AGENCY NAME:	South Carolina Department of Mental Health		
AGENCY CODE:	J12	SECTION:	035

Fiscal Year 2013-14 Accountability Report

SUBMISSION FORM

AGENCY MISSION	To support the recovery of people with mental illnesses.

Please identify your agency's preferred contacts for this year's accountability report.

	Name	*Phone*	*Email*
PRIMARY CONTACT:	William Wells	843-212-8977	wtw14@scdmh.org
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I have reviewed and approved the enclosed FY 2013-14 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN/DATE):	
(TYPE/PRINT NAME):	John H. Magill

BOARD/CMSN CHAIR (SIGN/DATE):	
(TYPE/PRINT NAME):	Alison Y. Evans

Agency's Discussion and Analysis

Mission and Values

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

We are committed to eliminating stigma, promoting recovery, achieving our goals in collaboration with all stakeholders, and in assuring the highest quality of culturally competent services possible. Each person who receives our services will be treated with respect and dignity, and will be a partner in achieving recovery.

We believe that people are best served in or near their own homes or the community of their choice. We commit to the availability of a full and flexible array of coordinated services in every community across the state, and to services that are provided in a healthy environment. We believe in services that build upon critical local supports: family, friends, faith communities, healthcare providers, and other community services that offer employment, learning, leisure pursuits, and other human or clinical supports.

We will be an agency worthy of the highest level of public trust. We will provide treatment environments that are safe and therapeutic, and work environments which inspire and promote innovation and creativity. We will hire, train, support and retain staff who are culturally and linguistically competent, who are committed to the recovery philosophy, and who value continuous learning and research. We will provide services efficiently and effectively, and will strive always to provide interventions that are scientifically proven to support recovery.

We believe that people with mental illnesses, trauma victims, and others who experience severe emotional distress, are often the object of misunderstanding and stigmatizing attitudes. Therefore we will build formal partnerships with the state's educational leadership and institutions, including both K-12 and institutions of higher learning, to enhance curriculum content on mental health. We will work with employers, sister agencies, and public media to combat prejudice born of ignorance about mental illnesses. And we will expect our own staff to be leaders in the anti-stigma campaign.

Discussion and Analysis

SCDMH has existed since 1828, and has served over four million South Carolinians during that period (1828-2013) providing almost 150 million bed days. We are proud to continue to meet the behavioral health needs of our citizens. The department continues its efforts to maintain quality services and evidenced-based best practices.

In support of our mission, State Director John H. Magill has rallied support for improved mental health services through a variety of public relations initiatives. The latest project was the Civic Organization and Editorial Review Board Public Relations Initiative. Since January 2013, Mr. Magill has spoken to

more than 2,000 people at 39 civic organizations across the State and met with the editorial review boards and/or reporters of ten South Carolina newspapers. The forums are attended by people who affect or are affected by mental health services. They focus upon mental health and long-term care issues and provide opportunities to identify available services within the community.

These meetings have nurtured new relationships, lead to collaborative partnerships, and improved service delivery. Hospital administrators have especially expressed interest in telepsychiatry outcomes and cost sharing of doctors and other mental health professionals. Nurturing legislative support and cultivating legislative mental health advocates is key to future funding and DMH operations. Alcohol and Drug partnerships are essential when one considers the escalating number of co-occurring diagnoses and the dramatic decline in detoxification centers over recent years. Meetings with medical schools result in partnering with Residency programs, which eventually helps with the recruitment and retention of scarce psychiatrists in certain areas of the State.

In August, 2012, SCDMH launched an initiative to aid Community Mental Health Centers (CMHCs) to address the significant changes happening across the healthcare field in general and behavioral healthcare specifically. Consisting primarily of CMHC Directors, this Future Is Now (FIN) group convened a meeting of all 17 CMHCs and developed a strategic plan to focus efforts to improve the service delivery system. Two areas which were identified as essential were productivity and access.

A statewide methodology for assessing productivity has been implemented, which establishes a consistent method for measuring productivity across the state. This has required development of a benchmark and a uniform system to account for the variety of staff employed at the CMHCs. As compared to the previous approach which was at least six weeks out of date, the current system is timely and standardized across all centers. Monthly reports are being issued which look at productivity at the program, center and statewide levels and the CMHC Director's annual performance review has been amended to reflect the increased expectation.

