.

Statistical Summary

Total Patient Contacts	8,425
Total Patient Contact Hours	12,311
Avg. Yearly Patient Contacts Per Therapist/Student	1,105
Avg. Monthly Patient Contacts Per Therapist/Student	92
Range of Therapist/Students Per Month	5-8, Avg. 6.9
Avg. Yearly Patient Contact Hours Per Therapist/Student	1,583
Avg. Monthly Patient Contact Hours Per Therapist/Student	132

ACTIVITY THERAPIES SERVICE

Many changes were implemented in the Activity Therapies Service during the 1982-83 fiscal year. The changes were begun at the beginning of the year with a new Director of the Service and later in the year with a new Supervisor.

The Activity Therapies Service was divided into specific areas according to the reorganization of the hospital and closing of several buildings. Area leaders were appointed by the Supervisor and Director to provide more direct supervision and consultative services to Therapists located on the wards. The area leaders are also responsible for daily monitoring of schedules and periodically reviewing the appropriateness of activities planned for our geriatric population.

In Activity Therapies as in other departments, much emphasis was placed on quality documentation within the guidelines of the Activity Therapies Service, N.I.M.H. and J.C.A.H. Monthly peer reviews were

done on the documentation by the Activity Therapies staff with an emphasis on timely notes, descriptive behavioral terms, appropriate recommendations and specific referral groups. Deficiencies found during the monthly Peer Reviews were corrected by personal counseling to correct the problem and department Inservices.

Another newly implemented method of providing more appropriate therapeutic activities for our geriatric patients is the usage of specific referral groups. Changing over from totally ward involved activities to specifically designed therapeutic groups was mandated by the changing needs of our geriatric population, shortages of staff and the necessity to develop professional modes of treatment for our patients, Referral groups for Recreation, Horticulture, Library and Music have been implemented in each building with good response from the multidisciplinary staff.

Departmental Inservice has been maintained as a high priority. An audit was done to assess the needs of staff members and to determine areas of interest for Inservice programs. Both professionally oriented programs pertaining to "Proper Peer Review Methods", "Assertiveness Training", and "Developing Goal Related Groups." Fortunately, the Activity Therapies staff has also been able to take advantage of other Department Inservices, workshops offered by the SCDMH and also by other agencies.

The Hortitherapy Section of Activity Therapies Service continued to expand during the fiscal year. Plants were distributed to wards, day-rooms, hallways, offices, cafeterias and central office areas by the Hortitherapist and working patients. Several new permanent flower beds and rose gardens were developed and maintained and have added to the beauty of the C.F.S.H. grounds. Seasonal flowers such as hyacinths, Easter lilies, and poinsettias are grown in the greenhouse and placed on the wards to help develop an awareness of the seasonal changes.

The Music Therapy staff has developed into two major role functions. They have developed their specific referral groups for their assigned wards using various stimuli such as rhythm band instruments, dance/movement groups, piano and other musical instruments. The second role our Music Therapists play is that of accompanist for Chaplain ward devotions. The Music Therapists play for the ward services which enhances the spiritual enjoyment of the services. The Music Club and Rhythm Band were responsible for the Patient Talent Show, Rhythm Band Concert and the Music during the May Fest activities.

The Library section of the Activity Therapy Service also developed their specific referral groups and maintained a schedule of Library-oriented groups and activities. The Library Club continues to function as well as the captioned film for the Deaf and hard of hearing.

Two members of the Activity Therapies Service continue to shop for and/or with patients who have personal funds available. In addition to

using these funds to shop for patients who are able to leave the hospital grounds, this shopping service program provides a means for the other patients to be taken on shopping trips which allows retraining in shopping procedures.

The Special Events Committee has again sponsored seasonal campus wide activities for our patients: Employees Talent Show, Halloween Carnival, Annual Christmas Parade, the Activity Therapy Carolers, a Handbell Choir, Valentine's Day Dance, Annual Spring Ball, May Fest Activities and a July 4 Carnival were all held during the past year.

The Student Intern Program continued to function as an important aspect of the Activity Therapies Service. Two students from Clemson University's Recreation and Parks Administration program spent ten week sessions at C.F.S.H. The interns spent their ten weeks working in the various programs and buildings throughout the hospital.

Even during all of the changing and implementing of new programs, the ward assigned Activity Therapist maintained a full compliment of programs from 8:30 a.m. to 8:00 p.m. Monday thru Friday and 8:30 to 1:00 p.m. on the weekends. Specific referral groups, ward groups, trips off campus to local spots documentation and a multitude of meetings kept each and every Therapist busy during the year.

We in the Activity Therapies Service strive to provide appropriate activities that will enhance the lives of our patients and encourage them to participate to the best of their abilities.

SOCIAL WORK SERVICE DIVISION

During the fiscal year 1982-1983, the Social Work Department, in cooperation with other disciplines, concentrated heavily upon correcting deficiencies identified by JCAH in the 1981 survey and on-site visits by JCAH and NIMH during March, 1983. Measures were taken to correct noted deficiencies, with greater emphasis on discharge planning as a major step in reducing the patient population. To achieve the latter goal, new strategies were developed and implemented that required careful screening of patients to determine current levels of care and referring them to programs and services to meet identified needs. To a satisfactory degree, those goals have been accomplished, with continued effort toward full implementation.

During the past year a total of 757 patients were discharged, 460 were placed in alternate care home/facilities with 315 being placed in nursing homes and 145 were placed in community care homes. Current statistics reflect working with patients that are more difficult to place because of their chronic physical problems, inappropriate behavior and low level of functioning.

Goals For The Coming Year

1. Continue to upgrade staff competency through inservice and Staff Development training.
2. Continue our effort to be more viable in planning and implementing care and treatment of patients and documentation of needs and services provided.
3. Continue our concerted effort to reduce the patient population to 1,000 patients by December, 1983.
4. Continue our Student Placement (Field Work) program with State Colleges and Universities with social work programs.

CHAPLAINCY DIVISION

The Chaplaincy Service provides pastoral care to patients and in a more limited way to families of patients and to staff. This pastoral care has included: providing weekly in Faith Chapel Sunday morning Worship services, Wednesday Vesper Services, and Worship on special occasions; providing ward worship services for patients in closed wards; making pastoral visits to patients; and providing pastoral counseling on referral from treatment team, staff or the patient's own request: celebrating Holy Communion monthly in Faith Chapel and quarterly on closed wards.

Chaplains are participating members of the Interdisciplinary Treatment Teams in the Acute Psychiatric Service and serve as pastoral consultants for other treatment teams.

Burial Services were held for eleven patients during the past year.

We hold in grateful memory, Chaplain Carl A. Honeycutt who served as parish pastor in the Lutheran Church in America for 37 years. Following his retirement in 1971 and until his death, February 25, 1983, he gave Tuesday and Thursday mornings to pastoring patients at Crafts-Farrow. He was truly an instrument of God's peace among us.

Interviews:

With new admission patients	903
With patients (returned from trial visits)	
With patients (counseling sessions)	1,283
With relatives of patients	525
With pastors of patients	
With hospital personnel	134

Visits:

With patients	18,339
With seriously ill patients	2,066
With sick hospital personnel	101

Group Work:

With patients, number of sessions 227

Services:

Vesper Services 53

Sermons delivered in hospital 49

Average attendance each Sunday (all services) 130

Holy Communion Services 86

Number receiving Holy Communion 1,374

Ward Devotional Services 1,106

Clinical Pastoral Training:

Number of trainees (During the year) 3

STAFF DEVELOPMENT

Staff Development has maintained its efforts to provide continuing education and in-service opportunities that respond to both institutional and employee needs. Reflecting a major hospital focus, this section has worked to enhance employee documentation skills in the past year.

PSYCHOLOGY DIVISION

The Psychology Division is still somewhat under-staffed and overworked. There are presently twelve psychology staff members of which eight have Master degrees and two have Doctorates. With the standards set by JCAH, this is considered adequate only for the coverage on the 11 wards of the distinct psychiatric area (Bldgs. #1, Shand and Davis) and to a lesser degree in the Psychiatric Rehabilitation Program.

Crafts-Farrow has hired a doctoral level clinical psychologist to be the Chief of this Department. Student volunteers have been utilized on the ward level with supervision provided by Psychological Service. The plans are to recruit more student volunteers so as to supplement our limited staffing situation. There are also plans to recruit and hire additional full-time positions in this service, especially experts in Behavior Modification when funding permits.

The psychology personnel have been assigned the administrative duty of running ward meetings on their assigned wards. This is in addition to providing psychological services for testing, evaluation to the complete facility and being a part of the Treatment Team, thus, providing various treatment programs and/or modalities for the patients assigned to them.

The last year has been spent in intensive in-service training in psychological assessment, behavior modification and psychopathology.

During this last year, the Psychology Services senior staff members have also become involved with various hospital wide executive planning meetings and projects, as well as participating in the Probate process as Designated Examiners.

NURSING

Nursing has continued to focus on evaluating and improving the quality of nursing care in the various nursing areas.

Admissions Area focused on enhancing the patients' therapeutic environment. The reduction of bed capacity from 150 to 110 reduced the overcrowding in this area and made it possible to provide more active psychiatric nursing care for the newly admitted patients. The size of this area was also reduced from three buildings to one building. This reduction in beds coupled with increasing the number of licensed nursing personnel made it possible for this area to begin the development and implementation of nursing care programs. Efforts will need to be continued in the area of assessment and nursing care planning.

The Medical Area has also focused on improving the assessment of patients and improving documentation. Additional licensed nursing personnel have been assigned to this area to provide care for patients with acute medical problems. However, due to the large number of patients admitted, additional numbers of nursing staff are needed.

Resident Care Areas focused on improving the patients' independence, activities of daily living, and communication skills. Other programs include exercise, grooming, and toilet training. Much improvement in the implementation of these programs was noted. The staffing in the Resident Care Areas ranged from fair to critical. On some wards, on P.M. and Night shifts, there were only one or two mental health specialists available to care for thirty patients. The overall number of patients in the Resident Care II Area has been reduced. A slight increase in the number of licensed nursing personnel has been noted in Resident Care II since it has been identified as part of the Distinct Part. However, licensed personnel coverage on P.M. and Night shifts is extremely limited.

All areas in nursing responded positively in the implementation of the programs for Blind and Visually Disabled, and the Constipation Prevention and Treatment Programs. Mobility Training Programs and the focus on appropriate use of gerichairs resulted in a decrease of patients using gerichairs.

The new Patient Care Program classification which was implemented this year had a great impact on the overall operation of the Nursing Department. Massive patient transfers within the hospital required much refocusing and adjusting of the nursing staff on various wards. Staffing

patterns reflected the need to frequently reassign staff in order to ensure that staff was best utilized to meet the needs of the patients.

Patient population has been reduced due to increased discharge rate and transfers of patients to Roddey Pavilion. However, a major problem, which has also been cited frequently by NIMH, is the lack of sufficient numbers of registered nurses to adequately assess, plan, implement, evaluate, and supervise nursing care. During the past year thirty-one registered nurses and seventeen licensed practical nurses were employed. However, there was no increase in the total number of registered nurses. The net loss for licensed practical nurses was two and the net loss for mental health specialists was seventy-eight. In July 1982, there was a total of 102 registered nurses, 42 licensed practical nurses, and 705 mental health specialists in nursing. Presently, there are 102 registered nurses, 40 licensed practical nurses, and 627 mental health specialists. Continuous efforts have been made in the area of recruitment and retention of nurses.

Nursing Education continued to provide a variety of educational offerings for all levels of nursing staff. To meet the objectives of nursing staff development program, offerings were provided in the following components: Orientation, In-Service Education, and Continuing Education.

Continuing Education for nurses monthly offerings were attended by a total of 248 nurses for the nine offerings. Attendance averaged at 25 per offering. Offerings included: "Your Public is Listening" a film and discussion on courtesy, Behavior Modification and Motivational Therapy, Legal Implications of Charting, Sensory Retraining and Remotivating the Geropsychiatric Patient, Introduction to Relaxation Techniques, Introduction to Biofeedback, Relating to the Disoriented Aged, Patient Care Programs: Hospital Reorganization, and Drug Actions — Interactions. Five workshops were provided for licensed nursing personnel. Two on "Physical Assessment of the Geropsychiatric Patient" with thirty-one nurses attending, two on "Assessment and Nursing Intervention in Behavioral Problems" with fifty-two nurses attending and one on "Assertiveness for Nurses" with ten nurses attending.

This fiscal year began with a Nursing Education staff of eight nursing instructors, one secretary, one clerk-typist, one program nurse specialist, and the nursing education director. Due to the employment freeze for mental health specialists (no mental health specialists were employed after November 29, 1982) and staff shortages on the wards, six instructors were assigned to function as head nurses.

The outstanding feature of this past year was constant change in order to implement patient care programs which is still in process. Hopefully by the end of the next fiscal year, all programs will be implemented.

ADMINISTRATIVE SERVICES

The Department of Administrative Services is responsible for providing (1) adequate and complete medical records for all patients; (2) supplies and equipment necessary for the proper care and treatment of all patients; (3) a safe place to live and receive treatment that is clean, comfortable, and as pleasant as possible, and (4) wholesome and nutritious meals. In addition, Administrative Services assures that the hospital abides by the S. C. State Law, SCDMH Directives, and CFSH Directives; budgetary matters also are the responsibility of Administrative Services which is dedicated to an all-out effort to provide the above-mentioned services within the budgetary limitations.

In the October 1981 survey by the JCAH, it was noted that important progress had been made in correcting deficiencies reported in the last several surveys. As a result, CFSH was awarded a two-year accreditation contingent upon continued progress in obtaining additional clinical personnel and improving the patient environment.

A follow-up survey by the Joint Commission was held in March of this year, and it was finally concluded that accreditation would be continued until the next scheduled survey to be held in the early part of 1984.

In other surveys conducted at CFSH by the National Institute of Mental Health in March and July of 1983, the same major deficiencies were reported. However, sufficient progress was noted in the July survey to continue certification until the agency's next official visit planned for November, 1983.

In March through June of this year the CFSH patient census was reduced through transfers to the Roddey Pavilion at the Tucker Human Resources Center. Construction on this new pavilion was completed in January. The staff at CFSH was also reduced proportionately by transfer to Roddey Pavilion. It was planned that the staff ratio to patients would be strengthened at CFSH following the completion of the transfers.

In other changes, patient dormitories No. 8, 10, and 12 were closed and the Farmer Building became available to the SCDMH for housing nursing home type patients from CFSH. These patients will be transferred from existing dormitories following some revisions in the Farmer Building to bring the latter into compliance with state licensing regulations.

REGISTRAR DIVISION

Admissions and Dispositions Office

This office is the nerve center of Crafts-Farrow State Hospital. It is manned twenty-four hours a day, seven days a week by employees whose duties vary from admitting and discharging patients, maintaining daily

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census, operating computer terminal, manning paging system, two way radio, civil defense radio, arranging transportation for patients going back to communities for hearings, to providing back up support to Security Division. All these are accomplished with a minimal staff due to budget cutbacks last year.

Medical Records Section

This Department is responsible for the Medical Records on all patients. All dictation by doctors, social workers and psychologists is done in the medical transcription area. All insurance claims, correspondence, death certificates, and notification of families of patients' right to reexaminations is also done in this department. This department is responsible for maintaining an individual patient record. This is done by ward clerks supervised by this department. Each ward clerk has an average of fifty patients and must keep the charts thinned down to where the staff can easily work with them. After discharge, the record is prepared for microfilming. This office has been hit badly by the budget crunch. In addition to preparing two hundred and fifty patient transfers to Roddey Pavilion, we had five resignations that could not be replaced. Three resignations were moving out of state and two for better jobs since there were no salary increases last year.

Medicare-Medicaid

This section processes claims for Medicare patients, notifies the patient and family when claims are exhausted. Records are kept on all Medicare and Medicaid patients. Blue Cross and Blue Shield reviews these records every ninety days on a sampling basis. However, the sampling basis amounts to approximately one hundred and eighty records to be pulled and checked for completeness before the audit. Approximately three hundred patients are on Medicare and some six hundred and fifty are on Medicaid. With these numbers drawing federal funds, the paperwork and other red tape takes an enormous amount of time and requires additional help from the Medical Record Section when preparing for an audit.

Post Office/Personal Fund

This office is manned by four people — two mailroom supervisors, one postal clerk and one vehicle operator. The vehicle operator delivers mail throughout the hospital two to three times daily and makes special trips when requested. The other employees operate a branch Post Office, selling money orders, stamps, etc. In addition, they disburse money to patients for personal use and shopping. They receive monies from traffic tickets, patients paying on their accounts, money for patients from their families and any other incoming money for the Department. Approx-

imately $25,000.00 in financial transactions are handled through this office each month.

SUPPLY AND SERVICES DIVISION

The Supply and Services Division continues to requisition, store and issue supplies to all areas of the hospital and some supplies to other SCDMH facilities including Morris Village, Autistic Children's Center and Bryan Psychiatric Hospital. Records on expendable and non-expendable items are maintained and inventories held according to established SCDMH accounting procedures.

We continue to wash in our facilities bath towels, wash cloths, underwear and socks and other items whenever possible to provide clean and adequate clothing and linen for our patients. Other clothing and linen items are still contracted to the Department of Corrections. For the fiscal year 1982-83 there were 3,111,889 pounds laundered by Corrections at a cost of $358,348. Total charges are based on receiving weights through November and then dry laundered weights.

Sales for the canteen for fiscal year were $151,361 not including vending machine sales. A new vending contract was let to Araserve, Inc. and the canteen staff has been working to make the transition as smooth as possible. The staff also attempts to provide new items for sale as requested or made available by providers.

ENGINEERING DIVISION

Engineering has continued to provide improvements to hospital facilities along with minor repairs as required to meet with accreditation requirements. Priority has been placed on giving the best of patient comfort, patient/employee safety and meeting accreditation criteria.

The Division's authorized personnel strength remained at 85 spaces dropping to a low of 76 by the end of fiscal year. Budget limitations hindered filling positions when they were vacated.

The major capital improvement project was the reroofing of Sol B. McLendon Building.

The Utilities and Equipment Branch completed major projects consisting of: replacing 7 electric light poles on Grounds area, overhauled pot washer and rewired at Food Service-Main Kitchen, installed fire dampers in Buildings 1, 2, 3, 6, 14, 15, 16, Shand, Davis and McLendon, completed two (2) re-constructions on Sewer Lift Station, installed bathtub in Shand 166, installed washer and dryer in Building 3 and Shand 166, installed two (2) washers and dryers in Building 7, replaced steam pipes in Buildings 12, 8 and 10, installed Beauty Shops in Buildings 6 and 7. Also, installed new

motor in washer at Laundry plus rewiring, bought and installed new time clock in Building 3, installed time clocks in Buildings 17 and 9, installed hydraulic lift chairs in Buildings 13, 15 and 3, installed new air-handling in Food Service-Main Kitchen and installed a fourth exhaust fan over dishwasher area and replaced defective gear box at Energy Plant Control Box.

The Building and Maintenance Branch placed emphasis on a number of "in-house" minor construction and alterations to provide and maintain a therapeutic environment as required by accreditation criteria.

Transportation has continued to provide necessary support to comply with changing hospital needs. Sedans assigned have averaged approximately 578 miles each month in transporting patients to their home counties for court hearings and medical reviews totaling 673 trips. This Branch has transported 262 patients to Roddey Pavilion and Tucker Center for Long Term Care Program. One new sedan (Security) and one new truck (Supply) was purchased during year to replace similar vehicles. Transportation has continued to provide automotive supply, maintenance and repair services to vehicles assigned to Morris Village and Bryan Psychiatric Hospital.

Grounds Maintenance Branch Personnel have maintained our hospital grounds, replacing shrubbery and grass as needed, in an excellent manner to help keep all areas looking the best for patients and visitors to hospital grounds.

FOOD SERVICE DIVISION

Food Service Division continues to prepare and serve attractive, highly palatable and nutritious meals to Patients and Employees at Crafts-Farrow State Hospital, Bryan Psychiatric Hospital, and Morris Village. Approximately 2,003,186 meals were prepared during the past fiscal year as reflected below:

Crafts-Farrow State Hospital	1,504,977
Bryan Psychiatric Hospital	349,280
Morris Village	148,929

During the year, because of lower patient census, 2 Dining Rooms were closed at Crafts-Farrow.

Some old equipment was replaced with new.

The Food Service Division is composed of one Food Service Director III, one Food Service Director I, five primary Food Service Supervisors and approximately 115 supportive personnel.

Staff participated quite actively in In-Service Training and Staff Development Work Shops.

HOUSEKEEPING DIVISION

During the Fiscal year 1982-1983, we closed down three patient buildings. Housekeeping has lost a total of thirteen custodial positions through transfer of employees to other facilities. We have continued to work toward improving the Therapeutic Environment in patient care areas through arrangement of furniture, placement of furniture and accessories such as pictures, plants, curtains, etc.

We have continued the education of our staff members through workshops and in-service training programs.

Housekeeping has achieved its goal of improving environmental care for the residents of Crafts-Farrow State Hospital. We have also employed some new techniques in order to improve daily care.

Our goals for Fiscal year 1983-1984 are to: (1) continue to maintain a pleasant and safe environment for our residents; (2) upgrade the skills of our staff; (3) improve employee morale; and (4) strive for better cooperation between departments as we undergo changes in the structure of some areas.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

DIRECTOR'S REPORT

During fiscal year 1982-83, the William S. Hall Psychiatric Institute continued to pursue the goals of training highly competent mental health professionals and furthering knowledge of neuropsychiatry by competent research. We continue to evaluate and upgrade our training methods, research projects, and services given to patients at the Institute to support the training programs.

A total of 827 trainees were in training during the year:

General psychiatry training	23
Child psychiatry training	5
Administrative fellowship	1
Psychology internship	4
Nursing students	113
Clinical pastoral trainees	15
Social work placements	5
Recreational therapy internship	9
Music therapy internship	4
Occupational therapy internship	6
Pharmacy students	34
Psychopharmacy internship	1

Vocational rehabilitation internship	1
Mental health counselor internship	1
USC medical student clinical psychiatry rotation	37
USC medical student clinical neurology rotation	33
Psychiatry electives	3
Continuing education programs	532

The general psychiatry training program continues to progress as evidenced by outstanding scores on national examinations and success in recruiting (all slots have been filled for the coming year). Full four-year accreditation was received by the general psychiatry residency and child psychiatry fellowship programs. A resident psychotherapy program, operating from the USC Student Health Center, was initiated during the year and is operating satisfactorily.

In the Director's dual role as Chairman of the Department of Neuropsychiatry and Behavioral Science, he completed a six-month sabbatical in Scotland. During his sabbatical, the administrative, teaching and clinical operations of the Institute were supported through the organizational structure initiated the previous year. The Associate Director for Professional Services served as Acting Director, assumed additional responsibilities for this period, and worked with all faculty members to insure program and administrative continuity. The Director's study in Scotland was successful in adding an extra dimension to the general psychiatry training program as well as to the undergraduate medical student education programs. A direct result of the contacts established at the University of Glasgow School of Medicine is the scheduled elective study in Glasgow by a third-year resident beginning in July. The resident will work under the supervision of Professor Michael R. Bond, an NIH committee representative and international authority on pain and the effects of brain damage. A similar elective experience in the Department of Psychological Medicine at the University of Glasgow is tentatively planned for a fourth-year resident in the summer of 1984. Reciprocal elective training at the Institute for Glasgow residents will be explored.

The close relationship with the USC School of Medicine has continued with thirty members of the Institute faculty now having appointments in the Department of Neuropsychiatry and Behavioral Science of the USC School of Medicine. Eight of these faculty members have shared salary funding between the University and the Department of Mental Health. Active involvement of the Institute residents in the undergraduate clinical programs continues to prove mutually beneficial.

Several key personnel changes have taken place. Dr. Robert Bank has been appointed Director of the General Psychiatry Residency Training Program. On June 16, Dr. Charles Ham who served as Deputy Director

and Quality Assurance Director transferred to South Carolina State Hospital as Interim Superintendent. On July 1, Dr. John Emerick will be appointed Chief of the Adult Outpatient Clinic; Dr. Barbara Geller will join the faculty as Chief of the Child and Adolescent Outpatient Clinic; and Dr. Tony Gore (one of six residents who graduated) will be employed as a Teaching Psychiatrist. Mr. Robert Parker has been named Associate Director for Administration. Recruitment is underway for Chief of Inpatient Psychiatry Service and Chief of the Adolescent Inpatient Unit. We regret the loss of Dr. Nandkumar Shah, Chief of the Ensor Research Laboratory, who died while at work on May 23, 1983. A research faculty member will be recruited to carry on the significant work in the laboratory.

The Institute suffered a 5.31% budget reduction during this fiscal year. A proviso in the budget bill for next year allows the Institute to use up to $582,474 from patient collections to defray costs of training and research at the Institute. The Professional Practice Plan, in its third year of operation, continues to progress toward the goals stated for the Plan.

During this fiscal year, 873 patients were treated as inpatients for a total of 36,093 inpatient days and 2,027 partial hospitalization patient days. 5,988 outpatient visits were recorded.

A noteworthy accomplishment during the year was the establishment of the Lexington County After-Hours Clinic at the Community Cottage facility of the Institute. Staffed by Institute faculty and residents, the clinic provides quality coverage for psychiatric problems on a full 7-day/week, 24-hour/day schedule through contract with the Lexington County Mental Health Services. Referrals for evaluation are accepted from the courts, the Lexington County Mental Health Clinic, and the Lexington County Hospital Emergency Room. This program, initiated in September, has been successful in assisting the Lexington County Mental Health Board in providing comprehensive care of the highest quality to its citizens.

Fifty-six review articles, abstracts, book reviews, etc. by members of the Institute faculty were accepted for publication by various journals during this year. A book entitled *Current Status of Endorphins and Opiate Antagonists in Psychiatric Research: Clinical Implications* was edited by N. S. Shah and A. G. Donald and published by Plenum Publishing Corporation, and another book is in press. Several staff members were invited to present research papers to professional meetings at the national level.

Four papers were submitted for consideration for "The Joe E. Freed Award" which is given annually for the most outstanding paper written by a physician in training. The award was won by James W. Mimbs, M.D., for a paper entitled "Lithium Therapy in A Community Mental Health

Clinic (Monitoring of Renal Function and Serum Lithium Concentration)."

