



Taskforce Brief

HOPE FOR TOMORROW

The Collective Approach for Transforming South Carolina's

BEHAVIORAL HEALTH SYSTEMS



South Carolina Institute of
Medicine & Public Health

May 2015

THIS BRIEF SUMMARIZES THE REPORT

“Hope for Tomorrow: The Collective Approach for Transforming South Carolina’s Behavioral Health Systems”

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ABOUT THE SOUTH CAROLINA INSTITUTE OF MEDICINE & PUBLIC HEALTH (IMPH) BEHAVIORAL HEALTH TASKFORCE

Our **vision** is that South Carolina’s behavioral health system and its supports are accessible, comprehensive, cost-effective, integrated, built on science and evidence-based practice, focused on wellness and recovery and centered on people living with behavioral health illnesses and their families.

The taskforce **mission** is to create lasting improvements in our state’s system of behavioral health services and supports by developing and recommending cost-effective, actionable solutions to existing challenges.

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The South Carolina Institute of Medicine & Public Health (IMPH) is an independent entity serving as a neutral convener around the important health issues in our state. IMPH also serves as a provider of evidence-based information to inform health policy decisions.

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COLLECTIVELY, BEHAVIORAL HEALTH DISORDERS AFFECT MILLIONS OF AMERICANS EACH YEAR AND ARE CONSIDERED THE LEADING CAUSE OF DISABILITY IN THE UNITED STATES.¹

In fact, these chronic diseases will eclipse physical diseases as the leading cause of disability worldwide by 2020. The financial and human costs of these illnesses are enormous. Behavioral health care costs alone are \$57 billion per year in this country, about the same as cancer related treatment costs. Nearly **ONE IN FIVE AMERICANS** (43.8 million people) reported having a mental illness in the past year.⁴ Of the 43.8 million people with any mental illness, 10 million reported having a serious mental illness.⁴ **ONE IN TWELVE** Americans have a substance use disorder, a dependence on or abuse of alcohol or illicit drugs.⁴

From September of 2013 through December of 2014, the South Carolina Institute of Medicine & Public Health (IMPH) convened a taskforce of public and private behavioral health providers, researchers and advocates to address the complex challenges of people with behavioral health illnesses. The Behavioral Health Taskforce engaged experts from across our state in exploring critical issues and identifying solutions based on promising practices. The result of this process was the development of actionable recommendations that outline a collective approach for transforming South Carolina's behavioral health systems.

The taskforce created a bold vision for behavioral health in South Carolina based on two focal points: the need for *crisis stabilization services* and the need for a better, more accessible system of *chronic care management*. **This vision depicts a future in which all residents of South Carolina will have equal access to quality services for crisis stabilization and chronic care regardless of their individual means or where they live in the state.** The realization of this vision is essential in creating the continuum of care necessary to effectively treat and support patients with a behavioral health diagnosis. To improve behavioral health access and outcomes in our state, **nothing less than a system transformation is necessary.**

People who have a mental health illness or substance use disorder are typically dealing with a chronic condition, and—like people with a chronic physical health illness—they need ongoing care and treatment in their community to regain health and maintain recovery. Patients in all parts of the state who experience a behavioral health crisis must have accessible services at all hours of the day and night. Crisis intervention services must be linked to stabilization services to allow patients experiencing a behavioral health emergency to be treated in an appropriate setting. Referrals and long-term treatment plans must be available to support patients as they leave the crisis care setting. Patients who need ongoing intensive supervision and care must have access to inpatient psychiatric hospital services, rehabilitation services and/or long-term care services. Patients ready and able to live in their community must have adequate supports that enable long-term success, including housing, accessible outpatient services, integrated clinical care and case management/care coordination.

MENTAL HEALTH AMERICA RECENTLY REPORTED THAT SOUTH CAROLINA RANKS 43RD OUT OF 51 STATES (THE DISTRICT OF COLUMBIA IS INCLUDED) IN ACCESSIBILITY TO MENTAL HEALTH SERVICES.⁵ This calculation includes access to insurance, access to treatment, quality and cost of insurance, access to special education and workforce availability. **THEY ALSO CONCLUDED THAT SOUTH CAROLINA RANKS 48TH IN TERMS OF THE PROPORTION OF CHILDREN WHO NEEDED BUT DID NOT GET MENTAL HEALTH SERVICES.⁵**

THE FOLLOWING ARE THE RECOMMENDATIONS OF THE BEHAVIORAL HEALTH TASKFORCE, GROUPED INTO SIX FOCAL AREAS.

ACCESS TO CLINICAL SERVICES

It is the vision of the Behavioral Health Taskforce that we build upon current infrastructure to create a system that can provide all-hours access to clinical behavioral health services for every resident of South Carolina.

