| AGENCY NAME: | South Carolina Department of Mental Health | | |
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| AGENCY CODE: | J120 | SECTION: | 035 |

# Fiscal Year 2014-15 Accountability Report

## SUBMISSION FORM

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| AGENCY MISSION | The South Carolina Department of Mental Health's mission is 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 T. Wells | 843-709-5094 | WTW14@SCDMH.ORG |
| SECONDARY CONTACT: | Stewart Cooner | 803-898-8632 | DSC18@SCDMH.ORG |

I have reviewed and approved the enclosed FY 2014-15 Accountability Report, which is complete and accurate to the extent of my knowledge.

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| AGENCY DIRECTOR (SIGN/DATE): | John H. Magill |
| (TYPE/PRINT NAME): | John H. Magill |
| BOARD/CMSN CHAIR (SIGN/DATE): | Alison Y. Evans |
| (TYPE/PRINT NAME): | Alison Y. Evans, Psy.D., Chair |

# 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 that 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 borne 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 more than four million South Carolinians during that period (1828-2013), providing almost 150 million hospital 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's latest public relations endeavor, the Resource Acquisition Initiative (RAI) Board Training, began on October 6, 2014, at the Beckman Center for Mental Health Services.

The RAI initiative comprises Center Board trainings at each of the Department's 17 Community Mental Health Centers (MHC). During the training, board members are given tools and information to facilitate their advocacy efforts with elected officials and others within their communities. Brief presentations are later given to County Council members by the Board members and CMHC staff.

One goal of this initiative is to continue to lay the groundwork for building and strengthening relationships that will lead to increases in County appropriations, either with direct funding or in-kind allocations, in both the short and long-term. Another goal is to identify County Council members willing to advocate for mental health services and for those with mental illness.

From October 6, 2014 through July 16, 2015, Magill will have held RAI trainings at eight CMHCs: Beckman, Catawba, Waccamaw, Aiken-Barnwell, Charleston, Orangeburg, Pee Dee, and Coastal Empire. The remaining nine CMHCs are scheduled to receive RAI board training during FY2016. In many ways, this effort is a continuation of previous years' speaking engagements by the state director, designed to increase the understanding of SCDMH's role in South Carolina. These meetings have included the general public, other service providers, and local and state leaders to build relationships for mutual benefit.

These relationships continue to lead to collaborative partnerships and improved service delivery. For example, understanding the benefits of improved outcomes, shorter emergency department stays, and cost benefits has increased the use of Telepsychiatry in FY2015. 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 psychiatrists in certain areas of the State.

In an unwelcome yet dramatic testament to the power of these associations, the Charleston Dorchester Community Mental Health Center provided significant, meaningful services with support from neighboring community mental health centers and the Central Office in Columbia, in the aftermath of the mass murder at the Emmanuel African Methodist Episcopal Church in Charleston, in June. Preexisting liaisons and personal contacts with city, county state, even federal governments, and non-governmental agencies allowed the local CMHC immediate ability to not only participate but lead in an effort to meeting the community's needs.

In last year's report, SCDMH detailed an initiative to aid Community Mental Health Centers (CMHCs) and address the significant changes happening across the healthcare field in general and behavioral healthcare specifically. Consisting primarily of CMHC directors and led by the Deputy Director, Community Mental Health Services, the Future Is Now (FIN) group convened meetings with all seventeen CMHCs to develop strategic plans to focus efforts on improving the mental health service delivery system. The success of their efforts is evidenced by a CMHC scorecard, which measures key indicators, several of which are included in this year's strategic planning document.

School-based services remain a key focus for mental health interventions. The Department has 290 mental health professionals serving patients in 480 schools.

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 FY2014, while working with our partner, the South Carolina Vocational Rehabilitation Department, more than 48 percent of our patients were gainfully employed in the IPS programs. In FY2015, the number rose to 52.2%.

Since 1991, SCDMH's Housing and Homeless Program has provided state matching funds to nonprofit organizations for the development of quality affordable housing for persons with mental illnesses and their families. There are currently 1,427 units available throughout SC, including one and two-bedroom clustered and scattered site apartment models, single family, and duplex units. This program has achieved an average funding leveraging ratio of 1:4 (for every $1 in state funds invested by SCDMH, an additional $4 in other state and federal funds were leveraged for housing production). SCDMH implemented new rental assistance programs for patients in 2015.