A donation to the Health Resources Foundation of the William S. Hall Psychiatric Institute made possible the establishment of the Director's Annual Award for Excellence. This annual award will be presented to the faculty member who has made the most significant contribution to the mission and purpose of the Institute. The 1983 award was awarded to the late Dr. N. S. Shah and was received by his wife, Mrs. Neeta Shah, and his daughter, Miss Anita Shah.

In addition to establishing policies for the operation of a fee-for-service unit during next year, the Institute will determine the feasibility of establishing a sleep laboratory in the Neurology Service of the Institute. The growth of solid research in this area and the clinical usefulness of sleep studies have led to the prediction that every major medical center will have such a laboratory within the next decade.

DEPARTMENT OF PROFESSIONAL SERVICES

Office of the Associate Director for Professional Services

During the 1982-83 year, the Associate Director for Professional Services continued to be responsible for all clinical and research programs within the William S. Hall Psychiatric Institute. The Associate Director for Professional Services functioned as the Acting Director of the Institute for six months during which time the Director was on sabbatical.

During the past year, the Associate Director for Professional Services was very active in the preparation and submission of five grant proposals, two of which were funded, and the submission of two articles for publication. The Health Resources Foundation of the William S. Hall Psychiatric Institute awarded a grant in the amount of $531 for a grant entitled "Comparing Nutritional Status of Inpatients and Outpatients," and the National Institute of Mental Health awarded a grant in the amount of $56,052 for a grant entitled "NIMH Clinical Training/Manpower Development — Psychiatry Comprehensive Institutional Training Grant" which is to begin July 1, 1983.

General Psychiatry Residency Training Program

The General Psychiatry Residency Training Program recruited six residents for PGY-1 beginning July 1, 1982, and also added one resident to each of the PGY-2, -3, and -4 classes. There was a total of twenty-three general psychiatry residents in training during the 1982-83 academic year. Three residents graduated from the program in June, 1983. The program also participated in the National Residents Matching Program for 1983 and signed five PGY-1 residents for July 1, 1983. Three addi-

tional PGY-1 residents were recruited outside the Match. Also, two PGY-2 and two PGY-4 residents were recruited to join the program for July 1, 1983. Expanded recruitment activities and changing attitudes toward psychiatry have helped fill all our training slots with qualified applicants. The ratio of American graduates to foreign graduates is about 2:1.

The curriculum was revised and streamlined in accordance with the recommendations of the Curriculum Review at Hickory Knob in May, 1982. The successful implementation of these modifications was evident in the four-year residency program receiving full accreditation from the Accreditation Council for Graduate Medical Education in September, 1982, (Council action in April, 1983) and a successful curriculum review by Institute faculty, residents, and an outside consultant in May, 1983. Training affiliations were maintained with the William Jennings Bryan Dorn Veterans' Administration Hospital; Columbia Area Mental Health Center; Richland Memorial Hospital; and the Departments of Internal Medicine, Pediatrics, and Family Practice of the USC School of Medicine. A new contract for emergency after-hours psychiatric evaluation was also implemented with Lexington County which enhances emergency psychiatry training at the Institute.

The Psychiatry Residency In-Training Examination sponsored by the American College of Psychiatrists was again administered in the fall. The PGY-1 class scored well above the national norm in psychiatry and neurology. The PGY-2, -3, and -4 groups clustered near the mean for the nation. An oral examination modeled after the American Board of Psychiatry and Neurology Exam (Part II) was conducted in June, 1983, with the assistance of outside consultants. On the whole, residents performed well; and deficiencies were addressed with each resident.

Harold D. Stalvey, M.D., resigned as Training Director in March, 1983, and Robert L. Bank, M.D., was named his successor. Doctor Stalvey's hard work in the areas of curriculum design and recruitment were greatly appreciated. Medical limitations required Doctor Stalvey to cut back to part-time work; he continues to work with the program two days per month.

Child and Adolescent Psychiatry Service and Training Program

During the 1982-83 year, there have been five residents enrolled in the Child Psychiatry Residency Training Program. Two of those residents completed their training in child psychiatry. Two residents withdrew from the program, one for health and family reasons and the other for unknown reasons. One resident continues in the program.

In September, 1982, the Child Psychiatry Residency Training Program was surveyed for accreditation by the Accreditation Council for Graduate Medical Education of the American Medical Association. The program

received continued full accreditation to provide two years of child psychiatry residency training. The surveyors made no recommendations for improvement in the training program.

The faculty has continued to work on a curriculum development project in which goals and objectives for each part of the training program are being developed.

It is anticipated that three new child psychiatry residents will begin their training in the summer of 1983.

The Child and Adolescent Psychiatry Service is made up of five major service sections as follows: 1) the Adolescent Inpatient Unit, 2) the Child and Adolescent Outpatient Clinic, 3) the Day Treatment Center, 4) the Diagnostic Nursery, and 5) Consultation Services to Richland School District No. 1, the Pediatric Clinic at Moncrief Army Hospital, Willow Lane School (Department of Youth Services), and the South Carolina State Hospital.

The major mission of the Child and Adolescent Psychiatry Service is to provide research and training opportunities through its clinical services. In the past year, clinical training has been provided to five child psychiatry residents, nine general psychiatry residents who were doing their child psychiatry rotation, four psychology interns, third-year medical students from the University of South Carolina School of Medicine and fourth-year medical student electives in child psychiatry to students from the University of South Carolina School of Medicine and the Medical University of South Carolina. In addition, research has been ongoing in both the Outpatient Clinic and the Diagnostic Nursery.

Psychology Service and Internship Program

The Clinical Psychology Internship Program recruited four interns for the 1982-83 year.

Psychology Service functions in the areas of service, training, teaching, consultation, and research. Clinical psychology is involved in the training and teaching of all of the programs of the Institute including psychiatry, nursing, social work, chaplaincy, occupational therapy, recreation therapy, music therapy, as well as some of the training areas associated with the USC.

The Education and Training Board of the American Psychological Association sent two representatives to do a site visit of the Clinical Psychology Internship Program. A report was rendered by the site visit team, and the Chief, Psychology Service has replied. The decision about approval from the APA will be forthcoming sometime probably in August or September of this year. The statements made by the site visitors were all very positive except for the lowered stipend. Discussion with the Director of the Institute has resulted in the stipend being raised for the

internship year beginning in September, 1984. This should help a great deal in a favorable decision by the APA.

The current training, consultation, and service functions continue pretty much undiminished.

Psychology Service sponsored a continuing education program on "Imagery in Psychotherapy and Behavior Modification." The speaker was Jerome L. Singer, Ph.D. There were approximately 50 in attendance.

Pastoral Education Program

The Pastoral Education program recruited four pastoral residents, one pastoral fellow, eight pastoral interns, and two pastoral undergraduate students during the 1982-83 year.

Educational and orientation sessions related to pastoral care were provided by the Pastoral Education Program for various training programs and services of the Institute. Several presentations were offered to community and civic groups. A paper was presented at a national conference, and a workshop was offered to the employees of the SCDMH via its Staff Development Program. In addition, a presentation was provided by the Pastoral Education Program for a state-wide denominational group.

During the year, a unified program of all clinical pastoral education in the Department of Mental Health was established. This consolidated program, called the SCDMH Academy for Pastoral Education, provides a system of pastoral student placements and unified curriculum resources in various facilities and centers. The Institute's Pastoral Education Program is a participating component in this newly arranged format for pastoral education in the Department. Thomas A. Summers, D.Min., the Institute's chief chaplain for the past seventeen years, was appointed as the Director of the SCDMH Academy for Pastoral Education.

Activities Therapies

During the 1982-83 year, Activities Therapies had a total of 19 students in the various internship Programs (9 recreation therapy interns, 6 occupational therapy interns, and 4 music therapy interns).

During the past year, the Recreation Therapy Department expanded its coverage of the Rehabilitation/Reintegration Development Pilot Project (Taylor East) and the Adolescent Unit. One full-time recreation therapist was placed on Taylor East to provide therapeutic recreation experiences for the population and to assist in any research projects. Recreation Therapy expanded its coverage on the Adolescent Unit by providing evening recreation activities and by placing two recreation therapists to assist the rest of Activity Therapy personnel in conducting weekend activities. The Recreation Therapy Internship Program ex-

panded its university affiliations by adding the University of Minnesota and Brigham Young University.

The Occupational Therapy Staff has assisted in the development of a program and assessment for activities of daily living skills for the Rehabilitation/Reintegration Developmental Pilot Project and will continue work on the final draft. The staff provided inservice training along with handouts for Neurology (Dix West) on the safe handling and transfer techniques for patients, and plans were made to continue this - possibly on a regular basis.

The Music Therapy Department had four major projects and case studies completed that relate to the use of music therapy in a psychiatric facility. Therapeutic music activities were provided for all inpatients, the Day Treatment Center, the Adolescent Unit, and the Rehabilitation/Reintegration Developmental Pilot Project to support the Music Therapy Internship Program.

During the past year, the Art Therapy Department has greatly increased its patient services. Services to the Rehabilitation/Reintegration Developmental Pilot Project were initiated, and services provided for the Adolescent Unit and the Day Treatment Center were expanded. In addition, Art Therapy staff members worked more evening and weekend hours.

Rebecca Wadsworth completed the registration procedure of the American Art Therapy Association and was granted the title "Registered Art Therapist" in April, 1983. She attended the annual meeting of the American Art Therapy Association held in Philadelphia in October, 1982, and presented the art therapy display "Mirrors, Passages, Plays."

Clinical Pharmacy

The Clinical Pharmacy Service had 35 trainees in five training programs during the year. Fourteen undergraduate students from the USC College of Pharmacy completed four-week psychopharmacy clerkships; 17 sophomore pharmacy students participated in orientations to psychopharmacy; and one junior student is currently working on pharmacy-related research projects. Two baccalaureate pharmacy students completed their six-month internships, and one postdoctoral pharmacist is currently completing his psychopharmacy residency.

In support of the Institute's training programs, the Clinical Pharmacy Service provided clinical services to the Inpatient Psychiatry Service, Outpatient Psychiatry Service, Neurology Service, and Child and Adolescent Treatment Programs. During the past twelve months, the Clinical Pharmacy Service has continued to be involved in clinical, educational, and research efforts. During the year, numerous educational sessions related to psychotropic medications were provided; those attending the

sessions included psychiatry residents, nursing students and staff, pharmacy students, vocational rehabilitation students and staff, activity therapy students and staff, and social work students and staff.

During the 1982-83 year, the Clinical Pharmacy Service had two manuscripts published, one manuscript accepted for publication, two manuscripts submitted for publication, six papers submitted for presentation at national meetings, two research proposals submitted, three grant proposals submitted, and one grant proposal funded. The Teaching Pharmacist participated in a five-week seminar sponsored by the National Endowment for the Humanities on Informed Consent during June and July, 1982, and has been selected to participate in a twelve-month fellowship in clinical drug research jointly sponsored by Burroughs Wellcome and the University of North Carolina.

Vocational Rehabilitation

During the 1982-83 year, one graduate student from S. C. State College completed a Clinical Internship in Rehabilitation Counseling. The 600-semester-hour curriculum emphasized the interdisciplinary approach in psychiatric rehabilitation. Fifteen Vocational Rehabilitation Counselors from the community vocational rehabilitation program attended an educational workshop designed to familiarize them with psychiatric rehabilitation. They toured the Institute, heard lectures from Institute staff, and participated in group discussions. A site visit was arranged for Institute staff to see the Vocational Rehabilitation Comprehensive Center and the Rehabilitation Workshop. The Clinical Rehabilitation Counselor completed requirements and earned certification from the Commission on Rehabilitation Counselor Certification. The Casework Assistant completed a skill training course in administering and scoring psychometric assessments. The Chief of the Rehabilitation Service attended the Regional National Rehabilitation Association Conference and earned certification from the National Board of Certified Counselors. An inservice training program was concluded each month with an emphasis upon helping the staff to improve their professional skills. Requests for Vocational Rehabilitation consultations were made at an average of four per week, and an average of eleven referrals per month were made for vocational evaluation. Sixteen patients were placed into community employment, and eighty-nine patients were referred to the community for continued vocational rehabilitation services.

Social Work Service and Placement Program

Five graduate students participated in the Social Work Placement Program during the 1982-83 year. The Social Work Service provided services to support its training program including, but not limited to,

psychosocial assessments, family counseling, and discharge planning for patients requiring social work intervention. Members of the staff continue to be involved in teaching and training activities, collaboration, and consultation with trainees in other disciplines including: Child Psychiatry, General Psychiatry, and Nursing Education.

Two papers were presented by social work staff at conferences, and two papers which were authored or coauthored by social work staff were submitted for publication.

This year social work staff planned, organized, developed, and implemented an ongoing seminar on family therapy. Social work staff was also responsible for planning and organizing the Fifth Annual Cross-Cultural Conference held at Myrtle Beach. Approximately 250 attended this conference.

Nursing Service and Educational Programs

The Nursing Education Department provided courses in nursing theory and/or clinical practice to 113 nursing students during the 1982-83 year. Programs participating included: Orangeburg Regional Hospital School of Nursing, Midlands Technical College, York Technical College — USC Lancaster Regional Campus, USC Coastal Carolina Regional Campus, and USC Columbia Campus.

During the past year, the Nursing Inservice and Student Education Programs were integrated to provide a full utilization of personnel and expertise to impact directly on the nurse-patient interface via the teaching process. Program curricula were revised and implemented to reflect this new focus providing many hours of course content to all Nursing Service employees.

Neurology Service

Neurology Service provided education in neurology to psychiatry residents and medical students rotating through the Neurology Service during the 1982-83 year by providing teaching rounds, neurology conferences, and individual supervision.

General Psychiatry Inpatient Service

The General Psychiatry Inpatient Service provided clinical services to support the training of psychiatry residents, medical students, nursing students, activity therapy interns, and pastoral education residents.

The Rehabilitation-Reintegration Developmental Pilot Project, which was established last year to test the feasibility of effectively integrating hospitalized, chronic psychiatric patients into the community, has discharged 32 patients into the community during the period December 1,1981, through April 27, 1983. Of these patients, all but two are still

living in the community with one other patient being readmitted to the Institute and later discharged. This is an average discharge rate of two per month since July 1, 1982. Since October, 1982, the discharge rate has averaged three per month. Patients have ranged in age from 27 to 62 years. The largest number (15) have been between the ages of 30 to 40 years. Dates of first hospitalizations have ranged from 1945 to 1981. Two were admitted for the first time between 1941 and 1950, 10 between 1951 and 1960, 3 between 1961 and 1970, and 16 between 1971 and 1981 (one first admission date is unknown). Number of months during last admission at the S. C. State Hospital prior to transfer to the Institute ranges from 2 to 433, the average being 100 months.

At the time of this report, the 20 project patients ranged in age from 27 to 67 not included in discharged population data include: 6 patients from the Columbia Area, 4 patients from the Santee-Wateree area, 3 patients from the Pee Dee area, 3 patients from the Waccamaw area, 2 patients from the Orangeburg area, and 1 patient from the Lexington area. Fifteen out of 18 patients are from the lower or lower/middle socioeconomic background. Date of first hospitalizations range from 1951 to 1981, with 5 patients having been first hospitalized between 1951 and 1960, 10 patients from 1961 to 1970, and 3 from 1971 to 1981. Number of hospitalizations prior to hospitalization at the Institute ranges from 1 to 11. The number of months of hospitalization during the last admission at the South Carolina State Hospital prior to transfer to the Institute ranges from 6 to 372 months, with the average being 82.4 months of hospitalization.

General Psychiatry Outpatient Service

General psychiatry residents, psychology interns, nursing students, and social work interns continue to be trained in the various outpatient components, including the Partial Hospital Program. The community mental health system continues to provide opportunities for trainees to develop skills in addition to receiving continuing education from the outpatient staff.

A new component of the Outpatient Service is the contractual relationship with Lexington County Mental Health Services to provide weekend and after-hours evaluation of psychiatric disturbances for the residents of Lexington County. Clinical and administrative supervision is provided by the Chief of the Outpatient Service. Two new psychotherapy groups were also started this year, one for adults and one for the elderly.

The void left by the departure of the Chief, Adult Outpatient Services in April, 1983, for another post was filled by a new Acting Chief. This psychiatrist is also assigned to the full-time development of programs, services, teaching, and research in geriatric psychiatry. The physician will

become the Chief, Adult Outpatient Services on July 1, 1983.

The Mental Health Counselor Internship Program has continued to be a unique internship program within the Partial Hospitalization Program. One intern participated in that program during the past year.

Research Services

Ongoing research by the Ensor Foundation Research Laboratory resulted in the publication of seven papers with one additional paper being in press. Five book chapters are in press. One book edited by Dr. N. S. Shah and Dr. A. G. Donald was published in August, 1982, by Plenum Publishing Corporation, New York. A second book being edited by Dr. Shah and Dr. Donald is currently in press and scheduled to be released in the fall of 1983, and a third book being edited by Dr. Shah and Dr. Donald is currently in preparation. Four papers were presented at national meetings during the 1982-83 year.

In October, 1982, the staff of the Ensor Foundation Research Laboratory organized a well-planned Twelfth Annual Research Symposium entitled "Advances in Psychopharmacology Research: Impact on Clinical Psychiatry." Five internationally-known research scientists and clinicians were selected for presentation of a wide variety of topics in keeping with the central theme of the symposium. Approximately 60 persons attended this one-day symposium. Several books from various publishers were collected for display at the symposium and were donated by the publishers to the Professional Library of the Institute.

Dr. Nandkumar S. Shah was awarded a fellowship from Deutscher Akademischer Austauschdienst (German Academic Exchange Services) to work at Max Planck Institut fur psychiatrie with Professor Dr. Detlev von Zerssen for two months beginning June 1, 1983. Due to the unexpected death of Dr. Shah on May 23, 1983, this fellowship was not fulfilled.

Ongoing research by the Genetics Laboratory resulted in acceptance of five abstracts at national meeting which dealt with genetic issues associated with mental illness and the acceptance of nine research protocols.

A psychiatric resident was engaged in collaborative research in genetics.

The Genetics Laboratory continued to operate an accredited laboratory in genetics and expanded its investigations to include genetic control of the metabolism of thorazine and amitriptyline.

The Genetics Laboratory formed a collaborative relationship with the Department of Chemistry at the USC and continues a working relationship with the Departments of Microbiology and Immunology and Pathology in the School of Medicine at the USC.

The Psychiatric Genetic Assessment and Counseling Service continued

to accept referrals from psychiatric staff and residents at the Institute and, additionally, from the hospital and mental health center facilities of the SCDMH and the public. Participation in the area of the genetics program continued with presentations at two local professional meetings, numerous professional and public educational workshops, and the continued participation of the genetics associate from the genetics program in the psychiatric genetic counseling services offered by the Psychiatric Genetic Assessment and Counseling Service.

Medical Student Education

During the 1982-83 year, medical students in all four years of training participated in undergraduate medical student education activities at the Institute. Forty-four first-year students completed the videotaped life history interview segment of their training through group feedback sessions with faculty at the Institute. Interview skills were further refined in team interviews of Institute patients. In addition, a two-part conference was held at the Institute for first-year students. This conference focused on interviewing, history-taking, and rapport-building aspects of the doctor-patient relationship.

All second-year medical students (46) performed videotaped mental status examination interviews with Institute inpatients. After completion of the tapings, the students participated in group review and feedback sessions led by faculty.

The eight-week Clinical Psychiatry Clerkship was comprised of six groups and a total of 37 MIII students. Twenty-one of these were assigned full-time to the Institute for their psychiatry rotation. All students participated in orientation and conference activities scheduled at the Institute. Involvement of residents in the undergraduate medical student education programs, in addition to supervision received from faculty, has proved mutually beneficial to medical students and residents.

Thirty-three fourth-year students rotated through the Neurology Service of the Institute as part of their four-week Clinical Neurology Clerkship.

Six students participated in the eight-week Summer Remunerative Clerkship Program at the Institute during the summer of 1983. The Summer Clerkships provide an additional learning experience for the students and assistance to Institute-based faculty in various research projects.

Continuing Medical Education Program

Four continuing medical education programs were conducted during the 1982-83 year. The programs dealt with a variety of topics and featured outstanding, nationally-known speakers. The topics presented included:

"Current Trends in the Psychology of Women"
"Organic Brain Syndrome"
"Advances in Psychopharmacology Research: Impact on Clinical Psychiatry"
"Sleep Disorders: Theoretical and Practical Aspects"

The total attendance for these programs was 217 and included 137 physicians and 80 nonphysicians. A total of 22.5 AMA Category I Credit Hours were offered.

DEPARTMENT OF ADMINISTRATIVE SERVICES

During Fiscal Year 1982 Administrative Services continued to support the Institute research and training mission by providing vital personnel, budgetary, and logistics support. A high level of excellence in patient-care was supported by Administrative Services in a variety of ways. Administrative, registrar, library, audio-visual, supply, maintenance, vehicle, and ground upkeep were some of the services provided. Prudent budget execution enabled the Institute to survive a major budget cut that threatened to close a patient-care unit. Intensive efforts were exerted throughout the year to manage resources in the best possible manner. A late year freeze on resource expenditures deterred budget execution and precluded the spending of funds which had been saved and earmarked for use and forced delayed expenditures into the new year.

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

DIRECTOR'S REPORT

Bryan Psychiatric Hospital continued to carry out its mission to provide intensive, short-term treatment for patients admitted from its 28 county catchment area. During FY 82-83 *3,044* patients were admitted, for an increase of about 3% over the previous year. This was an average of *253.6* admissions a month, as compared with *246.5* for FY 81-82. The number of patients diverted to SCSH because of overflow decreased from *330* for FY 81-82 to *220* for FY 82-83. The percentage of total admissions transferred to the SCSH for longer term treatment dropped slightly from *5.9%* to *5.2%*. However, the average length of stay for patients discharged from BPH during the year remained exactly the same as the previous year, *23.7* days.

Bryan Psychiatric Hospital's ability to absorb an average of *7* additional admissions a month was brought about by fully opening the last lodge (Lodge E) and renovating another lodge (Lodge H) for use as an acutely

disturbed unit. This was accomplished without increasing the number of nurses required for the total facility. Apart from increasing bed capacity, these changes also enhanced BPH treatment capability for those patients requiring this type treatment which usually is at the time of admission. The seclusion rooms in the new unit are in accordance with JCAH standards, whereas the ones in the former unit were questionable.

The SCSH continued to accept long-term, chronic, multiple admissions patients (as a general rule, 9 or more admissions) from the catchment area. This SCDMH policy of diverting these patients directly to the SCSH has enabled BPH to concentrate more fully on its mission of providing intensive, short-term treatment to a large catchment area. It is significant to note that *81%* of patients diverted were last discharged from the SCSH.

The highlight of the year was the JCAH survey of BPH in December, 1982. The hospital, surveyed for the first time, received a full three-year accreditation. This had been a top priority for FY 82-83 and the excellent results of the survey reflect a consistent, strong effort by all staff to meet high standards.

Community and Patient Relations:

The Community and Patient Relations office continued to coordinate the linkage between BPH and the community resources in the 28 county catchment area. This included reviewing and, when necessary, revising the Memorandi of Agreements with the 11 mental health centers. The admission/referral processes were continually simplified and refined over the year. Hospital social workers exchanged visits and contacts with center liaison persons during the year in the interest of promoting a high level of reciprocal interchange between the two facilities.

In the area of patient relations, three Patient Rights Specialists handled 194 inquiries about patient rights during the year. All except one complaint were resolved by the Patient Rights Specialist with the cooperation and assistance of BPH staff. The nature of inquiries/complaints is categorized in the following chart:

Category	*Number*	*Percentage*
1. Inquiry made but *no* complaint registered	44	23%
2. Complaint originated in the community setting (about court, police, mental health center, etc.)	57	29%
3. Complaint originated in the hospital setting (about treatment, staff, policies, etc.)	93	48%
TOTAL	194	100%

As noted, less than 50% of the inquiries/complaints were directed toward BPH.

In keeping with the hospital goal to create a climate of openness with the community, 26 tours of the facility were conducted over the year for community and professional groups.

The major components under the Community and Patient Relations office are reported as follows:

Chaplaincy Service:

The Chaplaincy Service, composed of one full-time and one part-time Chaplain, provided religious coverage to all patients at BPH. A Catholic Priest visited on a weekly basis to see patients of that affiliation. Arrangements were made for coverage by community clergy when indicated. The pastoral services included worship services every Sunday morning, special services during religious holidays, and group meetings with every new patient to explain Chaplaincy Services. In addition, the Chaplains assisted other disciplines in leading various therapy groups.

The Chaplains take referrals from Treatment Teams and other services to make individual contact and to give pastoral counseling. Spiritual counseling is also provided to employees when needed.

Volunteer Service:

Bryan Hospital's Volunteer Service Program continued to reach out and encourage community participation to help upgrade the quality of life of hospitalized patients. Twenty-seven regular service volunteers were recruited to do volunteer work in the lodges or assist with facility-wide activities. These volunteers contributed a total of 1,529 hours of service, or an average of 56 hours per individual volunteer. In addition, 9 different groups of volunteers contributed 83 hours to special programs for the entire facility. Apart from the personal service, various groups contributed a substantial amount of material over the year that was used in the interest of patients. Volunteer Service continued to operate a clothing store which is stocked entirely with donated clothes. This was the only source of clothing for a number of patients.

Vocational Rehabilitation:

The Vocational Rehabilitation Department experienced several significant events during this fiscal year. An obvious change was the relocation of the offices. The staff was pleased to move into the attractive and permanent offices located in the Administration Building. Staff transition included the addition of 2 counselors and 1 casework assistant, although 1 counselor and the casework assistant were added in the last 3 weeks of the FY. During the year the Vocational Rehabilitation staff interviewed 1,122

referrals, or 37% of the total hospital admissions (a 5% increase over the previous year); of the 1,122 referrals, 603, or 54%, were found eligible for Vocational Rehabilitation services (a 15% increase over the previous year; 215 clients participated in the work adjustment program introduced last year; 411 of the 603 cases were transferred to Vocational Rehabilitation field counselors in the Area Offices across the state for follow-up services in their home community. *One hundred eighteen clients who remained in the greater Columbia area received job placement and follow-up services and 54 of those have been successfully rehabilitated by the Vocational Rehabilitation office at Bryan Hospital.* Significant increases in the volume of Vocational Rehabilitation services to patients are anticipated next year as the new staff added the latter part of this year becomes acclimated.

