Increasing Access to Behavioral Health Care Providers in South Carolina

A lack of access to behavioral health care is a well-documented deficit experienced by Palmetto State residents for many years. Data demonstrates that many communities across South Carolina cannot meet the behavioral health needs of their residents. According to Mental Health America’s 2021 report, “The State of Mental Health in America,” South Carolina ranks 40th out of 51 states and DC in “mental health workforce availability.”

Limited access to mental health care is cross-cutting across all sectors of society. The ripple effect of these circumstances impact patients’ children, families and communities; limiting productivity and creating a cycle of mental health illnesses for those impacted. With the stressors caused by the Coronavirus Pandemic, the need for access to services is at an all-time high. According to the Kaiser Family Foundation, “The COVID-19 pandemic and the resulting economic recession have negatively affected many people’s mental health and created new barriers for people already suffering from mental illness and substance use disorders.” In a July poll, 53% of U.S. adults “reported that their mental health has been negatively impacted due to worry and stress over the coronavirus. This is significantly higher than the 32% reported in March.”

There are several policy opportunities to decrease barriers to care by making the licensing and credentialing processes more efficient and putting professionals to work faster so they can support the behavioral health needs of South Carolinians.

Opportunities to remove licensing and credentialing barriers for social workers, marriage and family therapists and licensed professional counselors in South Carolina:

1. Make permanent the temporary modifications to policies to reimburse telehealth and telephonic services for established patients put in place during the COVID-19 pandemic.

2. Create a standardized credentialing process for South Carolina that allows behavioral health providers to maintain their credentials so they can maintain payor reimbursement when they change employers within the state.

3. Participate in reciprocal agreements with neighboring states to allow behavioral health providers to work in South Carolina when the demand for providers outstrips supply.

4. Collaborate with other states to create one licensure process for each of the following disciplines: LMFTs, LSWs and LPCs.

References