In addition to the existing Housing and Urban Development (HUD) Permanent Supportive Housing Grants which fund rental assistance for formerly homeless patients, a Request for Applications was issued in October, 2014, to CMHC's to solicit applications to fund new and expansion community housing programs. One and a half million dollars in recurring agency funds used in the past for Medicaid match payments was made available for permanent supportive housing for patients in integrated community settings, specifically for rental assistance, security deposits, utility costs and deposits, and furnishings. Twelve awards were made to CMHCs and the Office of Clinical Care Coordination to assist a total of 153 patients at an average cost per person of under $10,000.

The Deaf Services Program of SCDMH provides patients who are deaf or use American Sign Language access 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 Department and at Harris Hospital. A staff of seventeen provides individual, family and group counseling as well as psychiatric services to more than 250 individuals across the State.

The Department is particularly proud of the Peer Support Services program, which is 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 patients receiving services from the inpatient system, including at Harris, Morris Village, the forensic programs at Bryan Hospital, and the Sexually Violent Predator Treatment program.

The 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. The Department has 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 in the treatment of its patients 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, public, and community hospitals, in addition to those that SCDMH operates, timely access to adult inpatient psychiatric care remains a constant focus 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. Three new hospital emergency departments began participating in FY2015, bringing the total to twenty-one. While there is a start-up cost for equipment, cost savings to the member-hospitals has proven significant. Consultations with SCDMH psychiatrists have also 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 contributing to additional financial savings.

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 the South Carolina School of Medicine have determined that the reduction in use of statewide medical services amounts to a significant savings of $3,006 per episode of care.

Built on the success of Telepsychiatry services to emergency departments, SCDMH has equipped its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its patients via Telepsychiatry. Currently, SCDMH is providing approximately 1,200 psychiatric services per month to SCDMH patients via Telepsychiatry. The use of this technology enables SCDMH to more efficiently utilize the limited number of psychiatrists available to treat the most patients.

In addition, the Department has a new tool to assist people in maintaining community tenure and reduce the need for psychiatric hospital stays. Clinical Care Coordination provides services typically not associated with mental health treatment but related to activities supportive of living in less dependent settings. Patients receive a comprehensive assessment to determine potential concerns that may be problematic and in turn interfere with mental health treatment. Clinical Care Coordinators assist with medical and dental appointments, finding appropriate and affordable housing, obtaining gainful and meaningful employment, education, and a variety of other activities that might ordinarily (and understandably) take precedence over keeping a mental health appointment and placing one's best mental functioning at risk. The service is reimbursable through Medicaid.

SCDMH has a commitment to staff development and training, maintaining an online learning management system that allows staff to take trainings that are required by regulatory and accrediting agencies. One hundred thirty-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. Curricula have been developed for staff, which outline 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 it identifies 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. The Assessment and Resource Center 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 CMHCs to offer treatment for people with borderline personality disorders.