Nursing Service:

Nursing Service at BPH has continued to emphasize improving the competency of R.N.'s with the Psychiatric Nursing Series course. Ten additional nurses have completed the course. Three of these nurses, however, have obtained jobs at other facilities because of their increased knowledge and competency.

Emphasis on nursing research and quality assurance programs has also been a priority. Ten research projects were done and Nursing has been encouraged to submit these for publication.

Retention of R.N.'s has been more difficult in FY 82-83. Ten R.N.'s left during FY 81-82 and 20 R.N.'s in FY 82-83. All but 4 of the R.N.'s who left gave reason of higher pay and/or promotions.

Escort-Admission as a separate service was disbanded due to a cutback in positions. Escorts and admissions for patients are now provided by the individual lodge staff.

Lodge H was remodeled and is now the acute care unit for males and females. An effort is under way to improve intervention skills of staff and improve the quality of care provided to patients in this area.

The Policy and Procedure Committee has been expanded to include representatives from each lodge on this committee that is now meeting bi-monthly.

Social Work Service:

FY 82-83 showed another increase in patient admissions to BPH with the total number of patients treated going over 3,000 for the first time. Discharges for the same period were over 2,800 patients. The Social Work Department has continued its involvement with each patient by providing Socio-Cultural History and Assessment Reports, implementing discharge planning and referrals, and serving as the primary liaisons with families and communities.

Two important surveys took place during the past FY at BPH. The Social Work Department did extremely well with the survey done by JCAH. However, a later NIMH survey found us to be non-compliant with their standards. Conscientious efforts have been made to meet the standards as presented by the surveyors, however, the increased documentation requirements without any corresponding increase in staffing has impacted on service delivery and morale. Continued efforts are being made to streamline duties while encouraging therapeutic involvement with patients and families.

FY 82-83 represented the most difficult year for staff turnovers in social work since BPH opened with over 40% of our workers leaving state employment. Except for one individual whose employment was terminated, all of the other employees moved on to better-paying, non-state social work positions in the local area. The absence of state pay raises, the work pressures and requirements in this setting, and our inability to promote eligible employees to higher-level positions probably impacted on these decisions.

As the FY drew to a close, efforts were being made to review, revise, and strengthen a number of operational procedures, forms, and other documents to insure adequate service delivery to patients and families. These efforts should also insure that accreditation standards are met and maintained.

The Social Work Department expects to make every effort to meet the challenges of FY 83-84 while seeking to preserve adequate treatment programs for the patients and families we serve at BPH. It is hoped that staff turnover will decrease significantly during the year so that the Social Work Department can gain the stability to function more efficiently and effectively.

Psychology Service:

The staffing level for the Psychology Service remained at 5 staff psychologists, 1 chief psychologist, and 1 psychological test technician. Due to this lack of adequate staff, only 5 of the 7 lodges have a psychologist attached to the treatment teams. The remaining 2 lodges are served centrally via a rotation system on request from those lodges.

During the past FY, the psychology staff conducted 970 individual therapy sessions, 600 group therapy sessions, 125 marital or family therapy sessions, 1,150 initial screening interviews, and over 300 psychological evaluations. They saw 9,425 patients and provided 3,075 hours of direct contact, which accounts for 6,350 patient hours of service rendered.

Additional time in treatment teams, rounds, and consultations accounted for another 1,675 hours of service. Finally, 175 hours were spent in in-service education and on hospital committees, and 260 hours in supervision.

The psychological test technician completed the screenings of 250 inpatients, which accounted for a savings of 475 hours of clinical staff time.

In the 12 months, over 100 designated examinations were completed for the Probate Court, with a commensurate number of hearings attended.

The service engaged in the supervision of university graduate students in clinical psychology for the first time this year. A time limited agreement that allowed advanced students to conduct psycho-diagnotic evaluations under the supervision of our staff was arranged, with benefits that accrued for both the university and the hospital.

The accreditation survey in December, 1982, marked a culmination of several intraservice quality assurance projects that allowed the service to identify and correct inefficiencies.

Activity Therapy Service:

During the past year, Activity Therapy Service continued to provide services through the use of Art Therapy, Music Therapy, Occupational Therapy, Recreation Therapy, a Patient and Professional Library, and Cosmetology Service.

Dual programming was emphasized by providing structured, goal-oriented programs Monday through Friday, from 8:30 A.M. to 5:00 P.M., and Constructive Leisure Activities were provided from 6:00 P.M. to 9:00 P.M., Monday through Friday; 8:30 A.M. to 9:00 P.M., Saturday; and from 12:30 P.M. to 9:00 P.M., Sunday.

Patients were placed in the goal-oriented groups, based on individual Activity Therapy assessments and recommendations from the patient's treatment teams. Goal-oriented groups included Art Therapy, Music Therapy, Progressive Relaxation, Weight Lifting, Jogging, Leisure Counseling, Aerobics, Socialization, Food and Nutrition, Basic Living Skills, Aquatics, Hostility/Aggression, Occupational Therapy, Sensory Integration, Communication, and Bibliotherapy.

Constructive Leisure Activities are leisure-oriented and patient-selected. A weekly Constructive Leisure Activities schedule is posted on each lodge to increase patients' awareness of availability of these activities, which include a variety of dances, movies, games, sports, cultural, and special events.

Art Therapy and Music Therapy continued to be offered to all lodges by 2 therapists from each respective discipline. Both disciplines also continued to provide Constructive Leisure Activities as well as goal-oriented groups.

Occupational Therapy provided basic Occupational Therapy groups for each lodge, consisting of leather crafts, woodworking, sewing, pottery, and arts and crafts. A Sensory Integration group was conducted and

Occupational Therapy worked in conjunction with Vocational Rehabilitation in providing a Basic Living Skills/Prevocational group. The Occupational Therapy Intern Program remained active and started accepting Certified Occupational Therapy Assistant Interns, in addition to Occupational Therapy Interns.

Reaction Therapy continued to provide goal-oriented groups and Constructive Leisure Activities. The majority of Constructive Leisure Activities were conducted by Recreation Therapy and included at least one special event per month. Working in conjunction with Volunteer Services, Recreation Therapy scheduled various volunteer groups and organizations to present programs for patients, which were representative of community activities.

A patient and professional library provided library services for patients and staff during the year. The librarian continued to make library materials available to as many patients as possible by circulating library materials to various lodges. A Professional Library Committee, representing various services at the facility, continued to meet and make recommendations regarding appropriate materials to be acquired for the professional library. The library was also scheduled open on many evenings and weekends, by Activity Therapy staff, to maximize utilization of the area.

Two Registered Cosmetologists utilized unisex techniques in providing cosmetology services to both male and female patients at the facility. A new appointment scheduling procedure was implemented during the year which increased scheduling efficiency. Both cosmetologists continue to instruct patients in good grooming skills.

Medical Administrative Service:

Admissions continue to arrive late in the day, with most being escorted to the hospital by Police Officers.

More and more patients who are discharged at the hospital are requiring some sort of special transportation arrangements for return to their community due to lack of funds, lack of family resources, lack of family interest, etc.

Total Admissions (including transfer-in)		3,054
Discharges		
Regular Discharge	986	
Probate Court Discharge	1,826	
Transfer Out (Other DMH facilities)	196	
Discharge at Own Request (voluntary)	27	
Deaths	6	
TOTAL DISCHARGES		3,041

Most counties in our catchment area now schedule the examination and hearing of involuntarily admitted patients on the same day, which has reduced the number of trips to the community for these proceedings.

Several counties use hospital employees as designated examiners for special cases or when they are in the area. Only 2 counties routinely use hospital employees for examiners and hold the hearings at the hospital.

Trips for Exams and/or Hearings	1,133
Patients Transported	2,451
Designated Examiners Furnished by BPH	549
Hearings Held at BPH	153

Again this year we have had a substantial increase in the total number of requests for medical information.

Correspondence	2,882
Insurance Claims	385
TOTAL	3,267
Medical Records Photocopies	2,597
Medicare Claims Submitted to PPA	581

Utilization Review

Medicare	134
Fifth Admission	546
Recertifications	313
Total Records Reviewed	993
Number of Denials	1

During this year Blue Cross/Blue Shield has discontinued on-site audits of medical records. They now require the hospital to make such audits and complete an audit form. This is very time-consuming, as each audit takes from 20-30 minutes.

Records Audited for Medicare	364

The amount of dictation received in our Word Processing Center continues to grow. This year 57,528 minutes of dictation were transcribed. Also, due to a change in policy, Social Service reports are now transcribed from hand-written copy.

Our CPT Word Processor system is being utilized more by other departments. Our Word Processing equipment capabilities and dependability are now inadequate to serve the needs of this facility.

Dietitics and Food Service:

The Food Service Department operated effectively and efficiently during this FY. We continued to provide wholesome and attractive meals to patients and employees. A new tray system for patients eating on the lodges was implemented to insure that the food is served at the proper temperature.

The facility Nutritionist worked closely with other Nutritionists of the SCDMH in coordinating workshops and revising diet manuals. In the coming year Food Service will continue to strive to upgrade its service to patients as well as staff.

Material Management Service:

During the past year the Material Management Service has continued to procure, receive, safekeep, and deliver materials, equipment, and supplies to all components of the hospital. The Housekeeping Service continued to maintain the facility in a clean, sanitary, and attractive condition. The Linen Service continued to insure the patients' needs for linen and dry goods. The Hospital Canteen and Vending Machine Operations continued a high quality of services provided to patients, staff, and visitors.

Pharmacy Service:

FY 82-83 closed with significant increases in several areas of the BPH Pharmacy Service. All professional services and an effective drug distribution system were performed as economically as possible. In addition to the customary clinical pharmacy services available at BPH, pharmacy staff members are now addressing the employees of the mental health centers concerning psychopharmacology upon request.

BPH Pharmacy Service reviewed 50,189 physician medication orders to insure efficacious drug therapy, proper dosage ranges, and routes of administration, and to investigate potential untoward reactions involving medications. All of the above orders were profiled for monitoring as a patient's drug regimen progressed. The BPH Pharmacy processed 1,764 bulk drug requisitions (2.4% increase over last FY) which involved 8,796 medications for bulk in-house use (a 30.8% increase over last FY). The BPH Pharmacy dispensed 7,559 medications for individual patients for in-house use (a 29.6% increase over last FY) and processed 1,801 controlled drug requisitions (a 12.8% increase over last FY). Pharmacy Service dispensed 2,504 discharge prescriptions (an 8.6% increase over last FY).

BPH Pharmacy staff members attended work-related seminars and workshops when time permitted to maintain their professional expertise and to keep abreast of changes and developments concerning medications.

C. M.TUCKER JR. HUMAN RESOURCES CENTER

DIRECTOR'S REPORT

Tucker Center currently incorporates three patient care pavilions and a support services building, which was opened for service in December, 1982. The Frank L. Roddey Pavilion was dedicated by Governor Riley and Representative Tom Mangum, assisted by the Reverend Robert Cuttino, by the State Commissioner of Mental Health and by the Assistant State Commissioner on February 1, 1983, with the late Senator Roddey's family in attendance.

Admissions from Crafts-Farrow State Hospital to the Roddey Pavilion began on February 28, continuing to the end of the fiscal year, when five of the seven 44-bed wards had been occupied. The remaining two wards are scheduled to be opened during the first half of FY 1983-84.

Despite a continuing shortage of licensed nursing personnel, patient care activities continued at an accelerated pace with 339 admissions, 165 discharges, 25 deaths, and 125,850 total days of care in FY 1982-83. Average daily patient census was 291 (97% occupancy) through February, 1983. After opening the Roddey Pavilion, the average daily patient census rose to 400, stabilizing at 495 (95% occupancy) in June, 1983. Demand for skilled nursing beds grew heavier throughout the year, necessitating application for a certificate of need to increase the number of skilled care beds from 50 to 150 during the next fiscal year.

The William Jennings Bryan Dorn VA Medical Center authorized VA per diem payments for all 150 beds by the E. Roy Stone, Jr. Veterans Pavilion, thereby allowing 35 nonveteran patients to be relocated to the Roddey Pavilion.

Accompanying this increased patient activity, Tucker Center's staff grew from 261 in January, 1983 to 381 at the end of June, 1983, when all Maintenance, Engineering and Transportation personnel were reassigned to a consolidated division under direct SCDMH supervision.

Having completed its fifth year of operations at Tucker Center, the Public Safety Service was transferred to SLED as part of the planned SCDMH consolidation of security services.

During 1982-83 internal organizational changes were completed as follows:

1) The Housekeeping Service was reorganized as an autonomous section of Nursing Service under the supervison of Queen E. Cromer, C.E.H.
2) The Rehabilitation Services were organized under the acting supervision of Myra G. Ramsey, M.S.P., combining Physical Therapy,

Occupational Therapy and Speech and Hearing Therapy. Rehabilitation Services remain an integral part of Ancillary Services under the supervision of Roland W. Rainwater, M. Div.

3) The Activity Therapy Service was reorganized under the supervision of James M. Brown, T.R.L., combining Recreational Therapy and Music Therapy, all of which remain an integral part of Ancillary Services.
4) The Social Work Service was reorganized under the supervision of Gwendolyn C. Stevens, A.C.S.W., including social services in Fewell, Roddey and Stone Pavilions, yet remaining an integral part of Ancillary Services.
5) The Medical Service was reorganized under direct supervision of the Director, including medical services to all pavilions.
6) The Quality Assurance Program was reorganized under direct supervision of the Director, with appointment of Louise A. Shirk, R.N., as Quality Assurance Coordinator.
7) The Pharmacy Service was organized under supervision of Wallace Quarles, R.Ph., who implemented a new unit-dose system of dispensing medications in all pavilions.
8) The Administrative Services are being reorganized under supervision of Assistant Administrator Robert C. Miller, B.S., following the departure of Charles T. Gatch, N.H.A., who became Administrator of the newly developing IMD complex at Crafts-Farrow State Hospital — State Park in June, 1983.

Tucker Center continued to function effectively as the Teaching Nursing Home of SCDMH, with emphasis on quality long-term patient care provided by multidisciplinary teams under medical direction, supported by teaching, research and strong community involvement through support groups and Volunteer Services.

Operating revenues amounted to $4,389,219 for FY 1982-83. Of these, Medicaid contributed 85.6% of the total dollars, excluding State-appropriated funding.

ADMINISTRATIVE SERVICES

The Food Service performed well under the supervision of Susan B. Faust, R.D., coping not only with serving the large influx of new patients, but also providing hot meals directly to all wards of the Roddey Pavilion, while maintaining full services to Fewell and Stone Pavilions.

The Pharmacy Service began full operations in the new Roddey Pavilion Pharmacy in February, 1983, implementing the new unit dose medication system at the rate of one ward per week until completion in

June, 1983. Daily transitions increased from 61 to 174 during the last quarter of the fiscal year. Three USC Pharmacy students completed clinical rotations at Tucker Center under supervision of Wallace Quarles, R.Ph.

The Registrar Service also performed effectively under difficult circumstances, implementing the new computerizable Problem-Oriented Medical Record on all wards of the Roddey Pavilion as patients were admitted, with phased extension to all wards of Fewell and Stone Pavilions. Moreover, the new Cashier-Post Office operations began with the opening of the Roddey Pavilion in February, 1983; the new Word Processing Section will provide secretarial-transcribing services for the entire Center, under supervision of Gerry C. Sligh, A.R.T., Registrar.

The Supply and Services effectively supported normal operations as Tucker Center doubled in size during the first half of 1983. Under the supervision of David M. Smith, C.E.H., essential laundry, supply and internal transportation services were maintained despite marginal resources.

ANCILLARY SERVICES

The Activity Therapy Service undertook planning activity programs for 500 patients in Fewell, Stone and Roddey Pavilions while maintaining regularly scheduled activities and special events such as Halloween, Thanksgiving, and the State Fair. The Staff doubled in size, continuing under supervision of James M. Brown, T.R.L.

The Pastoral Care Service was transferred to the supervision of J. Hayden Howell, M. Div. in June, 1983. During most of 1982-83, Roland W. Rainwater, M. Div. had performed double duty as Acting Director of Ancillary Services and Chief, Pastoral Care Service. Four pastoral residents completed assigned six-month rotations at Tucker Center during the year.

The Rehabilitation Services underwent a major reorganization based on JCAH guidelines combining Physical Therapy, Occupational Therapy and Speech and Hearing Therapy, with appointment of Myra G. Ramsey, M.S.P., as Acting Chief. The combined services enrolled 289 patients; performed 11,985 treatments and 219 evaluations; and discharged 106 patients during the year. The Geriatric Rehabilitation Unit was discontinued in January, 1983, to allow reallocation of essential staff to the Roddey Pavilion. A Physical Therapy student from the Medical University of South Carolina completed her training at Tucker Center during the first quarter of the year.

The Social Work Service was reorganized in February, 1983 under the supervision of Gwendolyn C. Stevens, A.C.S.W., with subsequent reduc-

tion of caseloads to 100 patients per social worker. In June, 1983, an agency placement agreement was signed with the USC College of Social Work to allow Master of Social Work interns at Tucker Center in the future. A Peer Review Case Management System initiated by the Social Work Service will serve as a model for the Center.

The Volunteer Services continued to provide vitally important community involvement for Tucker Center under the supervision of Volunteer Services Chief Linda Epting, individual and group volunteers gave more than 3,000 hours of service to Tucker Center patients with the addition of five new volunteer groups and three new volunteers. Moreover, there were 140 special activities and 161 donations during the year, heralding an even brighter picture for 1983-84.

MEDICAL SERVICE

As reflected in 339 admissions, the five physicians of Tucker Center's Active Medical Staff cared well for new and old patients alike in the 125,850 total days of care during FY 1982-83. Moreover, under supervision of the Director, an after-hours Physician Call System was established in the Center from 8 AM Mondays to 8 AM Saturdays, with the cooperation of the Family Practice Residency Program, Richland Memorial Hospital. With full occupancy of Tucker Center's 608 beds, each physician will care for approximately 120 patients.

NURSING SERVICES

Under the general supervision of Mary J. Mobley, R.N., Director of Nursing, several major changes were accomplished during FY 1982-83, as follows:

1) Housekeeping Service became an autonomous part of Nursing Services under direct supervision of Queen E. Cromer, C.E.H.
2) The Director of Nursing assumed responsibility for scheduling all Patient Care Conferences.
3) The position title "Mental Health Specialist" was changed to "Medical Health Specialist" to reflect more accurately the actual work done in a nursing home.
4) In cooperation with Quality Assurance, a new weekly checklist format was introduced for Medical Health Specialists to document patient care.
5) Record numbers of licensed nursing personnel were recruited; however, the retention rate of 60% did not allow adequate numbers of nurses to open two 44-bed wards of the Roddey Pavilion.

6) Staff Development has concentrated on orientation of new personnel during most of the year; continuing education will be emphasized in the future.

QUALITY ASSURANCE

Under the general supervision of the Director, the Quality Assurance Coordinator evaluated and recommended measures for improving patient care in Tucker Center as follows:

1) With Nursing Services, developed a new checklist format for Medical Health Specialists to document patient care.
2) Monitored physician recertifications for all patients to insure that each patient is seen monthly.
3) Monitored documentation for multidisciplinary assessments, patient care plans, and discharge plans, as required by JCAH, State and Federal regulations.
4) Revised the Quality Assurance Plan to meet new requirements.
5) Coordinated the work of the Admissions-Evaluation Committee, the Quality Assurance Committee, and the Utilization Review Committee.
6) Assisted the Director in preparing the Plan of Correction for all deficiencies cited by the Department of Health and Environmental Control during the June, 1983, survey.

Experiencing an unprecedented growth spurt, Tucker Center suffered growing pains during FY 1982-83. Identified deficiencies have been corrected, and the Center is ready to move forward in 1983-84.

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

The emphasis of the Division has been to provide local mental health services to an increasing number of patients throughout the state. Funding from all sources has tended to decline or at best remain at previous levels. This has caused staff to become increasingly aware of cost effectiveness as they plan programs.

A quality assurance program was implemented this year that has required much of staff for training, implementation and monitoring efforts. The effects of this program are reflected in improvement in medical records as well as patient care.

The Office of the Deputy Commissioner for CMHS was vacant from July 1, 1982 until January 1, 1983 with the Assistant Deputy Commissioner for CMHS serving as acting director during this interim period.

The number of comprehensive mental health centers remains at fifteen. Lexington and Berkeley counties continue to operate as clinics.

Highlights of the Division's various components, special programs, and reports from community mental health centers and clinics follow.

ADDICTIONS AFTERCARE

Community Mental Health Centers reported 6,160 substance abuse patient contacts during fiscal year 1982-1983. Centers reported 267 consultation, education and prevention sessions on addictions issues. These sessions reached 1,970 persons.

State funds were available to provide ninety percent of eight Addiction Specialist positions in eight centers/clinics. The other nine centers/clinics coordinated and/or provided addictions services by utilizing existing staff and available resources.

Community mental health centers maintained a program of referral and aftercare services with the Earle E. Morris, Jr., Alcohol and Drug Addiction Treatment Center. The Addictions Consultant in the central office of Community Mental Health Services coordinated alcohol and drug abuse programing within the Division.

FOLLOW-UP (AFTERCARE) SERVICES

Over 15,836 patients continue to receive aftercare services through the local centers and clinics. Medication monitoring, group and individual psychotherapy, socialization and leisure skill development, living skill development and case management continue to be essential services for this population.

Comprehensive plans for Community Support Programs have been developed during this year and are to be implemented in 1983-1984. An additional four hundred long term chronically mentally ill patients have been targeted for discharge into Community Support Programs. Institution and community mental health center staffs have been jointly assessing in-patient populations as well as working out plans to implement this comprehensive program. Funds to support this initiative will be shifted from institutional budgets to the respective centers.

Consultation and technical assistance continue to be available from the Divisional office.

CHILDREN'S SERVICES

Lack of community acceptance delayed the opening of the Piedmont Treatment Home for Adolescents' facility for girls until the end of last

fiscal year. Several sites had been previously chosen, but could not be occupied because of community resistance.

The Piedmont Treatment Home for Adolescents now has residential facilities to serve 6 young men and 6 young women. Experience in operating a community treatment home has allowed refinement of this program, and the cost per residential day during FY 1984 will not exceed $41.10.

Since no additional funds for treatment homes were appropriated for FY 1984, there has been no expansion of the community treatment home program to other areas of the state. Currently, six additional areas of the state have indicated an interest in establishing community treatment homes.

The Division has undertaken a study of its children's services by asking centers to submit detailed descriptions of their current children's services and plans for their future children's services. These descriptions and plans are to be completed by October 1, 1983.

PROGRAMS FOR CHILDREN, ADOLESCENTS AND ADULTS WITH AUTISM

Since 1971 the Community Mental Health Services Division has moved toward the goal of the development of a state-wide network of services for children, adolescents and adults with autism or other communication/behavior problems in South Carolina. Day programs are now located in Charleston, Columbia, Conway, Florence, Greenwood, Orangeburg, and Spartanburg. Except for the Children's Program in Columbia, the programs are run on a contractual arrangement with another agency, usually the local school district. State funds support all of these programs in addition to school district and P.L. 94-142 funding.

Adolescents are now being served by all of the day programs. Vocational trainig is provided to adolescents and adults in Spartanburg and Lexington. This training takes place on site and in community, job training sites.

Residential services are available at the Pacolet and Lexington Community Treatment Home. Both are run directly by the SCDMH. The homes provide an opportunity for residents to further develop language/social, domestic living, and recreational/leisure skills. The homes also provide long and short term respite care for children or families in need of such services. Participation in the Day Programs is not required.

The treatment approach has been further developed this year; it continues to be based on behavior and learning theory stressing a positive approach to behavior problems, but has expanded further into the area of community based training of functional skills.

With this development has come some changes in provision of training. In the fall a variety of levels of training will be available to parents and professionals who work with different levels of children who demonstrate problems in learning and interacting with others. Training will continue to be provided primarily through Charleston, Columbia, Spartanburg and Rock Hill. Rock Hill continues to serve solely as a training, consultation and evaluation site, although all of these services are also available through the office of the Director of Programs for Children and Adults with Autism.

A summer day camp program was again offered this year as well as a week long statewide residential camp. The summer programs provide treatment continuity and respite for families.

CAMP LOGAN

Several pre-camp planning meetings were held in the winter of 1982-83 and essential camp staff members were recruited on a provisional basis. By the middle of March, 1983 funds necessary for the operation of Camp Logan had not been secured and tentative camp staff members, many of whom were university teachers, found it necessary to make commitments for summer teaching positions. This left the Camp without the staff necessary for safe and effective operation.

Thus, due to the unavailability of adequate funding, Camp Logan was not held during the summer of 1983. Attempts to gain funding for the operation of Camp Logan during the summer of 1984 have begun.

Based on extensive experience with therapeutic camping gained by the Department over many years, and a thorough study of therapeutic camping in the southeast, a proposal for a year round Outdoor Therapeutic Program was formulated in the spring of 1983. Contacts with other state agencies indicated that both lands and buildings were available and that such a program could be established at minimal cost.

However, operation of a year round Outdoor Therapeutic Program for 50 children and adolescents would cost approximately $673,000 per year and operational funds were unavailable. Efforts are continuing to explore funding sources for this program.

PREVENTION

Prevention services have apparently diminished during the past year due to austerity and associated added demands on staff to increase performance of their primary functions. Unavailability of funds has also curtailed the planned expansion of programs to prevent psychopathology among high risk children of mentally ill parents.

Problems associated with sparse population and limited transportation have given the Division valuable experience in providing families, having mentally ill members, with intervention services. Up until May of 1983, the Greenville Mental Health Center's Children's Primary Prevention Project had made 493 client service contacts. Funds for the Greenville Children's Prevention Project will be exhausted and it will end on October 1, 1983, unless funding for continuation can be obtained. During the first eighteen months of the Columbia Area Mental Health Center's Family Intervention Project, 117 families and over 300 individuals had been served. Staff members in both of these programs were enthusiastic because of success indicators.

The William S. Hall Psychiatric Institute's Genetic Counseling Program continues to provide genetic counseling services to mental health centers on a regional, quarterly basis. This program is seen as being one of the Department's prevention programs with the highest probability of effectiveness.

