

ing from "Awareness of the Chronically Ill Patients" staff of SCDMH and the priority courses such as management of Aggressive Pulmonary Respiration, physicians and classes. ADN program has been a number of licensed nurses actively involved with the disaster. In addition to training programs for giving skills to disaster

dy growth has been in facilities this year. The breakdown

83-84 Year	Beds
Community Care Homes	1004
Homes	112
Homes	226
Hospitals	234
Hospitals	32
Drug Facilities	337
Facilities	1945

in the file. These have been visited by facilities were lost substitution system

are continuing with a steady workload and the CSP Program is focusing on release of some 350 plus patients for the fiscal year 1984-85. This continues to put a priority on additional Community Care Homes throughout the state. Most of the new facility beds established this year have few vacant beds and it is estimated that between 35 and 40 new homes must be established within this fiscal year to accommodate earmarked residents. During the 1982-83 year, the earmarked 400 patients designed for release did not occur and only roughly 230 residents were actually discharged to Community Care Homes during that year.

An increase of Alcohol and Drug Addiction Outpatient Facilities have added to the number of licensures for Alcohol/Drug Facilities in this past year. This may bring to light a number of addicted individuals who will need inpatient care within the next few years.

The Licensing staff has been in the process of rewriting Community Care Home Regulations since August of 1982. The present draft which was completed during the month of August 1984, was to be reviewed by several affected agencies and that review was not complete due to a number of bills going through the Legislative process. Shortly after the first of the year, it is understood that the new Regulations will be reviewed and possibly finalization will occur in the first few months of the new calendar year.

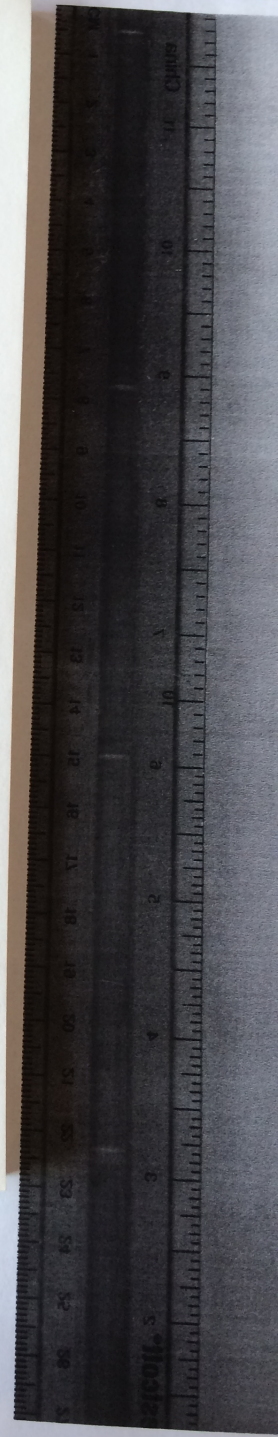
During the latter part of the 1983-84 fiscal year, the new minimal standards for licensing of psychiatric hospitals were approved and are presently in use.

At the time of this writing, a survey is being taken of all of the Mental Health Center Catchment Areas, Crafts-Farrow and State Hospital to determine the number of patients who will be released to the Community Care Homes in the coming year. It is expected from present projections, that these will probably verify the need for some additional 350 beds during the year.

PHYSICAL PLANT SERVICES

Physical Plant Service completed its first year of operation as a consolidated Departmental entity on June 30, 1984. During this first year, fiscal year 1983/84, five (5) permanent improvement projects were completed and five (5) remain outstanding; these are scheduled to be completed during 1984/85.

The field staff performed a survey of all Departmental buildings to determine deficiencies and the related improvements that are required. Based on the information compiled through the survey and in conjunction with the programmatic future and needs of the Department, a six year permanent improvement construction/renovation plan was developed and submitted to the Joint Bond Review Committee for approval.



was not sufficient to permit the closing of buildings. This was due primarily to an admission increase which continued from January, 1984 through June, 1984.

8. *Develop Observation Evaluation, Treatment and Discharge Planning for the Adolescent Unit to Insure That all Patients Assigned to This Unit Receive Appropriate Services:* The Child and Adolescent Unit has received top priority by hospital administration but there continued to be significant problems during the fiscal year. Many of the problems relate to the physical environment and staffing and plans are under way to gain physical space and to increase staffing.

9. *Provide Effective and Efficient Services for Persons Referred for Forensic Evaluations:* Due to the absence of a permanent director for the Forensic Unit, as well as a shortage of forensic psychiatrists, it was not possible to meet this goal within the fiscal year. Under present reorganization plans, this goal may be more fully achieved in fiscal year 84-85.

10. *Accomplish Administrative Separation of Medical/Surgical Unit:* This separation occurred officially in October of 1983.

Goals for Fiscal Year 84-85:

1. *Complete Renovation of Cooper Building to House Consolidated Forensic Program:* It is the goal of this facility that during fiscal year 84-85 the Cooper Building will be renovated and the Forensic Program will be moved entirely into the Cooper Building. Additional objectives are the hiring of a security force and implementation of a safe and therapeutic environment for the Forensic Program.

2. *Expansion of Child and Adolescent Program to Provide Clear Cut Differentiation Between Services for Mentally Ill and for Those With Antisocial/Behavior Problem Disorders:* The SCDMH has obtained funding to expand the program to include an additional building and to increase the staff. This will permit the separate housing of patients with differing problems.

3. *Final Reorganization of S. C. State Hospital into Distinct Program Units Based on Levels of Care:* The facility will be reorganized into the following units during the fiscal year; Admissions, Child/Adolescent, Mental Retardation, Management, Structured Living, Intermediate, Intensive Rehabilitation, Forensic Unit.

4. *Revision/Streamlining of Medical Record Documentation Requirements to Enhance Quality of Documentation and to Increase Efficiency:* All Medical Record documentation requirements will be reexamined to eliminate any unnecessary documentation and to make the remaining documentation more relevant and meaningful.

5. *Coordinate Treatment Programing With Establishment of Appropriate Alternate Care Placement as Part of CSP:* All appropriate patients

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