A major focus remains ease of access to care. As with productivity, there was a lack of consistent reporting across the CMHCs and a concern that some potential clients needed to wait an extended period to be assessed. A new protocol was developed for intakes to the CMHCs which can be objectively monitored by supervisory and administrative personnel at all levels of the agency. At many CMHCs, this has required a retooling of their admission process and procedures to streamline the referral and intake process. Currently, all centers are expected to see all emergency needs within 24 hours of referral, urgent needs within two working days, and routine needs within seven days. As with the productivity expectations, this is monitored at the program, center and statewide level and has been added to the CMHC Director's annual performance review. The FIN group will continue to meet and ensure that the CMHCs are positioned to respond to the constantly changing behavioral healthcare marketplace.

As the Department continues to meet the challenge of recruiting professional staff, especially in inpatient settings, new alliances and initiatives are developing. In 2013, the SCDMH initiated a contract with AnMed Health for their four private psychiatrists to provide coverage for patients admitted to Patrick B. Harris Psychiatric Hospital in Anderson, SC. The four psychiatrists cover patients admitted from four Upstate hospitals to include: AnMed, Oconee Memorial, Cannon Memorial, and Baptist-Easley. This coverage contains all the hospitals in Anderson, Oconee, and Pickens counties and reduces the length of stay for those patients waiting in emergency departments for admission to Harris. This is

the first public-private partnership of its kind where private psychiatrists from community settings are involved in caring for inpatients in a state hospital.

Due to the excellent care this arrangement provides to the Upstate citizens, this contract has been recently renewed. During the year, Spartanburg Regional Medical Center was also added to the mix of hospitals served by the contract. This venture has served over 350 patients and is considered a model to be duplicated in other areas of South Carolina.

On July 1, 2013, a program named "Behavioral Health Support for First Responders" was launched. This South Carolina pilot project is the first in the nation. The South Carolina Department of Mental Health joined the South Carolina State Firefighters' Association (SCSFA), the South Carolina Fire Academy (SCFA), and the National Fallen Firefighters Foundation (NFFF), in launching this pilot program to provide behavioral health support to South Carolina's 17,500 firefighters. The program serves as a national and international model. It is led by the SCSFA's Firefighters Assistance and Support Team (FAST) and clinicians from SCDMH's Columbia Area, Beckman, Berkeley, Charleston, and Pee Dee community mental health centers. The program is slated for implementation across the State of South Carolina in late 2014 or early 2015.

Because of the Department's limited ability to hire new staff, or to replace seasoned managers who have retired, an Executive Leadership Development Program was implemented in 2008 to groom new leadership candidates.

The FY2013-2014 program focused on developing leaders for the agency's CMHCs. The purpose of this program was to groom thirteen potential leaders for the CMHCs. Those chosen participated and met for seven sessions over four months. This series took a more hands on, case management approach. The intent was to expose the class participants to the real day-to-day issues that CMHC Directors must be prepared to address.

Each participant was required to develop a written Management Improvement Project which targeted an area for improvement in the CMHC to which they are assigned. Each participant presented the initiative they selected to the other class participants and ultimately to the South Carolina Mental Health Commission.

SCDMH continues to use a manual that was developed containing all the Executive Leadership Development Program presentations and supporting documents. This manual will be made available for the agency's future leaders for their reference and use.

School-based services remain a key focus for mental health interventions. Due to budget reductions, SCDMH lost 79 school programs over a five-year period. FY2013 brought a reversal of this trend, adding twelve new programs and additional 49 in FY2014.

We continue to help people with mental illnesses find jobs and places to live. For example, our Individual Placement & Support (IPS) employment programs for adults with serious mental illnesses continue to garner national acclaim. In 2008, Charleston Community Mental Health received the Johnson & Johnson – Dartmouth 2008 Achievement Award and in 2014, the Greenville Community Mental Health Center received the Johnson & Johnson – Dartmouth 2014 Achievement Award. These sites were selected among fourteen states participating in the Johnson & Johnson-Dartmouth

collaborative. In FY2014, while working with our partner, the South Carolina Vocational Rehabilitation Department, over 48 percent of our clients were gainfully employed in the IPS programs. In a 2014 fourteen-state study of IPS programs across the country, South Carolina had the third highest percentage of people (in the IPS) gainfully employed following Maryland and Vermont. We have achieved a 46%-50% employment rate for each of the past seven years.