CENTER FOR ORIENTATION TO INDEPENDENT LIVING

The Center for Orientation to Independent Living (COIL) is a non-medical, residential program utilized by facilities of the South Carolina Department of Mental Health. Coil's purpose is to provide psychiatric patients, referred by mental health facilities, an opportunity to gain or regain skills necessary for one to be self-supporting in a community living environment. Coil continues to function as a de-institutional program for South Carolina Department of Mental Health. The following services are provided through the center:

The *Pre-Residential Program* is designed to provide an orientation for referrals as to the goals, objectives and expectations of the Coil program. Individuals who have substantial periods of hospitalization will be evaluated in areas of meal planning and preparation and skills necessary for one to begin residency in a Coil apartment. Participants in the program are expected to attend no fewer than four (4) and no more than eight (8) sessions prior to admission into the residential program.

The *Residential Program* consists of one-to-one counseling and activities in learning or re-learning daily living skills in an apartment setting. A Coil resident is expected to work cooperatively with his/her roommate in areas of meal planning and preparation, grocery shopping, apartment maintenance and caring for clothing. A resident can stay in the program for up to a six (6) month period depending upon individual needs. During a resident's tenure at Coil, a platform of services (employment assistance, food stamp enrollment, vocational rehabilitation, DSS referral, etc.) will be developed with the resident to support his/her

adjustment when moving into a community based living arrangement. Each resident is assisted in developing and implementing an appropriate living situation compatible with his/her needs.

Statistics covering this annual report revealed that 203 referrals were admitted to the Residential Program, 63 required rehospitalization because of various reasons (medical or psychiatric), 1 expired and 136 were placed into community living situations. The resident census as of June 30, 1983 was 51.

The *Adult Development Program* continues to serve a large number of ex-residents and community care home residents living in the Columbia area. Coil residents are also involved in this program in that it provides educational and training experience. Areas of emphasis include home management, consumer education, personal development and hygiene, adult education, employment readiness classes, arts/crafts, hobby development and social/recreational activities.

In March, 1983, Coil staff implemented a Pre-Vocational Program designed to provide job experience and training for Coil residents. This program not only provides training and experience but also evaluative information as to a resident's capabilities and job readiness. Currently the program involves the sale, receipt and inventory control of pre-packaged food items in a snack bar setting.

Coil continues to provide outreach services to the chronically mentally ill patients who have completed the Coil program and now are residing in the Columbia area. This support service enhances a positive and continued adjustment for clients who have relocated in the community.

The funding level for Coil during this period was $482,188. Funding sources were state appropriations, capital improvement funds (patient fees) and other departmental funds.

CONSULTATION AND EDUCATION

The shifting of priorities, decreases in manpower and other resources, and the increasing demand for direct clinical services have decreased Consultation and Education activities. Nevertheless, this area of service has reached audiences of more than 300,000 persons during the year 1982-1983.

The focus has been on special populations including children, the elderly minority citizens, and revenue producing programs. The development and dissemination of materials pertaining to children was continued. Program and staff consultation, as well as inservice training were offered to boarding homes, nursing homes and other agencies that serve the elderly. More than one hundred professionals and volunteers in business, mental health and human services participated in the annual

conference on cross cultural issues, programs and services. There was an increase in revenue generated through fee for service contracts with business, industry and some human service organizations.

EMERGENCY AND PRE-CARE SCREENING SERVICES

Sixteen of the seventeen mental health centers and clinics offer emergency services twenty-four hours per day/seven days per week. Berkeley County Mental Health Clinic has not been able to provide a formal 24 hour on-call system but does provide emergency services during regular clinic hours. Plans are being developed to implement a 24 hour system in this clinic in 1983-1984. Emergencies occurring during the hours the centers are open are seen by the appropriate staff. During nights, weekends and holidays a mental health professional is accessible by telephone with the capability of arranging for face to face encounters and medical assessment for treatment if needed. Efforts to increase public awareness and accessibility to this services have been made throughout the state. The governor's office has been provided with emergency service number for use in the South Carolina PAL (Program Assistance Line for State Services). Mental health services are listed in both yellow and white pages of local telephone directories. Some centers utilize recorders or divertors to direct after hour calls to professional person on call. They act as professional back up to volunteers "hot line" groups. High risk clients, their families or support persons are often given specific information for seeking help in the event of a crisis. Close working relationships with other community care givers such as law enforcement, hospital emergency room physicians and ministers are a vital part of the service.

Pre-care services are closely linked with emergency services, interfacing with other services of the center as well as available community resources. This program is designed to screen patients who are being considered for admission to a state institution, offering community based intervention and treatment alternatives when possible. This may involve purchase of medical services, shelter or psychotropic medication for the medically indigent. The economic recession during this year has increased the demands upon the program. An Emergency Stabilization Program (ESP) is to be implemented in 1983-1984 with the goal of reducing admissions by an additional 20%.

There were over 22,000 patient contacts in these services in 1982-1983.

Technical assistance, consultation and monitoring of the availability of these services continue to be functions of the Divisional Office.

FILM AND BOOK LIBRARY

The Film and Book Library continued its operation during fiscal year 1982-83 under the auspices of the Division of Community Mental Health Services. Its purpose being to disperse information on mental health issues and concerns.

In fiscal year 1982-83 more than 6,900 audio-visual materials (films, filmstrips, slides and cassettes) were distributed throughout the state for 14,325 educational programs with audiences totaling 357,081. In addition to the audio-visual materials, approximately 800 pamphlets and brochures relating to mental health were distributed to interested individuals and groups. Institutions and organizations utilizing materials from the Film and Book Library included schools, churches, hospitals, mental health centers/clinics, nursing homes, civic organizations and government agencies. Other services which were offered by the Film and Book Library, and often requested by patrons, included detailed research on various Mental Health subjects, assistance in selection of films for specific programs, and use of the facilities for in-house viewing.

Good indicators of the impact of the materials and services provided by the Film and Book Library were the repetitive use by thousands of patrons, and the positive written comments of professional and lay persons as they reported on films used.

The continuing goal of the Film and Book Library is to remain an effective resource unit for mental health education in South Carolina.

FRIENDSHIP CENTER

Friendship Center, the twenty-three year old social rehabilitation Center serving former mental patients living in the Midlands, is located at 1135 Carter Street, Columbia, South Carolina.

The Center is funded by the Department of Mental Health through a contractual agreement, the United Way of the Midlands, and contributions. During the calendar year 1982, the Center raised $4,463 through special fund raising events and donations. The total budget was $78,300 for 1983, and the requested budget for 1984 is $91,656. The Department of Mental Health and especially project COIL provides additional in kind services.

An important project this past year has been the making of a video tape by the members of Friendship Center with Mrs. Carol Garvin, Commissioner, and President of the S. C. Mental Health Association. This tape gives the former patients feelings about the treatment they received in the state hospitals and will be used as a training tool for the Department of Mental Health.

The membership has taken a stand to be more vocal in helping the public understand mental illness and the concerns of the recovering mental patient. There have been effective appearances by the members on television, interviews in the newspaper, and appearances at United Way functions.

Friendship Center is open every day and every evening of the year for socializing and for a wide range of educational and recreational activities. The goal of the program is to offer young people (15 and up) and adults the opportunity to develop a feeling of belonging, a place to make friends, learn new skills and have support in making a good adjustment in the community.

OFFICE OF QUALITY ASSURANCE

A vigorous and effective Quality Assurance Program for outpatient community mental health services is located within the Division of Community Mental Health Services. The program uses mandatory service criteria which spell out in detail such areas as medical record documentation procedures and appropriateness of service standards.

A small professional staff conducted on-site center/clinic audits during the year to assess levels of standard compliance. Utilization and scope of services auditing was also carried on by the center/clinic staff. Findings and control data from these efforts are available in the form of staff audit reports, center Quality Audit reports and assurances as addressed in annual center/clinic Quality Assurance Plans.

Program goals for the year focused upon enhancement of quality patient care and the delivery of cost-effective treatment services. Priorities were to provide objective assessment of the important aspects of patient care and the correction of identified problems.

The Office of Quality Assurance also served the function of catalytic agent for divisional compliance with state and federal reimbursement requirements.

The Office liaisoned with the administering funding entities and rendered statewide technical assistance. Every effort was made during the previous year to garner all eligible reimbursement.

RESEARCH AND EVALUATION

The Research and Evaluation Section assisted centers in assessing needs for community programs, identifying population target groups, evaluating the process of service delivery and outcome of services provided, and conducting special research projects. The section continues to operate a statewide centralized automated management information system (MIS)

to assist centers in monitoring services and staff productivity, and providing accountability to external systems. A detailed cost analysis of services provided by centers was conducted.

During the past year, development of a mini-computer management system was begun. Computers were installed in five of the seventeen mental health centers and plans call for the system to be phased in at other centers as funds become available.

TRANSITIONAL LIVING SERVICES

This program area has focused on developing time limited goal oriented groups for chronically mentally ill people. The purpose of the groups is to help patients discharged from a state hospital to maintain or regain skills necessary to function independently in the community. Alternate care housing opportunities have been an important aspect of the program. Center staff have provided consultation to managers of community care homes. Efforts have been made in many areas to develop housing alternatives through HUD wherein patients can live alone or in small groups with support services from the Center and minimum supervision.

In the 1982-1983 Fiscal Year, approximately 510 patients received transitional services. This program area continues to need expansion as the needs of the chronically mentally ill are diverse. The Department's efforts to plan for and develop a statewide community support program should respond to some of the more critical needs of these patients.

AIKEN-BARNWELL MENTAL HEALTH CENTER

The Center's goals for FY 82/83 were (1) to continue the increased use of all Center services, particularly to middle income clients and families, (2) increase the use of Center services by elderly and significant minorities and the chronic mentally ill, (3) fully automate most of the Center's management and administrative systems and (4) to establish a Community Support Program within the catchment area.

Program Performance:

As attested by the annual site review of June 10-11, 1983 these goals were met. Although total center admissions were reduced slightly, (1) the staff increased by 3% the amount of time devoted to direct clinical service from 25% of payable hours to 28% of payable hours, (2) admission rate of middle income clients was increased by 3% from 10% to 13%, (3) admission rate of clients for family therapy was increased by 12% from 4% to 16%, (4) admission rate of elderly clients was increased by 2% from

2% to 4%, (5) the admission rate of chronically mentally ill clients was increased by 19% from 10% to 29%.

Nine of the eleven components of the Center's management information system are now fully automated and the remaining two will be delivered in July, 1983.

The Community Support Program has been very successfully established within the Catchment area with an average population of 30 clients in May, 1983.

The Center refined, trained the staff and implemented the comprehensive statewide quality assurance program very effectively. Aggregate findings from internal and external audits show the Center averaging 90+% compliance in all categories. It is estimated that the direct service providers devoted 30% of payable time in this effort.

During FY 82/83 preliminary figures show that the Center had 25,620 client contacts in 10,524 sessions and State hospital admissions were reduced by 26% and readmissions were reduced by 25% over FY 82/83.

Future Goals

The Center goals for FY 83/84 are (1) Increase the average time spent by direct service providers in direct service activities, (2) Increase use of group therapy, (3) Increase consultation, education and prevention services particularly toward middle income, industry, children, families, and elderly, (4) Enhance quality of care, (5) Continue reducing admissions and readmissions to the State Hospital, and (6) Begin a long-term planning effort for next five years.

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

The primary mission of the Anderson-Oconee-Pickens Mental Health Center was to continue to provide comprehensive mental health services to all citizens requesting services.

The total number of patients seen and the total number of client contacts did not change significantly from the past two to three years. Staff availability was impaired somewhat however in that two clinical staff members experienced lengthy illnesses and one clinical staff person retired. Quality of service to patients was not impaired.

Quality Assurance was given high priority within the overall program. Although constant changes were being made, both clinical and administrative staff became more aware of its purpose and necessity and indeed made a very strong effort toward meeting its requirements.

Plans for two significant programs were developed — Community Support Project and the Emergency Stabilization Project:

Community Support Project — the purpose of this program is to

develop a community support program for the chronically mentally ill in the Anderson-Oconee-Pickens service area. Two major populations will be involved. First, we will assess and develop individual rehabilitation and residential care plans for the chronically mentally ill patients at the South Carolina State Hospital and Crafts-Farrow State Hospital. Second, we will assess and develop individual rehabilitation and residential care plans for the chronic population receiving services at the Anderson-Oconee-Pickens Mental Health Center.

To provide a community support system, it will be necessary to have available a wide range of services. Initially, an assessment of the chronic population will be done to determine patient needs. To meet identified needs a stronger volunteer program, a broad range of residential care facilities, a multifaceted psychiatric rehabilitation program, a strong community network, a case management system, and adequate educational resources must be in place. Our overall goal is to provide the above services within the next three to five years.

Emergency Stabilization Project — the purpose of this program is to provide a network of stabilization resources, primarily within the local community, sufficient to maintain the majority of the acute psychiatric emergencies within the community.

Initially, we plan to assess high-risk populations to determine what the individual needs of these patients are. After the assessment we plan to develop individual prevention plans. The assessment will include patients who have been in the State Hospitals a year or less and both active and inactive clients known to the Community Mental Health Center staff to be at risk.

Once the assessment is completed and prevention plans are in place, it will be necessary to have a network of community resources sufficient to handle stabilization needs of the at-risk population. Therefore, an outpatient stabilization capability which would include the provision of a medication resource system, an expanded Partial Hospitalization Program, a crisis residence respite care system utilizing volunteers who might allow patients to have respite from their living environment or allow their spouses or families to have respite, is planned. Additionally, we would have available an inpatient stabilization capability which would include local inpatient stabilization resources as well as the State Hospital resources. An improved 24-hour Emergency Service System is essential in order to have quick and ready response to emergencies and also plug emergencies into an appropriate resource, hopefully in the community. Finally, it will be necessary to provide an education program at several levels. We feel there needs to be an on-going patient education plan program enabling them to recognize symptoms and access resources, etc. Also, there needs to be a planned family education program to include the

provision of special information to families, understanding of the illness their family member has, how to recognize symptoms, how to access resources, and also to provide them with some support capability to enable them to cope with the psychiatric problems and the emergency that can grow out of it. There needs to be some education among Community Mental Health Center Staff as well as community resources, such as Emergency Room personnel, Family Practitioners throughout the community, etc.

Most of the staff to carry out these two programs are staff already employed. It will be necessary to employ perhaps two or three case-managers in addition to present staff.

The mental health center provided space and staff consultation needs to Anderson County School Districts for a "school phobia" program and a school "problem" program. The two programs were successful and widely utilized by students — junior and senior high age — who either could not attend public school because of an emotional problem, or who were "problematic" students in the public school setting.

BECKMAN CENTER FOR MENTAL HEALTH SERVICES

During the 1982-83 fiscal year, Beckman Center for Mental Health Services continued to provide comprehensive mental health services to the citizens of Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry and Saluda counties. This past year has been a challenging one for the center and its Board. The Center was able to maintain its accessible service delivery system to the seven counties despite an unstable financial climate and less staff.

The Center goals for last fiscal year were concerned with maintaining our service delivery system. Each is outlined below with a brief report on the status of each.

(1) The maintenance of the Center's delivery system with emphasis on increased production with less staff.

The number of positions and the existing structure of satellites to serve our seven county service area were maintained. There was staff turnover in both our aftercare and administrative sections which presented increased workloads on some staff. Vacancies were not filled quickly due to a hiring freeze and budgetary concern. While these vacancies were mainly in the clinical area, the statistics on year to date activity for 82-83 as compared to 81-82 shows a *10%* increase. Our goal is being met on increased production with less staff.

(2) To continue to increase revenues generated by fee collecting from

direct service, contracts with industry and other services.

This goal has not met with success. Fees collected compared to 81-82 are down 15%. A large portion of this figure represented decreased work with industry and technical assistance contracts. The administrative section completed a $12,000 contract with ABT Associates in August of 1982 and Riegel Textiles re-negotiated their employee assistance contract to approximately $7,000 from $14,000 the previous year. In addition to these decreases, the economic recession resulted in more people being seen with less income and hence less fee being charged. The biggest impact in fee reduction, however, was the result of decreased contractual work.

In summary, the Center was able to maintain its service delivery systems. Our staff produced more, however, the generation of fees dropped. This drop was primarily the result of lost contracts which were awarded in previous years.

The areawide needs assessment accomplished in 1982 stressed utilization of services by county, age, sex and race as well as acceptance of service through consumer satisfaction. County utilization improved over past years, however, the majority of clients were still seen at the Greenwood office. The nature of the small communities will probably preclude a significant shift in those from other counties seeking service in Greenwood. The anonymity Greenwood provides these individuals made seeking services more secure. Demographic utilization by age, race and sex has not shifted significantly although minor fluctuations have occurred.

During the year several new Board members were appointed to serve on the Center's Governing Board. This has resulted in training needs which hopefully will be undertaken in early fiscal year 83-84.

BERKELEY COUNTY MENTAL HEALTH CLINIC

The Berkeley County Mental Health Clinic completed its second year of operation at the end of FY 82-83. During this year the clinic reached its full staff compliment of three administrative and eight professional staff employed full-time. There being no psychiatrist on the staff, psychiatric coverage was contracted for 3.5 days per week. This is the only source of psychiatric care available in the county.

Despite a small staff, the clinic offers a wide range of services, including Outpatient; Precare/Aftercare; Child/Adolescent; Substance Abuse; Consultation, Education and Prevention; Elderly; and we are in the process of adding Inpatient, 24 hour Emergency coverage and Transitional Living. With the inclusion of these services the Governing Board will request the Department of Mental Health to upgrade the clinic to center status.

FY 82-83 was a year of austerity and reduction in funding from the state, however, Berkeley County increased its contribution to the program significantly. However, the Berkeley County Mental Health Clinic continues to be the lowest per capita funded community mental health program in the state based on federal and state funding levels.

The active caseload average for FY 82-83 was approximately 400-500 patients at any given time. Direct patient contacts totaled approximately 6,500 with about 1,000 additional contacts with family members.

Face to face Consultation, Education and Prevention contacts were 3,000 and numerous multi-media educational and prevention programs reached an estimated audience of at least 30,000 persons.

The Berkeley Clinic's emergency commitment rate of 15 persons per 10,000 population is one of the lowest in the state. Additionally, comparisons of FY 82-83 to FY 81-82 show a decrease of first time admissions by 20-21% and a decrease in readmissions of 9%.

In contrast there are several significant problem areas in our service delivery statistics. Despite constant attention and efforts to develop innovative programs, there is a growing waiting list for services to children, adolescents and their families even though 38% of staff resources are assigned to this service area. There was an average of 40-45 appropriate service requests per month for this service area during FY 82-83. The three staff assigned to the Child/Adolescent Unit are able to process about 6-10 new cases per month and maintain a total caseload of about 125. There are no other treatment services of any kind available to children and adolescents in Berkeley County so many of those who cannot afford private care are left untreated.

In conclusion, the clinic, although only two years old, has made significant progress in program development, service delivery and community awareness and support.

THE CATAWBA MENTAL HEALTH CENTER

The Catawba Mental Health Center is a comprehensive center designed as a community based program to address the mental health needs of York, Chester, and Lancaster counties. Catchment area census according to 1980 data is 190,229 people.

The Center's goals for this year were:

1. To pursue vigorously providing prevention services, consultation and education efforts, and public awareness activities and programming.
2. To focus on early identification and early intervention using brief psychotherapy and crisis intervention whenever possible.

3. To continue to offer maintenance services, as needed, to prevent institutionalization or reinstitutionalization.
4. To expand liaison efforts with other agencies and service providers.
5. To maintain efficiency of service delivery and exercise maximum fiscal responsibility.

This year was a period of transition and programmatic change for the Center. Through program modifications and staff efforts the established goals were achieved. Most of the programmatic changes were positive ones:

1. The staff's attention to the most efficient use of staff time available as well as enhancement of patient care resulted in training and utilization of treatment modalities emphasizing brief psychotherapy and group processes.
2. A reorganization of the intensive care program incorporated staff training and patient involvement which made it possible to treat the more chronic patient in a less restricting environment and achieve stabilization while remaining in their own community.
3. The Aftercare program continued to modify intensity and frequency of patient contacts to more adequately meet the individual's needs. This program remains the largest in all four sites.
4. Prevention efforts were expanded with an emphasis this year on the child and adolescent population.
5. A new site office was opened to serve western York County, and in its first full year achieved operational status equivalent to the Center's other satellite offices.
6. Efforts to reach and serve minority populations resulted in an increase in patient care to minorities greater than the catchment area minority proportion.
7. In July, 1983, a new psychiatrist was hired to revise and revitalize the inpatient unit. Through these efforts the Center was capable of providing its own local inpatient admissions and medical work-up, and a viable inpatient service was available utilizing beds at the local county hospital adjacent to the Center. In late fall the county sold the hospital to a private firm, and in February, 1983, a new private hospital was built and relocated. The Catawba Center's new inpatient psychiatrist resigned and joined the staff of the new hospital to head up their psychiatric wing. At this time, the Center discontinued providing inpatient services, and all patients needing inpatient care were referred to the new private hospital's psychiatric services.
8. The Center had a reduction in staff during the year through

resignations. Through conscientious budget tightening and aggressive billing and fee collection efforts the Center increased collections over last year despite a decrease of over 2,000 patient contacts as a result of the staff reduction.

Overall, Center programs were maintained and effective. Time and effort was also given this year in the planning of the CSP/ESP program, as well as future directions of other Center services. Goals have been established for the new year, and the staff are at work implementing both CSP and ESP.

CHARLESTON AREA MENTAL HEALTH CENTER

The subject fiscal year of this report has been one of noteworthy accomplishments by the Board and Staff of the Charleston Area Mental Health Center. This commendable situation has occurred despite fiscal and personnel constraints with which we have dealt both positively and creatively. During this past year the following has been accomplished and to which we point with some understandable pride.

Center staff has worked diligently and professionally in the implementation of the Quality Assurance Program as per the 40-01/40-02 guidelines. The results of the most recent Quarterly Audit and Quality Assurance Audit are positive indications of this diligence and professionalism.

The administrative/clerical staff has performed commendably in their areas of responsibility as is exemplified by an increase in fee collections of 27 percent over the previous year. A rating of "Excellent" has been given this Center in all areas of M. I. S. material management by the departmental Research and Statistics Division.

The Charleston Area Mental Health Center Board, Mental Health Association, and Families and Friends of the Mentally Ill have formed a consortium to promote community awareness and involvement at all appropriate levels in the problems of mental illness and the promotion of mental health.

The Mental Health Association has completed groundwork and hired an executive director for a community social center called Cornerstone for past and present clients of the Mental Health Center, as well as residents of community boarding homes. Center staff were part of the steering committee and continue to serve as board members.

Through the combined efforts of Center staff and board members, the Acting Deputy Commissioner of CMHS, and the departmental legal office, the number of non-medical designated examiners available to the Therapeutic Determination Division of the Probate Court was increased

fourfold. This resulted in a significant decrease (by more than half) of staff hours spent in assessment, preparation, presentation and travel time for court exams on a monthly basis.

Through an agreement with the Forensic Unit of SCSH, Designated Examiners of the Center perform competency evaluations on selected individuals referred by the Ninth Judicial Circuit Solicitor's Office, for which the Center receives $200 per exam.

An increasing number of patients and family members attend each quarterly Psychiatric Genetic Counseling Clinic held in our Center, one of four regional genetic clinics in the state conducted by staff of Hall Institute. Genetic coordinators from each mental health center in the region may refer appropriate families with psychiatric illness which may have a genetic component, thereby affording an opportunity for genetic counseling and increased educational opportunities for mental health professionals in the area of genetics and psychiatry. This is proving to be an exciting area for those staffing the Genetic Clinic as well as Center staff.

The Center Director continues to play an active role in the Mental Illness/Mental Retardation project of the Charleston area with primary focus on the underserved and unserved dually-diagnosed school-age and young adult population.

A Living Skills program was implemented in November 1982 meeting three times a week, and growth in attendance and increased staff involvement have been accomplished. Although this is not a traditional partial hospitalization program, it serves many of the needs of the chronically mentally ill, a target population of the Center, SCDMH, the Governor's office and the Medicaid contract.

The Child/Adolescent Unit staff continue to be recognized as leading authorities in treatment of sex abuse victims and perpetrators. They have presented training seminars to local, state and national professionals. A study showing characteristics of the Center caseload of sex abuse victims and perpetrators was conducted during the year. Ongoing group therapy sessions are held for these patients and other family members.

Other psychotherapy groups during the year have focused on chronic pain, depression, parent training, transactional analysis, social and behavioral skills for mentally retarded adults, adolescent socialization, substance abusers, hospital returnees and others.

Staff consultants helped organize the first chapter of Gamblers Anonymous in the state, and a group led by the Women's Advocacy Center called Men Who Abuse.

Staff members also serve on committees of other community caregivers such as Substance Abuse Commission, Comprehensive Emergency Services (CES), Cornerstone, DSS Child Abuse Case Review Committee, and

Lowcountry Council on Children and Families.

Staff/hospital liaison activities involve coordinating services for clients discharged from central hospital facilities, and include visits to central hospital facilities every two weeks and monthly community team meetings held in the Center.

Planning meetings were held to institute CSP/ESP programs. A staff committee visited SCSH and CFSH to screen potential candidates for CSP. Preliminary steps have been taken to begin reducing emergency hospital admissions under ESP.

MOAs have been updated or negotiated with Substance Abuse Commission, Family Services, Department of Social Services, Solicitor's Office, Probation and Parole Office, community boarding homes and central hospital facilities.

Volunteer hours in all areas have increased and included the services of a psychiatrist, master's level counselors and clerical personnel. Staff supervision has been provided for volunteers conducting weekly activity groups for MHC and DSS clients at a local church.

Training has been provided for staff of community agencies and facilities such as Coastal Center (MR), Maple Manor, law enforcement and community boarding homes.

Consultation, Education and Prevention services are being provided by participation in health fairs, by presenting a weekly cable television program sometimes using an open-line format, and by writing a weekly newspaper column for the Summerville area.

In June 1982 the Center became a subcontractor of Santee-Wateree MHC to provide an employee assistance program to a company with offices in Charleston and Sumter. This is coordinated by C,E&P staff of both centers with the personnel officer of the company.

The Center Board has continued a commendable level of supportive activity throughout the year, especially in the area of provision of medication for indigent patients.