1. Support the expansion of hours at outpatient behavioral health service sites around the state.
2. Increase the number of behavioral health professionals in all settings who are bilingual and can meet the needs of our non-English speaking population.
3. Develop a network of Mobile Crisis Units around the state.
4. Create short-stay crisis stabilization facilities across the state for patients experiencing a behavioral health emergency.
5. Increase the number of freestanding medical detoxification centers and beds to improve access for individuals withdrawing from the physical effects of alcohol and other drugs.
6. Increase bed capacity at existing psychiatric hospitals (both public and private).
7. Increase the capacity of Residential Treatment Centers to support people in their rehabilitation from drugs and alcohol.
8. Develop several small, highly supervised inpatient settings around the state to meet the needs of the small percentage of patients who require long-term care due to behavioral health illnesses that are not controlled and where the potential of violence may exist.
9. Change Certificate of Need (CON) requirements to allow hospitals to convert acute care beds to psychiatry beds without a CON under certain conditions.

INTEGRATED CARE

The Behavioral Health Taskforce envisions improved care and outcomes and reduced costs for patients with behavioral health illnesses through increased integration of behavioral health and primary care services and improved care coordination among behavioral health providers.

10. Create a formal, neutral resource to support communities across South Carolina in defining their plan for care coordination among behavioral health providers and adoption of integrated behavioral and primary health care services.
11. Create a committee to determine how agencies providing behavioral health services can improve their coordination in order to provide more seamless services and maximize client outcomes.
12. Develop a statewide care coordination model for adults with serious behavioral health issues that offers home and community care options and minimizes unnecessary emergency room visits, law enforcement interventions and inpatient hospitalizations.

HOUSING

The vision of the Behavioral Health Taskforce is to ensure that every person with a behavioral health illness in South Carolina has the opportunity to live in safe, appropriate and affordable housing supported by comprehensive and coordinated services as needed to maintain residency in the community housing option of choice.

13. Develop permanent supportive housing units for persons with behavioral health illnesses and their families in integrated settings. In 2013, a target benchmark of 1,745 units was established. It is recommended that the need for this type of housing units be continuously monitored.
14. Secure funding for rental assistance and associated supportive services through rent guarantee contracts or leases with private landlords for persons with behavioral health illnesses and their families. In 2013, a target benchmark of 3,861 units was established. It is recommended that the need for this type of housing unit be continuously monitored.
15. Support an update to the enabling legislation of the South Carolina Housing Trust Fund that will provide more flexibility to state agencies in accessing funds needed to address the affordable housing needs of clients with a mental illness.

SCHOOL-BASED SERVICES

The Behavioral Health Taskforce envisions that all children attending South Carolina schools will have access within their school to behavioral health services.

16. Create a new, separate taskforce to ensure adequate school-based behavioral health services are available in South Carolina schools.

SERVICES FOR JUSTICE-INVOLVED INDIVIDUALS

It is the vision of the Behavioral Health Taskforce that we prevent unnecessary incarceration of persons with a behavioral health illness, provide appropriate care and treatment to individuals in detention centers and prisons who have a behavioral health illness and reduce recidivism by supporting ex-offenders with a behavioral health illness with reentry to the community through a formal discharge planning process.

17. Put into place a system whereby incarcerated adults have their Medicaid benefits suspended rather than eliminated.
18. Increase Crisis Intervention Team (CIT) training for law enforcement across the state.
19. Develop a formal discharge planning process with inmates who have a behavioral health illness.

WORKFORCE DEVELOPMENT

It is the vision of the Behavioral Health Taskforce that we support a comprehensive behavioral health system by creating and sustaining a stronger and larger behavioral health professional workforce.

20. Establish a South Carolina Behavioral Health Workforce Development Consortium to ensure a sufficient workforce of behavioral health professionals in order to support the vision of providing all-hours access to behavioral health services.

To ensure that the recommendations of the taskforce are implemented and to harness the momentum created by the taskforce, IMPH will continue to serve in a convening role on this topic. An implementation process will track progress toward the established recommendations.

References

¹ World Health Organization. 2004. "Changing history. Annex Table 3: Burden of disease in DALYs by cause, sex, and mortality stratum in WHO regions, Estimates for 2002." Geneva: World Health Organization. A126–127.

² World Health Organization. 2004. *Promoting mental health: Concepts, emerging evidence, practice Summary report*. Geneva: World Health Organization. http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf (accessed March 25, 2011).

³ Klein, Sarah, and Martha Hostetter. 2014. "In Focus: Integrating Behavioral Health and Primary Care." *Quality Matters*. August/September.

⁴ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. 2014. *The NSDUH Report: Substance Use and Mental Health Estimates from the 2013 National Survey on Drug Use and Health: Overview of Findings*. September 4. Rockville, MD.

⁵ Mental Health America. 2014. *Parity or Disparity: The State of Mental Health in America 2015*. Alexandria, VA: Mental Health America.

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The mission of the South Carolina Institute of Medicine & Public Health (IMPH) is to collectively inform policy to improve health and health care. IMPH seeks to achieve this mission by convening academic, governmental, organizational and community-based stakeholders around issues important to the health and well-being of all South Carolinians. In conducting this work, IMPH takes a comprehensive approach to advancing health issues through data analysis and translation and collaborative engagement. The work of IMPH is supported by a diverse array of public and private sources.

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