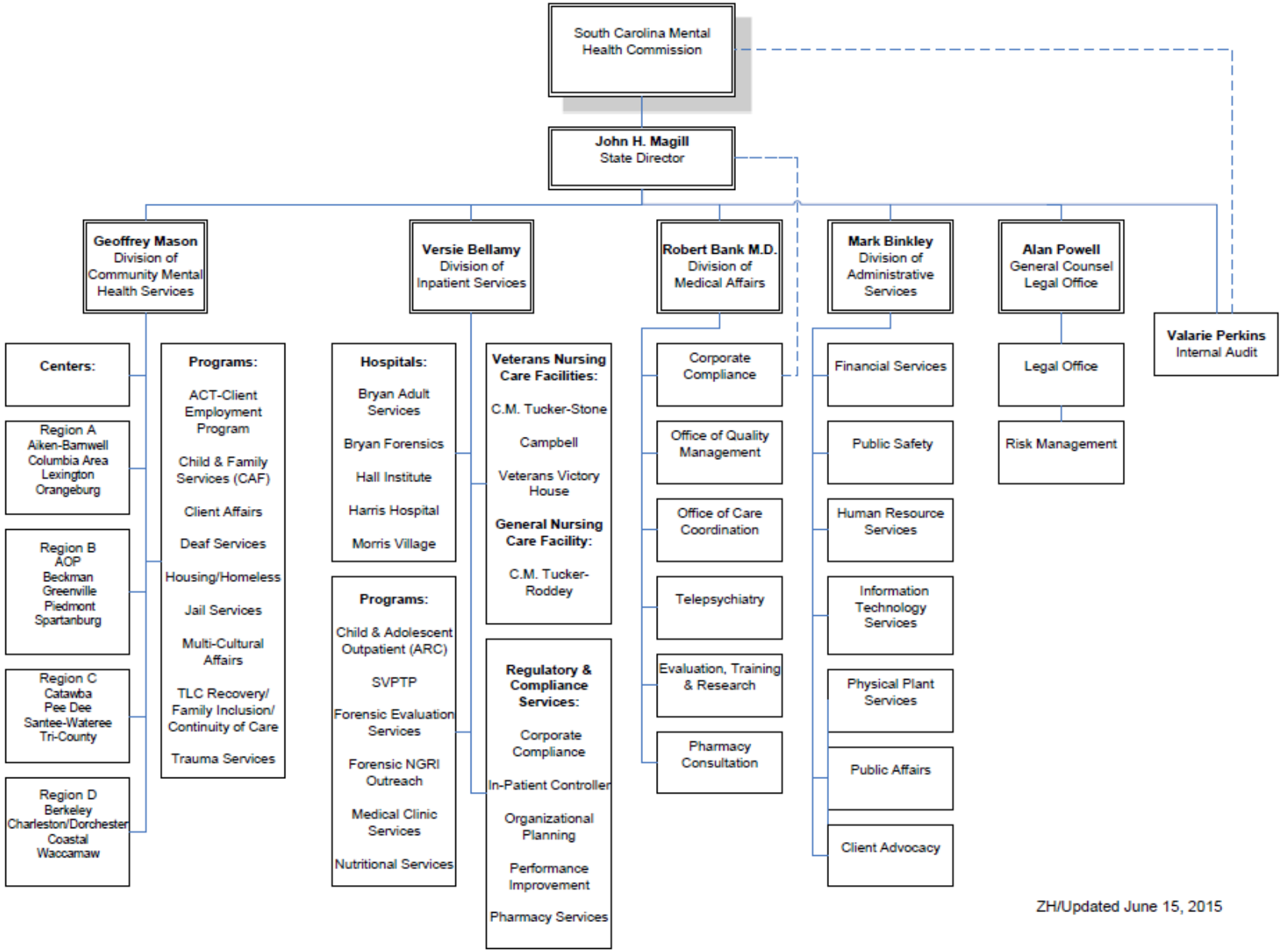
This year marked a change for tools in determining progress improvement in all age groups served by the Department. The Daily Living Activities-20 (DLA-20) is a twenty-item functional assessment measure for children and adults who have emotional and/or severe mental disorders. As we trend toward healthcare providers' reimbursement being based upon value of care (rather than volume), demonstrating reliable and valid outcome measures has become increasingly important. Outcomes measurement and monitoring also helps people with mental illness manage their treatment, which can sharply reduce the need for specialized, high-cost services. A research-backed outcomes measurement tool gauges mental illness or disability's impact on daily living areas. A copyrighted tool, the DLA-20 provides valid scores and consistent utilization for healthcare report cards. It also yields critical information for treatment planning and estimating Axis-V (Global Assessment of Functioning) of the DSM-V and supports psychiatric approval for Medicaid reimbursement and healthcare reporting standards.

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

The Art of Recovery, which recognizes the talents of patients recovering from mental illnesses, celebrated its 14th anniversary this year. This was also the third consecutive year that the Art of Recovery was an official exhibitor at the Piccolo Spoleto Festival in Charleston. All proceeds from the sale of patient's art work go directly to the individual artists.

In addition to several new performance indicators, in an effort to provide meaningful information directly in line with goals outlined at the Department's budget requests, three indictors are now calculated to display what we believe is more accurate information. In most instances where these changes occurred, FY2014 was also available and is included. In three instances, that data is not available and so noted on the Performance Measurement Template.

# S.C. Department of Mental Health Organizational Chart




ZH/Updated June 15, 2015

| Agency Name: | South Carolina Department of Mental Health | | |
|---|---|---|---|
| Agency Code: | J12 | Section: | 035 |