The number of admissions from the Charleston area to central hospital facilities increased only slightly this year over FY 81-82. Final figures are not available but the total will probably be just over 900, with only about 27 percent of these commitments being referred by the Mental Health Center. One of the major foci of our Emergency Stabilization Program will be to attempt to impact the assessment practices of local general hospital emergency rooms, as well as local psychiatric hospitals, in an effort to divert a rather large percentage of emergency commitments presently being generated by these facilities.

Statistics indicate our caseload is appropriately representative of the catchment area population relative to age, sex and race. We are serving a relatively large proportion of the children, elderly and chronically men-

tally ill of our catchment area in proportion to the general population. A survey of active caseload revealed that 85 percent of our patients qualify as poverty level.

Admissions and readmissions to CAMHC averaged 143 per month during FY 82-83 with around the same number being terminated monthly, leaving an active caseload of approximately 1,400 patients per month.

Staff productivity in direct services (billable service contacts) is averaging around 30 percent with another 8 percent of time being spent in clinical secondary services. This is short of our goal of 45 percent but represents an overall improvement of about 10 percent.

Direct treatment contacts for the year total 20,313, surpassing FY 81-82 by 3,645 contacts. In addition to these clients, a total of 4,979 collaterals (usually family members coming with patients) were seen during the year.

Based on the total amount of revenue spent by the Center during the fiscal year, the cost of each direct treatment contact averaged $42.93. The table below shows direct treatment costs and contacts by service area based on total expenditures for each service area.

Service Area	*Expenditures (Actual)*	*Cost Per Contact*	*Contacts For Year (Direct Treatment)*
Intensive	$156,963	$28.90	5,431
Sustained/Trans. Living	226,725	42.13	5,381
Child/Adolescent	200,564	53.73	3,733
Intake/Triage	139,523	63.88	2,184
Dorchester Clinic	122,083	34.11	3,579

Expenditures for the Consultation, Education and Prevention Service amounted to $26,161. Meetings and telephone sessions reported as C,E,&P reached 69,164 persons (counting 999 for each media exposure) during 798 sessions. Cost per session came to $32.78, or 38¢ per contact.

Of expenditures of $872,019 for the total Center, only 9.8 percent was spent for operating costs, which we understand to be the lowest of any center/clinic in the state. Staff cooperated in this effort by curtailing travel and purchase of supplies.

In conclusion, all service areas of the Center continue to provide a high level of clinical care to our patient population. Fortunately, staff turnover has not been problematic for us during the past year. At the end of the year we lost two of our long-time key staff members to retirement. However, these vacancies have been promptly filled by young, capable people with ready expertise and enthusiasm.

COASTAL EMPIRE MENTAL HEALTH CENTER

During Fiscal Year 1982-83, Coastal Empire Mental Health Center continued to provide comprehensive mental health services to citizens of Allendale, Beaufort, Colleton, Hampton, and Jasper Counties. This past year presented an array of challenges met by the Center and its Board. Despite financial problems and fewer staff, accessibility of services has continued to improve with the implementation of an eighth clinical operation serving the Hardeeville area of Jasper County. Gains continued to be realized from the Center's efforts to become more efficient and effective in the delivery of outpatient services. The Children and Adolescent Services led the way by providing an increased number of direct service hours to young people in school during school hours.

The Consultation and Education greatly expanded its offerings and staff addition of one full-time masters level health educator. In addition to various workshops (parenting classes, divorced parents, stress management, etc.), a core curriculum was developed to be offered to the general public on an on-going basis. This psycho-educational approach has been well received by the general public. Staff interest in conducting such seminars was likewise very favorable. Without a doubt, the most notable development of this active unit was the successful efforts at securing a major twenty thousand dollar Marine Corps contract to impart stress management skills to drill instructors.

FY 1982-83 witnessed the purchasing, installation and utilization of a mini-computer. In conjunction with four other centers, Coastal Empire now has the potential to analyze its own data, enhancing both the clinical and management operations. This year of change was not without its low points, highlighted by significant personnel changes. First the Administrative Assistant of eleven years and the Medical Records Supervisor of six years both pursued other professional ambitions within weeks of one another. Within the same quarter, the Medical Director resigned to pursue an academic career. Two of the three positions including the psychiatrist slot have been filled and operations have continued with no hardship to clients.

Fiscal year 1983 with the reduction of funds and staffing problems saw the closing of the inpatient unit within the local general hospital. The timing adversely impacted planned implementation of the Emergency Stabilization and Community Support Programs. Of particular concern is CSP with only 38 Department of Mental Health licensed community care facility beds available within the service area and at the end of the fiscal year only four vacancies. These two programs will be the major clinical focus of FY 1984. Already a search is underway for a new coordinator of Day Treatment to restructure the program in light of ESP and CSP.

Continuing with fewer staff the Center this year maintained its high utilization rate of volunteers. The bulk of these men and women have performed clerical tasks, however clinical support task, particularly in Day Treatment, are being considered for next year.

For the third year in a row fee collections have increased, this year by a total of 6%. The majority of the increase is attributed to an intensified third part reimbursement effort. The Center is relying to an ever increasing extent on fee revenue to offset declining state and in some areas local funds. Attention continues to be given to increasing the number of paying clients while maintaining services to indigent persons.

COLUMBIA AREA MENTAL HEALTH CENTER

The Columbia Area Mental Health Center provided services to over 25,000 citizens of Richland and Fairfield counties in Fiscal Year 1982-1983. This was a year of retrenchment for the Center, with measures being taken to maximize efficiency, maintain a comprehensive range of mental health services, and increase outreach in the community. Despite dwindling resources the Center was able to maintain its level of services, having rendered nearly 34,000 clinical service contracts during the fiscal year.

After nearly a year of indepth needs assessment and program planning the Center has begun implementation of the Center's new Community Support and Emergency Stabilization Programs. These programs will be fully implemented in Fiscal Year 1983-1984. The Community Support Program is designed to support the return of the chronically mentally ill from central inpatient facilities to their home community. The Emergency Stabilization Program will screen potential emergency inpatient admissions and, where appropriate, provide alternative crisis stabilization and treatment services in the community. Both programs are designed to provide the chronically mentally ill patient a community based alternative to the more costly and restrictive inpatient services of the State psychiatric hospital system.

In children's services, new Memoranda of Agreement were signed with the Fifth Circuit Solicitor's Office, Richland County Department of Social Services, Richland County Sheriff's Department and the Columbia Police Department to provide needed early intervention and treatment in cases of child abuse and neglect. The Center continues to provide therapeutic summer camps for children and provides unique prevention services to children of psychiatrically disturbed parents. Planning was begun for the Center to provide a community based residential group treatment home for seriously emotionally handicapped children and adolescents.

During the year considerable energy was devoted to making adjustments required by a new Quality Assurance Program and the installation of the Center's new mini-computer. By the end of the fiscal year audits were reflecting compliance with the new Quality Assurance requirements, and the new computer was generating useful reports for Center management and clinicians. Further enhancement of the computer's capabilities will continue in 1983-1984.

The Center's Board of Directors continued its active involvement in support of Center programs. Local funding has been maximized due to the perseverence and dedication of the Board of Directors. Appreciation is also extended to the Richland and Fairfield County Delegations and respective County Councils for their concern and support for the Center and its programs.

GREENVILLE MENTAL HEALTH CENTER

During FY 82-83, the Greenville Mental Health Center faced a budget deficit of $151,993.00 due to the expiration of our Consultation/Education Grant, the termination of funds for the Sex Abuse Project, reductions in block grant and state funding, and a reduction in fees collected.

To offset this deficit the Center administration took action to cut operating expenses to a bare minimum. Cost saving efforts included:

1. Termination of all maintenance contracts on equipment
2. Change of vendors for majority of supplies for cost reduction, utilizing State purchasing almost exclusively
3. Elimination of all travel and per diem for on-going training needs of staff
4. Implementation of stringent procedures of authorization for all purchasing
5. Return of all non-essential used furniture and equipment to Department of Mental Health for resale credit to our budget and
6. Place an in-house freeze on purchases of furniture and equipment.

In addition, services and programs were affected by several other actions. In personnel, 5 positions were left unfilled and several others remained vacant for much of the year. In order to curb treatment demands and bring caseloads within manageable limits, a policy of residency requirements for admission to services, was instituted. Our satellite office was closed and our Crisis Intervention Program was terminated after 14 years of service.

One of the Center's priority goals for the year was to ensure that no high risk group incurred the brunt of budget cuts. To achieve this goal Project

Cope, our outreach program to Blacks, was maintained. Also, our Services to the Elderly and to the Chronically Mentally Ill (CMI) retained priority. An outreach service to CMI was established in the area of the closed satellite office to ensure ongoing services to this group.

Prior to the termination of the Crisis Intervention program, Center staff and board members actively worked with United Way to establish a community supported crisis telephone service. HELP LINE began operations Feb. 1, 1983 under the administration of Community Planning Council, a United Way agency. Through contractual agreement, our Center transferred our Crisis volunteers and provided one full time position, staff for professional back-up and training of new volunteers for the new program. In return HELP LINE provides crisis services to Center clients as part of our Emergency Coverage.

The Greenville Mental Health Center is located on the campus of the Greenville Hospital System. Due to expansion of the Hospital and the construction of a new road, we were forced to move the modular building which houses our Child and Adolescent Unit. This resulted in interrupted service for a period of 6 weeks due to inoperative telephones, and unanticipated and unbudgeted expenses. Some structural damage to the building was caused by the move, and we were given a temporary zoning permit by the City to allow time to secure alternate housing.

With the budgetary problems, as previously described, considerable attention was given to the generation of funds and curbing expenditures throughout the year. Success was realized in at least three areas, although financial benefits will not be realized until the following year. First, due to revision and implementation of stringent procedures on fee collections, the rate of reduction was curbed considerably and an increase in collections is anticipated during the next year. Second, we were awarded one third of the funds needed and applied for from the City of Greenville Community Development funds to construct office space for Child and Adolescent Services. Third, we successfully negotiated an employee assistance program with a major industry scheduled for implementation during FY 83-84.

Programmatically, there have been several changes impacting upon services, public image, and community relationships. The termination of Crisis Intervention, closure of Foothills Clinic and institution of a residency requirement for admission to non-emergency services all produced negative reactions within the community, but at the same time generated increased support and better relationships with City and County government officials and a few private agencies. Out of necessity, we have shifted the emphases of services to Mental Illness rather than Mental Health, by referring all non-psychiatrically based problems to other community resources. All professional staff have received intensive train-

ing to refine Assessment skills and a comprehensive Assessment process has been developed for all admissions. Short-term therapy approaches are utilized extensively for growth domains, with increased medical interventions for stabilization and sustenance domains.

Quantitatively, the level of care has been reduced, as compared to the previous year. Total admissions for FY 82-83 was 1,305 compared to 2,016 in FY 81-82. Total patient contacts were 18,635 compared to 20,447 in FY 81-82. Consultation/Education contacts increased from 29,026 FY 81-82 to 32,115 FY 82-83, due to improved reporting rather than an actual increase in service.

Quality of care has improved due to a stringent Quality Assurance Program and due to improved Assessment skills. Clinical Care studies indicate increased accuracy and appropriateness of diagnoses for clients. Appropriateness of Service Audits indicate a level of compliance within the top 5%. Consumer Satisfaction Survey results were as follows:

83.5% of the consumers were satisfied with the programs/services they received at the center. Since receiving services 75.1% felt their problems had improved and 83.9% felt they could deal better with their problems. 92.8% felt that they would come back to the center if they needed help again and 86.7% would recommend our program to family or friends. Consumers felt they were satisfied and had received good services from receptionists (90.0%) and therapists (97.6%).

The Center also received excellent ratings in the areas of accessibility and the comfort of our buildings. 90.8% were seen as soon as they felt necessary when they first came to the center and 93.2% felt their appointments were scheduled at a convenient time. 92% were satisfied with the comfort and appearance of the center's facilities. In regards to financial accessibility, 68.3% felt they should be charged for mental health services and 89.1% were satisfied with the fees they were charged.

In summary, we have become very proficient, both in management of Center resources and in diagnosis and treatment of psychiatric patients from a Mental Illness perspective.

LEXINGTON COUNTY MENTAL HEALTH CLINIC

The Fiscal Year 82-83 culminated in April with the opening of a new building for the Lexington County Mental Health Clinic. The county owned structure is strategically located in a medical complex area and in a more densely populated section of the county.

Another important addition to the Clinic was the establishment of a 24 hour emergency service in October which was negotiated by a contract with the William S. Hall Psychiatric Institute. Thus the citizens of the county are now afforded with around the clock services in times of

emotional crisis.

Community Support Services continue to serve approximately 400 active clients at predominantly nine community based sites located throughout the catchment area. Local churches and senior citizen centers provide both volunteers and meeting rooms to accommodate the after-care population. One of the staff has been designated as coordinator of elderly services and has received special training to provide services for the elderly clients. Another staff member has been assigned as a community home consultant and has organized several training workshops for the home operators.

General outpatient services continue to serve nearly 400 active clients with a special focus on the needs of children. School consultation serves as the effective means for reaching out to the larger child population. The frequency and types of client needs help to determine the formation of special therapy groups, i.e., dependent woman's group; insight/support group; adolescent girls group, etc. Walk-ins, phone calls from new clients, and crisis situations during regular hours are managed primarily by a triage worker.

The full time clinic staff is composed of 14 members which include the director, psychiatrist, administrator, 3 clerical staff, 4 clinical staff in outpatient services and 4 in community support services. Additional medical coverage is provided by two part-time psychiatrists who work a total of 27 hours a month. Currently there are eleven members on the clinic board.

The clinic goals for Fiscal Year 83-84 include the development of a satellite office in the rural area. Community Support programs and emergency stabilization programs will be coordinated to assure the availability and accessibility of mental health services in the rural section of the catchment area which is underserved.

ORANGEBURG AREA MENTAL HEALTH CENTER

During fiscal year 1982-1983, the Orangeburg Area Mental Health Center provided 19,400 units of direct service to approximately 2000 clients. Consultation, Education and Prevention Services offered programs which recorded approximately 40,000 contacts, an increase of 80% from the previous year. Admissions to state psychiatric facilities from the catchment area decreased by approximately 8.8%.

Goal Attainment

I. *To have improved the efficiency and scope of the Center's statistical, financial and program management functions.*

With four other centers, the Center has participated in the develop-

ment of a management information/accounts receivable system designed for use with a mini-computer system. At the end of the fiscal year the bulk of the software had been developed and installed. The remainder of the software should be completed by the end of the summer.

II. *To become more financially self-sufficient.* The goal of increasing cash fee collections by 5% was not met. Cash fee collections declined by approximately 20%. The decline was likely due, in part, to a reduced number of client contacts.

III. *To have utilized the staff's time more effectively and efficiently.*

Total number of contacts declined by approximately 9.5% from the previous year. The number of full-time equivalent clinicians declined by 14.8%. Even though productivity did not rise by 10% as hoped, it appears that the number of contacts per clinical staff member did increase from the number recorded during the previous year.

IV. *To have improved the accuracy of consumer records.*

Although the goal of a maximum 10% discrepancy finding on any item during a chart audit was not attained, the documentation audits conducted during the year did indicate a trend toward improved compliance with documentation requirements.

V. *To have developed a long-range plan for the prevention of mental illness in the catchment area.*

This goal was not attained.

VI. *To have occupied a new facility.*

A new facility was occupied in November, 1982.

PEE DEE MENTAL HEALTH CENTER

Steps were taken during the 1982-83 fiscal year to offset the paradox facing community mental health centers, i.e. increased demands for expansion of quality services with cost effective measures, along with documentation of effective outcomes and the concurrent dwindling funding resources. Those steps were:

1) Carefully planned distribution and allocation of staff and other resources
2) Management information linked to cost per outcome and program planning
3) Focus on increased third party payments
4) Exploration of creative financing
5) Develop cost effective ways of meeting the needs of underserved groups
6) Systematic decentralization to enable continual program balance between resources and needs

7) Continual linkage of services to Center needs assessment and utilization studies and coordinate obtaining services from providers outside the system

Specific administrative goals were:

1) Computer system to satisfy the intensive labor demands, thus increasing productivity
2) Networking to share costs and services with other agencies
3) Labor divisions to increase utilization rates, i.e. paraprofessions assume semi-skilled aspects of professional role
4) Significant use of volunteers and part time employees
5) Change focus of nursing homes to accommodate the chronically mentally ill
6) Reallocation of hospital staff to community programs
7) Use of the marketing concept of balancing the unprofitable with more profitable enterprises

The Center continued to offer the required services either directly or indirectly. Compared with the previous fiscal year, there was a 4% increase in the total number of client contacts; a 3% increase in the total unduplicated client contacts (i.e. the total number of different or novel persons receiving services); and a 58% increase in admissions to service. The State Hospital data reflected the current trend of shortened stay and return to community with a 3.5% decrease from the previous FY in the number of residents, a 27.5% increase in admissions and a 28.5% increase in discharges. The Center continued previous year's need for psychiatric coverage. Although the budget for the year did not exceed the amount allocated, there may have been deficits except for the fact that many staff who left the employment of the Center were not replaced. The Quality Assurance Program continued as a Center priority and the standard record requirements as reflected in 40-01 and 40-02 were incorporated into Center record requirements.

PIEDMONT CENTER FOR MENTAL HEALTH SERVICES

The purpose of this report is to review the activity of the Piedmont Center for Mental Health Services over the 1982-83 fiscal year. The center has continued to maintain four office sites to serve its catchment area population now numbering over 100,000. Two offices, Simpsonville and Greer, offer all outpatient services on a full time basis. The Piedmont Satellite is open one day a week. The fourth office is the Partial Hospitalization program which provides services from 9:30 a.m. to 2:30 p.m. This

program continues to be heavily utilized.

A client satisfaction survey conducted in April, 1983 indicates that the center services continue to be well received by those served. Center services were rated as always or usually helpful by 91% of those responding, the same percent as the 1982 survey. Ninety five percent (95%) felt that they always or usually were received with warmth, sensitivity and respect. Ninety five percent stated that they definitely or probably would return to the center for further services, if necessary. Ninety five percent thought that the billing always or most of the time was fair and appropriate. Eighty nine percent found the sessions always or usually useful in solving their problems.

The 1983 client satisfaction survey continues the trend started in 1982 toward a thorough survey. Again a combination of methods of obtaining client response was used. The survey format was altered to make it more readable and easier to fill out. The new format, along with a new follow-up procedure for unreturned questionnaires, resulted in a better than 40% return rate for mailed out questionnaires. This is a significant increase over previous rates, which have been in the mid-twenty percent range, and also above the one-third return rate usually expected to such questionnaires.

The Piedmont Center, in the 1982-83 fiscal year, contracted the services of a Quality Assurance consultant, Dr. Susan Brown. Dr. Brown is on the faculty of the Sociology Department at Clemson University. She had been recommended by Dr. Rosemary Lowe, the Center's former Quality Assurance Consultant, who had moved out of the area last August. Dr. Brown has continued Dr. Lowe's work in the area of establishing more efficient Medical Records procedures to help the center in its efforts to comply with the requirements of the South Carolina Department of Mental Health Quality Assurance Program. Dr. Brown also carried out the Client Satisfaction Survey and this year's Clinical Care Evaluation Study.

This year's Clinical Care Study was to provide the Center with information about the trends in client visitation, including data on drop-out and return rates, distribution of cases across important diagnostic categories, and breakdown of case load for individual therapists. The study involved an analyses of all the cases opened in the Simpsonville and Greer offices from July 1, 1982 to December 30, 1982. The study showed that 22.5% of clients admitted for service dropped-out after the first session, which is an acceptable drop-out rate. The average number of sessions for each client was 5.64%, indicating that many clients return for extended treatment.

In comparing the Greer and Simpsonville offices of the Center, few significant differences were found in the overall pattern of client utiliza-

tion. The mean and median number of visits of the two offices were very close to each other.

The study did identify several areas that warrant further investigation:

1) Some therapists have a much higher proportion of drop-outs after the first visit than others. Since the work required for opening cases is time consuming therapists who have a high drop-out rate are using time ineffectively and may want to seek suggestions from colleagues and supervisors on ways to improve.
2) The need of the Simpsonville office to consider program development and greater attention to chronic psychotic clients since the average number of visits seems insufficient for resolving psychotic disorders and since psychotic clients have a high potential for generating additional visits from the center.
3) There is an apparent inequitable distribution of cases among therapists which should be corrected. Efforts should be made in staffing and by the center director to equalize caseloads for therapists by increasing the participation of underutilized therapists.

The total number of admissions for the first eleven months of the 1982-83 fiscal year is 1,297, which projects to a year total of 1,416. This represents a 3.5% decrease from the number of admissions during the 1981-1982 fiscal year, during which 1,462 cases were admitted for service. Together, with the 266 persons seen for screening only, a total of 1,682 persons were seen for a first visit at the Piedmont Center.

The Piedmont Center continues to be encouraged by the increasing number of severe problems admitted to service. During the 1981-1982 fiscal year, 7.1% of the admissions received a diagnosis between 290.00 and 299.90. The projected admission rate for the 1982-1983 fiscal year is 9.3%. The center sees this as a continuation of a significant trend started last year. The trend is in keeping with the State and Federal emphasis on the treatment of the chronically mentally ill. These figures indicate that the Piedmont Center is able to reach out to serve the seriously impaired at a time when the general economy continues to slump.

In contrast to last years Annual Report when the percentage of non-white persons being seen had decreased from 11.9% to 10.8%, the latest available figures indicated that center case load is made up of 12.9% non-white persons. It's not possible to determine if this represents the effectiveness of outreach efforts or a rate of fluctuation that could be expected normally. The center is encouraged by these figures in eight cases since it does show good awareness of center services by the minority population.

The utilization of staff time study has continued throughout the 1982-1983 fiscal year. The material provided by the study has allowed the

Center's Executive Committee to establish ranges of expected client contacts and time spent in direct service. This information has been shared with the Center staff. Each staff member also receives data on his/her own performance in these areas. This allows each staff member, on a monthly basis, to be able to compare his performance to center expectations. This information has begun to have significant impact on those staff members who had been performing below average. It has also provided information to the Executive Committee so that a personnel switch has been made to strengthen two relatively weak areas.

In another follow-up of last year's Annual Program Evaluation report, the center did investigate the under utilization of center services by the residents of Mauldin. A check of admissions to the Greenville Mental Health Center revealed that very few persons with a Mauldin zip code were admitted to that center. It is the policy of the Greenville Center to refer persons from outside their catchment area requesting services to the center for the area in which they reside. Thus, it would appear that the residents of Mauldin either have less need for mental health services or have prejudice against these services. The center is planning a Consultation and Education program targetted toward Mauldin residents to increase awareness and acceptability of center services.

The Piedmont Center has continued its involvement with the board of the Piedmont Treatment Homes For Adolescents, Inc. which continues to provide the only community based treatment homes in the State of South Carolina. The center handles much of the administrative and fiscal management for the Treatment Home Board under a contractual arrangement. The center also provides therapy to the boys and girls of the two homes as well as work with the families of the children. In the 1982-1983 fiscal year, the girls' treatment home, known as the Clear Spring Home, became operational to join the Bethany Home, the boys home.

Overall, the 1982-1983 fiscal year showed continued quality service by the clinical staff of the center. The improving management information is having decided impact on decisions of the Executive Committee to improve services and utilization of staff and staff time. Continued efforts are expected in the 1983-1984 fiscal year.

SANTEE-WATEREE MENTAL HEALTH CENTER

During the 1982-83 fiscal year, the Santee-Wateree Mental Health Center has made an attempt to maintain the same level of services as achieved over the previous year. The Center continues to deliver Outpatient, Inpatient, Emergency, Partial Hospitalization (Living Skills), Consultation and Education, Aftercare, Screening and Children's Services.

There is also a specialized program for the elderly patient with the responsibility for the program being carried by Outpatient Services. Services are delivered from four offices, located in each of the county seats of Sumter, Kershaw, Clarendon and Lee Counties.

A fourteen member Board of Directors representing these counties gives positive and consistent direction to the Center. The Board maintains a high level of interest in the Center's functioning. In addition, the Board's Citizen Advisory Council has continued to be active and productive, designing a new Center-wide brochure and participating in a Key Informant Survey as a part of the Center's Annual Evaluation efforts. The Advisory Council has been a valuable asset to the Center. In fact, this Center's use of its Advisory Council was noted in the current publication from NIMH, entitled *Exemplary Practices*.

The maintenance of Center services is reflected in the projected service statistics for FY 1982-83. Admissions are projected at 1692 with unduplicated patients estimated at 3,200, both of which are at the same level as the two previous years. Outpatient contacts are projected to be 17,385, a 10% increase over the previous year. Partial Hospitalization (Living Skills), days are projected to be 2,483, a 12% decrease over the previous year.

Consultation and Education Services contacts are projected at 30,068, a significant decrease (50%) over the previous year. Both of these two latter services lost over one-third of their staff. Even so, both maintained levels of service at the FY 80-81 level.

A major focus over this past year was placed on evaluating and restructuring the Center's services to its patients in an aftercare status. This population accounts for over half of the active patients for whom the Center is responsible. Since this is such a large group with most being maintained on medication, the concern was over the adequacy of service with the Center's limited psychiatric time. All non-medical professional staff have been assigned a group of aftercare patients, acting as case managers for these patients. The degree of contact with non-medical staff has been doubled and contacts with medical staff have been increased by one-third. The result is a much more intensive service with better assessment of both the patients' psychiatric needs and their level of functioning.

The shift to increased service to aftercare patients resulted in a decrease in time available for outpatient treatment. As a result, a waiting list for treatment had to be developed, creating a serious problem for outpatient services. An ongoing study is currently underway to find a solution to this problem.

With the increase in aftercare services, the effort to maintain levels of other services, the pressure of a waiting list and the tremendous increase in paper work associated with the Department's Quality Assurance Pro-

gram, the staff have been under significant stress over the past year. In addition, the planning for the Emergency Stabilization Program and the Community Support Program have taken a large block of time and energy. While these two programs are welcomed as efforts to strengthen the screening efforts of emergency admissions to state facilities and to expand services to the chronic patient, they both put stress on an already strained system. For these reasons, there has been a sense of flux to the Center and its programs over the past year. Nevertheless, the Center is aware of the challenges ahead in FY 1983-84 and with its core of strong staff which remain dedicated to the delivery of quality services, the Center will rise to these challenges.