The Deaf Services Program of SCDMH provides access for clients who are deaf or use American Sign Language to the range of services offered by the Department. This includes having itinerant staff who are fluent in American Sign Language providing a variety of clinical and psychiatric services at each clinic of the agency and at Harris. A staff of seventeen provides individual, family and group counseling as well as psychiatric services to over 250 individuals across the state. We are particularly proud of our Peer Support Services, which were the first in the country to have individuals who are deaf and have a mental illness certified as Peer Support Specialists. Service provision may be in person or through the use of telemedicine. We also coordinate or provide interpreting services for clients receiving services from the inpatient system, including at Harris, Morris Village and the forensic programs at Bryan Hospital and the Sexually Violent Predator program.

Our program has been recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Association of Mental Health Program Directors (NASMHPD) as a model program. We have presented at national conferences and provided technical assistance to states and municipalities across the country as they endeavor to develop their own services.

SCDMH recognizes that understanding the importance of culture enhances the treatment of its clients and generally improves clinical outcomes. Organized under the Division of Community Mental Health Services, the Statewide Multi-Cultural Council and Center/Facility Multi-Cultural Committees are charged with the responsibility to advise and guide the department's leadership in the creation and maintenance of a linguistically and culturally competent workforce, service divisions, programs, and collaborative endeavors reflective of the diversity of the population served and the community.

Although South Carolina has a significant number of psychiatric units for adults located in private and public hospitals, in addition to those that SCDMH operates, the timely access to adult inpatient psychiatric care remains a chronic problem in some areas of the State. SCDMH continues to provide several crisis initiatives to assist emergency rooms with appropriate discharge planning and treatment. SCDMH purchases local inpatient psychiatric beds, supports hospital and jail liaisons, maintains crisis and co-occurring stabilization teams, and staffs the SCDMH Telepsychiatry Consultation Program to assist emergency room demands for assessing and appropriately treating individuals with mental health needs.

The SCDMH Telepsychiatry Consultation Program uses real-time, state-of-the-art High Definition video-and-voice technology to connect SCDMH psychiatrists to participating hospital emergency departments throughout South Carolina, sixteen hours a day, and seven days per week. The program is currently available in eighteen hospital emergency rooms with two hospitals scheduled to come on line shortly as the credentialing and privileging process is underway... For those participating emergency departments, consultations with SCDMH psychiatrists have increased the quality and timeliness of triage, assessment and initial treatment of patients; reduced the length of stay for many individuals in emergency departments; and allowed participating hospitals to direct critical personnel and financial resources to other needs; thus, realizing considerable financial savings for hospitals.

The program has enabled many of the patients to return home the same day of the consultation and participating hospitals have experienced an average reduction of fifty-three percent in the Emergency Department length of stay of patients being treated for behavioral health reasons. Meera Narasimhan, MD, and her research partners at the University of South Carolina School of Medicine have determined that the reduction in use of statewide medical services amounts to a significant savings of $1400 per episode of care.

SCDMH has a commitment to staff development and training. There is an online learning management system in place which allows staff to take trainings that are required by regulatory and accrediting agencies. One hundred fifty-two training modules are offered online to meet The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), Occupational Safety and Health Administration (OSHA) and the Department of Health and Environmental Control (DHEC) standards. Curriculums have been developed for staff which outlines those modules that are required for their particular job duties and responsibilities.

If the trainings were not offered online, staff would have to travel to attend trainings in a classroom setting. These online trainings allow staff to take the required training at their offices as their schedules permit. SCDMH has estimated that the man hour cost savings for the online learning modules for FY2013-2014 were more than $5 million. The cost savings are realized when employees remain in place for training and the loss of revenue-producing hours, due to training, is reduced.

