



Policy & Advocacy Team Alignment Recommendations

Accelerating Improvement in Behavioral Health Outcomes

Note: This document summarizes potential action steps in each of the six prioritized recommendations. It is not meant to be an all-inclusive list, please get in touch with agallego@scha.org if you'd like to add your ideas or actions.

Local experts in Behavioral Health released this year two sets of recommendations [to improve Behavioral Health](#) in South Carolina and [to decrease Prescription Drug Abuse](#) in our state.

The Alliance encourages members to support all recommendations as appropriate to the individual organizations, **with specific collective focus on 6 recommendations** prioritized by the Policy and Advocacy Team:

1 Prescription Drug Recommendations:

1.1 A. Support use of SCRIPTs (South Carolina Reporting & Identification Prescription Tracking System) by providers.

- Potential next steps
 - Members with authority/influence on providers, to encourage them to register and use SCRIPTs.
 - Convene a sub group of the SCHA, SCPHCA and SCMA to recommend strategies
 - Encourage SCHA to start a conversation at their Strategic Issues subcommittee on how hospital pharmacies can participate in this effort.

1.2 B. Support us of medication assisted treatment (MAT) for opioid addiction, especially during pregnancy.

- Potential next steps
 - Education - Dir. Toomey pointed out the need to eliminate the perception that abstinence is the cure to addiction. MAT is widely accepted as the gold standard.
 - Encourage BOI to recommend strategies to increase MAT for pregnant women, and then share with the SCMA-SCHA committee convened in section A.

1.3 C. Support expansion of prescription drug take-back sites

○ Potential next steps

- Once law enforcement finishes their assessment of take-back sites, disseminate this information through member communication networks.
- If organizations are willing to set up in-house prescription drug drop boxes, DOADAS (Email Sara Goldsby sgoldsby@daodas.sc.gov) will connect you with the law enforcement agency for appropriate disposal of the collected drugs.
- Explore hospital and pharmacy willingness to permanently house take-back boxes.

2 Behavioral Health Recommendations:

2.1 D. Create short-stay crisis stabilization facilities across the state for patients experiencing a behavioral health emergency.

○ Potential next steps:

- Publish a case study with specifics of how to establish a model like this
 - Access the Charleston-Dorchester Mental Health Center Case Study [here](#).
- In partnership with DHEC, DMH, DAODAS and community stakeholders, work to establish a seamless process for the delivery of crisis stabilization services. From authorization to operate, to successful operation and financial sustainability.
 - Establishment of licensure category for this type of centers
 - Consider a potential new interpretation of the regulation for emergency crisis centers for children.
 - Shared investment by members: The only Crisis stabilization facility in the state was funded through community partnerships with hospitals, law enforcement, philanthropists, DMH and others contributing to the annual 1 million budget.
- Prioritization of co-location: Maximize the opportunity for patients with co-occurring mental health and substance abuse disorders to receive treatment at any behavioral health facility.

2.2 E. Support the expansion of access to outpatient behavioral health services around the state.

These should meet community needs and may include:

- Expansion of DMH hours (nights and weekends)
- Telepsych reimbursement
- Paraprofessionals/peers
- Mobile clinics

- **Potential next steps**
 - Training of workforce and community health workers in Mental Health First Aid (through SC Thrive, or the Northeastern Rural Health Network, among others). When working with CHWs, keep in mind that they function best with support and ongoing training to deliver community centric services and build relationships.
 - Analyze the telepsych reimbursement inventory from Palmetto Care Connections and indentify potential opportunities to increase access to reimbursement of telepsych services (e.g. by the self-insured)
 - Ask Palmetto Care Connections to recommend structure and cost of Telepsych expansion model
 - Ask DMH to propose an expanded hours model in feasible sites to include costs, and number of additional clients served
 - Ask DMH to develop a mobile clinic proposal for feasible sites in SC to included costs and number of additional clients served

2.3 F. Develop a network of Mobile Crisis Units

These are not the same as Mobile Clinics, but teams that are on call 24/7 to respond to crisis outside of the clinic.

- **Potential next steps:**
 - Publish a case study with specifics of how to establish a model like this
 - Access the Charleston-Dorchester Mental Health Center Case Study [here](#).
 - See “Shared investment” in bullet #4

October 27, 2015