SPARTANBURG AREA MENTAL HEALTH CENTER

The past fiscal year was the busiest one we have had for the Spartanburg Area Mental Health Center since its founding. The drastic increase in new clients and reopened cases exceeded all prior activity. One of the most interesting statistic this past year was that the male clients increased to a point of equalization to the female clients from the standpoint of contacts. Children contacts were much higher due to the special focus in this area and are expected to increase in F.Y. 83-84. We are planning programs to increase the contacts with the elderly, a much needed service, as best we can.

The collection of patient fees far exceeded our past records and the system of third party and direct pay staff specialist is paying off. This procedure was commended by the Site Team.

There was little or no turnover in staff, and they adapted to the higher case load and important programmatic changes that were getting underway to be implemented in F.Y. 83-84.

We were fortunate in hiring an experienced, highly skilled, talented nurse for the C. S. P. program and have applied for three more positions for additional clinicians for F.Y. 83-84 to handle the increased demands to even out case loads and assist in staffing new programs to be implemented.

The Cherokee County satellite added to its service via a Federal grant the aiding of Viet Nam veterans. This program is very effective. A support staff person was added to this satellite due to increased demands and possibly more parttime clinical assistance will be needed in F.Y. 83-84.

The Site Team commended all areas of the center, especially the Aftercare, the model probate court program, outpatient and the improvement in Partial Hospitalization. The Alcohol and Drug area added a Narcotics Anonymous program along with its A.A. program for long term

maintenance. The center is now sponsoring programs in this vein in the four state correctional institutions in the county.

The center now has a vitally interested Board of Trustees. They are active, involved and determined to assist in providing excellent care to the patients in the area. They will likely make a profound impact in this community.

We expect a good operating center in all areas in F.Y. 83-84, and the staff is prepared and anxious to get on with the new proposals.

TRI-COUNTY MENTAL HEALTH CENTER

In fiscal year 1982-83 the Tri-County Mental Health Center attempted to maintain as many mental health services as possible in light of continuing reductions in federal, state, and local funding. Center provision of the more costly services like local inpatient psychiatric care and transitional halfway house services had to be reduced and staff vacancies that occurred in those service areas were not filled. Realistically the Center did not have sufficient funds to provide those services locally, consequently, the number of patients from the catchment area who were admitted to S. C. State Hospital facilities increased dramatically over fiscal year 1981-82.

Secondly, the Mental Health Center did not have sufficient funds to fill vacant addictions specialists positions in Marlboro and Dillon Counties. Instead, consumers who had a primary diagnosis of alcohol and/or drug abuse and no overt emotional problems were referred to the Dillon and Marlboro County Commissions on Alcohol and Drug Abuse. However, the Tri-County Mental Health Center continued to provide primary alcohol and drug abuse treatment services in Chesterfield County via special Act 301 funding provided by the Chesterfield County Council and an approved county plan with the S. C. Commission on Alcohol and Drug Abuse.

Thirdly, the Tri-County Mental Health Center has maintained a major commitment to the chronically mentally ill. In FY 1982-83 the number of patients receiving aftercare followup services increased dramatically and is projected to increase even more substantially in FY 1983-84 with the implementation of the Community Support Program for deinstitutionalization of patients in S. C. State Hospital facilities.

In FY 1982-83 the Tri-County Mental Health Center also maintained its commitment to the provision of specialized diagnostic, evaluation, and treatment services for children and families. Throughout the year the Center was the only treatment resource available in Chesterfield, Marlboro, and Dillon Counties for children ages 0-17 who suffered from emotional problems. Moreover, no group treatment homes or residential

treatment facilities were available in the area to assist children with emotional and/or behavioral problems. Throughout the year the Center continued to search for funding to establish such a facility. In the meantime, the Center has continued to provide outpatient treatment for dysfunctional family relationships and marital discord.

In FY 1982-83 the Tri-County Mental Health Center also conducted a Primary Prevention Demonstration Project entitled "Early Intervention and Prevention of Psychological Trauma in Families." The project was designed to intervene with families to help family members overcome the psychological trauma that may be experienced when a family member is institutionalized for a mental disorder. This program has been extremely valuable and highly successful.

Finally, in FY 1982-83 the Tri-County Mental Health Center provided a wide variety and enormous amount of treatment services for outpatient adults and elderly consumers. The primary reason for the increased utilization of outpatient mental health services was the fact that between 12% and 25% of the general population of the three (3) county area were unemployed during the year. Many of these individuals faced transient situational disturbances associated with the depressed economic conditions in the area. The stresses of unemployment, reduction or elimination of SSI government benefits, and the lack of sufficient resources to adequately care for family members frequently precipitated crises requiring mental health center intervention.

Even though the Tri-County Mental Health Center has had no increase in resources to provide services for these distressed target populations, the Center is entering FY 1983-84 with renewed determination:

1) To maintain a comprehensive network of community mental health services for the residents of Chesterfield, Marlboro, and Dillon Counties.
2) To further develop a comprehensive continuum of care for severely emotionally handicapped children.
3) To further develop a regional emergency screening, crises stabilization program for psychiatric patients.
4) To initiate a regional Community Support Program for the chronically mentally ill. (This service would address the unique needs of long term care patients who have returned to the community after extended stays in State psychiatric hospitals.)
5) To further develop a catchment area wide or regional program of mental health services for the elderly.
6) To reach more employees of local industry who may be troubled by alcohol/drug abuse, and/or emotional, behavioral, or family problems.

7) And to increase the number of volunteers, community agencies, churches, and clubs participating in the comprehensive network of mental health services provided for the residents of Chesterfield, Marlboro, and Dillon Counties.

WACCAMAW CENTER FOR MENTAL HEALTH

This Fiscal Year was again marked by the uncertainty of having enough funds to continue the many programs and services offered by the Waccamaw Center. Through utilization of staff attrition and increased responsibilities for some staff members, the Center has managed to maintain the current level of services and programs throughout FY 82-83. During FY 82-83, several goals were established on a Center-wide basis and efforts to meet these goals met with success.

The Center was able to expand its outreach efforts during this Fiscal year and now has twenty-two (22) different locations around the catchment area in which mental health services are provided. In addition to the five full-time offices and five part-time offices, we are also providing services from such diverse locations as a lawyer's office, a magistrate's office, a physician's office, as well as many other locations. The Center's comprehensive network of outreach services will be recognized nationally by National Institute of Mental Health in a forthcoming publication, "A Study of Exemplary Practices in Community Mental Health Centers and Other Public Health Agencies."

This year the Center embarked on a program to upgrade clinical skills of paraprofessional staff as well as those staff who have baccalaureate degrees through a comprehensive mental health education in-service training curriculum. As a result of this training, the aforementioned staff were able to provide more indepth direct clinical services.

The Center was also able to develop a five-year plan utilizing the Center's Governing Board's input as well as input from the community via a community needs assessment. With this five-year plan, the Center hopes to be more responsive to community needs and foresee areas of needed services in the next five years. It will also help the Center to administer the policies and programs of the Waccamaw Center through planning and management.

The Center was able to sponsor the First Southeastern Stress Symposium in the Fall of 1982. Over 150 participants from seven states came to Myrtle Beach to attend the Symposium. It was a great success for the Center both financially and in public relations. The Center is currently planning the Second Southeastern Stress Symposium to be presented in November, 1983.

The Waccamaw Center continues its outstanding Children's Services,

and has expanded it by offering Parenting Groups to the general public as well as conducting puppet shows for several primary and elementary schools in the catchment area. The puppet shows were a great success according to evaluations received from school principals, and the Center is planning to do them again during the coming school year.

The Center has increased its admissions by 15% over the previous year and its caseload has steadily increased during this Fiscal Year. The Center's Research and Evaluation Services report that consumer satisfaction is at an all time high for our services, and that public acceptance of the Mental Health Center is up over last year. Finally, the Center continues to be one of the leading Mental Health Centers in the state for providing Consultation, Education, and Prevention Services to the citizens of our catchment area as reported in the Annual Statistical Report for 1982 published by The South Carolina Department of Mental Health.

EARLE E. MORRIS JR. ALCOHOL AND DRUG ADDICTION TREATMENT CENTER

OFFICE OF THE DIRECTOR

Fiscal 1982-83 was a year which held significant challenge for Morris Village. In November, 1982, the Village implemented a significant Reduction in Force as a result of economic circumstances. The impact upon specific services is addressed elsewhere in this report.

It is important to note that in spite of these reductions, the staff of the Village continued to explore and develop positive and creative responses to the loss of revenue in order to continue to provide quality treatment services to residents. Those responses included further refinement of the program and schedule, and demonstrated a willingness to adjust to increased demands upon time and energy. All staff at the Village deserve significant credit for their positive responses to the reduction.

The pre-Admission screening and Special Treatment and Evaluation programs continue to identify those potential residents who are not appropriate for the Village with appropriate assistance in providing alternative referrals. Additionally, those residents who are in need of highly specialized treatment services receive them through the STEP program.

Finally, the Village continues to refine and improve the Management Information System, prepare for a comprehensive Quality Assurance program, and to continually monitor fiscal expenditures in order to assure the highest quality treatment services in the most cost effective manner.

OFFICE OF PROGRAM DEVELOPMENT AND TRAINING MANAGEMENT

Morris Village has undergone some traumatic times during the past fiscal year. This office has been deeply involved in planning and implementing the modifications to our treatment program needed to continue the high quality of care that the Village has provided. The reduction in the staff level due to the budget reductions mandated a closing of three of the fourteen resident cottages with a resulting loss of thirty-six beds. Other changes were effected in order to make the best use of the available resources. Through this process, several of the staff sought the opportunity to propose innovative programs to make better use of the staff-resident contact. One of these was the Social Services proposal to restructure the Family Therapy program. This is addressed in that department's report. This office has continued to provide day to day management of the program as well as to provide therapy services and to coordinate training events. The Village's efforts in Primary Prevention have continued under the leadership of members of Program Development and Training. This includes the Village's support of a Wellness Fair that was Department wide.

Of importance to the future direction of the Village is the continued involvement of this office in the area of Quality Assurance. With the changing structure following the reduction, a vacated position has been reclassified as a Quality Assurance Coordinator. This is another step toward a system that will help the Village move further in its effort to provide the best possible service to clients. We look to the next year as an opportunity to continue this growth.

There being almost no funds available this past year for outside training, the Village has drawn on its available talent to provide quality workshops and seminars for its staff. Along with training in time management, goal setting, child protective services, and treatment related subjects, there have also been a series of classes on CPR to insure that key staff have these necessary skills.

Adult Education

During the first three quarters of this year, the Adult Education program continued to provide testing and remedial study to residents. This allows many of our residents to take and pass the G.E.D. while still in treatment. This has been found to be a significant asset to these people and a very important and tangible product of their treatment. This program has been funded through a local school district which was itself adversely affected by the state budget situation. In the last quarter, the money for the teacher ran out. We are presently providing limited services in this area and are working to refund the program.

Library

The Morris Village Library is staffed by a full-time librarian/volunteer services coordinator. Current newspapers and magazines and therapeutic videotapes, as well as books, are available. The library encourages both residents and staff to use these resources. Therapists and the librarian suggest library material that help with residents' treatment. Library and Media Center personnel also provide bibliotherapy training for SCDMH personnel and staff from other agencies.

The Morris Village library participates in the SCDMH inter-library loan program whereby books and journals can be borrowed from State Hospital, Hall Institute, Crafts-Farrow and Bryan Hospital libraries. Inter-library loans are also available from the S.C. State Library and through it, Cooper Library at USC; the School of Medicine Library and other Columbia area medical libraries; and Richland County Library. Through SALIS (Substance Abuse Librarians and Information Specialists) Morris Village has access to other collections of alcohol and drug abuse materials throughout the world.

To provide for maximum use of library materials there are reading centers in each of the cottages and in the women's and staff lounges. Volunteers donate many of our books and keep the library open many evenings and weekends.

The library acts as a resource to staff by providing the inter-library services mentioned above and by periodic review and update of subscriptions to professional journals received through the library and available to all staff. It also acts, in the interest of primary prevention, as a resource to the community by providing information on substance abuse, mental health and Morris Village to those who request.

Volunteer Services

Volunteer Services is one of the community liaisons of Morris Village. The Volunteer Services Coordinator requests and accepts contributions of materials and services from the community and channels them to the department in which they can be most useful. She works with staff to develop volunteer programs and recruits volunteers requested by Morris Village staff. The coordinator also orients the volunteers to the facility, keeps records of their services and is responsible for their quarterly reviews. She is also responsible for their recognition. The Morris Village Volunteer Services Coordinator works with other SCDMH volunteer coordinators as well as with the Mental Health Association, the Voluntary Action Center, and the S. C. Association of Volunteer Administrators to provide programs that enrich treatment at Morris Village.

MEDIA CENTER

A major emphasis of the Media Center has always been production of media for training and education. With an increased awareness and utilization of media, staff requests have increased for both produced media and in the past year, a greater demand for consultation in utilization of media.

Consulting individuals and groups on production techniques, utilization and media management has consumed much of the energies of the Media Center staff. Although the major emphasis has been working with the Morris Village staff, varied media services have been provided to other Mental Health facilities and other state agencies.

The Media Center staff includes a producer/director and an audio-visual specialist who also produces all graphic materials. Graduate interns from the USC School of Library and Information Science and the Department of Media Arts have also added their skills and expertise in media projects.

ACTIVITY THERAPY SERVICE

Fiscal year 1982-1983 was a year of change for the Activity Therapy Department at Morris Village. Two positions were lost during the November 1982 Reduction in Force and positions that were vacated were held open for extended periods of time due to budget limitations. In spite of this situation, the Department continued to offer a wide range of treatment offerings.

Currently, the Activity Therapy Department provides therapists for: Group Therapy, Family Therapy, Individual Therapy, STEP, Parent Training, as well as specialized Activity Therapy Groups and Group Dynamics. In addition, the Activity Therapy staff has been responsible for providing coverage during the evenings and on weekends.

In addition, Specialized Activity Therapy Groups are offered to meet the individualized needs of Morris Village residents. These groups are offered on a referral basis and include: Leisure Counseling, Active Leisure Skills, Passive Leisure Skills, Weight Training, Physical Fitness, Art Therapy, Ceramics, Macrame, Arts and Crafts, Movement and Music, Hortitherapy, Music Therapy, Basic Guitar, and Play Therapy.

One important addition to the treatment program this year has been the Group Dynamics series which the Activities Department developed in response to a perceived need for more group cohesion in psychotherapy groups. These Group Dynamics sessions are led by members of the Activity Therapy staff, who are also members of the treatment team responsible for that group. The focus of these sessions, in addition to

building group cohesion, is to develop and enhance individual communication skills. The response to this program has been extremely positive.

For the fifth consecutive year the Activity Therapy staff has been involved in a social integration project with Morris Village residents in the form of a softball team that plays in a regular City League. This provides many residents their first opportunity for participation in organized sports as well as preparing them to re-enter the "real world." The focus is always on participation rather than winning, but much pride was gained in posting the first ever winning record by a resident team.

Members of the Activity Therapy staff have represented Morris Village by giving presentations at local, state and national meetings. Another function of the Activity Therapy staff is the training of interns. During this year four Therapeutic Recreation interns were trained at Morris Village.

Finally, always noted for its innovation and commitment to therapy the Activity Therapy Department was recognized by its peers in 1982 when the S. C. Parks and Recreation Society presented Morris Village an award, "For outstanding contributions to the field of Recreation Therapy in South Carolina."

SOCIAL WORK SERVICE DEPARTMENT

Due to internal program re-organization and, a reduction in staff, the Social Work Service Department dropped from 18 to 10 staff members. This was followed by the loss of a Clinical Social Worker creating a vacancy that lasted the remainder of the fiscal year. Thus, during most of this reporting period, service delivery was accomplished by nine clinical staff.

Programmatically, the department continued to provide individual and group therapy services to residents and families. Of significance was the increase in the number of family members participating in family therapy groups with the implementation of an intensive family therapy program which utilized the same therapists for identified residents and families thus providing more continuity of services. The year ended with an evaulation in process to determine the effectiveness of this program and, expansion plans, if indicated.

We continued participation in primary prevention programs and, in training programs. Two staff members presented unpublished papers on the subject of female substance abusers at two statewide conferences on alcohol and drug abuse. Our teaching/training relationship with USC College of Social Work and, the School of Education also continued. And, staff maintained professional certification as Addictions Counselor and as members of ACSW (Academy of Certified Social Workers).

At the end of this fiscal year, the Department consisted of eleven staff: five Clinical Social Workers, three Social Workers, a Mental Health Counselor, an Addictions Specialist and, a Secretary.

Plans for next year included further expansion of intensive family therapy services and, the development of a "Women For Sobriety" group.

AFTERCARE SERVICE DEPARTMENT

The development of a closer relationship with Alcoholics Anonymous and Narcotics Anonymous remained a priority during Fiscal year 1982-1983. In July 1982, approval was granted to establish the "Faison Drive Group of Alcoholics Anonymous." This group provides meetings for Morris Village residents and ex-residents Sunday and Wednesday of each week. Transportation is also provided for Morris Village residents to attend Alcoholics Anonymous in the community on Thursday, Friday, and Saturday nights. Past and present residents attended Alcoholics Anonymous over 10,300 times. Approximately 250 residents asked for and were assigned temporary Alcoholics Anonymous sponsors.

Residents were offered the opportunity of attending 125 Narcotics Anonymous meetings. Residents and ex-residents attended Narcotics Anonymous meetings on 2,507 occasions. Approval of what will be called the "Faison Drive Group of Narcotics Anonymous" will occur during July 1983.

Aftercare planning and referral continues to be a vital part of the Morris Village Treatment plan. Shortly before the resident's scheduled discharge, aftercare arrangements are finalized and an appropriate referral made. During the Fiscal Year of 1982-1983, the Aftercare Department made approximately 1,000 referrals to local programs, the majority of these to Community Mental Health Centers or County Commissions on Alcohol and Drug Abuse.

The Morris Village Community Residence Program maintained licensure for 10 males and 8 females. Residents of the Community Residence Program paid over $17,000 in rent. Fifty-four admissions were made during the Fiscal Year with an average daily census of 15. The Bed Utilization Factor is over 86% and an average of 26 persons were on the waiting list throughout the year.

The highlight of the year for Aftercare Services occurred in August when the "First Annual Morris Village Alumni Reunion" was held. Over 350 past and present residents, staff and other interested persons were in attendance. A "Celebration of Recovery" was the theme and it proved to be quite successful.

Several members of the Aftercare staff also served as faculty of the South Carolina School of Alcohol and Drug Studies. In addition, an intern

from the S. C. Commission for the Blind was provided supervision by members of the Aftercare staff.

PSYCHOLOGY DEPARTMENT

During the 1982-1983 fiscal year, in which a budget crisis necessitated significant losses of personnel and concommitant programmatic changes at Morris Village, the Psychology Department continued to provide all previous services in the most efficient manner possible. With a twenty percent reduction in staff, the department has continued to deliver high quality professional services — psychodiagnostics and consultations for all treatment teams, as well as group and individual therapy, special emphasis groups, didactic sessions, administrative on-call services, and committee chairmanship and membership.

The Psychology Department has continued to actively support the newest treatment program component for residents with special needs, being involved in all phases from pre-admission screening to treatment recommendations or alternative placements when necessary. The need for comprehensive psychological evaluations and consultations concerning psychiatric difficulties have increased significantly.

Supervision and training have been maintained as high level of priority in the Psychology Department. It should be noted that staff have participated in training in the areas of projective techniques, neuropsychodiagnostics, psychopharmacology, and time management. In addition, staff have provided training for other professionals in group dynamics, time management, the recovery process, psychological testing, and work with difficult clients. This training has occurred in such places as Morris Village, Staff Development, the Commission on Alcohol and Drug Abuse, and the S. C. School of Alcohol and Drug Studies. In spite of the adverse circumstances imposed upon this facility by budgetary restraints, a highly cohesive department and level of accomplishment have been maintained.

NURSING SERVICE

Nursing Service continues to provide a wide range of services to residents at Morris Village for newly admitted residents as well as for those who are confined to the infirmary due to illness. Nursing Service personnel monitor resident cottages around the clock, provide orientation to the Village and the program for new residents, and arrange transportation to various medical appointments outside the facility.

Nursing Service personnel also function as members of treatment teams and as therapy group leaders and/or co-leaders.

A primary objective of Nursing Service at this time is to provide CPR

training for all nursing staff. Several classes are running simultaneously, and staff are responding enthusiastically.

MEDICAL SERVICES DEPARTMENT

At present, Medical Services are provided at Morris Village by three physicians. The two positions of Physician's Assistant were discontinued when the last reduction in force took place. This change in medical personnel services, did not, in anyway change the quality of services offered as, at the time of the reduction in force, a reduction in the number of daily admissions took place too. The medical staff continues to be responsible for the medical evaluation of all residents; a process that begins with the Pre-Admission screening and continues as needed through the stay of the resident in the Village.

The Pre-Admission screening allows the physician to recognize, prior to admission, any medical or psychiatric condition that could preclude admission to the Center. After the resident is admitted, the medical staff completes a physical examination and medical history. Medical treatment is initiated when appropriate or referrals to appropriate clinical consultations are made when indicated. Medical Services provides attention to residents as needed through daily Sick Call, which is done as a first service in the morning. When indicated, confinement is provided for residents in the Village Infirmary, where the attending physician will provide follow-up.

The medical staff continues to work closely with the Treatment Teams which enable all staff members in the Village to obtain a better understanding between the medical and other treatment services of the Center.

CHAPLAINCY DEPARTMENT

The Department of Chaplaincy at Morris Village provides pastoral and educational services in three primary areas of the Center.

In direct resident care, chaplains provide pastoral care services to all residents, including worship services, individual, group and family therapy, and pastoral counseling designed to address specific treatment issues for chaplaincy referrals. In addition, chaplains serve as pastoral consultants for all Village Treatment Teams.

The Clinical Pastoral Education program provides CPE training for clergy through a full-time year program September through August and a full-time unit during the Summer. Both basic and advanced levels of training are available.

Chaplains also provide informal pastoral care as well as formal pastoral counseling for other staff members of the Village, as needed. Addi-

tionally, members of this department are continually involved in a variety of treatment programs and committee activities in the Village.

This Department has undergone positive growth during the past year. The reaccreditation of the program has been accomplished. Also, the program is actively involved with a new administrative entity called The SCDMH Academy for Pastoral Education. The projected outcome of this involvement is toward enhancing the cooperation between the various CPE programs in the Midlands area. One of the more positive results for Morris Village has been the return of the year long CPE program for advanced students. Currently we have two full-time students in this program. Two additional students have a partial assignment in this setting.

VOCATIONAL REHABILITATION

The most imposing event of the year at Morris Village must surely have been the dramatic reduction in force. That reduction in staff and concomitant 23% reduction in bed capacity resulted in a substantial impact on the Vocational Rehabilitation Department. As should be expected, fewer Village residents and staff produced fewer referrals to Vocational Rehabilitation than in previous years. This condition, however, allowed the Vocational Rehabilitation Counselors more time for ordinarily marginal clients, so that a significantly greater proportion of the referrals were declared eligible for Vocational Rehabilitation services this year. Several staff vacancies and transitions within the Vocational Rehabilitation Department, itself, compounded the effect of the Village staff reduction.

The following statistical report quantifies the struggles and achievements of a competent and dedicated Vocational Rehabilitation staff. The Vocational Rehabilitation staff interviewed 525 referrals from treatment teams (a 27% decrease from the previous year); of the 525 referrals, 351 or 67% were declared eligible for Vocational Rehabilitation services (a 9% decrease from the previous year). 286 cases were transferred to Vocational Rehabilitation field counselors in Area Offices across the state for job placement and follow-up. 128 clients who remained in the greater Columbia area received job placement and follow-up services through the Vocational Rehabilitation Office at Morris Village. As a direct result of the efforts of the Vocational Rehabilitation team at Morris Village, 42 clients who remained in the Columbia area were successfully rehabilitated this year. This has been a difficult year at Morris Village, demanding dedication, greater efficiency and resourcefulness.

COURT LIAISON SERVICE DEPARTMENT

The Court Liaison Unit has continued to provide paralegal service to adult and juvenile residents at Morris Village with criminal, civil or domestic problems. For the year 1982-1983 the total number of residents referred to the unit was 625.

Although the number of staff members in this unit has been cut to one, we continue to provide the same liaison services both to the resident population and to the legal and judicial communities across the state. Our representative also functions as case manager and group therapist in regular and special emphasis groups, provides appropriate coverage to the four treatment teams, and represents the department on Patients' Rights Committee and the Primary Prevention Committee.

Our Memorandum of Understanding with the S. C. Department of Corrections has again been updated, resulting in utilizing the maximum number of beds set aside for them at any given time.

In addition, the Court Liaison representative has attended and testified in 11 parole hearings and 20 court appearances.

FISCAL YEAR JUNE 1982-JUNE 1983

Clients Accepted	625
Major Leading Referrals:	
Department of Corrections	52
Probate Courts	20
Mental Health Centers	90
County Commissions	323
Attorneys	40
Department of Youth Services	35
Sumter Court Program	30
Probation/Parole Offices	35
Court Appearances	20
Parole Board Hearings	11

YOUNG ADULT PROGRAM

The Young Adult Program continues to provide the only publicly funded residential treatment for adolescent substance abusers in South Carolina, serving one hundred and nine clients during the past year. Over the past year there has been a significant increase in residents reporting alcohol as the primary drug of abuse; alcohol now accounts for well over half of the presenting problems.

During the past year the Young Adult Program treatment team was joined by Rose Marie McDonald, MD. This is the first time that the team

has had direct medical staff involvement, and Dr. McDonald serves as case physician for all Young Adult residents.

This year marked the first full cycle of Outdoor Education experiences. Once a month, all residents have been involved in a three day back-packing experience. Under the leadership of Jan Merling, and with the support of staff from within and outside the program, the Outdoor Education component has proven its value to our residents. Plans for the coming year include canoeing and service project trips in addition to back-packing, as several groups have completed the entire seventeen mile Scenic River Trail (Chattooga Trail), the only suitable back-packing trail in South Carolina.

Through a cooperative effort between the School Program and the clinical staff, a Drug Education Series has been implemented for all residents. This segment of the program was added in response to the lack of sophistication residents display concerning the effects of various drugs of abuse.

Despite the budget reductions affecting Morris Village, the Young Adult Program remained at full strength and continued to provide all traditional services. In order to insure resources for special activities, the Young Adult Program has held two major luncheons in the past two years. Valerie Curtis of the Social Service staff has coordinated both and a special account has been established for the program.

