Taskforce Brief

# HOPE FOR TOMORROW

## The Collective Approach for Transforming South Carolina's BEHAVIORAL HEALTH SYSTEMS

South Carolina Institute of Medicine & Public Health

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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 (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] 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.

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.

This calculation includes access to insurance, access to treatment, quality and cost of insurance, access to special education and workforce availability.

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.

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.

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.

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

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.

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.**

[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.

**Mr. Kester Freeman, Jr., Chair**
Executive Director
South Carolina Institute of Medicine & Public Health

**Dr. Robert Bank**
Executive Director
Columbia Area Mental Health Center
Deputy Director of Medical Affairs
South Carolina Department of Mental Health

**Ms. Cheryl Johnson Benjamin**
Senior Director, Health Council
United Way of the Midlands

**Ms. Trina Cornelison**
Executive Director
Continuum of Care
Office of the Governor

**Ms. Ann-Marie Dwyer**
Director, Behavioral Health
South Carolina Department of Health and Human Services

**Dr. Alison Evans**
Chair, South Carolina Mental Health Commission
South Carolina Department of Mental Health

**Mr. Jim Head**
Senior Vice President, Policy and Education
South Carolina Hospital Association

**Ms. Joy Jay**
Director
Mental Health America of South Carolina

**Mr. Thornton Kirby**
President & CEO
South Carolina Hospital Association

**Dr. Ligia Latiff-Bolet**
Director, Quality Management and Compliance
South Carolina Department of Mental Health

**Dr. Pete Liggett**
Deputy Director for Long Term and Behavioral Health
South Carolina Department of Health and Human Services

**Mr. Bill Lindsey**
Director
National Alliance on Mental Illness-South Carolina

**Mr. John Magill**
Director
South Carolina Department of Mental Health

**Hon. Amy McCulloch**
Judge, Richland County Mental Health Court
Co-Founder, Partners in Crisis

**Dr. Meera Narasimhan**
Professor and Chair
University of South Carolina Department of
Neuropsychiatry & Behavioral Science

**Ms. Gloria Prevost**
Executive Director
Protection and Advocacy for People with Disabilities, Inc.

**Dr. Kenneth Rogers**
Chair
Department of Psychiatry and Behavioral Medicine
Greenville Health System

**Mr. Bryan Stirling**
Director
South Carolina Department of Corrections

**Mr. Bob Toomey**
Director
South Carolina Department of Alcohol
and Other Drug Abuse Services

**Dr. Thomas Uhde**
Professor & Chair
Medical University of South Carolina Department
of Psychiatry and Behavioral Sciences

**Ms. Lathran Woodard**
Chief Executive Officer
South Carolina Primary Health Care Association

*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 privates sources.*

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