The SCDMH has eleven programs included as "Blue Ribbon" Programs. Seven of these programs have a direct impact on children and families. The Blue Ribbon Programs include telepsychiatry, Deaf Services, Towards Local Care, Multi-Systemic Therapy for youth, school-based services, housing and homeless services, and the Assessment and Resource Center (ARC). The ARC is a Children's Advocacy Center accredited through the National Children's Alliance in Washington, DC. Towards Local Care is a program to assist patients transitioning from inpatient institutions to community-based care. Dialectical Behavior Therapy is offered in seven Community Mental Health Centers (CMHCs) to offer treatment for people with borderline personality disorders.

South Carolina's peer support initiative began as a collaborative effort between the SCDMH and SC SHARE (Self Help Association Regarding Emotions). The developmental work of this initiative began in 2001 and in 2004 South Carolina became the second state in the country to have a mental health peer support service approved as a medically necessary and available service by Medicaid. In the summer of 2008 Medicaid formally approved a peer support service for the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS). SCDMH and DAODS agreed to work collaboratively on the certification training for them and the Veterans Administration in Columbia requested that we include their peer candidates in a collective effort to train certified peer support specialists in South Carolina.

The South Carolina Mental Health State Planning Council members are active and involved in their role of advocating for the mental health system. The Council membership reflects the stakeholder community. The Council includes adult consumers, family members of children, representatives from advocacy organizations, and representatives from all required state agencies.

The Art of Recovery, which recognizes the talents of clients recovering from mental illnesses, celebrated its 13th anniversary this year. This was also the second year that the Art of Recovery exhibited at the Piccolo Spoleto Festival in Charleston. All proceeds go directly to the artists.

The Department has developed an additional line of service dedicated to Clinical Care Coordination. Clients are given are given a comprehensive care assessment to identify medical, dental, housing, employment, education, behavioral or other community support need and the Care Coordinator, knowledgeable about the local community's resources, links the client to those resources and then monitors till successful completion. Currently Care Coordinators are located in each of the seventeen community mental health centers.

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Program Template

Program/Title	Purpose	FY 2012-13 Expenditures General	Other	Federal	TOTAL	FY 2013-14 Expenditures General	Other	Federal	TOTAL	Associated Objective(s)
Administration	Primarily provides for long-range planning, performance and clinical standards, evaluation and quality assurance, personnel management, communications, information resource management, legal counsel, financial, and procurement.	$ 2,834,195	$ 392,903		$ 3,227,098	$ 2,747,595	$ 434,491		$ 3,182,086	1.3.1, 2.3.1, 2.3.2, 3.1.1, 3.2.2, 3.2.3
Community Mental Health Centers	Services delivered from the seventeen mental health centers that include: evaluation, assessment, and intake of consumers; short-term outpatient treatment; and continuing support services.	$ 47,253,002	$ 61,075,155	$ 8,544,140	$ 116,872,297	$ 52,048,239	$ 60,770,164	$ 7,692,223	$ 120,510,627	1.1.1, 1.1.2, 1.1.3, 1.3.1, 1.3.2, 1.3.3, 1.3.4, 2.2.1
Inpatient Psychiatric	Services delivered in a hospital setting for adult and child consumers whose conditions are severe enough that they are not able to be treated in the community.	$ 30,945,407	$ 45,946,591	$ 287,055	$ 77,179,053	$ 37,249,943	$ 45,367,853	$ 59,987	$ 82,677,783	1.2.1, 1.2.2, 1.2.3, 3.2.1, 3.2.2
Tucker/Dowdy	Residential care for individuals with mental illness whose medical conditions are persistently fragile enough to require long-term nursing care.	$ 3,745,725	$ 11,114,538		$ 14,860,263	$ 3,713,258	$ 11,675,585		$ 15,388,843	1.2.2
Support	Nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services	$ 16,520,801	$ 4,938,700		$ 21,459,501	$ 18,715,101	$ 4,241,899		$ 22,957,000	1.2.2, 2.1.1, 2.2.2, 2.2.3
Veterans	Originally residential nursing care for veterans who also have a mental illness; role has now expanded beyond that so that any veteran is eligible who meets the admission criteria.	$ 9,491,963	$ 25,850,904		$ 35,342,867	$ 15,677,049	$ 21,313,299		$ 36,990,348	1.2.2, 3.2.1, 3.2.2
Sexual Predator	Treatment for civilly-committed individuals found by the courts to be sexually violent predators. Mandated by the Sexually Violent Predator Act, Section 44-48-10 et al.	$ 10,453,606	$ 3,385		$ 10,456,990	$ 10,174,695			$ 10,174,695	1.2.1, 1.2.2, 3.2.1, 3.2.2, 3.3.3
Employer Contributions	Fringe benefits for all DMH employees.	$ 31,730,262	$ 25,729,072	$ 816,766	$ 58,276,100	$ 36,051,885	$ 23,830,880	$ 611,434	$ 60,494,199	3.2.3