The program linkages to other child and adolescent services have been strengthened, and cooperative relationships with other agencies continued. (A high percentage of referrals continued to come from the Department of Youth Services.)

Again, we are pleased to report a productive year.

ADMINISTRATIVE SERVICES

The Department of Administrative Services acted to insure that the Center operated in conformity with SCDMH policies and procedures through expenditures and reimbursement review, budget preparation, financial planning, and the monitoring of personnel actions. The Department of Administrative Services is responsible for providing, (1) adequate and complete medical records for all residents, (2) supplies and equipment necessary for the care and treatment of all residents, (3) a safe, clean and comfortable environment for residents to live in and receive treatment, (4) meals, and (5) word processing.

Administrative Services is continuing to evaluate and update systems which will help provide for the highest quality of treatment. A statistical management information system coordinated by a Research Analyst is utilized for program evaluation of the professional services. The Word Processing Department has continued to provide support to all depart-

ments as demonstrated by the quality and efficiency of documents processed. Written agreements with DHEC and CFSH were reviewed and updated. These new agreements help the Center to stay in line with the budget. The Engineering Section was responsible for the renovation of offices which provide for better residential care.

The Administrative departments are commended for their contribution in doing an outstanding job in helping to meet the goals and objectives of the Center.

CAMPUS POLICE

The Campus Police Section continues to provide services to insure the safety and security of Morris Village residents, staff and visitors.

Although the number of officers was reduced by one due to a reduction in force, Campus Police performed the following functions: made two arrests for simple possession, 353 discipline reports, 6,759 alcohol screens, 6,129 marijuana screens, 2,091 contraband items were confiscated, 1,505 new admissions' searches, random vehicle searches and regularly planned fire drills.

Campus Police officers were trained in dictating for word processing so that all SD-8 Forms, monthly reports and memoranda could be prepared by the word Processing Center to improve appearance and timely distribution.

The following policy and procedure directives were developed by the Campus Police office: Uniforms, Criminal Sexual Assault, Life Safety Equipment Check, Vehicle Decals, Fire Extinguisher Inspection and Service Requirements, Responsibility and Determination of Arrest, Use of Keys, Safety Committee and Smoking Regulations.

Campus Police officers continue training at the Criminal Justice Academy and other job related workshops.

PERSONNEL SERVICE AND EMPLOYEE RECORDS

This fiscal year we had a reduction in force because of a shortage of funds. Twenty-four staff were laid off November 4, 1982. Our eight Vocational Rehabilitation positions were moved from Personal Service into Contractual Service. Two canteen employees were transferred to Food Service. One was left in the canteen and the salary for this position is funded by Canteen funds. With all of these changes our staff number reduced to 152; 108 funded with appropriated funds, 43 with fines and forfeiture funds and one with Canteen funds. During the fiscal year, 17 persons were employed, 43 separated, 8 transferred to other facilities and 4 transferred into Morris Village from other facilities. Other personnel actions included 7 promotions, 18 reclassifications and one retirement.

REGISTRAR

The Registrar Section, which includes admissions and dispositions, medical records, and the post office, continues to provide services vital to the operation of Morris Village. This section is responsible for maintaining the waiting list for prospective residents; admitting and discharging all residents; maintaining, auditing, filing and closing out all resident records for use by the treatment staff; as well as handling all resident's funds, postage, petty cash, cash receipts and mail.

The number of admissions and discharges to Morris Village decreased during the year due to the loss of thirty-six beds by the closing of three cottages and subsequent reduction in force. The total number of admissions was 1,306 and the total number of discharges was 1,330. The Admissions and Disposition Section lost an Admitting Clerk II position as a result of the reduction in force.

The Medical Records Section also felt the impact of the reduction in force. The Clerk III has to rotate days between the Admitting Office and the Medical Records Section. The 1979 medical records are being processed for microfilming.

The Post Office continues to handle all residents' funds, postage, petty cash, and cash receipts with no problems.

FOOD SERVICE

There have been few changes in the operation of Food Service during the past year. Food Service continues to operate four dining rooms and a canteen. Staff pick up meals from a resident dining room, but eat in the staff dining room which is also utilized as a staff lounge. Food Service lost three employees in the November reduction in force.

We served 144,421 resident meals at a cost of $171,850.28 and 4,508 employee meals at a cost of $5,364.52. The total cost of meals was reduced considerably from the previous year.

The canteen staff has been reduced to one employee, but still operates on a seven day basis. Canteen services are still made available to Crafts-Farrow State Hospital and Bryan Psychiatric Hospital staff.

Vending machine funds have been reduced since the May change-over to ARA vendors. Morris Village receives 17.55% of all vending machine sales.

Canteen sales were $72,923.70, vending machine sales were $20,568.15, totaling $93,491.85. The average percentage rate of profit was 37.68%.

SUPPLY AND MAINTENANCE SERVICE DEPARTMENT

During this austere year very little equipment was obtainable and preventive maintenance became a way of life. The goal of the year was to wind up at least as well off as when the year started.

Striving to save money, three cottages were closed down and the utilities were shut off. Two positions in maintenance were lost to other employment and were not replaced.

On a more positive note, the fire road was completed and Morris Village now has an asphalt and gravel road completely surrounding it. It is hoped that the fire department will accept this road and the water lines that connect the hydrants.

The grounds at Morris Village took on a manicured look; the grass was cut, watered and fertilized. The roads leading to Morris Village were kept cut and trash was picked up. The ballfield was improved and a jogging track cut surrounding it.

The Social Services Department was renovated; many of the Co-struc partitions were rearranged and two temporary partitions installed. This gave Aftercare and the Social Services workers evenly spaced offices with planned partitions dividing them. New desks were placed strategically to give a better view and flow of traffic for the secretaries.

Many desks, tables, and cabinets were constructed throughout the year that were functional and attractive. This not only saved the department a large sum of money; it enabled Morris Village to order only a few chairs for the entire year. The Director's Office was equipped with shelves and cabinets in an attractive manner, while new furniture and a coffee table were added to coordinate with the decor.

Supply Services continued to keep Morris Village supplied with the items necessary to keep the Village running smoothly. An ample supply of materials was kept on hand at all times and one of the best inventories ever was forthcoming later in the fall. A new linen contract was negotiated with Crafts-Farrow State Hospital that resulted in a savings of thousands of dollars.

Transportation took on a new look for the first time this year with most vehicles assigned to various activities. This afforded a method for reporting defects and irregularities before they became serious. This new system gave each activity a responsibility for, and a pride in, maintaining their vehicles.

Housekeeping at Morris Village is unique and saves the Department of Mental Health much money. The Village is cleaned by residents who qualify to be assigned to the Resident Work Program. By judicious placement, residents do work for which they are best suited, despite the fact that they are only here a relatively brief period.

Throughout the year the Supply and Maintenance Section was a well-run, well-managed unit of Morris Village, furnishing vital support in fulfilling its mission in the overall treatment program of alcoholics and drug addicts.

WORD PROCESSING DEPARTMENT

The last year has been a productive year for the Word Processing Center at Morris Village. Numerous forms and applications have been implemented into the Center forms such as progress notes, final treatment team notes, monthly calendars, consent to release information forms, incident reports, etc. To help with the increase in production an additional printer has been added to the Center.

Work continued to be produced by the Center under difficult times due to budget shortages. Two employees resigned from their positions requiring two new employees to be trained in procedures for completing work in the Center. In addition, three staff members at Morris Village were trained for use of the equipment.

The Center completes documents for 22 departments for a total of 93 originators. Based on the Cost Analysis Report prepared during the last year, the cost per document to produce has decreased drastically.

The entire Word Processing staff at Morris Village are members of the State Automated Systems Association (SASA) which is an organization for all word processing operators who are affiliated with a state agency. The Word Processing supervisor at Morris Village was fortunate enough to be elected as Program Chairman for the 82-83 fiscal year and Chairman for the 83-84 fiscal year. This Association has been helpful to the Morris Village Word Processing Center by trading ideas in reference to setting up applications on the word processing equipment.

The Management Information System has continued to be an important piece of equipment in the Center. The MIS has provided weekly and monthly written reports on information regarding individual originators and transcriptionists.

The quantity and quality of printed documentation at Morris Village has continued to increase. During the last year, the Center averaged a monthly document count of 1,701, a page count of 2,874, for a total line count of 132,038.

SPECIAL TREATMENT/EVALUATION PROGRAM (STEP)

The STEP unit was significantly curtailed during the past year as part of the major Reduction in Force experienced by Morris Village, with its capacity cut in half. In spite of this reduction, the unit offered services to

394 residents, representing 35 percent of the total Morris Village adult admissions for the fiscal year.

Pre-admission screening has benefited all aspects of the Village program, and along with the availability of STEP services, has allowed the Village to provide more effective referral guidance for clients who are not appropriate for treatment in this setting.

Group and recreation therapy now meet four times a week for these clients, with lecture series meetings every day. There is a significant emphasis on AA and NA involvement for these residents. The staff of the STEP unit continue to meet daily to assess each admission to the Village and to make appropriate group and treatment team assignments for all adults.

Because of the reduction in staff, criteria for STEP services were tightened. The most notable change in these criteria has been that clients with questionable motivation or multiple admissions are not routinely handled by the STEP staff; this has had a negative impact on the standard program groups in a number of cases.

Over-all the STEP unit continues to meet the goals for which it was established.

HOSPITAL SERVICES
GENERAL STATISTICS
FY 1982-1983

Patient Movement	*Male*	*Female*	*Total*
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	1859	1681	3540
On leave without permission	21	10	31
Total	1880	1691	3571
Admissions during twelve months:			
First admissions	2507	1427	3934
Re-admissions	3333	1676	5009
Transferred in	327	364	691
Total received	6167	3467	9634
Total on books during twelve months	8047	5158	13205
Discharged from books during twelve months	5678	2976	8654
Died during twelve months	176	203	379
Transferred out	327	364	691
Total separated	6181	3543	9724
Patients remaining on books at end of hospital year:			
In hospital(s)	1843	1598	3441
On leave without permission	23	17	40
Total	1866	1615	3481
Daily average in hospital(s)	1826	1622	3448
Regular discharges from LWP	237	72	309
Left without permission	579	212	791
Returns from LWP	304	116	420
Regular discharges	5405	2887	8292
Statistical discharges	36	17	53
Types of admissions:			
Voluntary	1651	716	2367
Medical Certificate, Non-Judicial	20	5	25
Medical Certificate, Emergency	3653	2312	5965
Judicial	31	12	43
Court Order	450	42	492
Order of Governor			
Order of Mental Health Commission			
Other	35	16	51
Total	5840	3103	8943

SOUTH CAROLINA STATE HOSPITAL
GENERAL STATISTICS
FY 1982-1983

Patient Movement	*Male*	*Female*	*Total*
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	768	510	1278
On leave without permission	18	9	27
Total	786	519	1305
Admissions during twelve months:			
First admissions	778	311	1089
Re-admissions	1235	510	1745
Transferred in	139	55	194
Total received	2152	876	3028
Total on books during twelve months	2938	1395	4333
Discharged from books during twelve months	2046	851	2897
Died during twelve months	16	16	32
Transferred out	32	71	103
Total separated	2094	938	3032
Patients remaining on books at end of hospital year:			
In hospital(s)	830	447	1277
On leave without permission	14	10	24
Total	844	457	1301
Daily average in hospital(s)	779	465	1244
Regular discharges from LWP	1		1
Left without permission	300	117	417
Returns from LWP	280	104	384
Regular discharges	2022	839	2861
Statistical discharges	23	12	35
Types of admissions:			
Voluntary	101	72	173
Medical Certificate, Non-Judicial			
Medical Certificate, Emergency	1419	695	2114
Judicial	17	1	18
Court Order	446	42	488
Order of Governor			
Order of Mental Health Commission			
Other	30	11	41
Total	2013	821	2834

2834

CRAFTS-FARROW STATE HOSPITAL
GENERAL STATISTICS
FY 1982-1983

Patient Movement	*Male*	*Female*	*Total*
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	645	873	1518
On leave without permission			
Total	645	873	1518
Admissions during twelve months:			
First admissions	242	288	530
Re-admissions	199	216	415
Transferred in	44	44	88
Total received	485	548	1033
Total on books during twelve months	1130	1421	2551
Discharged from books during twelve months	356	399	755
Died during twelve months	136	150	286
Transferred out	104	159	263
Total separated	596	708	1304
Patients remaining on books at end of hospital year:			
In hospital(s)	534	709	1243
On leave without permission		4	4
Total	534	713	1247
Daily average in hospital(s)	606	819	1425
Regular discharges from LWP			
Left without permission	3	6	9
Returns from LWP	3	2	5
Regular discharges	356	399	755
Statistical discharges			
Types of admissions:			
Voluntary	27	41	68
Medical Certificate, Non-Judicial	2		2
Medical Certificate, Emergency	410	461	871
Judicial	1	2	3
Court Order	1		1
Order of Governor			
Order of Mental Health Commission			
Other			
Total	441	504	945

WILLIAM S. HALL PSYCHIATRIC INSTITUTE
GENERAL STATISTICS
FY 1982-1983

Patient Movement	*Male*	*Female*	*Total*
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	37	66	103
On leave without permission		1	1
Total	37	67	104
Admissions during twelve months:			
First admissions	172	168	340
Re-admissions	185	177	362
Transferred in	21	53	74
Total received	378	398	776
Total on books during twelve months	415	465	880
Discharged from books during twelve months	353	368	721
Died during twelve months	1	2	3
Transferred out	25	51	76
Total separated	379	421	800
Patients remaining on books at end of hospital year:			
In hospital(s)	35	42	77
On leave without permission	1	2	3
Total	36	44	80
Daily average in hospital(s)	40	59	99
Regular discharges from LWP	11	4	15
Left without permission	24	14	38
Returns from LWP	12	6	18
Regular discharges	342	361	703
Statistical discharges		3	3
Types of admissions:			
Voluntary	286	266	552
Medical Certificate, Non-Judicial			
Medical Certificate, Emergency	66	74	140
Judicial			
Court Order			
Order of Governor			
Order of Mental Health Commission			
Other	5	5	10
Total	357	345	702

C. M. TUCKER HUMAN RESOURCES CENTER
GENERAL STATISTICS
FY 1982-1983

Patient Movement	*Male*	*Female*	*Total*
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	159	137	296
On leave without permission			
Total	159	137	296
Admissions during twelve months:			
First admissions	29	4	33
Re-admissions	69	12	81
Transferred in	120	204	324
Total received	218	220	438
Total on books during twelve months	377	357	734
Discharged from books during twelve months	101	13	114
Died during twelve months	21	31	52
Transferred out	26	32	58
Total separated	148	76	224
Patients remaining on books at end of hospital year:			
In hospital(s)	229	281	510
On leave without permission			
Total	229	281	510
Daily average in hospital(s)	179	177	356
Regular discharges from LWP			
Left without permission			
Returns from LWP			
Regular discharges	101	13	114
Statistical discharges			
Types of admissions:			
Voluntary	98	16	114
Medical Certificate, Non-Judicial			
Medical Certificate, Emergency			
Judicial			
Court Order			
Order of Governor			
Order of Mental Health Commission			
Other			
Total	98	16	114

G. WERBER BRYAN PSYCHIATRIC HOSPITAL
GENERAL STATISTICS
FY 1982-83

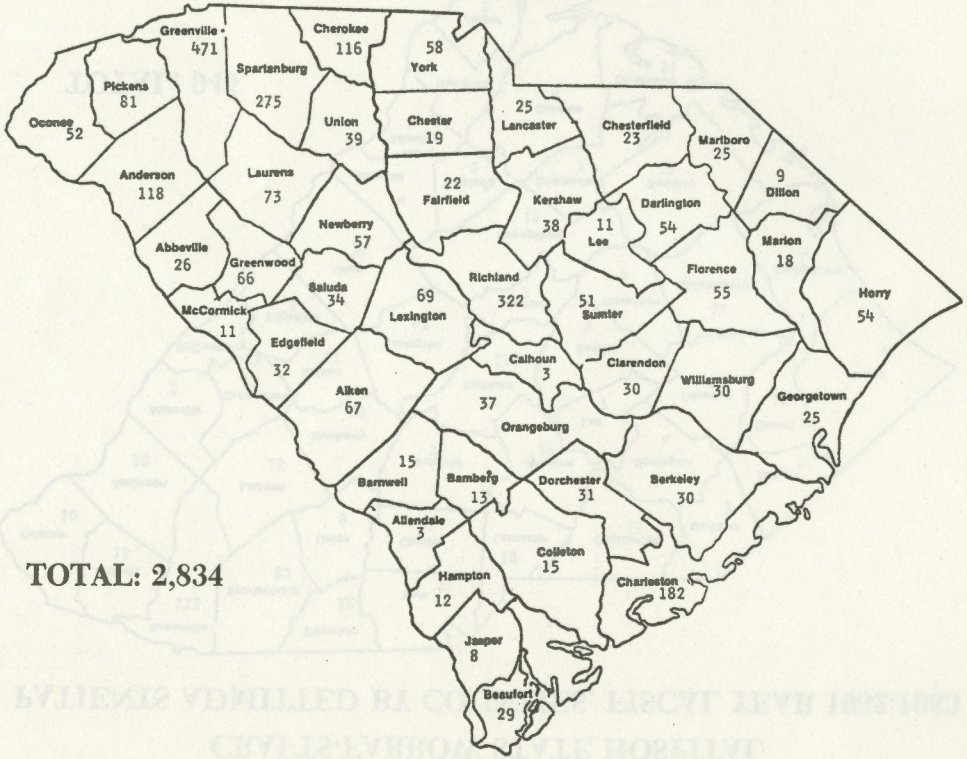
Patient Movement	*Male*	*Female*	*Total*
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	134	73	207
On leave without permission	3		3
Total	137	73	210
Admissions during twelve months:			
First admissions	674	497	1171
Re-admissions	1197	676	1873
Transferred in	3	8	11
Total received	1874	1181	3055
Total on books during twelve months	2011	1254	3265
Discharged from books during twelve months	1743	1107	2850
Died during twelve months	2	4	6
Transferred out	140	51	191
Total separated	1885	1162	3047
Patients remaining on books at end of hospital year:			
In hospital(s)	125	92	217
On leave without permission	1		1
Total	126	92	218
Daily average in hospital(s)	127	81	208
Regular discharges from LWP	1		1
Left without permission	9	2	11
Returns from LWP	7	2	9
Regular discharges	1739	1107	2846
Statistical discharges	3		3
Types of admissions:			
Voluntary	100	82	182
Medical Certificate, Non-Judicial			
Medical Certificate, Emergency	1758	1082	2840
Judicial	13	9	22
Court Order			
Order of Governor			
Order of Mental Health Commission			
Other			
Total	1871	1173	3044

MORRIS VILLAGE
GENERAL STATISTICS
FY 1982-1983

Patient Movement	*Male*	*Female*	*Total*
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	116	22	138
On leave without permission			
Total	116	22	138
Admissions during twelve months:			
First admissions	612	159	771
Re-admissions	448	85	533
Transferred in			
Total received	1060	244	1304
Total on books during twelve months	1176	266	1442
Discharged from books during twelve months	1079	238	1317
Died during twelve months			
Transferred out			
Total separated	1079	238	1317
Patients remaining on books at end of hospital year:			
In hospital(s)	90	27	117
On leave without permission	7	1	8
Total	97	28	125
Daily average in hospital(s)	95	21	116
Regular discharges from LWP	224	68	292
Left without permission	243	73	316
Returns from LWP	2	2	4
Regular discharges	845	168	1013
Statistical discharges	10	2	12
Types of admissions:			
Voluntary	1039	239	1278
Medical Certificate, Non-Judicial	18	5	23
Medical Certificate, Emergency			
Judicial			
Court Order	3		3
Order of Governor			
Order of Mental Health Commission			
Other			
Total	1060	244	1304

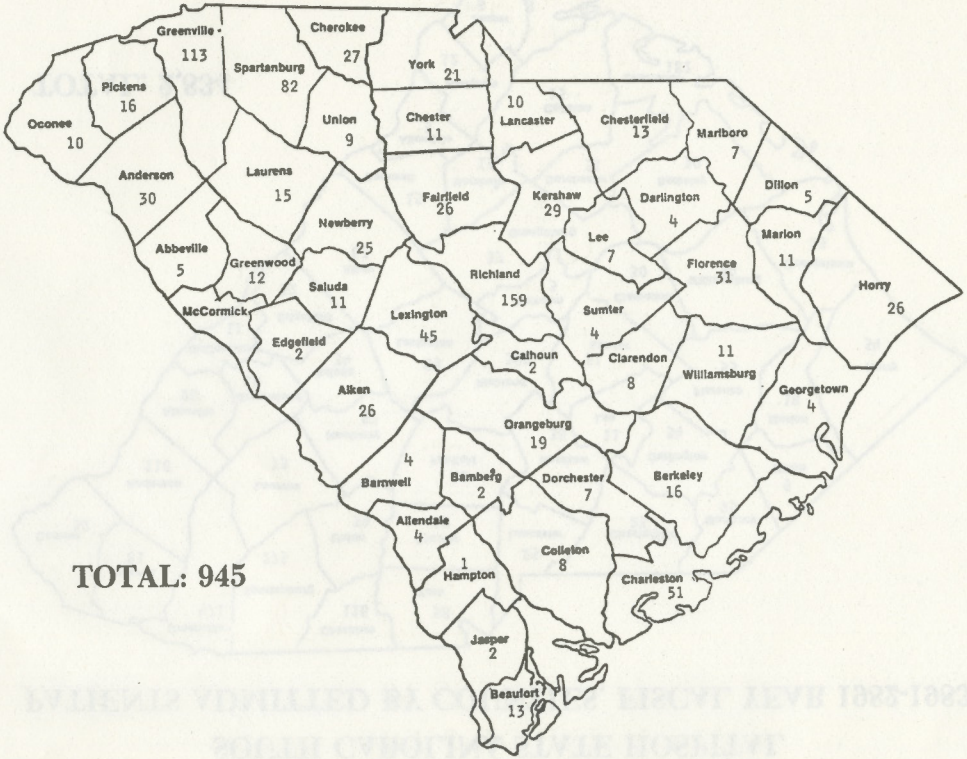
Because of effective dates for certain transactions, the FY 81-82 ending census and the FY 82-83 beginning census do not agree.

SOUTH CAROLINA STATE HOSPITAL
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1982-1983



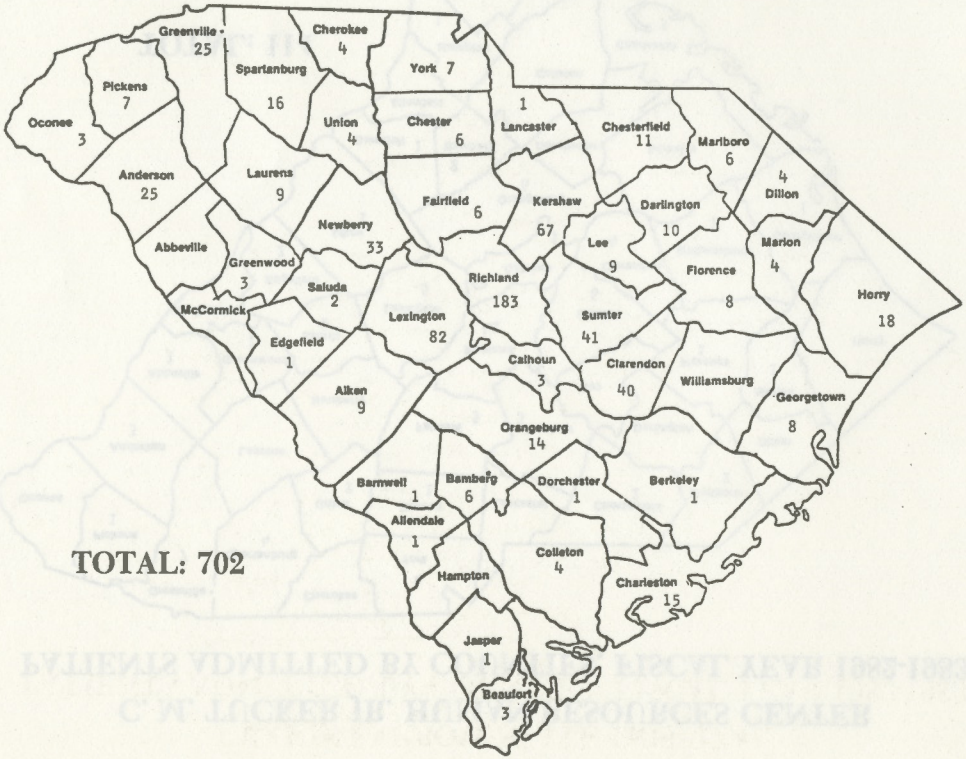
TOTAL: 2,834

CRAFTS-FARROW STATE HOSPITAL
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1982-1983



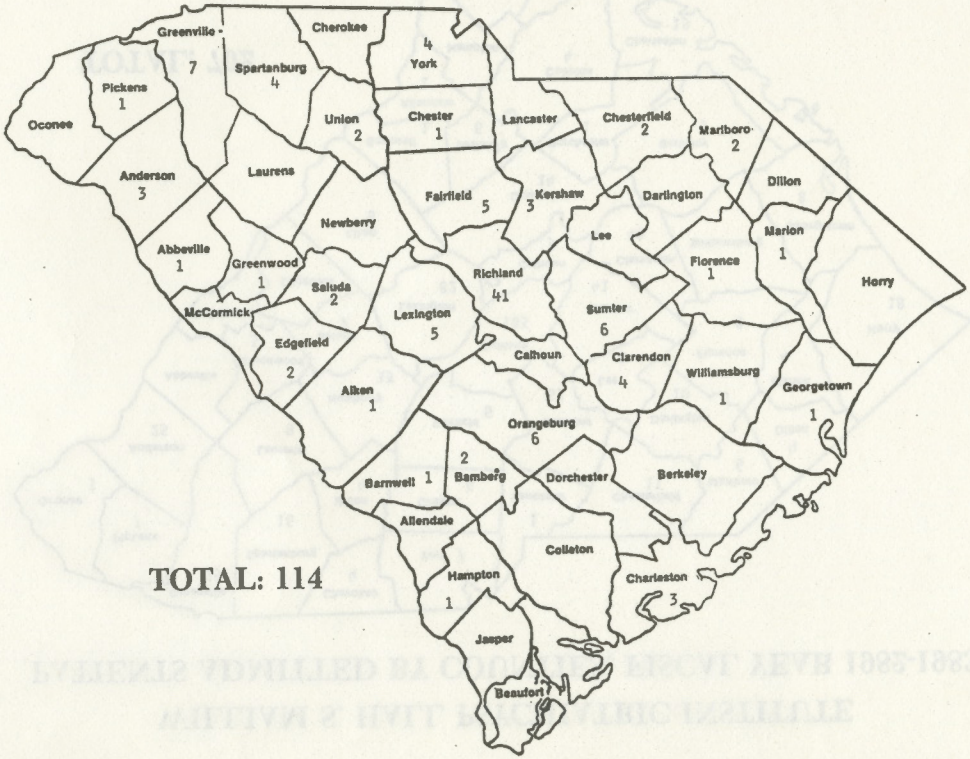
TOTAL: 945

WILLIAM S. HALL PSYCHIATRIC INSTITUTE
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1982-1983