Fiscal Year 2014-15
Accountability Report

Program Template

| Program/Title | Purpose | FY 2013-14 Expenditures | | | | FY 2014-15 Expenditures | | | | Associated Objective(s) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | General | Other | Federal | TOTAL | General | Other | Federal | TOTAL | |
| 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. | $ 2,747,595 | $ 434,491 | $ - | **$ 3,182,086** | $ 3,186,788 | $201,688 | $ - | **$ 3,388,476** | 1.3.1, 2.3.1, 2.3.2, 3.1.1 |
| 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. | $52,048,239 | $60,770,164 | $7,692,223 | **$120,510,627** | $57,735,669 | $ 61,147,895 | $8,343,551 | **$127,227,116** | 1.1.1, 1.1.2, 1.1.3, 1.3.1, 1.3.2, 1.3.3, 1.3.4, 2.2.1, 3.2.1, 3.2.2, 3.3.3 |
| 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. | $37,249,943 | $45,367,853 | $ 59,987 | **$ 82,677,783** | $41,010,537 | $ 47,782,645 | $ - | **$ 88,793,182** | 1.1.1, 1.2.2, 2.1.1, 2.3.1, 2.3.2 |
| Tucker/Dowdy | Residential care for individuals with mental illness whose medical conditions are persistently fragile enough to require long-term nursing care. | $ 3,713,258 | $11,675,585 | $ - | **$ 15,388,843** | $ 4,526,621 | $ 12,285,375 | $ - | **$ 16,811,996** | |
| Support | Nutritional services for inpatient facilities, public safety, information technology, financial and human resources and other support services | $18,715,101 | $ 4,241,899 | $ - | **$ 22,957,000** | $20,330,950 | $ 4,461,068 | $ - | **$ 24,792,018** | 1.2.1, 1.2.2, 1.2.3, 3.2.1, 3.2.2 |
| 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. | $15,677,049 | $21,313,299 | $ - | **$ 36,990,348** | $15,834,025 | $ 22,433,181 | $ - | **$ 38,267,206** | 1.1.1, 1.1.2, 1.2.1, 1.2.2 |
| 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. | $10,174,695 | $ - | $ - | **$ 10,174,695** | $10,440,525 | $ - | $ - | **$ 10,440,525** | 1.1.1, 1.2.1, 1.2.2 |
| Employer Contributions | Fringe benefits for all DMH employees. | $36,051,885 | $23,830,880 | $ 611,434 | **$ 60,494,199** | $39,810,613 | $ 23,687,949 | $ 643,522 | **$ 64,142,083** | |

| Agency Name: | Department of Mental Health | | |
|---|---|---|---|
| Agency Code: | J12 | Section: | 035 |

Fiscal Year 2014-15
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Strategic Planning Template

| Type | Item # Goal | Strat | Object | Description |
|---|---|---|---|---|
| G | 1 | | | **Maintain Clinical Programs at Current Levels.** |
| S | | 1 | | **Assure resources exist to serve people 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-efficiency in the delivery of services.* |
| O | | | ***1.2.2*** | *Standards of care will be competitive with facilities offering similar 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 in rural areas.** |
| 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 for Services.** |
| S | | 1 | | **SCDMH will explain its services to public and elected officials while learning of community needs.** |
| O | | | ***3.1.1*** | *Stake holder meetings will continue across state.* |
| S | | 2 | | **Community Mental Health Centers will Increase Efficiency to Meet Demands for Outpatient Services** |
| O | | | ***3.2.1*** | *Increase number of people served in community settings.* |
| O | | | ***3.2.2*** | *CMHCs will determine that people have opportunities for services within a reasonable time.* |
| O | | | ***3.2.3*** | *Demonstrate increased efficiency by providing an increase of needed services.* |

| Agency Name: | South Carolina Department of Mental Health |
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| Agency Code: | J120 | Section: | 035 |
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**Fiscal Year 2014-15**
**Accountability Report**