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Strategic Planning Template

Type	Item # Goal	Strat	Object	Description
G	1			Maintain Clinical Programs at Current Levels.
S		1		Assure adequate resources exist to adequately serve people appropriately needing services.
O			1.1.1	*Services will reach people in need.*
O			1.1.2	*Patients and their families will be satisfied with services received.*
O			1.1.3	*School based services will be available in more sites.*
S		2		Inpatient Care will be efficient, safe, and effective.
O			1.2.1	*Department will demonstrate cost-efficeincy in the delivery of services.*
O			1.2.2	*Standards of care will be competitive with facilities offering simalor types of services.*
O			1.2.3	*Upon discharge, patients will receive timely follow-up services.*
S		3		People will demonstrate increased levels of competence and independence.
O			1.3.1	*Department will focus services on target populations (severely persistently ill or emotionally disturbed).*
O			1.3.2	*Increased percentage of adult patients being gainfully employed.*
O			1.3.3	*Through TLC and housing programs, patients will find safe, affordable housing in communities.*
O			1.3.4	*Patients served will demonstrate improvements in psychiatric well-being.*
G	2			Capitalize on Current Technological Advances
S		1		Decrease hospital Emergency Departments' (Eds) wait times and expenses using Telepsychiatry Services
O			2.1.1	*Demonstrate cost savings for ED patients when telepsychiatry services are available.*
O			2.1.2	*Demonstrate decreased time patients spend in ED when telepsychiatry is available.*
O			2.1.3	*Increase the number of hospitals utilizing telepsychiatry annually.*
S		2		Increase physician coverage using in rural areas telepsychiatry services .
O			2.2.1	*Demonstrate increased physician coverage in rural areas.*
S		3		Utilize online training to reduce staff time and travel related costs.
O			2.3.1	*Demonstrate effectiveness of online training.*
O			2.3.2	*Maximize use of videoconference equipment to decrease staff time and travel related costs for routine meetings.*
G	3			SCDMH will be Positioned to Meet an Increased Demand of Services.
S		1		SCDMH will explain its services to public and elected officials while learning of community needs.
O			3.1.1	*Town Hall meetings will continue across state.*
S		2		SCDMH will recruit and retain adequate numbers of professional staff to meet its mission.
O			3.2.1	*Adequate staff will remain available to staff inpatient psychiatric facilities.*
O			3.2.2	*Department will implement alternative strategies to meet shortages of professional staff.*
O			3.2.3	*SCDMH will demonstrate ability to retain staff.*

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Performance Measurement Template

Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
1	SCDMH serves Children in need of services.	60%	61%	60%	July 1-June 30	Central Office Information Technology (IT) Department	Annual	Scanned and Tabulated	1.1.1, 1.3.1
2	Percent of children showing improvement	24%	28%	25%	July 1-June 30	Central Office IT Department	Annual	Scanned and Tabulated	1.3.4
3	Expenditures for children's out-of-home costs will decrease or remain at current level.	$1,524,950	$1,358,594	$1,358,594	July 1-June 30	SC DHHS confirmed by agency accounting software.	Annual	Compared to Agency Accounting Software	1.2.1, 1.3.3
4	Employees will receive appropriate training related to strategic goals.	3,079 Hours	3,676	4,000	July 1-June 30	SCDMH Training Database	Annual	Calculated using reporting software	2.3.1
5	Percentage of SCDMH patients employed.	10.4%	11%	12%	July 1-June 30	Central Office IT Department	Annual	Calculated using reporting software	1.3.2
6	Percentage of patients in employment program being competitively employed (US benchmark 45%).	47%	48%	45%	July 1-June 30	Central Office IT Department	Annual	Calculated using reporting software	1.3.2
7	Life expectancy in skilled nursing facilities. (US benchmark 2.3 years).	6	5.7	5	July 1-June 30	Division of Inpatient Services (DIS)	Annual	Calculated using reporting software	1.2.2
8	Falls resulting in serious injury in skilled nursing facilities (US average 10%)	4.13%	3.85%	Less than 4%	July 1-June 30	DIS	Annual	Calculated using reporting software	1.2.2
9	Hospital restraint rate based upon 1,000 inpatient hours (US average .62 hours)	0.13	0.12	Less than 0.12	July 1-June 30	DIS	Annual	Calculated using reporting software	1.2.2
10	Hospital seclusion rate based upon 1,000 inpatient hours (US average .49 hours)	0.24	0.23	Less than .23	July 1-June 30	DIS	Annual	Calculated using reporting software	1.2.2
11	Days between inpatient discharge and outpatient appointment.	4.2	4.1	Less than 4.2	July 1-June 30	Outpatient Electronic Medical Record (EMR) and DIS Practice Management (PM) System	Annual	Based upon data through April, 2014	1.2.3
12	Thirty-day hospital readmission rate (Most recent national data is 2013 - 7.5%).	3.41	5.29	5	July 1-June 30	PM	Annual	Based upon data through April, 2014	1.2.3
13	Percentage of adults expressing satisfaction with services received. (US average 88%).	89%	88%	88%	July 1-June 30	Agency Survey Completed Annually	Annual	Forms scanned and tabulated	1.1.2, 1.3.4
14	Percentage of youths expressing satisfaction with services received. (No US average available).	82%	86%	85%	July 1-June 30	Agency Survey Completed Annually	Annual	Forms scanned and tabulated	1.1.2, 1.3.4

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Performance Measurement Template

Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
15	Families of Youths satisfied with services (US average 86%).	86%	85%	86%	July 1-June 30	Agency Survey Completed Annually	Annual	Forms scanned and tabulated	1.1.2, 1.3.4
16	Adults served. Percentage of adult population (US average 2.17%).	1.53%	1.58%	1.60%	July 1-June 30	Outpatient EMR and DIS PM System	Annual	Total clients >18 served by Department	1.1.1
17	Youth (ages 0 through 17) served. (US average 2.69%).	2.72%	2.41%	2.50%	July 1-June 30	Outpatient EMR and DIS PM System	Annual	Total Clients < 18 served by Department	1.1.1
18	Adults served in Community Mental Health Centers.	89,510	86,652	88,000	July 1-June 30	Outpatient EMR	Annual	Calculated using reporting software	1.1.1
19	Emergency Department (ED) patients with primary diagnosis of psychiatric or substance abuse disorder and seen by SCDMH within past three years.	23%	24%	Less than 25%	July 1-June 30	Central Office IT Department	Annual	Calculated using reporting software	1.2.1,1.3.1
20	ED patients awaiting mental health beds Monday mornings.	195	177	180	July 1-June 30	Central Office IT Department	Annual	Calculated using reporting software	1.1.1, 1.1.3
21	ED patients waiting longer than 24 hours for mental health beds Monday mornings.	154	137	140	July 1-June 30	Central Office IT Department	Annual	Calculated using reporting software	1.1.1, 1.1.3
22	SCDMH hospital admissions.	776	1025	1025	July 1-June 30	Inpatient PM System	Annual	Total Admissions to inpatient hospitals	1.1.1, 1.1.2
23	Number of SCDMH staff training programs available by computer.	133	152	155	July 1-June 30	SCDMH Training Database	Annual	Calculated using reporting software	2.3.1
24	Hours of employee training directly related to meeting the goals of the Department's Strategic Plan.	3,079	3,976	4,000	July 1-June 30	SCDMH Training Database	Annual	Calculated using reporting software	2.3.1
25	Number of hospital Eds participating in telepsychiatry program.	18	18	19	January 1 - December 31	Telepsychiatry Department	Annual	Count	2.1.3
26	Number of ED psychiatric consultations performed via telepsychiatry.	4432	4178	4200	January 1 - December 31	Outpatient EMR	Annual	Calculated using reporting software	2.1.3
27	Schools offering SCDMH counseling services.	411	460	490	July 1-June 30	School Based Services Coordinator	Annual	Count	1.1.1, 1.1.2, 1.1.3