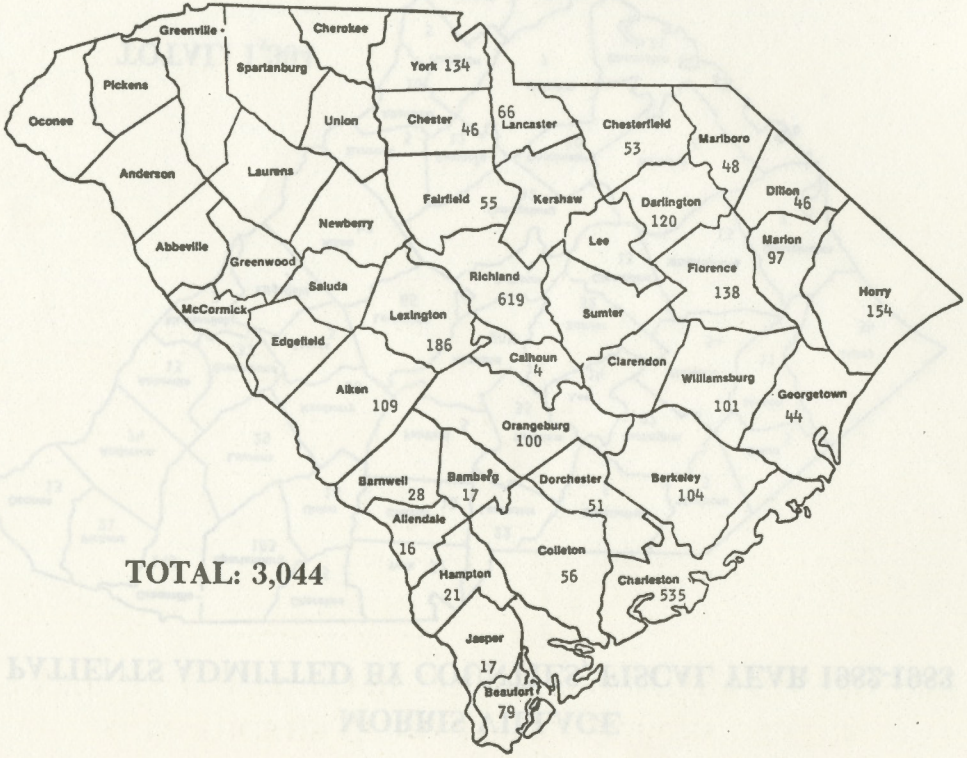
TOTAL: 702

C. M. TUCKER JR. HUMAN RESOURCES CENTER
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1982-1983



TOTAL: 114

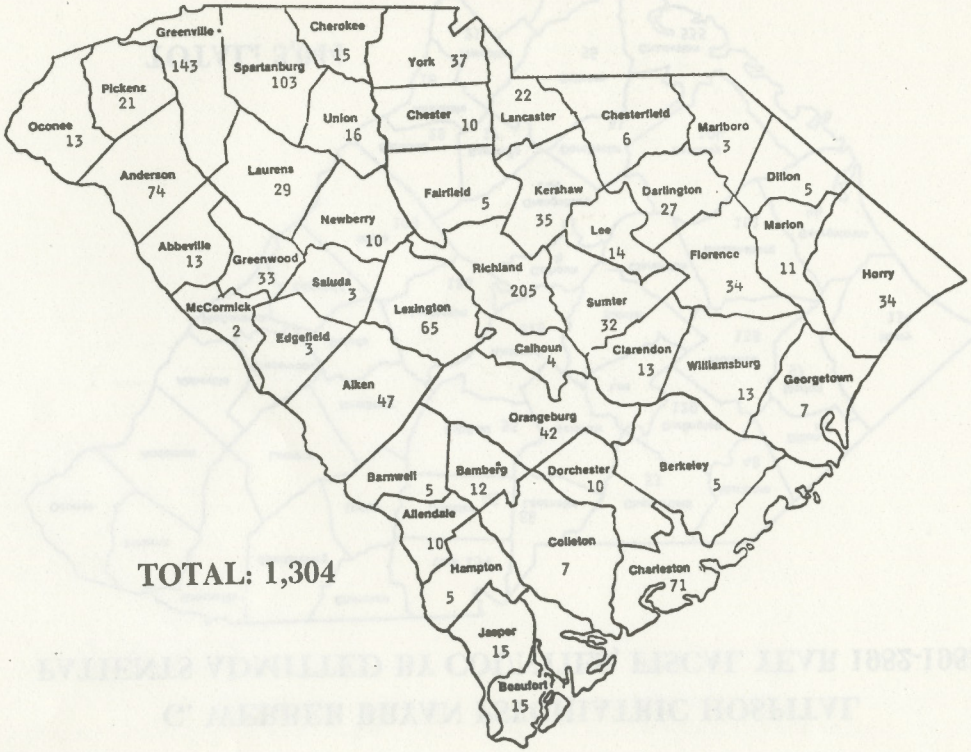
G. WERBER BRYAN PSYCHIATRIC HOSPITAL
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1982-1983



TOTAL: 3,044

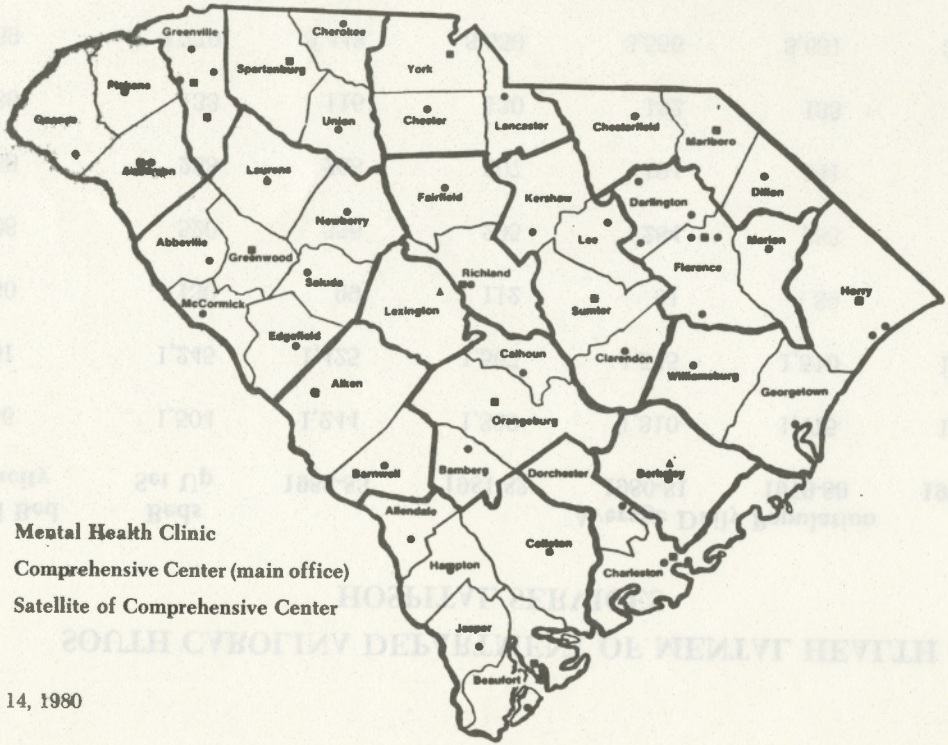
MORRIS VILLAGE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1982-1983



TOTAL: 1,304

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
DIVISION OF COMMUNITY MENTAL HEALTH SERVICES



▲ Mental Health Clinic

■ Comprehensive Center (main office)

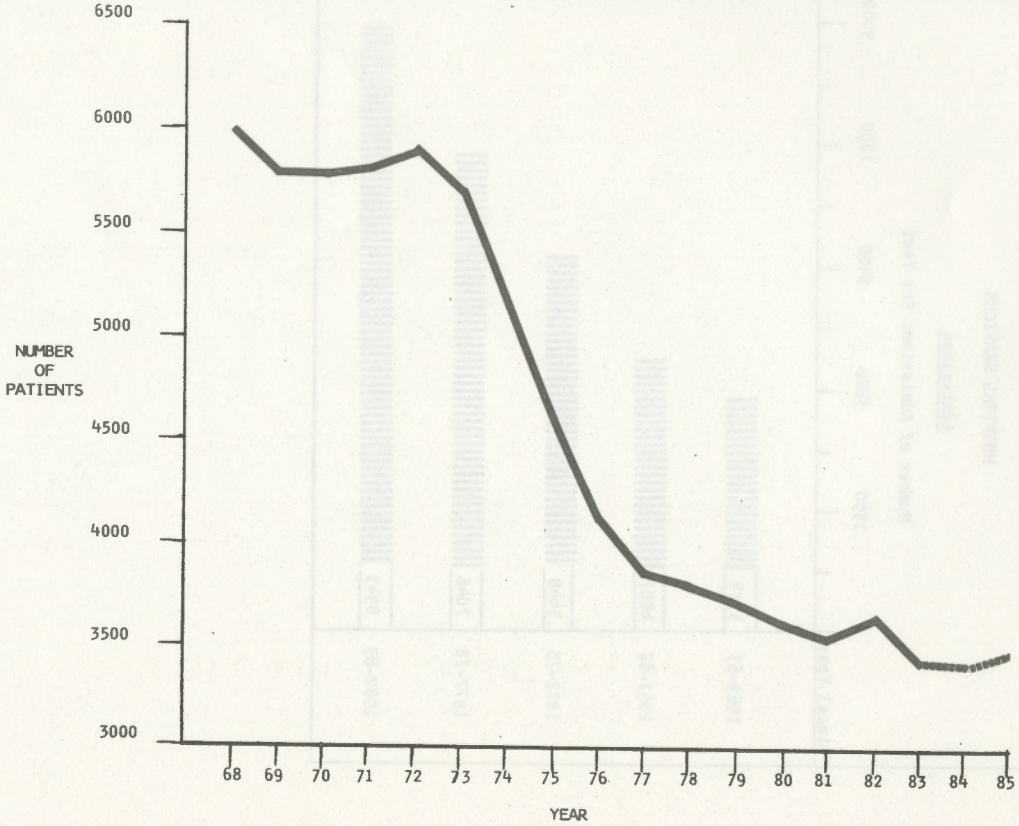
• Satellite of Comprehensive Center

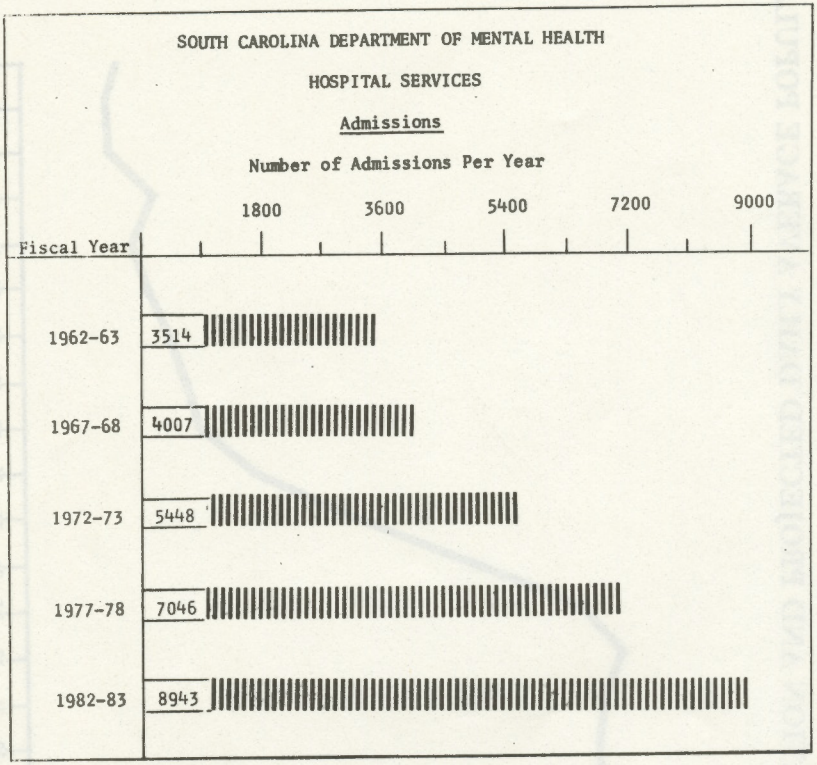
July 14, 1980

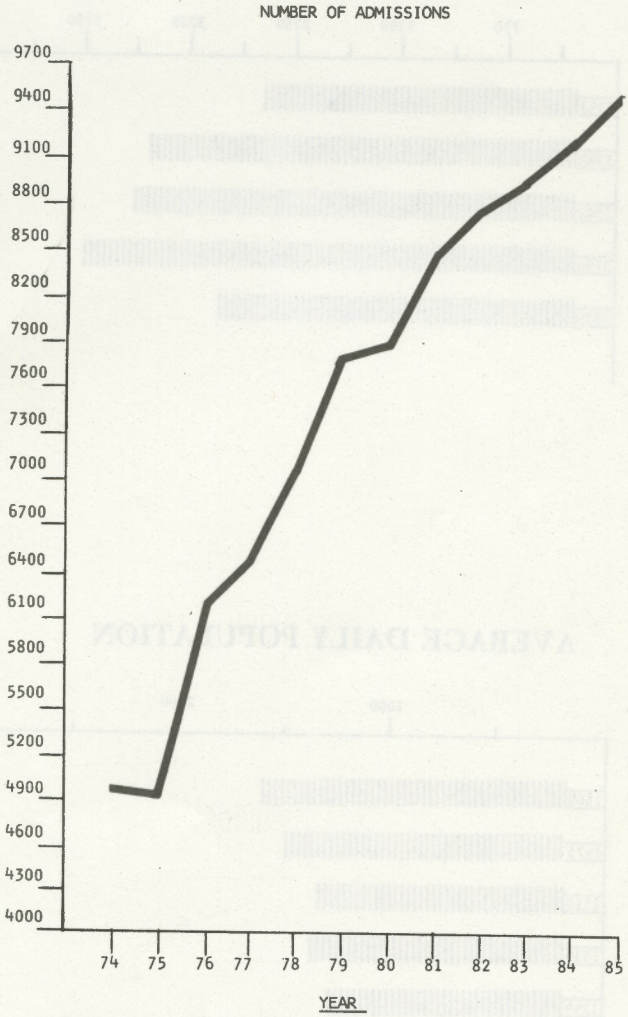
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
HOSPITAL SERVICES

Facility	Rated Bed Capacity	Beds Set Up	Average Daily Population 1982-83	1981-82	1980-81	1979-80	1978-79	1977-78
SCSH	1,556	1,504	1,244	1,339	1,310	1,475	1,569	1,638
CFSH	1,301	1,245	1,425	1,567	1,545	1,510	1,578	1,643
WSHPI	130	130	99	112	91	89	91	94
THRC	608	520	356	295	284	283	279	273
BPH	288	238	208	207	194	141	80	42
MV	186	133	116	130	132	133	131	131
TOTAL	4,069	3,770	3,448	3,650	3,556	3,631	3,728	3,821

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
HOSPITAL SERVICES
DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION

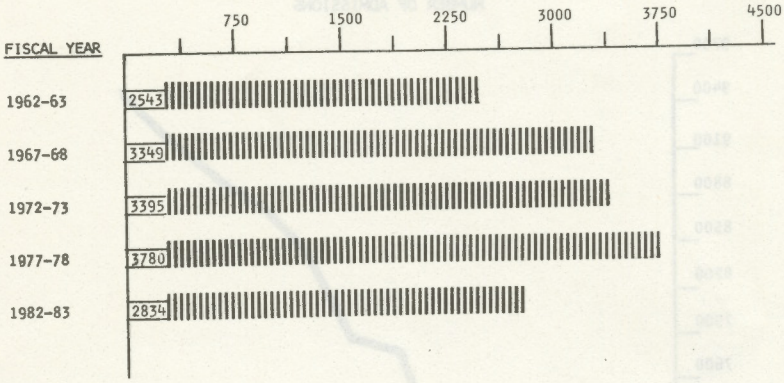



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
HOSPITAL SERVICES
Admissions
Number of Admissions Per Year
1800
3600
5400
7200
9000
Fiscal Year
1962-63
3514
1967-68
4007
1972-73
5448
1977-78
7046
1982-83
8943

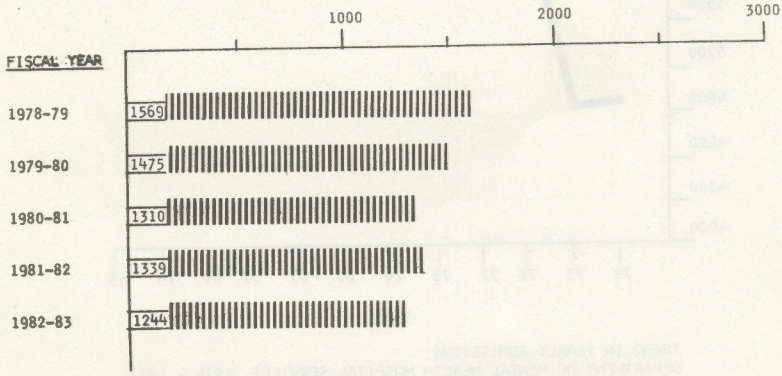


TREND IN YEARLY ADMISSIONS
DEPARTMENT OF MENTAL HEALTH HOSPITAL SERVICES, 1974 - 1983
PROJECTED 1984 AND 1985

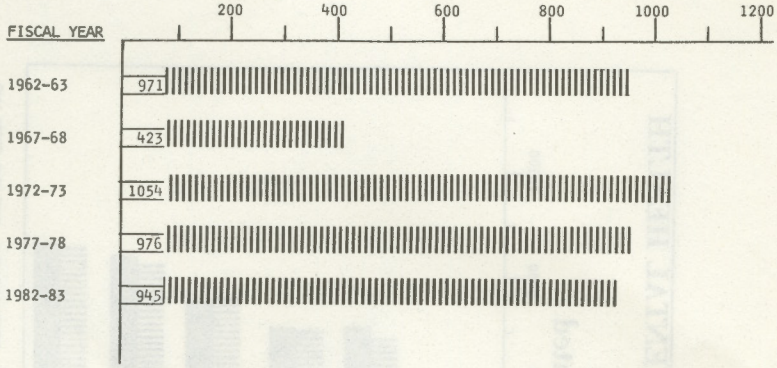
SOUTH CAROLINA STATE HOSPITAL ADMISSIONS



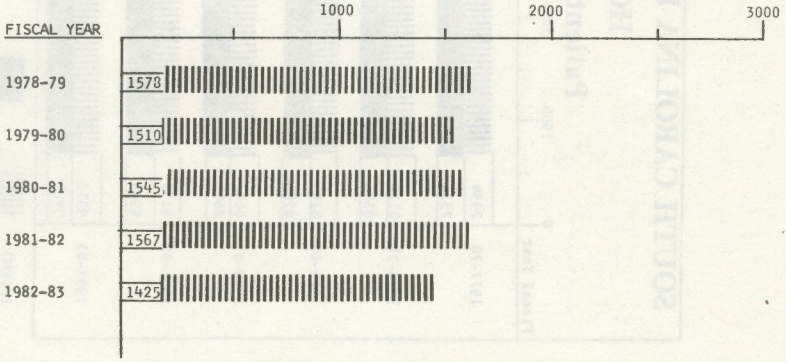
AVERAGE DAILY POPULATION

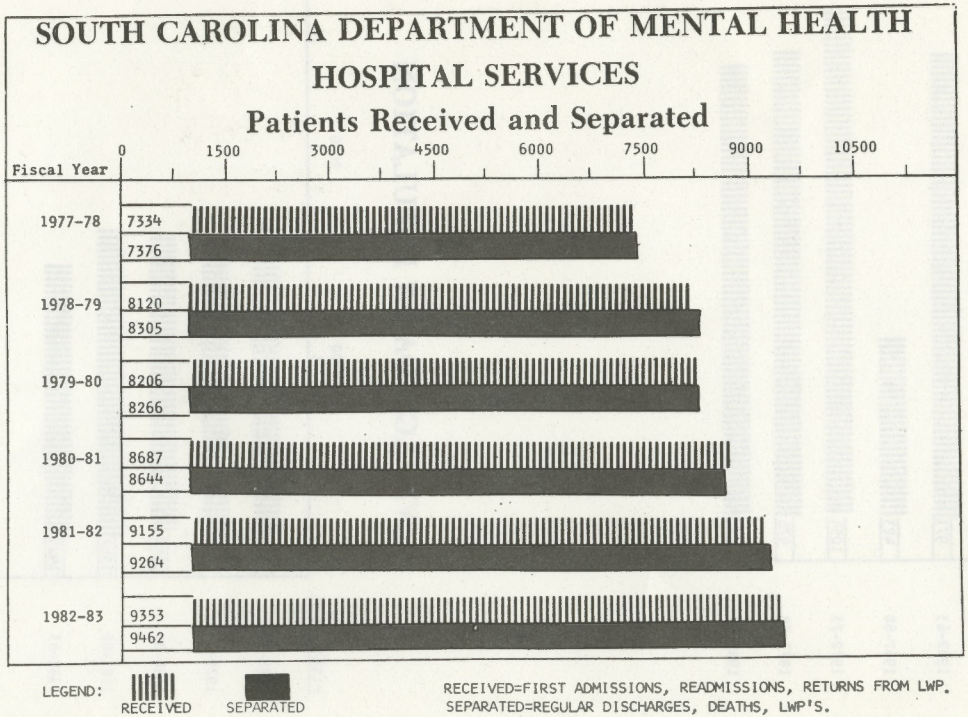


CRAFTS-FARROW STATE HOSPITAL
ADMISSIONS

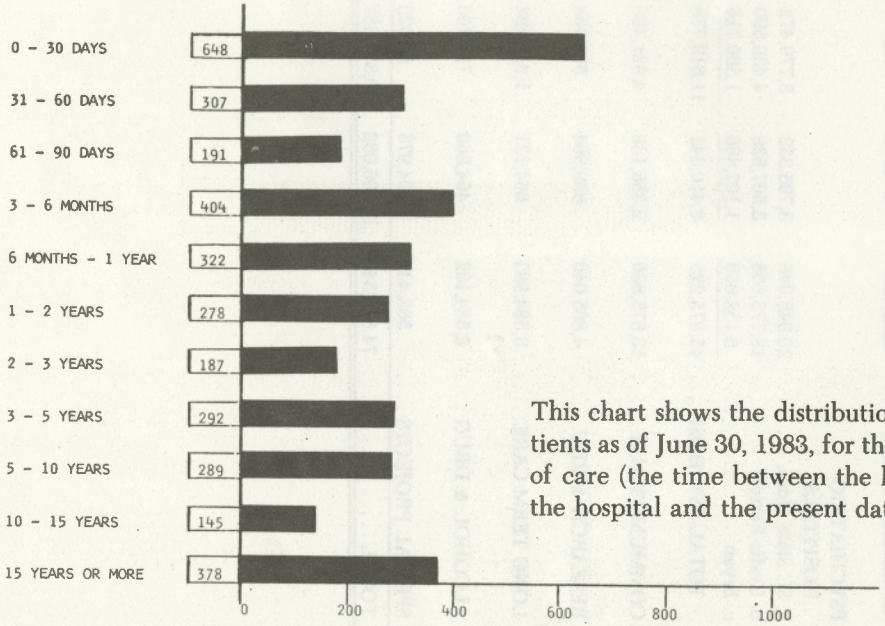


AVERAGE DAILY POPULATION




SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
HOSPITAL SERVICES
Patients Received and Separated
Fiscal Year
0
1500
3000
4500
6000
7500
9000
10500
1977-78
7334
7376
1978-79
8120
8305
1979-80
8206
8266
1980-81
8687
8644
1981-82
9155
9264
1982-83
9353
9462
LEGEND:
RECEIVED
SEPARATED
RECEIVED=FIRST ADMISSIONS, READMISSIONS, RETURNS FROM LWP.
SEPARATED=REGULAR DISCHARGES, DEATHS, LWP'S.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
HOSPITAL SERVICES



RESIDENT PATIENTS AS OF JUNE 30, 1983, BY LENGTH OF STAY
TOTAL 3441

This chart shows the distribution of resident patients as of June 30, 1983, for the current episode of care (the time between the last entrance into the hospital and the present date).

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
FY 83
EXPENDITURES

	P/S	Fringe	Operations	Total
I. ADMINISTRATION	3,729,931	654,285	754,328	5,138,544
II. PSYCHIATRIC HOSPITALS				
a. SC State Hosp.	20,948,946	3,795,332	5,779,472	30,523,750
b. Crafts-Farrow	18,773,608	3,507,529	4,430,590	26,711,727
c. Bryan	6,152,669	1,107,480	1,309,716	8,569,865
TOTAL PSY. HOSP. ...	45,875,223	8,410,341	11,519,778	65,805,342
III. COMMUNITY M.H.	13,675,826	2,358,136	4,921,493	20,955,455
IV. RESEARCH & EDU.	4,865,040	839,864	803,668	6,508,572
V. LONG TERM CARE	3,584,883	664,121	1,019,492	5,268,496
VI. ALCOHOL & DRUG	2,584,192	464,360	723,703	3,772,255
VII. SPECIAL PROJECTS	583,445	104,975	61,925	750,345
TOTAL	74,898,540	13,496,082	19,804,387	108,199,009