**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. | 26,408 | 27,016 | 60% | July 1-June 30 | Central Office Information Technology (IT) Department | Annual | Scanned and Tabulated | 1.1.1, 1.3.1 |
| 2 | Clients seen at each center will meet the appointment timeframes as determined by need (emergency, urgent, or routine) | New Indicator | 84% | 90% | July 1-June 31 | July 1-June 32 | Annual | Calculated using reporting software | 3.2.2 |
| 3 | Hours of billed services in outpatient settings. | 935,631 | 971,916 | $975,000 | July 1-June 31 | July 1-June 32 | Annual | Calculated using reporting software | 3.2.3 |
| 4 | Employees will receive appropriate training related to strategic goals. | 3,676 | 4,100 | 4,000 | July 1-June 30 | SCDMH Training Database | Annual | Calculated using reporting software | 2.3.1 |
| 5 | Percentage of SCDMH patients employed. | 11% | 12% | 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%). | 48% | 51% | 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). | 5.7 | 3.8 | 5 | July 1-June 30 | Division of Inpatient Services (DIS) | Annual | Calculated using reporting software | 1.2.2 |
| 8 | Hospital restraint rate based upon 1,000 inpatient hours (US average .62 hours) | 0.12 | 0.17 | Less than 0.12 | July 1-June 30 | DIS | Annual | Calculated using reporting software | 1.2.2 |
| 9 | Hospital seclusion rate based upon 1,000 inpatient hours (US average .49 hours) | 0.23 | 0.29 | Less than .23 | July 1-June 30 | DIS | Annual | Calculated using reporting software | 1.2.2 |
| 10 | Days between inpatient discharge and outpatient appointment. | 5.6 | 6.8 | 7 or less | July 1-June 30 | Outpatient Electronic Medical Record (EMR) and DIS Practice Management (PM) System | Annual | Calculated using reporting software | 1.2.3 |
| 11 | Thirty-day hospital readmission rate (Most recent national data is 2013 - 7.5%). | 5.29 | 5.29 | 5 | July 1-June 30 | PM | Annual | Calculated using reporting software | 1.2.3, 3.2.2 |
| 12 | Percentage of adults expressing satisfaction with services received. (US average 88%). | 88% | 89% | 88% | July 1-June 30 | Agency Survey Completed Annually | Annual | Forms scanned and tabulated | 1.1.2, 1.3.4 |

| Item | Performance Measure | Last Value | Current Value | Target Value | Time Applicable | Data Source and Availability | Reporting Freq. | Calculation Method | Associated Objective(s) |
|---|---|---|---|---|---|---|---|---|---|
| 13 | Percentage of youths expressing satisfaction with services received. (No US average available). | 86% | 84% | 85% | July 1-June 30 | Agency Survey Completed Annually | Annual | Forms scanned and tabulated | 1.1.2, 1.3.4 |
| 14 | Families of Youths satisfied with services (US average 86%). | 85% | 85% | 86% | July 1-June 30 | Agency Survey Completed Annually | Annual | Forms scanned and tabulated | 1.1.2, 1.3.4 |
| 15 | Number of people served in outpatient settings. | 78,825 | 80,792 | 0 | July 1-June 30 | Outpatient EMR and DIS PM System | Annual | Total clients >18 served by Department | 1.1.1, 3.2.1 |
| 16 | Number of new cases (during FY2015) in community mental health centers. | 40,508 | 41,791 | 0 | July 1-June 30 | Outpatient EMR and DIS PM System | Annual | Total Clients < 18 served by Department | 1.1.1, 3.2.1 |
| 17 | Emergency Department (ED) patients with primary diagnosis of psychiatric or substance abuse disorder and seen by SCDMH within past three years. | 24% | 24% | Less than 25% | July 1-June 30 | Central Office IT Department | Annual | Calculated using reporting software | 1.2.1, 1.3.1 |
| 18 | ED patients awaiting mental health beds Monday mornings. | See Submission Form Notes | 2287 | 2200 | July 1-June 30 | Central Office IT Department | Annual | Calculated using reporting software | 1.1.1, 1.1.3 |
| 19 | ED patients waiting longer than 24 hours for mental health beds Monday mornings. | See Submission Form Notes | 1733 | 1600 | July 1-June 30 | Central Office IT Department | Annual | Calculated using reporting software | 1.1.1, 1.1.3 |
| 20 | SCDMH hospital admissions. | 1039 | 1021 | 1025 | July 1-June 30 | Inpatient PM System | Annual | Total Admissions to inpatient hospitals | 1.1.1, 1.1.2 |
| 21 | Number of SCDMH staff training programs available by computer. | 132 | 132 | 130 | July 1-June 30 | SCDMH Training Database | Annual | Calculated using reporting software | 2.3.1 |
| 22 | Hours of employee training directly related to meeting the goals of the Department's Strategic Plan. | 3,676 | 4,100 | 4,000 | July 1-June 30 | SCDMH Training Database | Annual | Calculated using reporting software | 2.3.1 |
| 23 | Number of hospital EDs participating in telepsychiatry program. | 18 | 21 | 19 | January 1 - December 31 | Telepsychiatry Department | Annual | Count | 2.1.3 |
| 24 | Schools offering SCDMH counseling services. | 460 | 480 | 490 | July 1-June 30 | School Based Services Coordinator | Annual | Count | 1.1.1, 1.1.2, 1.1.3 |
| 25 | Division of Inpatient Services Bed Days | 518,219 | 528,504 | 520,000 | July 1-June 30 | Central Office IT Department/Inpatient PM System | Annual | Calculated using reporting software | 1.1.1 |